

AGENDA FOR THE ONE HUNDRED AND SIXTY-FIFTH BOARD MEETING

Date: Thursday 25 November 2021
Time: 10.15 – 12.15
Venue: In response to the COVID-19 pandemic and public health protection measures, this meeting will be held remotely using Microsoft Teams

1. **10.15 Chair’s introductory remarks**
2. **10.18 Apologies for absence**
3. **10.19 Declarations of interest**
4. **10.20 Minutes of the One Hundred and Sixty-Fourth Board Meeting** NES/21/95
23 September 2021 For Approval
5. **10.23 Matters arising from the Minutes and notification of Any Other Business**
6. **10.23 Actions from previous Board Meetings** NES/21/96
For Review/Approval
7. **10.27 Chair and Chief Executive reports**
 - a. **10.27 Chair’s Report** (verbal report)
 - b. **10.45 Chief Executive’s Report** NES/21/97
8. **Performance Items**
 - a. **11:10 Risk Register Report** NES/21/98
For Assurance and Approval (J. Sinclair)
 - b. **11.15 Month 7 Finance Report** NES/21/99
For Discussion and Approval (J. Sinclair)
 - c. **11.30 Quarter 2 Performance Report** NES/21/100
For Assurance and Approval (D. Cameron)
9. **Annual Items**
 - a. **11.45 Progress against Strategic Outcomes 2020-21** NES/21/101
For Review and Approval (K. Reid)

10. Governance Items

- a. **12.00** Significant issues to report from Standing Committees:
 - **12.00** Audit and Risk Committee held 7 October 2021
(J. Ford, verbal update)
 - **12.03** Staff Governance Committee held 4 November 2021
(L. Dunion, verbal update)
- b. **12.06** NHS Scotland Academy Joint Strategic Programme Board
Terms of Reference
For Approval (D. Thomas) NES/21/102
- c. **12.10** NES Board and Committee 2022/23 Schedule of Meeting
Dates
For Approval (D. Thomas) NES/21/103

11. Items for Noting or Homologation

12.15 Standing Committee Minutes

- a. Audit and Risk Committee 3 August 2021
For Homologation NES/21/104
- b. Staff Governance Committee 5 August 2021
For Homologation NES/21/105

12. Any Other Business

13. **12.15** Date and Time of Next Meeting

Public Board: 10 February 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-FOURTH BOARD MEETING HELD ON 23 SEPTEMBER 2021

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

Present:

- Mr David Garbutt (DG) (Chair)
- Ms Anne Currie (AC), Non-Executive Director
- Mrs Linda Dunion (LD), Non-Executive Director
- Mrs Jean Ford (JF), Non-Executive Director (joined during item 7b)
- Mrs Lynnette Grieve (LG), Non-Executive Director/Employee Director
- Mr Douglas Hutchens (DH), Non-Executive Director (Vice Chair)
- Ms Gillian Mawdsley (GM), Non-Executive Director/Whistleblowing Champion
- Prof Stewart Irvine (DSI), Director of Medicine/Deputy Chief Executive
- Ms Karen Reid (KR), Chief Executive
- Ms Janice Sinclair (JS), Interim Director of Finance
- Ms Sandra Walker (SW), Non-Executive Director
- Mrs Karen Wilson (KW), Director of NMAHP

In attendance:

- Mr Colin Brown (CB), Head of Strategic Development, Chair's Office
- Dr David Felix (DF), Postgraduate Dental Dean
- Ms Janice Gibson (JG), Associate Director – Workforce (to observe)
- Mr Nick Hay (NH), Public Affairs Manager (to observe)
- Mr Doug Kidd (DK), NES Compliance Officer - NDS (to observe)
- Ms Heather Kilfara (HK), NES Finance Business Partner (to observe)
- Ms Judy Thomson (JT), Director of Training for Psychology Services
- Mr John MacEachen (JMacE), Head of Communications
- Ms Della Thomas (DT), Board Secretary & Principal Lead – Corporate Governance
- Prof Anne Watson (AW), Postgraduate Pharmacy Dean
- Mr Christopher Wroath (CW), Director of Digital
- 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 Janice Gibson, Nick Hay, Doug Kidd and Heather Kilfara who were in attendance to observe, either as a result of new roles in NES or for their own personal development.
- 1.2. The Chair advised that Jean Ford would join the meeting at 11:00am due to a prior diary commitment.

2. Apologies for absence

- 2.1. Apologies for absence were received from Vicki Nairn (VN), Non-Executive Director; Tracey Ashworth-Davies (TAD), Director of Workforce and Donald Cameron (DC), Director of Planning & Corporate Resources.

3. Declarations of interest

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

4. Minutes of the One Hundred and Sixty-Second Board Meeting (NES/21/83)

- 4.1. The minutes of the Board meeting held on 12 August 2021 were approved, subject to the following amendment:
- a. Item 8a (Risk Register Report): The Board agreed to amend the second sentence of Minute 8.2av as follows: 'Changes to NES's future role and remit may mean it will be helpful to procure external support **to further** develop a robust risk approach in NES.'

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

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

6. Actions from previous Board Meetings (NES/21/84)

- 6.1. The Board received the rolling Board action list for review and agreement and noted that four actions had been completed and seven were in progress. Written updates had been provided for four of the seven remaining actions.
- 6.2. The following points were discussed:
- a. 12 August Board meeting, Minute 6.2b: The Board discussed the action regarding Whistleblowing in the NES/Scottish Government (SG) sponsor framework and agreed to mark the original action as complete. The Board noted that Gillian Mawdsley and Della Thomas had met on 17 September 2021 to discuss the original action and agreed that at the time the sponsorship framework becomes subject to review the reference to Whistleblowing might be further considered at that point.
 - b. 12 August Board meeting, Minute 7.6f: The Board were content with the written update provided by Christopher Wroath regarding future engagement with East and North region Boards in relation to future NES digital activity and agreed the action could be removed from the Board action list.
 - c. 12 August Board meeting, Minutes 8.2ai, 9.2a and 9.2b: Janice Sinclair provided a verbal update on the three actions relating to risk in NES. Work to develop strategic Key Performance Indicators (KPIs) for NES is now underway and this will influence Risk Management Group reporting arrangements and the related development of the Assurance Framework. The Board agreed the actions were inter-linked and were satisfied that work in this area is underway and ongoing. The Board therefore agreed to remove the risk related actions from the Board action list.
 - d. 12 August Board meeting, Minute 9.5a: The Board welcomed the update on progress to raise staff awareness of NES's commitment to climate change and agreed it would be helpful to receive a formal update report in due course. This will be scheduled and the original 12 August action will be marked as complete.
 - e. 12 August Board meeting, Minute 9.5a: The Board welcomed the update on a potential electric vehicle staff salary sacrifice scheme in NES and agreed that any further updates could be circulated via correspondence. The original action will be marked as complete.

Actions: AS

- 6.3 The Action List was agreed.

7. Chair & Chief Executive Updates

a. Chair's Report

7.1. The Chair gave a verbal update on recent meetings and activity since the August Board in his roles as Chair of the NES Board and a member of the NHSS Board Chairs Group (BCG). The following meetings were highlighted:

- a. The Chair, along with other members of the NHSS Board Chairs and Board Chief Executives (CE) Groups, attended a meeting with Cat McMeeken (Deputy Director for Leadership, Culture and Wellbeing at Scottish Government (SG) to discuss a new National Leadership programme for health and social care and potential plans for Board Chairs/CE Group involvement. The Chair also advised that the Hult Ashridge Business School are now working with Project Lift colleagues to development a new specification and confirmed that this will link directly with the national leadership development programme. The Chair will provide further updates to the Board as this work progresses.
- b. As a member of the BCG, the Chair attended a presentation given by Donna Bell (Director of Mental Health and Social Care at SG) regarding the National Care Service (NCS) consultation.
- c. The Chair is preparing to deliver a number of virtual presentations to individual Boards on the role of Remuneration Committees, including a particular focus on executive appraisal. These sessions will begin in October 2021 and the NES Remuneration Committee will be included in due course.
- d. The Chair met with NES colleagues to discuss NHSS Board Development, including the handover of the Active Governance programme of work from the BCG to NES and Healthcare Improvement Scotland (HIS).
- e. The Chair attended the BCG Away Day sessions which were held at NHS Golden Jubilee. The Chairs received presentations from Professor Linda Bauld, who has recently been appointed as interim Chief Social Policy adviser at SG, and the Cabinet Secretary for Health and Social Care.
- f. The Chair met with Karen Reid and Tracey Ashworth-Davies to discuss NES's role in the National Leadership programme.
- g. The Chair attended a meeting of the National Performance Forum where members received a useful presentation on Active Governance.
- h. The Chair and Karen Reid met with their equivalent colleagues at NHS Golden Jubilee to discuss the role of the NHSS Academy and its potential contribution to the NHSS Recovery Plan.
- i. The Chair chaired a meeting of the National Performance Management Committee (NPMC) and reviewed 2020-21 Executive Cohort appraisal submissions from all NHSS Boards.

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

b. Chief Executive's Report (NES/21/85)

7.3. Karen Reid introduced this report and began by highlighting that the interviews for the Director of Medicine took place on 15 September 2021. A public announcement regarding the appointment will be made shortly.

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

- a. Donald Cameron (Director of Planning & Corporate Resources) has announced his intention to retire from NES by Summer 2022.

- b. Charlie Sinclair and Janice Gibson have recently joined NES as Associate Directors in NMAHP and Workforce respectively.
- c. In relation to NES executive recruitment, the Director of Finance post has progressed to the shortlisting stage and interviews will take place in October 2021. The Director of Social Care post has been approved by SG and the recruitment advert is now live with a closing date of 18 October 2021.
- d. The following directorate updates were commended:
 - i. Scottish Qualifications Authority (SQA) approval for NES Psychology to deliver the Customised Awards in Enhanced Psychology Practice (SCQF 11).
 - ii. National Institute for Health and Care Excellence (NICE) accreditation gained by the Scottish Dental Clinical Effectiveness Programme (SDCEP).
 - iii. The work of NES Technology teams in contributing to the ongoing NHSS COVID-19 response, via the Turas Vaccination Management Tool (VMT), NHS COVID Pass Verifier app and vaccine certification developments.
 - iv. Confirmation from SG that NES will host the new Centre for Workforce Supply which aims to support routes into NHSS for international staff.
- e. Karen Reid confirmed that NES's draft Remobilisation Plan 4 (RMP4) is under development and will be shared with the Board via correspondence.
- f. The NHSS Board Chief Executives (BCEs) received a presentation from Donna Bell (Director of Mental Health and Social Care at SG) regarding the National Care Service (NCS) consultation. A number of areas were discussed including future governance structures, Public Protection, Community Planning and professional regulation, particularly in relation to the social care workforce.
- g. Karen Reid has been liaising with the NES/SG sponsor team regarding potential NES contributions to winter planning and thanked Stewart Irvine, Karen Wilson and Tracey Ashworth-Davies for their support and suggestions.
- h. Karen Reid confirmed that NES is specifically mentioned on pages 26 and 28 of the Programme for Government in relation to work supporting mental health and adult social care.

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

- a. The Board discussed the NCS consultation and NES's potential role in delivering national leadership programmes that would provide parity of esteem and opportunity to the health and social care workforce. The Board noted the different leadership programmes across the system for example Project Lift and the Society of Local Authority Chief Executives (SOLACE) leadership programme. Karen Reid advised the Board of the role she will have on the Scottish Leaders Forum and the potential for Project Lift to be developed to be more inclusive of the social care/work workforce. The Board Chair emphasised the importance of compassionate leadership and a holistic approach going forward.
- b. The Board welcomed the update regarding the Centre for Workforce Supply (CfWS) and agreed it would be helpful to receive a summary briefing paper on the work of the CfWS and NES's hosting role via correspondence. **Action: DT/TAD**
- c. In relation to NES's contribution to the NHSS Recovery Plan, Karen Reid confirmed that Janice Sinclair, Karen Wilson and Judy Thomson have met with SG colleagues to discuss future long-term funding arrangements.
- d. In response to a query regarding the NHSS Academy (NHSSA) and communication channels between the NHSSA and Territorial Health Boards, Karen Reid confirmed that she and Jann Gardner (Chief Executive, NHS Golden Jubilee) are working to raise the NHSSA's profile amongst NHSS Board Chief Executives and Scottish Government colleagues. It is hoped that Boards will be supported to access NHSSA services.
- e. The Board discussed potential future NES media activity to support the organisation's changing strategic direction. John MacEachen and Nick Hay will give consideration to this in advance of the Board strategic visioning session on 15 November. **Action: JMacE/NH**

7.7 For the public record the Chair noted that the Board held a Board Development Session on 26 August 2021. This meeting discussed the National Care Service for Scotland consultation and highlighted areas of strategic importance for inclusion in the NES response to this consultation. The Board also received some highlights of the work of the NES Quality Improvement (QI) Team across Scotland and discussed the opportunities for embedding QI approaches across NES.

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

8. Performance Items

a. Risk Register Report (NES/21/86)

8.1 Janice Sinclair presented the NES Risk Register and associated COVID-19 Risk Annex as of 16 September 2021 to the Board for assurance and approval.

8.2 The paper was taken as read and the following points were made during discussion:

- a. The Board noted the addition of the new NMAHP risk in relation to the NHSSA within the COVID-19 Risk Annex. The Board recognised that risk was very much under development and review but asked if any new risks added could include a robust risk description and clear mitigation measures. It was also requested that any new risks are allocated a unique risk identification number rather than other risks being re-numbered, to avoid confusion.
- b. Karen Reid agreed that the Risk Registers should clearly define risks and mitigations and that each risk should link to organisational strategic objectives and KPIs. NES's approach to risk will form part of the Board strategic visioning work.

8.3 The Chair thanked Janice Sinclair and the Board approved updates to the NES Corporate Risk Register and COVID-19 Risk Annex.

b. Month 5 Finance Report (NES/21/87)

8.4 Janice Sinclair presented the financial results for the first five months of the 2021-22 year to the Board for assurance and approval.

8.5 The paper was taken as read. Janice Sinclair added that finance colleagues are working with directorates to prepare a proposal for the NES Extended Executive Team (EET) to consider how any potential underspend can be most effectively utilised within delegated authority. The next Finance Report to the Board will include information about the prioritisation used to allocate any underspend and how this links to NES's strategic objectives.

8.6 The Board asked for further information on how the vacancy lag recovery figure is being managed to ensure current staff are not being put under unnecessary pressure. Janice Sinclair stated that the vacancy lag figure reflects the current recruitment position in NES and noted challenges in recruiting to some posts. It was clarified that this was a combination of difficult to recruit to positions and staffing issues within the NES Human Resources (HR) team, which has in turn led to delays in progressing some NES recruitment. Karen Reid highlighted that the staffing issues in HR are being resolved and the opportunity for future corporate improvement in terms of the NES recruitment process is being explored.

- 8.7 It was agreed that Finance will monitor the NES budget and forecast underspend in response to any changes to the vacancy lag. Karen Reid advised that a planned output of the Board strategic visioning session will be to review the overall NES financial strategy and develop a 5 – 10 year medium-term strategic financial plan in consultation with the Board and ensure that a set of principles is agreed.
- 8.8 In response to a query from Anne Currie regarding support for dental staff, David Felix commented that Dental are actively recruiting and agreed to provide further information regarding funding for dental schools to Anne Currie. **Action: DF**
- 8.9 There were no further questions and the Board approved the financial results to 31 August 2021. The Chair thanked Janice Sinclair and her team for their work.

c. Quarter 1 Performance Report (NES/21/88)

- 8.10 Karen Reid presented the Quarter 1 2021-22 performance report to the Board for assurance and approval. The paper reports performance against the NES Phase 3 Re-mobilisation Plan (RMP3).

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

- a. The Board recognised the continuing impact of the COVID-19 pandemic on a number of targets within the report.
 - b. Karen Reid provided an update on work to develop a new performance framework for NES, including strategic KPIs. A tender process has taken place to procure and an external provider to support this work. Phase 1 of this development will be completed by the end of the year. A non-executive director has been invited to join the Reference Group.
 - c. The Board discussed the NMAHP red priority target on page 5 of the report and emphasised the importance of supporting the implementation of the Technology Enhanced Learning (TEL) short life working group recommendations. Karen Wilson commented that recruitment is underway to support this work. Janice Sinclair confirmed that the EET were in agreement that TEL is a priority for NES and the required funding from SG will be carried forward to the 2022-23 financial year.
- 8.11 There were no further questions and the Board approved the Quarter 1 2021-22 performance report.

9. Annual Items

- a. 2020-21 Annual Review Self-Assessment (NES/21/89)

- 9.1 Karen Reid presented the 2020-21 NES Annual Review Self-Assessment Document (SAD) and At a Glance briefing to the Board for approval. The SAD will form part of NES's 2020-21 Annual Review submission to Scottish Government.

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

- a. The Board welcomed the content of the SAD and asked that further information on how the Board has and will continue to enhance its corporate governance is included. **Action: DC**
- b. The Board asked that further detail is added to page 54: a rationale as to why the Scottish Coaching and Leading for Improvement Programme (SCLIP) has been devolved to Boards. **Action: DC**
- c. The Board discussed the format of the 2020-21 Annual Review and whether staff and stakeholders will be invited to attend. The 2019-20 review was held with SG virtually and only the Board Chair, acting Chief Executive and Executive Board

Members were in attendance due to the COVID-19 pandemic. Information relating to the format of the 2020-21 Annual Review will be shared with the Board in due course. **Action: KR**

- 9.3 The Board approved the 2020-21 NES Annual Review Self-Assessment Document, subject to the changes noted above. The Chair thanked Donald Cameron and members of the Planning & Corporate Governance (PCG) team for their work in preparing the report.

10. Governance Items

a. Appointment of Vice Chair and Remuneration Committee Chair

- 10.1 The Chair confirmed that Cabinet Secretary approval has been received for Douglas Hutchens' appointment to Vice-Chair of the NES Board and asked the Board to ratify this appointment. As Vice Chair of the Board, Douglas Hutchens has also agreed to take on the role of Chair of the Remuneration Committee and the Chair asked for the Board's approval.

- 10.2 The Board ratified the appointment of Douglas Hutchens to Vice Chair of the NES Board and approved his appointment to the role of Chair of the Remuneration Committee.

b. Significant issues to report from Standing Committees

Digital and Information Committee held 13 September 2021

- 10.2 As Chair of the Digital & Information Committee, David Garbutt gave a brief overview of the key issues discussed at meeting of the Digital & Information Committee held 13 September 2021:

- a. The Committee received a number of helpful indicators regarding current performance and future delivery and recognised that work is underway to establish the NES Digital and NES Digital Service teams as a single NES Technology directorate.

Education and Quality Committee held 19 August 2021

- 10.3 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 assurance on a number of NES workstreams including leadership and management, the NHSS Academy and received a helpful report on research being undertaken in NES. The Committee also approved the 2020-21 Annual Report on Feedback, Comments, Concerns and Complaints which is included on this Board agenda for noting.

c. Board Assurance Framework (NES/21/90)

- 10.4 Janice Sinclair presented the Board Assurance Framework to the Board for approval, whilst noting that the framework will be revised significantly in the future in line with external changes and guidance on assurance mapping from the national Corporate Governance Blueprint Group. She highlighted that the framework will also be revised and updated in response to improvements internally within NES, including the establishment of the Risk Management Group, review of risk appetite and the development of strategic KPIs.

- 10.5 The Board discussed the paper and agreed that the first line of assurance on page 20 of the framework in relation to whistleblowing should be strengthened to read: 'Whistleblowing Policy and processes to **inform and** encourage staff and others to raise public interest concerns and ensure these are investigated and reported effectively.'
- 10.6 The Board welcomed the proposed changes to the Board Assurance Framework going forward and approved the Board Assurance Framework in its present state.

11. Items for Noting

Standing Committee Minutes

- a. Digital and Information Committee 28 June 2021 (NES/21/91)

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

- b. Education and Quality Committee 1 July 2021 (NES/21/92)

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

Other Items for Noting

- c. 2020-21 Feedback, Comments, Concerns and Complaints Annual Report (NES/21/94)

11.3 The Board received and noted this report which had previously been approved by the Education and Quality Committee.

12. Any Other Business

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

13. Date and Time of Next Meeting

13.1 The next Public Board meeting will take place on 25 November 2021 at 10.15 a.m.

13.2 The Chair thanked everyone for their attendance and closed the meeting at 12.05pm.

NES
September 2021
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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 23 September 2021					
6.2a	Actions from previous Board meetings	<p>Actions from 12 August Board meeting:</p> <ul style="list-style-type: none"> - The Board discussed the action regarding Whistleblowing in the NES/SG sponsor framework and agreed to mark the original action as complete, noting that Gillian Mawdsley and Della Thomas had met to discuss and at the time the sponsorship framework becomes subject to review it could be further considered at that point. 	Alison Shiell	November 2021	Complete Rolling Board Action List updated.
6.2b		<ul style="list-style-type: none"> - The Board were content with the update provided by Christopher Wroath regarding future engagement with East and North region Boards in relation to future NES digital activity and agreed the action could be removed from the rolling Board action list. 			Complete Rolling Board Action List updated.
6.2c		<ul style="list-style-type: none"> - The Board agreed the three individual risk actions were inter-linked and that work in this area is ongoing and were satisfied that work was underway and agreed to remove the risk related actions at this stage. 			Complete Rolling Board Action List updated.

Minute	Title	Action	Responsibility	Date required	Status and date of completion
		<ul style="list-style-type: none"> - The Board welcomed the update on progress to raise staff awareness of NES's commitment to climate change and agreed it would be helpful to receive a formal update report in due course. The original 12 August action will be marked as complete. - The Board welcomed the update on a potential electric vehicle staff salary sacrifice scheme and agreed that any further updates could be circulated via correspondence. The original action will be marked as complete. 			<p>Complete Annual report on progress towards NetZero Routemap to be submitted to November 2022 Board meeting.</p> <p>Rolling Board Action List updated.</p>
	Chief Executive's Report	Prepare summary briefing paper regarding Centre for Workforce Supply for issue to the Board via correspondence.	Tracey Ashworth-Davies / Della Thomas	October 2021	Complete Briefing paper issued on 12 November 2021.
		Consider future NES media activity in relation to NES's changing strategic direction and the outcomes of the Board visioning session on 15 November.	John MacEachen / Nick Hay	November 2021	Complete Media activity to promote NES services and outputs is ongoing, and sits alongside other work we do to promote NES, e.g. social media and our planned Year in Review activities. We seek to keep this activity in line with our evolving organisational direction. Future media activity for NES will be tied to a refreshed communications plan, which will be based on the conclusions of the Board visioning session and associated stakeholder research. As the new NES

Minute	Title	Action	Responsibility	Date required	Status and date of completion
					'offer' becomes clearer, we will be able to source and promote news stories that tie in with our new priorities. We will keep the Board updated through future CE Reports.
	Month 5 Finance Report	Provide Non-Executive Board Member with further information regarding funding for dental schools.	David Felix	October 2021	Complete Information sent on 7 October 2021.
	Self Assessment Document (SAD)	Update the SAD as follows: <ul style="list-style-type: none"> - Include text regarding ongoing corporate governance improvements - Include rationale as to why the Scottish Coaching and Leading for Improvement Programme (SCLIP) has been devolved to Boards. 	Planning & Corporate Governance team		Complete SAD updated as per action list and is now ready for the 2020-21 NES Annual Review.
		The format of this year's Annual Review provided by SG will be reviewed and the opportunity for any other people to "observe" the Annual Review this year will be confirmed.	Karen Reid		Complete Email sent to Board on 20 October 2021

NES
Item 7b
25 November 2021

NES/21/97



CHIEF EXECUTIVE'S REPORT

Karen Reid, Chief Executive

November 2021

1. INTRODUCTION

- 1.1. The agenda for our November Board meeting contains a number of governance and performance items for assurance and approval, including the 2021-22 Quarter 2 Performance Report and the NHS Scotland Academy Joint Strategic Programme Board Terms of Reference (ToRs) which have been developed in partnership with NHS Golden Jubilee.
- 1.2. The Board are also receiving an annual item for review and approval. The progress report on the delivery of our 2019-24 strategic outcomes highlights specific areas of our work that were delivered during 2020-21, including lessons learned and implications for the future, and will be published on the NES corporate website. The Board will be aware that future iterations of this progress report will reflect a refreshed strategic approach and how NES is supporting the whole health and social care landscape.
- 1.3. The Board met in a hybrid format on 15 November for a strategic visioning day to review and discuss current and future policy context and our overall operating environment. The day was a helpful and constructive opportunity to consider a future five-year vision for NES. I am grateful to Board Members, and members of the NES Extended Executive Team, for their engagement and contribution.

2. ANNOUNCEMENTS

2.1 NES Executive Recruitment Update

I am pleased to formally announce the successful recruitment of two Executive Directors, who will both join the organisation in early 2022.

2.2 Dr Emma Watson, Director of Medicine

Dr Emma Watson will join NES as the next Director of Medicine from 1 April 2022. Dr Watson has experience as Deputy Medical Director in NHS Highland and as Chair of the Directors of Medical Education for Scotland. She has extensive experience as a practitioner, academic and educationalist and is a recognised leader in medical education in Scotland, including previous work as a Senior Medical Officer in the Scottish Government Workforce and Strategic Change Directorate.

- 2.3 Dr Watson is a 2021-22 UK Harkness Fellow in Health Care Policy and is currently based at the University of North Carolina during her research study. Following a handover period, Dr Watson will take over from Professor Stewart Irvine, who retires on 31 March 2022. She will also become an Executive Director member of the NES Board.

2.4 Jim Boyle, Director of Finance

Jim Boyle has been appointed as Director of Finance at NES from 1 February 2022. Jim currently works at Stirling Council, where he has held the post of Chief Finance Officer for the past 10 years. He brings 36 years' experience in financial management and providing professional support and advice to senior decision makers in the public sector. He recently chaired the Scottish Local Government

Directors of Finance group through the challenging circumstances of the pandemic.

2.5 Jim has been the Education portfolio lead for that group for the past five years and has been involved in a number of national policy developments, including the expansion of Early Learning & Childcare across Scotland. He played a lead role in the establishment of the Clackmannanshire & Stirling Integration Joint Board (Health & Social Care Partnership), and he has also served on the Programme Board for the delivery of Stirling Health and Care Village, a major project for the reprovision of primary care, social care, and ambulance services in the Stirling Area. Jim is also currently the lead CFO for the Stirling & Clackmannanshire City Region Deal.

2.6 **Director of Social Care**

Interviews for the Director of Social Care post took place on 19 November 2021. The recruitment process for this post has been co-ordinated by Aspen.

3. **STRATEGIC UPDATES**

3.1. The COVID-19 pandemic continues to place significant pressures on health and social care, particularly now that we are entering the winter period. NHS Scotland continues to operate on an emergency footing and Board Chairs and Chief Executives are meeting weekly with the Cabinet Secretary for Health and Social Care to co-ordinate the ongoing NHS COVID-19 response. The Board will receive an update on the impact of the pandemic, current system pressures and demands on the NHS and NES at a private Board briefing after this public Board meeting.

3.2 **A National Care Service for Scotland consultation – update**

Following consideration by the NES Extended Executive Team and Board development sessions, the NES response to the National Care Service Consultation was submitted to Scottish Government by the due date of 2 November 2021. Our submission comprised the 'respondent information form' and answered only those questions which were directly applicable to the organisation, together with a supplementary overview narrative on the organisation's strategic position currently and in response to potential future scenarios.

3.3 Kevin Stewart, the Minister for Mental Wellbeing and Social Care, [wrote](#) to the Health, Social Care and Sport Committee in early November to provide an update on the plans for a National Care Service following the end of the consultation period. A procurement exercise for the consultation analysis will conclude shortly and consultation analysis outcomes are expected in January 2022.

3.4 **Health, Social Care and Sport Committee**

Christopher Wroath (Director of NES Technology) has been invited to give evidence at a virtual session of the Health, Social Care and Sport Committee on 23 November 2021. The session will focus on data and technology in health and social care and the National Digital Health and Social Care Platform in particular. The session will comprise two separate panels; the first will discuss data and statistics and includes representatives from Public Health Scotland, Audit

Scotland and the Office for Statistics Regulation. The second panel will receive evidence from NES, NHS24, the Chair of the NHSS Clinical eHealth Leads, the Local Government Digital Office, the NHS Digital Health and Care Institute and the Health and Social Care Alliance. NES's written submission is attached to this report as an appendix.

3.5 **'Once for Scotland' Workforce Policies Programme**

Scottish Government wrote to NHS Board Chief Executives on 18 October 2021 to advise that in response to current pressures, the decision has been taken to further pause the 'Once for Scotland' Workforce Policies programme of work until no later than April 2022. A further letter will be issued when a confirmed re-start date for the programme has been agreed.

3.6 **NES Remobilisation Plan (RMP4) 2021/22**

NES's draft RMP4 was submitted to Scottish Government by the 30 September submission deadline and we are awaiting any feedback. We anticipate this will be received by the end of November / early December 2021.

3.7 **Sponsorship**

As part of our ongoing engagement with the Scottish Government (SG) Sponsor Team, NES's senior team continues to meet with SG colleagues on a monthly basis to discuss strategic issues such as a workforce planning programme, the national workforce strategy and winter planning. A weekly meeting with the Sponsor Team also continues to provide an opportunity to regularly share dialogue, as well as being the first point of contact for operational matters related to NES. We have started to develop an overall workplan with our Sponsor colleagues, outlining strategic development issues as well as a tracker to record ongoing work.

3.8 There has been recent discussions with SG which has resulted in the 'NHS Education for Scotland Amendment Order 2021' which was laid before the Scottish Parliament on 23 September and will come into force on 18 November 2021. The amendment includes the following addition to NES's function:

'(aa) functions to provide information services in support of the functions of the Scottish Ministers, Health Boards and other Special Health Boards including, without prejudice to the foregoing generality, services provided by digital means'.

3.9 **NHS Scotland Academy**

The Cabinet Secretary for Health and Social Care, Humza Yousaf, formally launched NHS Scotland Academy, along with Jason Leitch, National Clinical Director, on 20 October 2021. During the visit the team took the opportunity to showcase the workstreams that are active and progressing at pace.

3.10 The visit started with an introduction to the National Endoscopy Training Programme, with live links to both Stobhill Hospital and Ninewells Hospital. It was highlighted that this programme will focus on the workforce development in endoscopy services, supported by the use of simulation. Insights were also provided into the National Clinical Pharmacists' Training Programme and the

Foundation in Perioperative Practice Programme, with demonstrations undertaken on the simulation used for these bespoke programmes.

- 3.11 The first cohort of the Foundation of Perioperative Practice Programme commenced in October 2021, with learners from NHS Golden Jubilee and NHS Highland.
- 3.12 The National Clinical Skills for Pharmacists Programme commenced in September 2021. Eight delegate days have been delivered at NHS Golden Jubilee in September and October for colleagues from across Scotland.
- 3.13 A short life working group has been established, with representatives from across Boards, to develop a programme of learning materials to prepare colleagues new to work in health and social care, supporting with winter pressures.
- 3.14 Developmental work to support the widening access routes for young people have taken place in the NHS Golden Jubilee Huddle and the NHS Highland Huddle. Further sessions are planned with the NHS Grampian Huddle, the NHS Tayside Huddle, and the NHS Dumfries and Galloway Huddle in November 2021. The Huddles have representation from the local Boards, local authorities, schools, colleges and Skills Development Scotland.

4 DIRECTORATE UPDATES

4.1 Dental (including Healthcare Science and Optometry)

- a. **Ailsa Morrison** has been appointed to the role of Associate Postgraduate Dean within the Dental Directorate. Ailsa will have joint responsibility (with Donald Thomson) for Dental Core and Dental Specialty Training.
- b. **‘Supporting better oral care in care homes: what quality looks like’**
Launched in October 2021.
The Reducing Inequalities workstream, as part of the ‘Caring for Smiles’* and ‘Open Wide’**strategic groups, have collaborated with the Care Inspectorate to produce a Quality Illustration guide which aims to:
 - highlight good practice in oral care for care services and staff
 - help care services and staff/ inspectors to identify indicators that a care service’s practice could be better and support them to improve
 - support care providers to better understand and implement good quality care
- c. People living in care homes may rely on staff to help maintain their oral health. It is essential that inspectors and care home staff understand the value of good oral care and know how to deliver this aspect of personal care effectively and confidently to the people they look after. Good daily oral care is crucial to safeguarding the health and wellbeing of vulnerable people and is particularly important in palliative and end-of-life care to ensure the person’s mouth is clean and comfortable.

- d. Used as part of a care home inspector's scrutiny toolbox, this guide will serve to highlight the importance of oral care. The resource itself offers good practice guidance, hints and tips and staff will be directed to the NES SCQF accredited Caring for Smiles training. The uptake of this training has already been successful, but it is anticipated that this initiative will further enhance care home staff engagement.

[Supporting better oral care in care homes 2021 - final.pdf \(careinspectorate.com\)](#)

*Caring for Smiles – a national oral health initiative with the aim of providing 'Better Oral Care for Dependent Older People'

**Open Wide – a national oral health initiative with the aim of providing 'Better Oral Care for Adults with Additional Care Needs'.

4.2 NES Technology (formerly NES Digital & NES Digital Service/NDS)

- a. We continue to collaborate with the NHSS Academy (NHSSA) around the digital support required. A new Senior Product Manager role has been advertised, funded by the NHSSA, which will work closely with NES Directorates, the NHSSA, the Technology Enhanced Learning (TEL) Governance Group, Digitally Enabled Workforce and other workstreams to gather requirements which will feed into the MyTuras proposal, whilst aiming to make improvements to our existing product offering in the Learning space i.e., Turas Learn and the Knowledge Network. It is imperative that we collate these requirements and ensure they align with the strategic direction of NES.
- b. Scottish Government have commissioned NES to develop a solution that supports the Health and Care (Staffing) (Scotland) Act 2019. This will be an interim solution until the Allocate rostering software is rolled out across Scotland, which has a SafeCare module within it that will eventually support the Act.
- c. The interim solution developed by NES will focus on Critical Care across Scotland to support these wards during winter pressures. Work is well underway with users across Critical Care to refine requirements and development work has started. NES is aiming for a solution to be rolled out w/c 6 December 2021.
- d. The Turas Vaccination Management Tool (VMT) is now one year old. It started with a pilot on 10 November 2020, a Flu Vaccination clinic at Barrhead Health and Social Care Centre. Our first COVID-19 vaccination was less than a month later on 8 December 2020. Since then, the VMT has supported:
- 8,699 clinics
 - 31,236 users
 - 4,297,745 patients
 - 9,133,374 vaccination episodes (clinic visits)
 - 9,846,031 vaccinations
- e. The COVID Check app, for use by venues to support domestic certification, went live on 19 October 2021 with support for domestic certificates. The team continue to work on further enhancements to the app including support for screen readers, making the app more accessible, and support for expired certificates. Discovery

work is underway to enable reporting of use across venues and organisations. Since the app went live there have been:

- 243,000 iOS downloads
 - 32,000 Android downloads
 - 182,000 vaccination certificate scans since the scheme began and 26,000 since the start of November 2021
- f. Portfolio products continue to be in demand. The Turas Portfolio team are undertaking some discovery and development work to support nurses to gather evidence whilst undertaking the Family Nurse Partnership training programme. The team are also working on supporting dental nurses working through the Inhalation Sedation pathway. Alongside onboarding other training programmes and curriculums, the team are exploring ways to make it easier for administrators to manage their own curriculums and data capture form.
- g. NES, in collaboration with NHS Greater Glasgow & Clyde (GGC) and Public Health Scotland (PHS), have developed a solution that supports the structure data capture of patients presenting at Emergency Departments with suspected SARI (Severe and Acute Respiratory Infection) that will enable enhanced surveillance of SARI. The solution is ready to be released to a pilot site once Information Governance (IG) and Ethics sign off has been received from NHS GG&C.
- h. Ophthalmology Electronic Patient Record (oEPR) using OpenEyes oEPR to integrate with the EMPI and local patient management systems (Trak) product is live in NHS Grampian supporting cataract pathways. NES have now deployed the break glass functionality which means additional NHS Boards can be onboarded without IG concerns.

4.3 Medicine

- a. The Cabinet Secretary for Health and Social Care and the Cabinet Secretary for Finance and Economy have approved the 134 medical training posts suggested by NES to the Scottish Shape of Training Transitions Group (SSoTTG) for expansion in 2022. The expansion will include a total of 65 posts in Higher Specialty Medical Training to accommodate trainees completing the new three-year IMT (core medical) training programme. There will also be an increase of 13 core anaesthetics posts to accommodate trainees transitioning to the new curriculum. Other increases include a further 16 Intensive Care Medicine posts, a further expansion of 10 posts in Clinical Radiology, 10 additional posts in Core Psychiatry and small increases in Occupational Health, Forensic Pathology, Public Health, Oncology, Clinical Neurophysiology and Community Sexual and Reproductive Health.
- b. **HST Surgical Simulation training**
November sees the launch of a pilot of simulation training funded by Scottish Government for higher specialty trainees in General Surgery to build on the success of the Improving Surgical Training (IST) project. Digital and simulation techniques are revolutionising our approach to surgical training which has been

most significantly affected by the COVID-19 pandemic. The training uses kits for practising surgical skills at home and uploading videos for feedback, including use of 3D printed hydrogel organs and laparoscopic training kits and software that has been developed in Scotland. Trainees will also practise 'human factors' skills such as team-work, leadership, communication and decision-making.

c. **Scottish Staff, Associate Specialist and Specialty (SAS) Doctors and Dentists Development Programme**

The [SAS Development Programme Annual Report 2020-21](#) highlights the successes and challenges faced in supporting the professional development of Speciality and Associate Specialist grade doctors and dentists across Scotland. Responding to the significant clinical pressures with COVID-19 and the immense stresses for the SAS workforce, the Programme team transformed its service for SAS in 2020-21. In a year when doctors and dentists have been restricted in their ability to take study leave, and when opportunities to undertake online learning were initially in their infancy, this support has been vital. By establishing regular online SAS Development Programme webinars, workshops and teaching sessions, we were in contact with our audience from the outset, enabling 28% of SAS doctors and dentists to directly access these learning events. Many more individuals received personal support, including careers guidance, from their local SAS Education Adviser.

d. SAS doctors and dentists contribute significantly to their clinical teams; they are key to plans for recovery and renewal in Scotland. The SAS Development Programme aims to equip them with the essential skills required for the changing NHS; to this end, a further 39 SAS were funded for individual specialty specific training opportunities, enabling them to develop in their roles. Post-training feedback from SAS themselves and their Clinical Directors evidence the value they place on these additional opportunities, as well as the benefit to provision of service.

e. **The Scottish Improvement Leaders (ScIL) programme has been endorsed by Education Scotland.**

Education Scotland has endorsed the Scottish Improvement Leaders (ScIL) programme, delivered by the QI (Quality Improvement) Team in NES, as a development offering that is informed by the national model of professional learning and links effectively to the relevant professional standards and current policy context. This recognition also provides assurance of the programme offering relevant, significant and sustained quality learning. The national model of professional learning developed by Education Scotland outlines key principles and features of effective professional learning and we are very pleased to receive the recognition by Education Scotland in terms of ScIL aligning with this approach.

4.4 NMAHP

a. **Health & Social Care Support Worker Development Programme (Bands 2 – 4 Healthcare Support Worker (HCSW) Education)**

The Scottish Government Workforce Directorate are leading work to recruit an additional 1,000 staff at Bands 2 - 4 to health and social care services and the Chief Nursing Officer (CNO) has requested work to expand and develop the Band 2-4 workforce, at pace in response to current systems pressures within health and social care as new service models emerge.

There is currently variation in the role and current education and development provision for staff working at Bands 2 – 4 across NHS Scotland. This work is being underpinned by a national approach enabling the development of core requisite skills and competencies to deliver safe, effective, person-centred care. NHS Education for Scotland (NES) has been commissioned to undertake a review of career pathways for those working in Band 4 posts, with a focus on the development and enhancement of all staff at bands 2- 4 and their associated competencies.

b. **Healthcare Built Environment (HBE) November 2021 Update**

To support the Healthcare Built Environment (HBE) Workforce Education service, NES are working in partnership with NHS Scotland Assure to provide strategic leadership and coordination on three key areas of development:

1. **Specialist Education & Development for the HBE Senior Staff**

to support the construction and ongoing monitoring of the healthcare environment infrastructure, including training sessions to provide improved leadership awareness for NHS Executive and Non-Executive Scottish Board Members, in relation to their roles, responsibilities and accountability. (Ref: DL (2021) 25). [https://www.sehd.scot.nhs.uk/dl/DL\(2021\)25.pdf](https://www.sehd.scot.nhs.uk/dl/DL(2021)25.pdf)

2. The **National Learning & Development Strategy for the Specialist HBE Workforce** has been reviewed and the accessible publication completed and is hosted on the NHS Scotland Assure [Workforce planning and development](#) webpage.

3. The **HBE Knowledge & Skills Framework** has been developed to support the learning and development needs of NHS Scotland's staff and its partners; preventing and reducing infection and other risks in the HBE. We are establishing a national Education Steering Group to influence resource and product development, provide governance and to ensure our stakeholder views are reflected.

c. **NMAHP Development Framework for Major Trauma Care in Scotland**

A multi-disciplinary NMAHP Development Framework for Major Trauma Care in Scotland and an accompanying Education Framework is under development in a collaboration between NES and the [Scottish Trauma Network \(STN\)](#). These frameworks will support and develop registered and non-registered Nurses, Midwives and Allied Health Professionals (NMAHPs) who provide trauma care to injured people in a wide variety of care settings across the Major Trauma

pathway. This work aligns with the relaunched [NES NMAHP Development Framework](#) and provide an infrastructure to support career development, learning needs and inform workforce planning, to enhance a Once for Scotland educational approach.

- d. The first phase of this work will be for NMAHP Registrants who are in education levels 5-8. Work on the health care support worker (HCSW (education levels 2-4)) section is underway. The STN website education pages have been concurrently developing as information has been emerging and now hosts resources from all the regional Trauma Networks that can be accessed freely.

4.5 Pharmacy

- a. **General Pharmaceutical Council Registration Assessment Results July 2021**
NES supported the 2020-21 cohort of trainee pharmacists to their sitting of the GPhC Registration Assessment in July 2021 and can acknowledge a 91% pass rate. This compares to an overall national pass rate across Great Britain of 82%.
- b. Fifty individuals from the 2020-21 and previous cohorts are currently being educationally supported by NES in their preparation for the November 2021 GPhC Registration Assessment.
- c. **Clinical Skills Delivery**
Following its launch, the NHS Scotland Academy joined the Dundee University Clinical Skills Collaborative delivering consultation and clinical assessment skills training to pharmacists and over the last two months has successfully delivered 109 delegate days of clinical skills training:
 - Consultation skills training for 72 pharmacist prescribers
 - Core clinical assessment skills training for 27 pharmacist prescribers
 - Common Clinical Conditions training for 10 pharmacist prescribers
- d. From November 2021 to March 2022 there are a further 200 delegate days of clinical skills training scheduled to be delivered by the collaborative across various venues including the NHS Scotland Academy, Aberdeen and Edinburgh.
- e. **Launch of new Post Registration Foundation Programme for Newly Qualified Pharmacists**
The Post-Registration Foundation Programme for newly qualified pharmacists, which includes qualification as an independent prescriber, launched on the 7th October 2021. The initial registration phase saw a total of 182 pharmacists register with 89 community, 82 hospital and 11 in primary care. The programme has been introduced in tandem with a modernising pharmacy supervision programme across all workstreams.

4.6 Psychology

- a. **Collaboration with Health Education and Improvement Wales (HEIW)**
NES Psychology have been approached by colleagues who are interested in creating Welsh versions of the **Clinical Associate in Applied Psychology (CAAP)** programmes developed by NES several years ago. In Scotland, CAAPs have become an established addition to the Psychology workforce with a one year postgraduate training offering a quick route for the many psychology graduates who are interested in a career in the NHS. The training equips them to deliver psychological interventions for common mental health problems as part of the wider skill mix in psychology services.
- b. HEIW are exploring the options for Welsh versions of the NES commissioned Psychological Therapy in Primary Care programme focussing on adults as well as the Applied Psychology for Children and Young people programme with an ambition for the first cohort to start in September 2022. We are sharing information with them and will be contributing to their stakeholder events.
- c. In Scottish services, the document usually known as 'The Matrix' or NES (2015) ['The Matrix: A guide to delivering Evidence Based Psychological Therapies in Scotland'](#) is a key resource to support the ambition of increasing access to psychological therapies and interventions. It fulfils a number of key functions including a summary of the organisational components of delivery of high functioning services across different tiers of need in those served. In addition, the required training, supervision and other governance structures and an accessible summary of the best available evidence for the treatment, prevention and intervention of most common mental health difficulties across the lifespan and including those who access specialist services such as forensic or learning disabilities is provided. It is widely used by service planners and clinicians to inform strategic or clinical decisions. The last review of the Matrix was completed in 2015 and in recognition of the considerable developments in the field, such as the proliferation of technology enhanced approaches and the available evidence base a complete review has been a priority within the NES Psychology Directorate.
- d. Following the Scottish Matrix, there has been a parallel development in Wales, Matric Cymru. Given the potential duplication of evidence reviews we have agreed to work in partnership with each nation taking leadership of topics, with Scottish representation on Welsh led groups and vice versa. This gives an opportunity to maximise efficiency with the much more focussed task of 'tartanising' the Welsh led tables for the Scottish context whilst our colleagues in Wales, 'dragonise' the tables we have led on.
- e. The Scottish Matrix review is also moving the project from a narrative PDF to a searchable, interactive tool, with consideration additional information on wider implementation opportunities and barriers to support high quality delivery. We have also been working with people with lived experience to ensure it also potentially fulfils a role in empowering those who use services to understand the evidence base and be well informed and actively involved in all decisions about

the psychological therapies and interventions that they are offered to meet their needs.

- f. HEIW have expressed interest in adapting our **7 Essential Perinatal and Infant Mental Health eLearning modules** for use in the Welsh context. We are currently working with Procurement and Digital colleagues to establish an agreement to allow these modules to be shared and adapted to fit the needs of the Welsh workforce.
- g. We are also delighted to be liaising with representatives from HEIW around their interest in piloting the **NES Essential CAMHS foundation and specialist learning programmes** with CAMHS practitioners and supervisors. The proposed pilot and evaluation would help to identify aspects of the resource that may need to be adapted for the Welsh legislative and policy context.
- h. We have also shared our **National Trauma Training Plan Resources** with Welsh colleagues and are in discussions about how we could help Wales develop their own Trauma Training Framework.

4.7 Workforce

- a. **Centre for Workforce Supply (CfWS)**

The Short Life Working Group for the CfWS, focussing initially on international recruitment, had their second meeting in November. This meeting is chaired by NES as the host organisation and included representatives from NHS Scotland Boards and Scottish Government. Key areas of focus are OSCE support from NES and NHS Scotland Academy and Once for Scotland approaches to International Recruitment, including partner organisations such as Yeovil Hospital Healthcare and NHS Professionals. A Principal Lead has been appointed by NES to progress the establishment of the CfWS and recruitment is in progress for other key posts, funded by Scottish Government.

- b. The Board received a detailed briefing on the work of the Centre for Workforce Supply via correspondence on 12 November 2021.

- c. **NES Staff Working Arrangements**

The majority of NES staff continue to work at home currently in alignment with Scottish Government advice, although staff who require to be in the office due to requirements of the work or personal circumstances are being supported to do so safely through the risk assessment process for return to office working, along with Safe Office Working Guidance. There is commitment across NES to develop remote friendly working practices whereby staff are supported to work from both home and in the office. The Once for Scotland Flexible Work Location Policy has been placed on hold due to the pausing of the Once for Scotland Policy Programme. This policy sought to describe processes for staff requesting their contractual base to be their home if this is where the majority of the work was being done. The Scottish Terms and Conditions Committee (STAC) was looking further into tax implications as part of the development of a Once for Scotland approach. In the meantime in NES, following analysis of data from Directorates on use of office spaces for training, further work is being progressed to better

understand impact of social distancing on training capacity and spaces available for collaboration, as the data we have tells us the main reason for staff accessing offices more frequently will be to come together for collaborative pieces of work.

d. **Workforce Planning**

Following close working with Directorates to identify workforce supply and demand to inform the development of a 3 year Workforce Plan, thematic areas for action at organisational level are being identified alongside the consolidation of Directorate level workforce plans. The draft 3 year plan will be shared with the Extended Executive Team in December and thereafter work through internal governance processes including Partnership Forum and Staff Governance Committee, taking into account strategic discussions about the future vision for NES.

e. **Leadership**

An initial proposal outlining Service Leaver and Veteran Recruitment is being drafted for discussion with Scottish Government. The proposal is in early stages and would be to fund for five years a possible Executive Military Fellowship scheme and Step into Scottish Health which would create strong connections to the military and health and social care. A discussion with Scottish Government is planned for w/c 22 November. If successful it will provide the necessary funding to enable further development of the schemes in collaboration with Workforce Directors and the wider Boards.

f. **Organisational Development**

Work to more closely align strategic and corporate development activity continues with the Change Management Programme Board approving consultation on fit for future purpose organisational and reporting structures in NES to better support delivery of NES's Vision, Mission and Strategy; ensure line of sight and joined up management; Once for Scotland NES processes; enable corporate wide projects; support organisational learning and improvement, and to ensure the right information to enable active Board governance and assurance.

g. **Shared Services**

The East Region Recruitment Service implementation has been paused given current pressures across the Boards involved in the consortium. Whilst staff involved in recruitment across the East Region Boards have now been transferred into NHS Lothian employment and the new structure has been confirmed, the day to day recruitment activity continues to be managed locally by the transferring Boards under the terms of a Memorandum of Understanding, pending transition to the new management structure in NHS Lothian.

h. **iMatter**

This year we have had our best ever response to the iMatter survey - 92%! A huge thanks to everyone who took part. The national response rate has also been good, with over 107,000 staff (55%) answering the survey so far. In response to their reports all teams are now actively developing their own Action Plans which will be completed by 30 November 2021.

i. **Trickle**

Our staff engagement App Trickle has been with us since mid-January 2021 so we have around nine months of experience to reflect on. In advance of the licence renewal date, which is the end of December 2021, we are undertaking an evaluation of the impact of the App to date, and also looking at the future potential which remains to enable staff across the organisation to engage. A review and recommendations paper will be presented to the Extended Executive Team.

CALENDAR from 16 September – 17 November 2021

This section of the report provides an overview of the meetings I have attended since 16 September 2021. Rather than list every date individually, where possible meetings have been grouped and additional context provided.

NES [Extended] Executive Team (EET)

The EET meet formally on a fortnightly basis to discuss strategic and governance issues, share directorate updates and take decisions as required.

NHS National Board Chief Executives

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

NHS Board Chief Executives (BCEs) Weekly System Pressures meeting with the Cabinet Secretary for Health and Social Care

Since September 2021, NHS BCEs have been meeting weekly at the request of the Cabinet Secretary for Health and Social Care to discuss current system pressures in relation to the COVID-19 pandemic and winter pressures.

NHS BCEs + Scottish Government

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

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

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

Meetings between 16 September – 17 November

NES meetings

Since the last Board meeting I have met with colleagues in Corporate Communications to discuss preparations for the NES Year in Review and colleagues in Workforce regarding Project Lift, an Aspiring Leadership Programme and a proposal for a potential fellowship scheme. I have also attended internal meetings relating to the National Care Service Consultation, Remote and Rural Healthcare. John Burns (NHSS Chief Operating Officer at Scottish Government) attended a meeting of the NES EET

and received a presentation showcasing the work of NES directorates and potential opportunities for further delivery and collaboration.

I also had the honour of introducing the virtual NES Stars Awards Ceremony which was a wonderful opportunity to recognise and celebrate the contributions of individual staff members and teams.

NHS Scotland

I have met with a number of colleagues across NHS Scotland since the last Board meeting including the Chief Executives of National Services Scotland (NSS), NHS Golden Jubilee and Public Health Scotland (PHS). I have also participated in a programme of PHS Localised Working Governance Design sessions and met with a number of colleagues to discuss the publication of the National Workforce Planning Strategy.

External Stakeholders

I have met with a very wide range of key stakeholders across the health and social care sector since the last Board meeting, including Chief Executives and senior representatives from the Institute for Research and Innovation in Social Services (IRISS), Social Work Scotland, the Scottish Social Services Council (SSSC), the Convention of Scottish Local Authorities (COSLA), the General Medical Council, the University of Edinburgh, the British Medical Association (BMA), Scottish Care, the Mental Welfare Commission and the Scottish Funding Council.

Scottish Government

I have met with a number of SG colleagues since the last Board meeting including Caroline Lamb (Director-General of Health and Social Care and Chief Executive of NHS Scotland), Gillian Russell (Director of Health Workforce), Paul Johnston (Director-General for Education, Communities and Justice), Elinor Mitchell (Director of Property and Ethics), Catherine McMeeken (Deputy Director, Director of Leadership, Culture and Wellbeing), Catherine Ross (Chief Healthcare Science Professions Officer) and Julie Falconer (Digital Health and Care Directorate).

In terms of wider SG meetings, I have chaired a meeting of the National Leadership Development Programme (NLDP) Steering Group and attended meetings of the Place and Wellbeing Steering Group, the Preventative & Proactive Care Programme Steering Group and the National Workforce Forum. I have also attended a number of meetings involving SG and other key stakeholders including sessions on Social Care Workforce induction and development and the National Care Service consultation.

Parliamentary Committee: Health, Social Care and Sport: 23rd November 2021

NHS Education for Scotland (NES) Written Submission

1. Key Messages:

- 1.1 NES is the national health board with statutory functions for providing, co-ordinating, developing, funding and advising on education and training for the NHS and social care staff. NES is ambitious to drive change: it is innovative, collaborative and forward-thinking – working with NHS, local government, academia, professional organisations, regulators, social care organisations and a wide range of strategic partners across Scotland, and at UK and international levels. NES is a leader in digital solutions and cloud-based services. NES has built the TURAS platform integrating applications, data and intelligence making access to services and key information easier for users. It supports health and social care staff to work more efficiently with access to the information they need, when they need it, where they need it.
- 1.2 NES has the demonstratable capacity to deliver the technology to underpin the outcomes of the Digital Health & Care Strategy 2018 and 2021 refresh. This is the same capability and technology that delivered the Covid-19 Vaccination Management Tool, designed, developed and live within eight weeks delivering to 4.3 million citizens, 9.8 million vaccination events by 31,000 vaccinators in 8,600 in different venues in every part of Scotland.
- 1.3 NES has developed the technology (Turas Safety Huddle) to collect, link and then report in real time data on workforce in all 1012 adult Care Homes delivering statistical information to support the homes, the home providers, Integrated Joint Boards, Health Boards and SG directorates.
- 1.4 The above was possible as a result of NES investment in public cloud technology and associated Agile delivery methodologies.

2. Submission:

- 2.1 The key issue facing a “Once for Scotland” approach to health and care data is the current model of data created and managed within organisational (health board) and technology boundaries. While fit for the purpose of supporting delivery of services within a Health Board, current systems do not easily link within and across Board and sector boundaries.
- 2.2 To achieve the strategic outcomes identified requires a shift in the underpinning technology being delivered to cloud base services. At the scale and affordability necessary for an enterprise such as health and care in Scotland, this has to be through public cloud. NES has the capability and experience to draw existing data into a central, logical space, removing barriers between individual data to achieve a holistic, digital citizen record.

2.3 The Covid-19 pandemic demanded response from health and care at national level, across organisational and sector boundaries at a pace and scale not required before, significantly increasing the understanding of public cloud technology and how it can underpin the delivery of the strategy. The mass vaccination programme is an exemplar; the requirement to deliver vaccinations in hundreds of different, public space environments, to capture consistent high-quality data as a national service, with citizen engagement from information to attendance could only be fulfilled by secure, scalable, available everywhere services that public cloud can deliver. Three clouds were deployed:

- for data capture: NES Vaccination Management Tool (VMT);
- for mass data storage and deployment: NES National Clinical Data Store (NCDS);
- for citizen scheduling and interface: NSS National Vaccinations Scheduling Service (NVSS).

2.4 This experience has increased the pace at which the aspiration of health and care data “where and when needed” can be delivered, and recognition that the definition of the National Digital Platform (NDP) should be expanded in support of national scale integration. The approach will be Application Programme Interface (API) led allowing for accessibility to existing data without significant developmental change.

2.5 A key component has been linking GP data into the NCDS, required to ensure all vaccination data was held in a single clinical space. This has supported NES in accelerating development of a single Clinical Data Repository (CDR) – the core of the NDP - leveraging 10 million+ records captured through VMT and GPIT.

2.6 The CDR is being designed and built by NES with citizen access at its heart. This work is drawing on the citizen feedback and engagements through the development of the Covid-19 Protect Scotland, vaccination certification and the status verification applications, all hosted on the NES public clouds.

2.7 To attract, train, develop and crucially retain the health and care workforce, we require the strategy to also deliver the same high quality, focused services that make our workforce feel valued and supported. The value of having near real time data was demonstrated by the NES Turas Safety Huddle, allowing for swift intervention by Health Boards when staffing numbers dropped below safe levels.

3. Conclusion:

3.1 NES’s response to the Covid-19 pandemic demonstrates that we have the capacity, capability and opportunity to deliver the technology to underpin the outcomes of the Digital Health & Care Strategy 2018 and 2021 refresh.

3.2 The 2021 refresh takes into account the learning that the most effective way to deliver the outcomes quickly is to develop access to and share the existing data (and systems) that support current services. NES is already working with stakeholders on the technology to broker access to citizen’s data through a single architecture that links systems together.

Christopher Wroath, Director of NES Technology Service

Board Paper

1. Title of Paper

Risk Update including Corporate & COVID Risk Registers

2. Author(s) of Paper

Janice Sinclair – Interim 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 5 November 2021) to the Board for assurance and approval.

4. Background

4.1 The paper presents the NES Corporate Risk Register as at 5 November 2021 which incorporates re-scoring, where appropriate, to reflect the impact of the COVID-19 pandemic on *existing* risks.

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

5. Assessment/Key Issues

(include identification of any strategic risks)

5.1 Corporate Risk Register

No changes have been made to the Corporate risk register risks since the September 2021 Board meeting.

5.2 COVID-19 Risk Annex

Reputational Risks

5.2.1 It was agreed at the NES Extended Executive Team (EET) meeting on 13 October 2021 that a new risk in relation to health and safety obligations for trainees in NES employment should be added to the register. This is shown as risk no.18 and reflects the current context of pressures in the healthcare system as health boards continue to respond to the pandemic.

Operational/Service Delivery Risks

5.2.2 Risk no.1 has been updated to reflect the potential for study leave cancellation by health boards to impact on trainee progression, as identified at the EET meeting on 13 October 2021.

5.2.3 It was agreed at the EET meeting on 15 September 2021 that a new NMAHP risk in relation to the NHS Scotland Academy should be included in the COVID-19 register. This has been updated following the Board meeting on 23 September 2021, and is shown as Risk 17 on the risk register under the Operational Risks section.

- 5.3 Each risk evaluation is at a point in time and will continue to evolve. In order to ensure regular management review, the COVID-19 risk register is a standing item at EET meetings.

Risk Management Group (RMG) update

- 5.4 The first workshop session for the RMG group was delivered on 2 November 2021 to provide awareness of the Global Risk Maturity report recommendations, an understanding of the role of the group, and familiarity with risk concepts and processes. A further workshop was held on 11 November 2021 to build on the initial session and consider next steps.

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/LT
NES
November 2021

NES Corporate Risk Register - November 2021

Risk No.	Description	Risk Owner (Lead Director)	I x L	Current Scores			Mitigating measures	NES Risk Appetite	Previous Residual Score		
				Inherent Risk	I x L	Residual Risk			I x L	Residual Risk	
STRATEGIC POLICY RISKS											
R1	Pressures on the system result in education and training being considered as less important than service delivery priorities, including as a result of COVID-19 impact.	NES Chief Executive Karen Reid	4 x 4	Primary 1	4 x 4	Primary 1	<ol style="list-style-type: none"> NES Board to advocate and promote the importance of education and training. Revised NES Strategic Plan clearly articulates the importance of education and training to a sustainable workforce. This has been well received. 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. NES Remobilisation Plan focuses on recovery of priority areas of core business, acknowledging the continuing uncertainty and service pressures which may affect capacity within the workplace- based learning environment. 	OPEN (Score Range 10-12)		4 x 4	Primary 1
R2	Scottish Government budgetary decision results in an uplift for NES that is less than cost pressures which in turn could mean NES Board are unable to balance expenditure against expected funding.	NES Executive Team (Janice Sinclair)	5 x 5	Primary 1	4 x 3	Primary 2	<ol style="list-style-type: none"> NES Board approves annual budget which includes measures required to reach a balanced position. Monthly management accounts show actual performance against budget projections ahead of year-end. Monthly management accounts are reviewed by Directors and the Director of Finance allowing mitigating action to be taken to manage any overspend/ underspend. Close working underway with SG to address the underlying deficit resulting from the expansion of TGs and uplifts that have been less than cost pressures in this area. SG have agreed to underwrite the in-year deficit position on MTG's. We have received formal confirmation that the in-year impact of the historic training grade deficit will continue to be underwritten by SG for 2021/22. In addition, the 2021/22 allocation to NES included a £3m increase to the baseline for Medical Training Grade salaries. It has been confirmed that the pay uplift to base pay scales will be fully funded, although pay progression within AfC will be funded by Boards. 	OPEN (Score Range 10-12)		4 x 4	Primary 1
R3	Policy development UK-wide and within Scotland (including as a result of COVID-19 pandemic), may have negative impact on NES's capacity to support attraction, recruitment and retention of the workforce; potential future workforce supply; and training progression.	NES Chief Executive Karen Reid	4 x 4	Primary 1	4 x 3	Primary 2	<ol style="list-style-type: none"> NES Directors maintain strong engagement with relevant leads at Scottish Government. NES to maintain an evidence bank to support ability to influence policy decisions. Chief Executive and NES Directors to maintain links with other UK organisations. 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	<ol style="list-style-type: none"> 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. 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	<ol style="list-style-type: none"> Chief Executive and/or NES Directors maintain open and collaborative relationships/arrangements with counterparts in partner organisations Ensure Chair is well briefed to manage relationships with other Board/organisational Chairs - Chair's regular Newsletter now being issued to other Chairs. 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	<ol style="list-style-type: none"> 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). Regular communications have been provided to colleagues across Boards and affected employees and trainees. Changes to immigration regulations have led to a 25% increase in unique applications in 2020/21. It is anticipated that this will result in improved fill rates to training programmes across the medical specialties. 	OPEN (Score Range 10-12)		3 x 5	Primary 1
R17	The National Digital Platform is not delivered in line with the updated Digital Health and Care Strategy.	NES Executive Team (Christopher Wroath)	4 X 4	Primary 2	4 X 3	Primary 2	<ol style="list-style-type: none"> 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). Continued engagement with key stakeholders. Performance Monitoring will be included in the remit of the reconstituted Digital and Information Board Committee. New Director to ensure all NDS work has clinical safety and medical device regulations embedded into all developments. 	OPEN Score Range 10-12)		4 x 3	Primary 2
OPERATIONAL/SERVICE DELIVERY RISKS											
R6	In the face of new and existing demands, NES is unable to allocate resources to support priority activities in an agile and responsive manner	NES Chief Executive Karen Reid	5 x 5	Primary 1	3 x 4	Primary 2	<ol style="list-style-type: none"> As part of operational planning all activities are linked to an agreed priorities framework and a NES strategic objective. 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. Continued focus on improving processes to release capacity - with plans to support this with QI coaching. At a Strategic Level argument to be made about requirement to invest in workforce organisation. Regular EET meeting are a positive contribution to the management of resource demands – priority areas identified quickly and addressed. Executive-led digital structure enables prioritisation of NES digital activity, Strong focus on continuing to build on innovations in delivery in response to COVID. Workforce planning approach approved by Executive Team to develop and implement NES whole system workforce planning covering 2022 -2025. Action Plan to be published by March 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. 	OPEN (Score Range 10-12)		3 x 4	Primary 2
R7	Turnover in key roles leads to loss of expertise/corporate knowledge resulting in negative impact on performance.	NES Chief Executive Karen Reid	4 x 4	Primary 1	3 x 3	Contingency	<ol style="list-style-type: none"> Executive Team has approved an approach to career development and succession planning. This includes mapping of key roles; a process to identify potential successors; work with potential successors on individual development plans. 	OPEN (Score Range 10-12)		3 x 3	Contingency

R8	Organisational or other changes lead to dissatisfaction and disengagement of staff	NES Chief Executive Karen Reid	4 x 4	Primary 1	3 x 3	Contingency	<ol style="list-style-type: none"> Strong partnership working arrangements in place and maintained through regular contact with the Employee Director and via the Change Management Programme Board. Strong focus on communication and encouraging employee voices e.g. introduction of Trickle App. 	OPEN (Score Range 10-12)	3 x 3	Contingency
R9	Major adverse incident impacting on business continuity	NES Executive Team (Christopher Wroath)	4 x 4	Primary 1	2 x 4	Housekeeping	<ol style="list-style-type: none"> Disaster Recovery Plan and Business Continuity Plans have been approved by the Executive Team. <ul style="list-style-type: none"> The plans were tested in a desk top exercise and recommendations were considered by the ET and incorporated into the current version of the plans. How these plans have been implemented is reflected in the COVID Annex. Availability of updated BCP to be confirmed. 	OPEN (Score Range 10-12)	2 x 4	Housekeeping
FINANCE RISKS										
R10	The complexity of the NES budget results in year-end underspend giving the impression that NES is overfunded	NES Executive Team (Janice Sinclair)	4 x 5	Primary 1	3 x 3	Contingency	<ol style="list-style-type: none"> Early engagement with the Audit and Risk Committee and NES Board to give indication of likely financial position. Directorates given indicative budgets to plan own activities and expenditure. Final budget approved by NES Board by end of March each year. For 2020/21 the Annual Operating Plan was superseded by the Remobilisation plan which has been agreed by SG (October 2020). The financial impact of COVID on the 2020/21 budget is being monitored closely and all additional funding has been received Ongoing discussions on the longer term (recurrent) impact of COVID. 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. Discussions with SG are underway to reclassify more non-recurring funding to recurring which should encourage the early commitment to programmes, reducing underspends caused by recruitment delays. 	AVERSE (Score Range 1 - 3)	3 x 3	Contingency
R11	NES is unable to identify in year savings required to balance budget and therefore has year-end overspend	NES Executive Team (Janice Sinclair)	4 x 5	Primary 1	3 x 3	Contingency	<ol style="list-style-type: none"> Early engagement with the Audit and Risk Committee and NES Board to give indication of likely financial position. Directorates given indicative budgets to plan own activities and expenditure. Ongoing programme of identifying efficiency savings. Final budget approved by NES Board by end of March each year. For 2020/21 the Annual Operating Plan was superseded by the Remobilisation plan which was agreed by SG (October 2020). The financial impact of COVID on the 2020/21 budget is being monitored closely and all additional funding has been received. 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. Savings captured from innovations in delivery in response to COVID. 	AVERSE (Score Range 1 - 3)	3 x 3	Contingency
REPUTATIONAL/CREDIBILITY RISKS										
R12	NES is not able to demonstrate the impact from the interventions that it has developed and delivered: Scottish Government guidance has required necessary reprioritisation of organisational activities in response to COVID-19.	NES Chief Executive Karen Reid	4 x 5	Primary 1	3 x 4	Primary 2	<ol style="list-style-type: none"> Directorates have focused on contingency planning and arrangements for paused work. UK based guidance from Statutory Education Bodies has informed education and training remediation responses. Some core areas of education and training have been maintained/adapted to mitigate long-term impact to workforce supply. Scottish Government guidance to NHS Boards will shape recovery phase requirements. 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. Annual Operational Plan, incorporating desired outcomes, will form baseline for organisational activities post-COVID-19. Planning systems require all activities to include anticipated desired outcome 	CAUTIOUS (Score Range 4 - 9)	3 x 4	Primary 2

						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.				
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 which may be included in any future Manifesto or White paper will be subject to close review and this risk revisited.	CAUTIOUS (Score Range 4 - 9)	3 x 3	Contingency
ACCOUNTABILITY/GOVERNANCE RISKS										
R14	Failures in Board processes lead to corporate governance non-compliance and loss of credibility with Scottish Government e.g. failure to comply with statutory and/or other requirements, failures in financial/audit/staff governance/educational quality procedures	NES Executive Team (Donald Cameron)	5 x 5	Primary 1	2 x 2	Housekeeping	1. Standing committees responsible for each governance domain supported by Executive Groups. 2. Each committee provides an annual report to Audit Committee detailing how it has discharged its remit. 3. Comprehensive programme of internal audit 4. An Assurance framework has been developed in line with the 'Blue Print for Governance' and the Assurance and Audit Committee Handbook 5. Whistleblowing arrangements are in place with information and resources available to staff via the Intranet including Whistleblowing standards, policy and process. 6. During the pandemic our governance processes have been maintained through 'Governance light' to support secure governance. 7. Ensure corporate awareness of relevant statutory regulatory oversight, and maintain close working with relevant professional and other regulatory bodies.	AVERSE (Score Range 1 - 3)	2 x 2	Housekeeping
R15	NES has a breach of Information Governance requirements resulting in loss of data and/or negative publicity	NES Executive Team (Christopher Wroath)	4 x 5	Primary 1	4 x 2	Contingency	1. Statutory and relevant data security processes in place, with specific reference to the new General Data Protection Regulations. 2. Specific additional policies, procedures and practices (based on ISO27001) have been put in 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	<ol style="list-style-type: none"> 1. Immediate implementation of emergency planning arrangements including NES Business Continuity Plan, COVID-19 Contingency Plan, Re-mobilisation Plan and Communications Plan. On-going review, monitoring and update in response to UK and Scottish Government guidance and latest developments. 2. NES Resilience Co-ordinating Team in place. 3. Strategic deployment and enablement of remote access technology to support meetings and decision-making; operational activities; and staff working from home 4. Reporting protocols agreed and implemented. 5. Dissemination and cascade of organisation-wide communications across key platforms. 	AVERSE (Score Range 1 - 3)	4 x 5	Primary 1
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Operational/Service Delivery Risks									
Risk No.	Directorate	Risk Title	Cause	Effect	Inherent Priority I x L	Residual Priority I x L	Mitigation Measures (Controls/Actions)	NES Risk Appetite	
1.	NES Clinical Directorates: <ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Cancellation of required courses or programmes Cancellation of required professional examinations Reduced clinical experience and training capacity due to: cancellation of routine clinical activities; redeployment of trainees to different clinical duties; absence from work due to self-isolation or illness Cancellation of study leave due to COVID pressures 	<ul style="list-style-type: none"> Disruption to training leading to delays in training progression Slippage to recruitment and training plans Financial implications as a result of extensions to training and support Training capacity issues Negative impact on service delivery Potential future workforce supply issues/gaps Uncertainty around non-recurrent funding Several essential Medical Royal College examination diets continue to be postponed. Hopefully, many will be rescheduled within this training year, but this will introduce further lag into the system. Ongoing concern about the significant impact of reduction in elective clinical activity in many craft specialties (Surgical, some Medical, Pathology). Likely that significant numbers of trainees, especially in some specialties (Surgery) will not achieve expected curricular requirements in order to achieve satisfactory ARCP (Annual Review of Competence Progression) outcomes and therefore will need extensions to training in August. The impact may affect CCT (Certificate of Completion of Training) output and completion of core training programmes. 	Primary 1 4 x 4	Contingency 3 x 3	<p>Medical: Possibility of redeployment of trainees Due to current service pressures requests for redeployment are again a possibility. Control (1) In discussion with Directors of Medical Education (DMEs), trainees have received communication to confirm that redeployment is likely to be limited and related to local and regional service pressures, but we have highlighted the increasing pressures in the system, and reassured that any requests for redeployment will be carefully considered and managed in the context of a commitment to protect training as far as possible. All redeployment will be recorded and reported to the Deanery as per the consensus document.</p> <p>Delays to progression Control (1) Although the vast majority of trainees achieved training competencies and progress as expected there has been reduced CCT output this year, this is especially noted in General Surgery, Trauma & Orthopaedics (T&O) and Histopathology. There are still significant numbers with outstanding training requirements, especially in T&O, Clinical Radiology and Obstetrics & Gynaecology (O&G). Overall, there are currently 320 doctors who will require an extension to training time, and 470 doctors who will require additional support to maintain satisfactory progression. This will have significant resource implications, and will require that service activity and capacity can support these needs. Control (2) All Specialty Training Boards (STBs) feel simulation will be a significant vehicle to provide educational resilience if resource was available to support this type of training recovery. The Surgery, Diagnostic and O&G/Paediatric STBs could gear up quickly if funding was provided. Control (3) Work with DME colleagues to ensure trainees can attend essential/mandatory training and professional examinations.</p> <p>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 September 2021.</p> <p>Dental: Interruption to supply of workforce (major negative impact on undergraduate dental student progression and Dental Vocational Training and to a lesser extent Dental Core and Specialty Trainees as well as pre-registration Dental Nurse Training). Control (1) In response to the concerns over undergraduate dental student progression and the risk of no output from the Dental Schools in Scotland, the Board for Academic Dentistry has been meeting on a regular basis over the past seven months. The Postgraduate Dental Dean is fully involved in these discussions. The Cabinet Secretary for Health and Sport has accepted the proposal that final year undergraduate BDS programmes in the Universities of Dundee and Glasgow will be extended by one year. There will be a delay to December 2021/ January 2022 in the graduation of final year undergraduate students in the BDS programme in the University of Aberdeen. This cohort of students will graduate out of sequence with the normal recruitment cycle for dental vocational training. The expectation is that we will identify career opportunities for this group of graduates until they are able to commence VT in August 2022. . Control (2) Vocational Training: Online resources have been identified/developed to provide alternatives to study day activities and requirements, as well as some aspects of evidence required for Satisfactory Completion.</p>	OPEN (Score Range 10 – 12)

<p>1. / Cont'd</p>	<p>NES Clinical Directorates:</p> <ul style="list-style-type: none"> • Medical • NMAHP • Dental • Pharmacy • Optometry • Healthcare Science • Psychology 	<p>Interruption/delay /adverse impact to training programme delivery including Scottish Government mandated training.</p> <p>Risk Owner: Karen Reid</p>	<ul style="list-style-type: none"> • Cancellation of required courses or programmes • Cancellation of required professional examinations • Reduced clinical experience and training capacity due to: cancellation of routine clinical activities; redeployment of trainees to different clinical duties; absence from work due to self-isolation or illness 	<ul style="list-style-type: none"> • Disruption to training leading to delays in training progression. • Slippage to recruitment and training plans. • Financial implications as a result of extensions to training and support. • Training capacity issues • Negative impact on service delivery • Potential future workforce supply issues/gaps • Uncertainty around non-recurrent funding • Several essential Medical Royal College examination diets continue to be postponed. Hopefully, many will be rescheduled within this training year, but this will introduce further lag into the system. • Ongoing concern about the significant impact of reduction in elective clinical activity in many craft specialties (Surgical, some Medical, Pathology). • Likely that significant numbers of trainees, especially in some specialties (Surgery) will not achieve expected curricular requirements in order to achieve satisfactory ARCP (Annual Review of Competence Progression) outcomes and therefore will need extensions to training in August. The impact may affect CCT (Certificate of Completion of Training) output and completion of core training programmes. • Negative impact on Dental Training across the undergraduate postgraduate continuum. • Potential impact on Dental workforce pipeline. <p>Cont'd over/</p>	<p>Primary 1 4 x 4</p>	<p>Contingency 3 x 3</p>	<p>Control (3) Financial impacts are under regular review with Directorates and SG Finance have been made aware of the potential costs.</p> <p>Action (1) Adjust existing students' training plans. Action (2) Review the teaching and assessment schedules. Action (3) Delay commencement of new Dental Care Professionals (DCP) programmes Action (3) Revise financial planning predictions in relation to the Modern Apprenticeship in Dental Nursing funding. Action (4) Adapt teaching and assessment approaches utilising online technologies in line with awarding bodies requirements. Action (5) Current Dental Vocational Trainees will be offered a contract extension to July 2022. There will be no recruitment to dental vocational training in 2021. Action (6) Regular discussions at a UK level with all stakeholders including the other Statutory Education Bodies to develop recruitment plans for Core and Specialty Training. There will also be increased flexibility for Specialty training start dates. Action (7) Trainee progression will be monitored through existing processes Action (8) Mandatory training for new entrants to NHS Scotland dental workforce has been moved to online delivery.</p> <p>Pharmacy: Potential workforce gaps and extended training support required for the 2019/20 200 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. This group (known as Prov-registrant or provisionally registered pharmacist) has been offered a range of supports to be ready for assessment. Dialogue with SG and NES re any ongoing impacts. At September 2021 14 provisionally registered pharmacists remain under Covid fund support. 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.</p> <p>Optometry: Service delivery impact due to reduction in training and support Action (1) Sourcing/using as many online skills training materials as possible. Action (2) Potential for implementation of socially distanced skills training with newly acquired Eyesi simulators: sessions delivered but remains dependent on ability to set up equipment and gain access to Louisa Jordan or other hospital clinic. Action (3) Regular touching base with the team, and encouragement around lockdown protocols, to reduce risk to health.</p> <p>Healthcare Science: Slippage to recruitment Control (1): Measures being put in place to facilitate virtual recruitment selection for September 2020 Clinical Science trainee intake.</p> <p>Healthcare Science: Slippage to Training Plans Action (1): Discussions with training leads to be progressed. Control (1): Financial implication for employment/SLA (Service Level Agreement) extensions - worst case scenario modelled and submitted to Finance.</p> <p>Psychology: Interruption to Workforce Supply of Clinical and Applied Psychologists Control (1) NES Psychology, Higher Education Institutes (HEIs) and Health Boards to meet monthly as part of wider Psychology Services meetings. Regular discussions to discuss COVID-19 impact on training placements. Action (2) Adjustment made to training plans to take account of COVID-19.</p>	<p>OPEN (Score Range 10 – 12)</p>
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				<ul style="list-style-type: none"> Pharmacy PRPS 2019/20 cohort will sit re-arranged GPhC Assessment at the next appropriate date (March, July or November 2021). This overall delay has an ongoing impact on workforce pipeline. 				
Operational/ Service Delivery Risks (cont'd)								
Risk No.	Directorate	Risk Title	Cause	Effect	Inherent Priority I x L	Residual Priority I x L	Mitigation Measures (Controls/Actions)	NES Risk Appetite
2.	NES Clinical Directorates: <ul style="list-style-type: none"> Medical Dental Optometry Psychology NMAHP 	Reduced capacity (human and financial) to deliver appropriate education and training once clinical services are re-established Risk Owner: Karen Reid	<ul style="list-style-type: none"> Significant backlog of clinical work Service delivery may not resume in line with previous mode of delivery Pressure to regain lost ground Surge in clinical demand 	<ul style="list-style-type: none"> Reduced capacity to deliver upskilling for roles in certain areas to maintain and improve the quality of patient care Methods of workplace education and training may need to be revised Potential implications from adapting to online delivery Training environment is compromised Significant requirement to release clinical trainers to deliver mandatory training/courses and professional examinations to remediate critical missed elements required for training progression, including Certificate of Completion of Training (CCT) Impact on availability of clinical placements for undergraduate teaching across disciplines. 	Primary 1 4 x 4	Contingency 3 x 3	<p>Medical: Ability to deliver education and training due to backlog of clinical work Control (1) Medical Directorate 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.</p> <p>Dental: Reduced Capacity to Deliver Upskilling of Existing Dental Workforce Action (1) Prioritise the delivery of specific programmes depending on workforce demands and access to relevant practical cases required for assessment. Action (2) Adapt teaching and assessment approaches utilising online technologies in line with awarding bodies requirements. Action (3) Delivery of some CPD online, using tools such as GoTo Webinar, will enable access to key CPD topics by a large proportion of the dental team. Action (4) Keep under review Enhanced Practitioner for Domiciliary Care - training is currently suspended and will be unable to re-start until it is clear when access to care homes for mentoring is once again possible. This will also be dependent on the capacity of the Public Dental Service (PDS) to provide the PDS mentors.</p> <p>Optometry: Reduced Capacity to Deliver Upskilling of Existing Optometric Workforce Action (1): The risk around failure to deliver NES Glaucoma Award Training (NESGAT) in 2021/22 is mitigated by increased use of remote supervision and recovery related community work. Action (2): Tackling IP placement bottleneck to ensure we can support additional optometrists into therapeutics modules at GCU – as per operational plan.</p> <p>Psychology: Training and education delivery compromised Action (1) Adjust method of delivery to Digital webinars and virtual training environments. Action (2) Work closely with Board colleagues and offer flexible support to mitigate effect. Action (3) Through regular contact with stakeholders, ensure that our work is aligned with their priorities.</p> <p>NMAHP: Training and education delivery compromised Action (1) adapt delivery methods as far as possible towards technology enabled learning.</p>	OPEN (Score Range 10 – 12)
			Cont'd over/					

							<p>Action (2) ongoing contact with key stakeholders to ensure training & education meeting needs.</p> <p>Action (3) continue face to face teaching methods where absolutely necessary (e.g. SMMDP) to meet service demands.</p> <p>Action (4) establish the Rapid Action Placement Oversight Group to ensure progression of recommendations from the NES report "Provision of Nursing, Midwifery and Allied Health Professions (NMAHP) placements in the 2020-21 Academic Session". Now stood down September 2021.</p> <p>Action (5) recognising that COVID has, by necessity, impacted the way training will be delivered in the future NES has a Technology Enhanced Learning Programme underway which aims to create a strategy for the future technology education and learning delivery for all Directorates.</p>	
Operational/ Service Delivery Risks (cont'd)								
Risk No.	Directorate	Risk Title	Cause	Effect	Inherent Priority I x L	Residual Priority I x L	Mitigation Measures (Controls/Actions)	NES Risk Appetite
3.	NES Digital	Impact on BAU (Business As Usual) delivery which has had to be de-prioritised and the workforce realigned to the immediate requirements to support COVID-19. Risk Owner (Lead Director): Christopher Wroath	<ul style="list-style-type: none"> Scottish Government in combination with NHS Scotland determine new, amended or existing services which need to be developed and deployed in support of the wider COVID-19 response. These services require a significant proportion of the available resources within NES Digital effectively suspending or cancelling BAU services or delivery against agreed deadlines 	<ul style="list-style-type: none"> NHSS services are not deployed in a timely fashion causing detrimental effects to services and service users Training programmes and outcomes are not delivered on time to the detriment of the individual learner or the service expecting their completed outcome Financial loss due to disrupted services and the need for remedial action Reputational risk 	Primary 1 4 x 4	Contingency 4 x 2	<p>Action (1) Stakeholders of the agreed BAU outcomes communicated with to indicate the NES Digital resource reallocation and expected timeframes for the resumption of BAU developments and delivery. Action Owners: Product Owners – All Stakeholders engaged and sighted.</p> <p>Action (2) Assessment and interweaving of BAU functionality/service requirements into COVID-19 responses to reduce the time to delivery of BAU outcomes on resumption of services Action Owners: Product Managers/ Digital Senior Team - Ongoing</p> <p>Action (3) Accelerate (within quality limits) the development and deployment timetables of COVID-19 responses to more quickly end the redeployment of BAU resources. Action Owners: Principal Leads Development/ Delivery</p>	OPEN (Score Range 10 – 12)
4	NES Digital	Impact of new change programmes Risk Owner (Lead Director): Christopher Wroath	<ul style="list-style-type: none"> SG appetite for further delivery of change underpinned by NES technology has been increased by the NES COVID-19 response. This is particularly important as the Care Home support work has drawn Social Care sector demands, in addition to NHSS and the ongoing support to the new services already delivered. 	<ul style="list-style-type: none"> NES strategic objectives are compromised by too much demand on NES Digital and NES Digital Services. The new services are not adequately resourced on a recurrent basis. 	Primary 2 3 x 4	Contingency 2 x 3	<p>Action (1): Management of the expectations of possible outcomes and the associated resourcing (funding) requirement from SG.</p> <p>Action (2): Regular communications with SG and ET/Board sighted</p>	OPEN (Score Range 10 – 12)

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

Operational/ Service Delivery Risks (cont'd)								
8.		<p>Failure to recruit NES staff and trainees.</p> <p>Risk Owner (Lead Director): Tracey-Ashworth-Davies</p>	<p>Due to a lack of resource and/or systems support leading to a failure to recruit:</p> <ul style="list-style-type: none"> • Trainees across NHSS through usual vocational training recruitment activity, and NES staff through usual recruitment processes. 	<ul style="list-style-type: none"> • For the trainees any failure to recruit will affect frontline service provision, impacting of patient care. • A failure to recruit vocational trainees will result in workforce supply issues. • The impact of the inability to recruit staff to NES would impact on delivery of the NES operational plan. 	<p>Primary 1 5 x 4</p>	<p>Primary 2 3 x 4</p>	<p>Control (1) Directorate leads are linked to national discussions on trainee recruitment across all relevant professional groups, including the suite of national systems such as Oriel, and work with HR in progressing vocational training recruitment for trainee groups in Scotland.</p> <p>Control (2) Establishment control processes refined to enable more fluid response to Directorate demand for recruitment activity for NES staff.</p> <p>Control (3) Guidance on remote interviews developed and available to hiring managers, including support from HR. Jobtrain recruitment management system now embedded into NES recruitment processes.</p> <p>Action (1) HR and Finance work together to anticipate and mitigate issues relating to financial year end, working with directorates to identify posts needed beyond year end and to extend contracts where appropriate.</p>	<p>OPEN</p> <p>(Score Range 10 – 12)</p>
17.	NMAPH	<p>Lack of NMAHP capacity and resource to meet all the fast-moving requests of the NHS Scotland Academy and associated winter pressure work within the context of the on-going pandemic.</p> <p>Risk Owner (Lead Director): Karen Wilson</p>	<ul style="list-style-type: none"> • National Treatment Centre (NTC) planning was paused in Spring 2020, which has subsequently delayed activity for staff development and education. There are now confirmed training needs in level 4 and 5 perioperative roles, recently agreed at March Elective Care Board. • NHS Scotland Academy, governance routes and accompanying budget for priority role development is still to be finalised and effective collaboration developed with NTCs and Scottish Access Collaborative • The Academy is being suggested by Scottish Government, Centre for Sustainable Delivery, territorial Boards to support new workforce developments – at 	<ul style="list-style-type: none"> • Incomplete/low volume delivery of required priority educational programmes as the Academy gets underway. • Inability to suitably engage with core stakeholders (NHS Boards) due to COVID-19 related staff absence and surge capacity. • Altered priorities and requirements to change track, at short notice as a result of COVID and winter pressures, could impact volume of output. • The extended loan period of the NMAHP Head of Programme role supporting educational leadership within the NHS Academy will have impact on progression of core NMAHP objectives without access to 	<p>Primary 1 4 x 4</p>	<p>Primary 1 4 x 4</p>	<p>Control (1) Mutually agreed prioritisation of required education.</p> <p>Control (2) Strategic engagement with key partners regarding potential educational options to maximise flexibility for these urgent workforce needs</p> <p>Action (1) Confirmation from Workforce Directorate regarding priority allocation and funding.Action Owner: Karen Wilson Action Due Date: August 2021. Complete</p> <p>Action (2) Recruitment of Senior Educator to support NES NMAHP post registration acute workstream objectives. Action Owner: Fiona Fraser Action Due Date: July 2021. Complete</p> <p>Action (3) Funding from NHS Scotland Academy in lieu of ongoing work carried out by NES Head of Programme who will be in post until at least 31 December 2021 – this will aid flexibility of approach and support additional capacity for the programme. Action Owner: Karen Wilson Action Due Date: October 2021</p> <p>Action (4) On-going involvement with National Treatment Centres Programme, Unscheduled Care Programme, Centre for Sustainable Delivery and Winter Pressures System Response Group to increase awareness of priorities that will or may come to the Academy as requests/commissions. Action Owner: Karen Wilson Action Due Date: on going until March 2022.</p>	<p>OPEN</p> <p>(Score Range 10 – 12)</p>

			pace and from different partners - to support winter planning	supplementary resource.			
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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): Janice Sinclair	<ul style="list-style-type: none"> Staff absence. Requirement to work from home. Increased fraud risk as business processes have been amended in response to the COVID-19 pandemic Complexities around the £500 payment rules result in over/under payment 	<ul style="list-style-type: none"> Data not available in time to meet payroll deadlines Staff not available to approve business usual processes for suppliers (Purchase orders/Goods received notes/ Invoice matching) resulting in payments issued incorrectly or not issued on a timely basis. Expenses not paid as the system needs to be accessed via the SWAN network Loss of funds due to fraudulent payments not being recovered Staff do not receive the correct payment in relation to the £500 bonus 	Primary 2 4 x 3	Contingency 3 x 2	<p>Control (1.1) Where a payroll deadline cannot be achieved a process is in place to enable an advance of salary to be made into the individuals bank account.</p> <p>Control (2.1) All directorate staff have been provided with SWAN VPN access to support working from home and social distancing.</p> <p>Control (2.2) The frequency of cheque payment runs has been reduced to limit the requirement to attend the office.</p> <p>Control (2.3) Suppliers have been contacted and requested to email invoices.</p> <p>Control (2.4) A member of staff is going into the office once a week to collect post and scan invoices.</p> <p>Control (2.5) Currently there are three members of staff able to complete each part of the payment process, The service can temporarily function with one staff member for a short period of time in each of these areas.</p> <p>Control (2.6) Before the period of Lockdown, procedure notes were refreshed and adapted to suit remote working to ensure teams have the necessary resources available to them. This will enable staff from other areas to be deployed into the payment function.</p> <p>Control (2.7) System authority levels have been amended to enable more flexibility in the number of authorisers and their authority levels. The required amendments to the SFI's have been approved.</p> <p>Control (3): A supplementary process has been agreed for the submission and approval of expenses where access to the SWAN network is not possible.</p> <p>Control (4.1) Fraud alerts are being circulated to relevant staff.</p> <p>Control (4.2) The same level of rigour to the controls is being applied before any supplier bank details are accepted and amended.</p> <p>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</p> <p>Control (5) Payroll services across Scotland have developed system reports to identify leavers/additional hours worked to be used as a tool by individual payroll teams. We are working closely with NSS to ensure payments are correctly processed.</p>	AVERSE (Score Range 1 -3)

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

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 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	Uncertainty in health and social care during the recovery phase from COVID-19. 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.	<ul style="list-style-type: none"> Potential negative effect on forward planning and ability to respond to, as yet, unknown demands/workload and potential broader impact on the health and wellbeing of staff due to the uncertainty for staff over a prolonged period of time. Lack of clarity in relation to future activity and workload and this may impact on visibility and perceived relevance of our work. SG have asked NES to take a leadership role working with education providers and placement providers to minimise the backlog of placements but this can only be a facilitation role as the Education providers, not NES, are directly responsible for the placements. 	Contingency 3 x 3	Contingency 3 x 3	<p>NMAHP: Ability to respond to service demands and needs</p> <p>Control (1) Strong links with Scottish Government to minimise uncertainty.</p> <p>Control (2) Reviewing remobilisation plans from Boards/Regions to understand plans and priorities.</p> <p>Control (3): Ensuring strong networking with professional bodies, regulators and Scottish Government, Boards, and partners such as Scottish Funding Council, Scottish Social Services Council, etc.</p> <p>Control (4) Good communication internally and externally.</p> <p>Control (5) NMAHP have carried out a COVID-19 debrief process which will ensure learning is captured and informs flexibility, effectiveness and agility of response.</p> <p>Control (6) NES Health and Wellbeing work for staff to reduce effect of uncertainty.</p> <p>Control (7) Listening Service from Spiritual Care Service in NMAHP for staff.</p> <p>Control (8) Commissioning template developed to record details of new work from Scottish Government including priorities, outcomes, timescales, and associated funding.</p> <p>Action (1) On the 22 June 2020, Chief Nursing Officer Directorate commissioned NES to develop a detailed report setting out comprehensively the range of issues affecting placement provision for NMAHP students currently and future issues that will emerge in the new academic term 21/22. The report, entitled Provision of NMAHP Placements in the 2020-21 Academic Session, was submitted to Chief Nursing Officer Directorate on 17 July 2020.</p> <p>Action (2) The Scottish Government requested NHS Education for Scotland's leadership, through a Rapid Action Placement Oversight Group (RAPOG), to facilitate discussions, support the building of relationships locally, regionally and nationally across Scotland, and co-ordinate a range of measures to manage placement issues from now and throughout the coming academic session at a minimum. RAPOG meets monthly, pressure is significant on placements particularly AHP placements but actions are being progressed to maximise placements with placement providers and Council of Deans for Health Scotland.</p>	CAUTIOUS (Score Range 4 - 9)
12.	Workforce/Digital/NDS/Finance	(i) COVID-19 Accelerated Recruitment Portal Risk Owner (Lead Director): Tracey Ashworth-Davies / Christopher Wroath/ Janice Sinclair/ Karen Wilson	<ul style="list-style-type: none"> The development of the Portal was at the request of Scottish Government and required to be available in a week. The residual risk relates to NES role and contribution via CARP, incorrectly represented in Scottish Government communications to NHS Boards 	<ul style="list-style-type: none"> Perception that NES is not providing appropriate details of applicants cleared but not deployed. <p>Cont'd over/</p>	Primary 1 4 x 4	Primary 2 3 x 4	<p>Control (1) Supply Lists of candidates, via CARP with completed pre employment checks processed by NES, have been shared with Boards for their direct use to meet local demand. Boards have direct access to Turas to review checks.</p> <p>Control (2) Ensure clear communication about the contribution which NES is making and the elements which are completely within our control.</p>	CAUTIOUS (Score Range 4 - 9)

		(ii)Vaccination Programmes	<ul style="list-style-type: none"> The current Vaccination programmes require multiple stakeholders to agree and implement a solution. NDS and NES Digital are both involved in developing different aspects of the enabling technology to support this programme. 	<ul style="list-style-type: none"> Wider challenges in respect of this high-profile vaccination programmes may adversely impact the reputation of NES, given NES's role in supporting the technology. 	Primary 1 4 x 4	Primary 1 4 x 4	<p>Action (1) Ensure clear communication about the contribution which NES is making and the elements which are completely within our control.</p> <p>Control (1) NES engagement of SG Vaccination programme at Silver Command and via multiple operational level forums to lead understanding of programme outcomes and delivery roles.</p> <p>Control (2) Significant resource applied to ensure clarity of requirement at business process and digital and data layers of the programme.</p> <p>Control (3) Delivery by NES digital group on time and to spec of first-cut architecture to meet go live in early December 2020 - achieved.</p>	
18. (NEW)	NES Clinical Directorates	<p>Failure to meet health and safety obligations for trainees in NES employment</p> <p>Risk Owner: Karen Reid</p>	<ul style="list-style-type: none"> Pressures in the healthcare system, as boards continue to respond to the pandemic, impact on the workload of trainees, the time available to study, training and progression. 	<ul style="list-style-type: none"> Excessive and sustained workload demands and career development anxieties adversely impact trainees physical and mental health and well-being Stakeholders' perception of NES duty of care responsibility negatively impacted Legal and reputational risk. 	Primary 2 3 x 4	Contingency 3 x 2	<p>Control (1) Directorates' ongoing monitoring of trainee health and well-being</p> <p>Control (2) Careful monitoring of trainee sickness with concerns followed up and documented timeously</p> <p>Control (3) Workload concerns raised with directorates followed up and documented timeously</p> <p>Control (4) Professional support and guidance provided to trainees through existing BAU channels</p>	<p>CAUTIOUS</p> <p>(Score Range 4 - 9)</p>

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	<p>Ability and Capacity to meet Board Governance Standards</p> <p>Risk Owner (Lead Director): Donald Cameron</p>	<ul style="list-style-type: none"> The governance arrangements in place to respond to the different phases of the COVID-19 pandemic may fail to provide sufficient oversight of the emerging priorities and the on-going business of the Board and strategic decision making, effective scrutiny and assurance will be compromised. The Chief Executive and the Executive Team come under increasing pressure to meet reporting requirements when they 	<ul style="list-style-type: none"> NES as an organisation fails to meet some governance standards <p>Cont'd over/</p>	Contingency 4 x 2	House-keeping 2 x 2	<p>Control (1). Board business as usual governance has not been applicable in the context of the COVID-19 pandemic and interim governance arrangements, agreed with the Board, have been implemented in three phases:</p> <ul style="list-style-type: none"> Phase one: 'Gold Command' and 'Core Board Governance' 26 March 2020 – 27 August 2020 Phase two: 'Development of Board Governance: COVID-19 lessons Learnt and Remobilisation' 27 August 2020 – 5 January 2021 Phase three: 'Governance Light' 5 January – 31 March 2021. <p>Control (2) The NES Executive Team met formally every two weeks during COVID-phase one governance and subsequently reverted to meeting every four weeks and when agreed have enacted the COVID-19: NES Contingency Plan which includes the NES Extended Executive Team meeting between seven times to once a week (depending on the stage of the pandemic) and NES Internal Coordinating Group: COVID-19 (always on-call) using MS Teams for communication, incident management. Strategic decision making - all recorded and reported to the NES Board by the Board Chair further to his attendance at EET and formal Board reports as appropriate at Board meetings.</p>	<p>AVERSE</p> <p>Score Range (1 – 3)</p>

			<p>are required to manage the NES response to the public health emergency.</p> <ul style="list-style-type: none"> Meetings held without key stakeholders and public involvement. 			<p>Control (3) Over the COVID-19 Governance period we have prepared NES Re-Mobilisation plans for the approval of the Board. The 2020-21 AOP went through the 23 March 2020 Board and was subsequently paused as per SG direction, the 30 July 2020 Board approved RMP2 and 11 February 2021 Board approved the RMP3 for submission to Scottish Government for their comment and approval. We reported all phases of COVID-19 governance arrangements to Scottish Government. We recently (January 2021) defined and agreed our approach to 'Governance Light' with the Board</p> <p>Action (1) Review NES standing committees, management groups and planning/performance functions, considering the governance arrangements put in place for COVID-19, and re-start corporate governance with agreed changes where appropriate. Action Owners: Della Thomas and Donald Cameron 13/10/20 Update: A review of NES Board standing committees and management groups has been completed and new arrangements (taking the best practice from wave 1 of COVID-19) were implemented in October 2020.</p> <p>20/1/21 Update: In response to COVID-19 third wave and Scottish Government directives, the NES Board have adopted a Governance Light approach effective from 5 January 2021 – 31 March 2021.</p>		
14.	<p>Planning and Corporate Resources</p>	<p>Current NES properties and facilities will not be fit for purpose in the 'post COVID-19' world in terms of training, meeting and office space</p> <p>Risk Owner (Lead Director): Donald Cameron</p>	<ul style="list-style-type: none"> NES will be unable to provide training, meeting and office facilities which comply with the requirements (still to be formulated) of a post COVID-19 world. 	<ul style="list-style-type: none"> Ability to deliver NES activities, in line with our current modes of business delivery and workplace utilisation, is compromised. 	<p>Primary 1 4 x 5</p>	<p>House-keeping 2 x 3</p>	<p>Control (1) The ability to work remotely using cloud-based systems and communications technology is already in place Control (2) The ability to reconfigure NES facilities in line with new guidance while NES staff continue to work remotely.</p> <p>Action (1) Maintain all NES property transactions 'on hold' and put in place a short-term extension to the Phase 1 lease at CfHS to coincide with the Phase 2 lease expiry. This is to give us time to consider post-COVID property requirements and ensure our total property needs in Inverness are considered together when it becomes clearer (post COVID-19). Action Owner: Nicola Todd Action Due Date: 30/9/21</p> <p>Action (2) Compile common standards for all NES sites in line with post COVID-19 national guidance/policy and for locally managed sites, PFM will support their reconfiguration as required working with local facilities management colleagues in dental and medical so that NES sites are prepared and signed off as COVID-19 secure in line with a Facilities Recovery Plan. Action Owner: various –PFM, local site Facilities Managers (Medicine and Dentistry) and staff side. Action Due Date: 30/11/20 – Complete, and sites to be maintained as COVID-19 secure in line with available national guidance.</p>	<p>AVERSE</p> <p>(Score Range 1 – 3)</p>

Accountability/Governance Risks/ (cont'd over)

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

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

Board Paper

1. Title of Paper

Finance Report as at 31st October 2021

2. Author(s) of Paper

Margaret Reid, Acting Head of Finance Business Partnering
Paula Tovey, Interim Assistant Director of Finance
Janice Sinclair, Interim Director of Finance

3. Purpose of Paper

The purpose of this paper is to:

- a) present the financial results for the first seven months of the year to 31st October and to report the current forecast outturn as at 31st March 2022 which reflects a core (excluding COVID-19) underspend of £804k after the confirmed return of the reported 2020/21 underspend of £844k;
- b) update members on the bids received from directorates to ensure NES achieve an underspend position;
- c) update members on the anticipated costs of the NES response to the COVID-19 pandemic; and
- d) update members on additional Scottish Government (SG) funding received for Medical Additional Costs of Teaching (ACT) to reflect the expansion in Medical undergraduate students.

4. Background

Funding

- 4.1 The NES annual budget was approved by the Board in March 2021 based on the financial plan submitted to SG to accompany the Board's third Remobilisation Plan (RMP3). 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) in respect of the investment anticipated for Technology Enhanced Learning (TEL). As at the end of September a refreshed a light touch planning update Remobilisation Plan (RMP4) has been shared with SG.
- 4.2 In 2018/19 NES, agreed to contribute £2.5m to the National Boards Savings target of £15m. However, the overall target was not met, and SG removed a further £1.5m from the NES Baseline. The Financial Plan for 2021/22 assumed that these funds would be returned on a recurring basis but retained a non-recurrent £1.5m pressure within Provisions. SG have since confirmed that the £1.5m will be available to NES on a recurring basis from 2022/23.
- 4.3 After the Financial plan was agreed, the business case for the NHS Scotland Academy (NHSSA) was approved by Scottish Government. The NHSSA is jointly governed by NHS

Education for Scotland and NHS Golden Jubilee. To date we have built in an anticipated allocation of £275k based on current expenditure forecasts. Work is ongoing to establish a forward work plan so that we can build a budget within the operational plan for 2022/23. These costs are currently included within NMAHP in this report, however in future months it will be recorded separately.

- 4.4 As shown in Table 1 below, we are now reflecting recurring allocations of £481.5m and £96.2m in Non-recurring and Earmarked allocations giving a total budget of £577.7m.

Table 1: Total Anticipated Revenue Funding as at 31st October

Area	Recurrent £000's	Earmarked £000's	Non Recurrent £000's	Total £000's	Total split by:	
					£000's	Outstanding £000's
Original budget	481,814	0	0	481,814	474,052	7,762
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	1,765	1,765	1,765	0
COVID-19 - Specific Allocations	0	0	3,769	3,769	0	3,769
Sci Diabetes	(854)	0	854	0	0	0
Other	518	8,490	83,306	92,314	24,939	67,374
Total in-Year allocations	(336)	8,490	87,694	95,848	26,704	69,143
Total Revenue Allocation	481,478	8,490	87,694	577,662	500,756	76,905
			96,184			

- 4.5 As at the end of October, we have received £500.8m, leaving a balance of £76.9m outstanding (this includes the anticipated £884k 2020/21 underspend return). These allocations are built into the NES budget as reported within Table 2 and further details can be found in Appendix 1, Table A1.
- 4.6 During July we were notified by SG that the allocation for Scottish Care Diabetes Collaboration of £0.8m was to be non-recurring. This was originally agreed as recurring and remains the subject of review with SG. We are still in discussions with SG for non-recurring allocations circa £2m as per our financial plan. Once outcomes and funding are agreed they will be incorporated into the budget.
- 4.7 Historically we have faced a recurrent funding gap on medical training grades which is underwritten by SG. Currently the forecast as at the end of October is reflecting an overspend and matching funding requirement of £43k. (see Table 2 below). Due to the volatility of the factors influencing medical training grade costs, there is a possibility that the gap will continue to widen. A final reconciliation will take place at the end of the year after the February 2022 intake to determine the value of the funding required.
- 4.8 The 3% pay award for Doctors and Dentists is included within anticipated allocations, along with the outstanding pay award balance of £6.3m. This is low risk and in line with national assumptions.

COVID-19 funding

- 4.9 The COVID-19 funding allocations notified to date total £5.5m, but we expect the actual requirement to change as we move through the year. Since August we have recognised further costs of £0.3m in relation to the additional shadowing week introduced to support the Induction of Medical Foundation Year Trainees. The anticipated COVID-19 costs are now £7.2m, with anticipated savings of £3.0m, giving a net requirement of £4.2m.

- 4.10 We will continue to work with colleagues in SG to ensure that the appropriate level of funding for net COVID-19 costs is received. Further detail of the COVID-19 implications can be found in Appendix 3.

Additional Funding for Medical Additional Costs of Teaching (ACT)

- 4.11 We reported in August that an additional £0.8m allocation had been notified in respect of 65 additional student places for 2021/22. 55 of those places related to students who had deferred their entry into Medical Schools from 2020/21. The remaining 10 places related to the Widening Access programme. We have since received confirmation of an additional £1.5m allocation to fund a further 115 places from the start of Academic Year 2021/22. £1.3m of this funding will be recurring. This funding has been distributed to the Boards following the principles of the Medical ACT allocation model which follows student activity. Given the pressures on services, there is a risk that it will not be possible for Boards to develop plans to spend the additional money this year, but we will monitor bids closely and discuss with colleagues at SG whether it would be possible to carry-forward any of this funding into 2022/23.

5. Assessment/Key Issues

Forecast Outturn

- 5.1 As shown in Table 2 below, the Year to Date (YTD) financial position for all of NES as at the end of October reflects an overall underspend of £2.9m: £0.3m in respect of Medical Training Grades Salary costs (MTGS); and £2.5m underspend across the rest of NES.

Table 2: Corporate Summary Financial Position

Financial Position as at month Ended October 2021					Period 7				
	Year to Date				Full Year				
Directorate	Current Budget	Outturn	Variance		Current Budget	Outturn	Core Variance	Monthly Movement in Non Covid Variance	General Covid savings/ (costs)
	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s
Training Programme Management - MTG Salaries	167,185	166,845	340		288,832	288,875	(43)	(13)	(65)
NES - Non MTG Salaries	151,188	148,675	2,513		288,787	287,983	804	965	(326)
TOTAL NES	318,373	315,520	2,853		577,619	576,858	761	952	(391)
MTG Historic Funding Gap anticipated from SG					43	0	43	13	0
Forecast Year end and Total NES	318,373	315,520	2,853		577,662	576,858	804	965	(391)

- 5.2 Given the notification of the £844k allocation for 2020/21 underspend, we are showing a Full Year forecast underspend of £0.8m. The movement between the YTD and Full Year forecast is related to budget phasing, mostly related to delays caused by COVID-19 and allocations which have been identified as being returned to SG during November.
- 5.3 The full directorate analysis, excluding the COVID-19 impact, is provided in Appendix 2, Table A2, core (non-COVID-19 position).
- 5.4 Medical Training Grade salary costs are showing a YTD underspend of £340k. The Full-Year (FY) forecast reflects a core overspend of £43k. This represents a slight deterioration from period 5 of £107k.

Table 3: Medical Training Grades Salary (MTGS) Forecast

Financial Position as at month Ended October 2021				Period 7					
Directorate	Year to Date			Full Year					
	Current Budget	Outturn	Variance		Current Budget	Outturn	Core Variance	Movement from P6	General Covid savings/ (costs)
	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s
Training Programme Management - MTG Salaries	167,185	166,845	340		288,832	288,875	(43)	(13)	(65)
NES Total (inc MTG)	167,185	166,845	340		288,832	288,875	(43)	(13)	(391)

- 5.5 The in-year impact of the historic recurrent gap in Medical Training Grades will move throughout the year as the cost drivers are not in NES' control. We continue to see the impact of increased numbers of Trainees working Less Than Full time (LTFT) and taking career breaks. We will continue to monitor this position and a full reconciliation will be carried out at the year-end which will reflect the full year position including the February 2022 intake.
- 5.6 There is a risk that the funding required for the 2021/22 pay award will increase this gap, however now that Doctor and Dentist pay awards have been agreed at 3% and this is in line with budget assumptions this is less likely.
- 5.7 We will continue to update the Scottish Government on a regular basis with respect to funding requirements however it was agreed that the drawdown figure will be confirmed at year-end and that the SG will cover any emerging funding gap. See Appendix 2, Table A4

Underspend Utilisation

- 5.8 As previously noted, the Extended Executive Team members consider proposals (bids) from across NES which put forward plans to utilise the forecast underspend. These bids must align to our strategic objectives and provide Value for Money options. The bids received and approved are summarised below in Table 4.
- 5.9 The bids totalling £554k have been approved using virement rules and seeking EET approval where appropriate. Of the bids £191k are included within the forecast FY figures. See Appendix 2 Table A5 for more details.
- 5.10 We have also received tentative indications from Medical Professional Development (PD) that they will be submitting a bid for £60k. This is still in the preliminary stages and we will update as soon as we have received final confirmation.
- 5.11 Table 4 below, reflects the impact of all the approved bids and against the revised forecast position, and indicates that we will have £381k available for future bids.

Table 4: Bid summary 2021/22 by directorate

Directorate	Authorised		Current Bid Submissions	
	Revenue	Capital	Revenue	Capital
	£000s	£000s	£000s	£000s
Digital	188	0	0	0
Medicine PD	0	0	60	0
Medicine QM	10	0	0	0
Medicine TPM	107	0	0	0
Medicine Pharmacy	175	0	0	0
WF	75	0	0	0
Total	554	-	60	-

Bids authorised (Total)	£554
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Bids under consideration	£60
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AVAILABLE FUNDING FOR BIDS	£000s
Month 7 Forecast overspend	(40)
Add:	
2020/21 underspend confirmed	844
Available for bids	804
Less:	
Bids approved	(554)
Less those included within the foreca	191
Bids currently under consideration	(60)
	(423)
TOTAL AVAILABLE	381

5.12 The EET have been asked to work with their Finance Manager and procurement colleagues to develop further bids to utilise any emerging underspend. All bids will need to align to our strategic objectives, and consideration should be given to both projects which were not put forward during Operational planning for 2021/22 due to funding constraint; and where possible to bring-forward any spending plans for 2022/23 into this year.

5.13 However, given that we are now operating in month 8, there is a risk that we will not be able to identify new projects and complete all of the projects above before March 2022.

Financial Planning (including Operational Planning for 2022/23)

5.14 The RMP3 and Financial plan for 2021/22 submitted to SG in March was approved and signed off by SG. We anticipate receiving feedback on the RMP4 either in late November or early December, but do not expect RMP4 to have any impact on the financial outturn. In line with SG requirements, we submitted a Q2 return to SG at the end of October, in which we reflected a balanced year-end position. We continue to work closely with directorate colleagues and the SG to ensure that the risk of insufficient funding is minimised.

5.15 Operational planning for 2022/23 is well underway, with the first directorate meetings being held on the 23rd November. It is likely that the budget setting process will once again be an iterative process. Meetings with the directorates will continue through November and December to ensure the plan captures known costs and savings for the three year period from 2022/23 and considers the future impact of COVID-19 as far as possible. Some of the key planning assumptions used are:

- Indicative budget based on the budget for 2021/22 with a 3% uplift for pay only.
- Pay costs and non-pay costs go up by 3%
- Pay progression costs and non-pay inflation uplifts will need to be absorbed within the indicative budget available.
- Directorates are also asked to identify other areas to deliver savings to the value of 10% of non-pay related costs.

5.16 The Draft Scottish Budget for 2022/23 will be announced in the Scottish Parliament on the 9th December, at which time we will review the available funding against the outcomes from the planning process and allow us to reflect on any changes required to the assumptions above. A draft financial plan for 2022/23 will be presented to the Audit & Risk Committee in January.

Vacancy Lag Recovery

5.17 YTD we have recognised savings of £1.5m from Vacancy Lag across the organisation and have reduced the forecast to be achieved by the year end from £2.4m as reported in August, to £2.3m which requires an additional £0.8m to be delivered. £390k is low risk based on discussions with directorates, with the remaining £448k being based upon the year to date and savings trends over the last four years.

5.18 Based on the above, it is reasonable to expect that we can achieve the forecast. However, as we move out of the COVID-19 restrictions there is a low risk that vacancies will be filled quicker, which could result in less savings being achieved. We will continue to monitor the situation closely.

6. Recommendation for Decision

The Board is invited to discuss the 31 October Finance report and confirm that this meets with their approval particularly in relation to the:

- financial results for the first 7 months of the year to 31st October 2021;
- anticipated costs of the NES response to the COVID-19 pandemic;
- process for and progress made in releasing funds to directorates to utilise the corporate underspend; and
- additional funding for Medical ACT which will be distributed to Boards.

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

MR / /PT/JS
November 2021
NES

APPENDIX 1: ANTICIPATED FUNDING

The table below sets out the total funding anticipated for the year and then identifies how much has been received to date, £76.9m remains outstanding as of the date of this report. This has been updated to include the 2020/21 anticipated underspend return of £884k.

Table A1: Total Anticipated Revenue Funding

Area	Recurrent	Earmarked	Non Recurrent	Total	Total split by:	Outstanding
	£000s	£000s	£000s	£000s	Received £000s	£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	854	6,262
Inflation @1.5% baseline uplift	6,926	0	0	6,926	6,926	0
Original budget	481,814	0	0	481,814	474,052	7,762
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	1,765	1,765	1,765	0
COVID Dental	0	0	795	795	0	795
COVID Care	0	0	660	660	0	660
COVID Vax	0	0	1,992	1,992	0	1,992
COVID Medical	0	0	322	322	0	322
NDS SCI Diabetes	(854)	0	854	0	0	0
NDS	0	0	4,603	4,603	3,269	1,334
Aberdeen Dental School	0	0	3,068	3,068	3,068	0
20/21 Underspend returned	0	0	844	844	0	844
Medical Training Grade Expansions	0	0	15,189	15,189	22	15,167
ACT additional funding	0	0	11,019	11,019	2,100	8,919
MEP funding gap	0	0	9,103	9,103	0	9,103
IST & IMT Funding	0	0	1,039	1,039	0	1,039
Medical Study Leave	0	1,000	0	1,000	1,000	0
Medical Training Grades Salary Funding Gap	0	0	43	43	0	43
Primary Care Fund National Boards	0	0	7,322	7,322	5,244	2,078
Psychology CAMHS and PT	0	0	14,646	14,646	0	14,646
Psychology Mental Health	0	0	4,457	4,457	104	4,353
Pharmacy AEIPC and GMS	0	0	1,214	1,214	1,050	164
Pharmacy PRPS	0	6,670	1,009	7,679	706	6,973
Outcome Framework-CNOD Bundle (NMAHP only)	0	0	4,061	4,061	4,061	0
BSc Paramedic Programme	0	0	361	361	361	0
Depreciation	0	0	0	0	0	0
WF Tech enable workforce	0	0	582	582	0	582
Provisions Afc balance	429	0	0	429	385	44
Digital funding NDS Tie in?	0	0	650	650	650	0
Digital funding PharmPress	0	325	57	382	325	57
Other allocations (under £300k)	89	495	4,038	4,622	2,594	2,028
Total in-Year allocations	(336)	8,490	87,694	95,847	26,704	69,143
Total Revenue Allocation	481,478	8,490	87,694	577,662	500,756	76,905

APPENDIX 2: DIRECTORATE NON-COVID ANALYSIS

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, YTD and Full Year forecasts are explained at a directorate level below.

Table A2: Information by Directorate: CORE (Non- COVID) Variance Excluding Medical Training Grade Salaries

Financial Position as at month Ended October 2021			Core (excluding General COVID)			
	Year to Date			Full Year		
Directorate	Current Budget	Outturn	Variance	Current Budget	Outturn	Core Variance
	£000s	£000s	£000s	£000s	£000s	£000s
<i>Quality Management</i>	51,791	51,800	(9)	98,218	98,232	(14)
<i>Strategic Planning and Directorate Support</i>	3,766	3,715	51	6,351	6,453	(102)
<i>Training Programme Management Excl Training</i>	11,348	11,070	278	20,694	20,591	103
<i>Professional Development</i>	3,869	3,607	262	8,074	8,141	(67)
<i>Pharmacy</i>	6,614	6,606	8	15,141	15,137	4
Medical Total	77,388	76,798	590	148,478	148,554	(76)
<i>Digital</i>	8,094	8,089	5	14,945	15,025	(80)
<i>NDS</i>	2,939	2,497	442	5,672	5,372	300
NES Technology	11,033	10,586	447	20,617	20,397	220
<i>Dental</i>	27,476	27,333	143	47,793	47,617	176
<i>NMAHP</i>	6,543	6,587	(44)	15,644	15,528	116
<i>Psychology</i>	16,354	15,542	812	31,840	31,614	226
<i>Healthcare Sciences</i>	2,222	2,201	21	3,672	3,685	(13)
<i>Optometry</i>	695	670	25	1,341	1,345	(4)
<i>Workforce</i>	3,301	3,312	(11)	6,639	6,724	(85)
<i>Finance</i>	1,536	1,562	(26)	2,770	2,788	(18)
<i>Resources</i>	3,572	3,399	173	6,129	6,098	31
<i>Net Provisions</i>	1,068	890	178	2,228	1,997	231
NES Total (exc MTG)	151,188	148,880	2,308	287,151	286,347	804

1. Medical

1.1 Strategic Planning and Directorate Support

The FY forecast overspend of £102k is mainly pay related being staff appointed above budget in year.

1.2 Training Programme Management Excl Training Grades

The core FY forecast is reflecting a £103k underspend. We are anticipating a full year £112k underspend on Fellows mainly from Scottish Clinical Research Excellence Development Scheme (SCREDS) vacancies, and £31k underspend on NES staff pay from appointments below budget. This is partly offset by an overspend of £50k in relation to the costs for GP Trainer grants for a higher number of remedial trainees.

An allocation of £1m for additional Study Leave allowance was received in August. Plans for how this will be spent in the remainder of the financial year will be discussed, but there is a risk that this may not be fully spent before end of financial year due to increasing pressures in service, with some Boards asking for non-essential study leave to be cancelled.

2. Dental

The YTD core underspend is £143k of which £127k is from training grade underspends due to two fewer core & specialty trainees and ten fewer therapist vocational trainees. This moves to £193k for the full year which accounts for most of the forecast outturn position.

3. Digital

The YTD core position is an underspend of £5k. Within that reported figure, is an overspend in relation to Azure hosting costs of £254k as the number of users has increased and late notification of costs from 2020/21 not accrued. This is offset by an underspend in subscriptions mainly due to suppliers not charging VAT as expected; savings identified as part of the Job Evaluation product being outsourced; with the remaining underspend relating to budget phasing.

The Azure hosting costs move to an overspend of £261k by the year-end. The net FY core overspend position of £80k reflects the offset from underspends driven by savings of £156k from reduced VAT on Knowledge Management & Discovery (KMD) database subscriptions. There are a number of risks associated with the Digital forecast which we are monitoring:

- a) the TURAS Care Management (TCM) programme could return a £225k underspend, however this has not been shown in the forecast as conversations are ongoing with SG as to how much funding should be drawn down for this programme.
- b) CORE staffing vacancies are proving difficult to fill, with a risk that 7 out of the 8 approved posts to provide Digital Infrastructure resilience will not be filled before January 2022, including two product manager roles currently on hold whilst going through job re-evaluation.
- c) The Workforce planning team are assuming that contractor cost will be funded by SG which if not received, would increase the forecast overspend by £57k.

- d) The directorate are reviewing all forecast expenditure, including the £125k training budget against which £62k has so far been committed. If the directorate cannot develop plans to spend this the overspend could reduce by £63k.

4. NDS

The YTD core position is an underspend of £442k. This is mainly due to vacant posts, changes to hours worked and appointments below budget.

The FY core position and movement in period 7 is an underspend of £300k. Following a review of their spend plans, the directorate has confirmed that it will not be possible to spend the full vacancy underspend between now and the year end, as previously anticipated. There are a number of projects which are experiencing delays and the directorate are working with SG on plans to utilise the resulting underspend before the year end. There is a risk that this will not be achieved, however we have entered discussion with SG to determine how the underspend can be utilised. If the underspend requires to be returned to SG, the net NES forecast underspend would be reduced by £300k.

5. Provisions

The provisions budget is designed to meet corporate costs and savings on behalf of the whole of NES as well as holding budget for approved projects to allow spending proposals to be fully developed. As a consequence, the budget can move throughout the year as funding is released to the directorates.

Since August, we have transferred budget to directorates of £345k; reflected the costs of approved bids of £433k not covered within directorates; reflected savings of £290k which includes the release of budget held back to underwrite the increase on TPD sessions which is no longer required of £179k; accrual releases of £68k and various smaller items. We also see the impact of the anticipated allocation for the 2020/21 underspend expected in December. This has taken provisions from an overspend in August of £125k to a FY underspend position, of £231k prior to further bids being approved. See Appendix 2 Table A5 for further details of the bids and transfers to directorates.

6. NMAHP

The YTD position for NMAHP is a £44k overspend due phasing of a £98k within School Nursing. This issue will be resolved in Period 8.

The FY underspend is forecasted to be £116k. This is largely as a result of a £73k underspend in staff costs where appointments have been made below budget, with a further balance underspend of £35k in non-recurring staff costs.

There are three risks associated with the NMAHP forecast which we continue to monitor:

- a) the underspend for the non-recurring staff costs above could be offset by less funding drawn down from the Scottish Government.
- b) The funding received for additional 2-year Practice Education Facilitators (PEFs) and Care home education Facilitators (CHEFs) was based on a mid-August start date, but currently not all new posts have been filled. The forecast costs will be reviewed to determine if this will lead to a significant underspend and whether any funding may need to be rephased into 22/23.
- c) The costs related to the Practice Education Leads (PELs) are also under review as they have been recruited at different salary points to what was originally budgeted and the impact of this is currently being assessed.

7. Psychology

The YTD underspend for Psychology is £812k. This includes £743k relating to the anticipated reduction in funding required to be drawn down from the SG. Further underspends of £69k are in part due to 8 fewer master's degree students than budgeted enrolling in the courses.

The FY underspend is forecast to be £226k. This comprises £35k underspend within staff costs, £72k Trainee costs savings due to 8 less Masters' students taking up trainee places than budgeted, £21k underspend within Central Psychology and £93k underspend across remaining areas.

The Directorate are reviewing the FY forecast to identify and confirm what funding they intend to return to SG. They expect to confirm this with SG in period 8.

8. Medical Training Grades Salary (MTGS) Costs

Table A3: MTGS Financial Position as at 31st October 21

Financial Position as at month Ended October 2021				Core (excluding General COVID)		
Directorate	Year to Date			Full Year		
	Current Budget	Outturn	Variance	Current Budget	Outturn	Core Variance
	£000s	£000s	£000s	£000s	£000s	£000s
Training Programme Management - MTG Salaries	167,185	166,807	378	288,767	288,810	(43)
NES Total (inc MTG)	167,185	166,807	378	288,767	288,810	(43)

The Medical Training Grade salary (MTGS) costs are showing a YTD underspend of £378k at end of October as higher numbers of paid Expansion posts in Hospital are offset by lower numbers of paid GP Practice trainees who are working less than full time or on career breaks. The FY forecast reflects a shift towards year end overspend as more expansion posts are paid due to fewer vacant posts.

Table A4: Current estimated funding gap:

Medical Training Grades	SG Funding Gap £000s
	£000s
Opening Funding Gap as at 1st April 2021	(67)
Higher number of paid Expansion posts (8 wte)	(510)
Lower number of posts (48) paid at vacancy rate	(597)
Lower number of filled wte GP posts (16 wte)	533
Higher number of trainees LTFT (11 wte)	572
Net of all other areas	26
Revised Requirement for additional funding (Exc Covid)	(43)

Table A5 Provisions Summary

Provisions Movement since last reporting period 5		
Forecast spend	Pd5	(125)
Transfers out to Directorates /Pending		
Pharmacy		(35)
Medical Act to compensate for budget shortfall		(140)
Resourcing in Workforce non rec		(34)
Workforce 2 x band 6		(45)
Top slice income forecast shortfall		(48)
Estimated increase in apprenticeship levy		(17)
Recruitment costs		(25)
misc. pressures		(2)
Total transfers		(345)
Bids approved		
TPM Refugee doctors		(66)
Pharmacy workforce		(54)
Digital laptops		(46)
Digital Design hardware updates		(42)
Pharmacy Education Reforms Communication Digital Materials		(12)
Additional Administrative for Pharmacy Team		(45)
Pharmacy Technician Career Framework		(33)
Scenario Development for Pharmacy Simulation Based Education		(32)
Medical Quality Bitesize video production		(10)
Medical TPM Core Psychiatry Simulation Workforce		(19)
		(75)
Total Bids		(433)
Offset		
20/21 Carry forward of the Core Revenue Surplus		844
Underwriting TPD sessions (originally 60 sessions total)		179
Written off accruals		68
Modern Apprentice		8
Corporate training		25
Digital - marketing campaign funding - balance		10
Total Offset		1134
Total Movement in provisions		231

APPENDIX 3: COVID position

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

The FY COVID-19 net cost position as at 31st October is £4.2m, a slight fall in the expected net costs from period 5 which was £4.3m. This reduction is made up of a movement between general COVID-19 costs falling by £470k and specific COVID-19 costs increasing by £322k. The fall in the general allocation was mostly in pharmacy £415k and training programme management £76k, offset slightly by an increase in dental £56k. The increase in specific allocations for COVID relates to the costs of the additional Shadowing week introduced for Medical Trainees in Foundation Year One (FY1).

Table A6: COVID-19 Costs and savings by Directorate

COVID Allocations	Year to Date			Full Year			Total Full Year inc specific Covid allocations	
	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	COVID NET
	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s
Quality Management	0	19	19	0	35	35		35
Support	(10)	195	185	(45)	232	187		187
Excl Training Grades	(36)	240	204	(86)	304	218		218
Professional Development	(16)	607	591	(56)	696	640		640
Pharmacy	(130)	0	(130)	(414)	0	(414)		(414)
Medical Total	(192)	1,061	869	(601)	1,267	666	0	666
Digital	(454)	15	(439)	(868)	21	(847)	(2,652)	(3,499)
NDS	(334)	0	(334)	(536)	0	(536)		(536)
NES Technology	(788)	15	(773)	(1,404)	21	(1,383)	(2,652)	(4,035)
Dental	(374)	541	167	(786)	1,354	568	(795)	(227)
NMAHP	(60)	0	(60)	(150)	48	(102)		(102)
Psychology	(137)	51	(86)	(207)	54	(153)		(153)
Healthcare Sciences	0	34	34	(19)	68	49		49
Optometry	0	26	26	0	29	29		29
Workforce	(22)	0	(22)	(42)	37	(5)		(5)
Finance	0	0	0	0	0	0		0
Planning & Corporate Resources	(7)	57	50	(65)	70	5		5
Net Provisions	0	0	0	0	0	0		0
NES Total (exc Medical Training Gra	(1,580)	1,785	205	(3,274)	2,948	(326)	(3,447)	(3,773)
Medical training Grades	(86)	48	(38)	(115)	50	(65)	(322)	(387)
NES Total	(1,666)	1,833	167	(3,389)	2,998	(391)	(3,769)	(4,160)

Additional costs are shown (red), savings shown in black

Analysis by Directorate

Significant areas of net COVID-19 costs are described below

1. Medical**1.1 Strategic Planning and Directorate Support (SPDS)**

The FY COVID-19 impact for SPDS is a £187k saving driven by the Medical Conference delivered online (£116k); lower staff travel (£93k); and lower miscellaneous costs £23k. £45k of additional costs are forecast in relation to providing contact tracing and trainee support, and an additional 8 Associate Post Graduate Dean(APGD) simulation sessions.

1.2 Training Programme Management (TPM) Excl. Training Grades

The FY COVID impact for TPM is a £218k saving in relation to online recruitment; a reduction in NES staff travel and meeting costs; and the movement of some GP trainee support courses to online delivery.

2. Dental

The year-end forecast for COVID-19 costs and savings is an overspend of £227k, of which Dental are anticipating a specific allocation of £795k to fund the additional costs of university staff to support Dental Undergraduates. In addition there are estimated general COVID-19 costs of £786k which are under constant review as more information becomes available. These include the £167k training package for the "Aberdeen 19" Dental School graduates, £44k additional outreach training and reduced income of £202k for face-to-face training, a further £95k for the cost of fixed term posts working on COVID-19 guidance and recording the impact on the wider dental workforce and £238k of expenditure normally funded from Dental ACT levy income no longer being charged to Universities until September 2022.

Offsetting these costs are £1.4m in COVID-19 savings from the delivery of training support across several workstreams via remote platforms and the reduction of face-to-face venue and travel costs and the remote delivery of core & specialty recruitment.

The COVID position has moved by £134k due to £238k of Dental ACT levy posts and training costs offset by £105k of savings from training grade early leavers and reduced costs from the remote delivery of training across several workstreams. We have seen early leavers as some new recruits have decided to train elsewhere in the UK, others are vocational trainees in their extended year that have reached satisfactory completion of their training earlier than was expected.

3. Digital

General COVID costs in digital are forecast to be £847k by year end. The main cost drivers are Learn contractors £408k, Azure hosting costs £225k, O365 licences £117k, IT equipment £100k, and overtime £18k; offset by savings of £21k as events and training now being delivered online.

The specific COVID-19 allocations of £2.7m relate to COVID-19 apps that are being developed by the digital team. The Vaccination Management Tool (VMT) has a YTD underspend of £105k due to vacant contractor posts. Current estimated FY underspend is £158k and the directorate will look to draw down less from SG.

4. NDS

COVID-19 costs in NDS are forecast to be £536k by year end. The main drivers here are hosting costs £308k to support Vaccinations/NCDS, Proximity and Shielding product; SMS Test Messaging £100k, Pen Testing £35k and consultancy costs to do remedial work on the Proximity App to ensure it is compliant as a medical device £90k.

5. NMAHP

The YTD COVID-19 costs for NMAHP of £60k are for additional staff costs within the Public Health team to cover additional workload. The FY COVID costs are forecasted to be £102k. £85k of this are the full year costs of the additional Public Health staff, £65k to cover costs resulting due to planned courses being delayed from 20/21 taking place in 21/22 with £48k of savings from holding events virtually offsetting these.

6. Psychology

The YTD COVID-19 costs within Psychology are £86k. This is made up of £72k of Trainee salary costs due to 7 Trainees requiring extensions to their contracts; £55k from additional Solihull license costs to allow the software to be used for another year; offset by £41k of savings from running training virtually.

The FY COVID-19 costs are forecasted to be £153k, with £112k of those relating to the Trainee extensions; £95k from additional Solihull license costs; offset by savings of £49k from hosting training online.

7. Medical Training Grades Salary (MTGS)

There is an £65k anticipated cost of COVID-19 driven by extensions to Training in Foundation Year 1 (FY1) for 10 Trainees. The specific allocation of £322k relates to the costs of the additional Shadowing week introduced for new FY1 Medical Trainees in August.

Board Paper

1. Title of Paper

2021/22 Quarter 2 Performance Report

2. Author(s) of Paper

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

3. Situation/Purpose of paper

This paper provides a summary of performance using RAG exception reporting against the NES Phase 3 Re-mobilisation Plan (RMP3) for Quarter 2 of 2021/22 and is submitted to the Board for assurance and approval.

4. Background

4.1 Performance is reported quarterly to the NES Board using RAG exception reporting for the activities, outcomes and targets which underpin the NES Phase 3 COVID-19 Re-mobilisation Plan (RMP3). This report covers Quarter 2 to 30th September 2021.

4.2 In response to feedback from our external auditors and the NES Board we have started work to establish performance measures and strategic key performance indicators (KPIs), which measure business outcomes and key results across NES, by following evidence-based performance measurement methodology. It is anticipated that this enhanced performance framework will be introduced in 2022/23 in tandem with a review and update of our strategic vision and the development of a new target operating model (TOM).

5. Assessment/Key Issues

RMP3 contains 578 targets, of which 18 are red, 61 are amber, and 499 are green. Of the 55 priority targets, 2 are red, 5 are amber and 48 are green.

6. Recommendations

The Board is asked to approve Quarter 2 performance against the NES RMP3.

Author to complete

a) Have Educational implications been considered?

Yes

No

b) Is there a budget allocated for this work?

Yes

No

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

1. A high-quality learning and employment environment

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

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

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

5. A high performing organisation (NES)

d) Have key risks and mitigation measures been identified?

Yes

No

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

Yes

No

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

Yes

No

Karen Howe
November 2021
NES

NHS Education for Scotland – 2021/22 Quarter 2 Performance Report

1. Enhancing Performance Reporting – Balanced Scorecard

- 1.1 During 2021/22 we are starting to review our strategic vision and future operating model. This will include improvements to our corporate performance framework by establishing performance measures and strategic key performance indicators (KPI's), which measure true business outcomes and key results across NES, following evidence-based performance measurement methodology.
- 1.2 The outcome of this work will be improved performance reporting and assurance, providing the NES Board with improved data and intelligence through aligned performance reporting on key strategic and business priorities, evidencing impact towards achieving the NES vision. In addition, it will provide assurance to Scottish Government linked to the NES annual review, aligned to strategy to support identification of areas for improvement and establishing ownership for KPI's at all levels to drive improvement. While we transition to this new approach, this existing report does give an overview of performance (Red, Amber and Green) in relation to the existing NES strategic themes to identify key areas which might require additional focus. (see 'Targets by Strategic Theme' in Diagrams 1 and 2).
- 1.3 Phase 1 of the programme is underway to establish a pilot team to evidence proof of concept supported by Rubica (our external partner) which includes training and familiarisation with performance measurement methodology linked to a measurable strategy to support continuous improvement and strategic progression. Phase 2 of the programme will commence in early 2022 to establish an implementation team who will cascade training and practical application of the methodology across NES.

2. Summary of Performance

- 2.1 This report covers 2021/22 quarter 2 performance against RMP4. There are 578 targets, of which 55 (10%) are priority targets. Diagram 1 shows the performance across the priority targets and diagram 2 outlines performance across all targets. Performance is measured using RAG (Red, Amber, Green) ratings, definitions of which are set out below:
 - **Red** – progress has not been satisfactory. The target is more than 10% off the stated goal and/or delayed by more than 3 months.
 - **Amber** – progress against this target/outcome has not been fully satisfactory. The target is up to 10% off the stated goal AND/OR is delayed by up to (and including) 3 months.
 - **Green** – progress against this target/outcome has been satisfactory, with 100% of the target achieved or exceeded AND meeting all time deadlines.

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

3. Corporate Dashboard

3.1 Full performance data can be found in the [Corporate Insights](#) area of TURAS | Data Intelligence which presents corporate metrics in one place.

Note: this requires a TURAS user sign in.

4. Priority Targets

4.1 Of the 55 priority targets, 2 are red, 5 are amber and 48 are green (see Diagram 1). All priority target updates were reviewed to ensure they accurately reflected the content of the target and that the RAG rating was correct. Two targets were followed up for further clarification, with one target changing from green to amber.

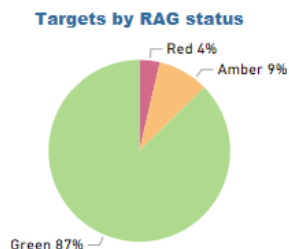
4.2 An audit of performance management recommended that the Planning and Corporate Governance team verify supporting documentation behind a sample of the updates to provide additional assurance that they are correct, complete, and representative of the RAG status. Therefore, 10% (n=5) of the priority targets were checked, which involved reviewing meeting agendas/papers, intranet/internet content and screenshots of documentation. All the information collected verified the updates that had been supplied and no changes were made.

4.3 A spreadsheet with all 55 priority targets along with their quarter 2 updates and RAG status can be found [here](#) - further details of the red and amber priority targets are outlined in Tables 6.1 and 6.2 below.

Performance (Priority Targets)

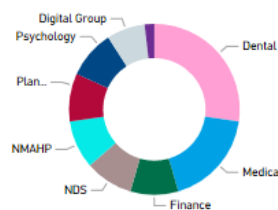
Clear all filters

DirectorateName	Red	Amber	Green	Total
Dental	2	1	12	15
Digital Group		1	3	4
Finance			5	5
Medical			10	10
NDS		2	3	5
NMAHP		1	4	5
Planning & Corporate Resources			5	5
Psychology			5	5
Workforce			1	1
Total	2	5	48	55



StrategicThemeName	Red	Amber	Green	Total
Digital and Data		3	4	7
Enhanced Educational Infrastructure	1	2	20	23
High Performing NES			12	12
Quality Learning and Employment			4	4
Skilled Workforce	1		8	9
Total	2	5	48	55

Targets by Directorate



Targets by Theme

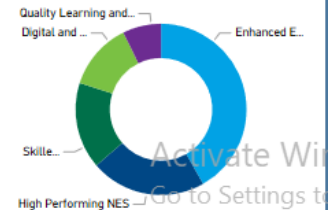


Diagram 1 – Summary of performance for priority targets (Q2, 2021/22, n=55)

5. All Targets

- 5.1 Overall, there are 578 targets, of which 18 are red, 61 are amber, and 499 are green (see Diagram 2). As part of quality control, the red and amber targets were reviewed and 10% (n=50) of the green targets were selected to ensure the update accurately reflected the content of the target and that the RAG rating was correct. Following review, seven targets were checked further and 2 were changed from amber to red and one was changed from green to amber.
- 5.2 The red non-priority targets are outlined in Table 6.3 (*Note: priority targets have been excluded from Table 6.3 to avoid duplication*).

Performance (All Targets)

Targets by Directorate and RAG				
DirectorateName	Red	Amber	Green	Total
Dental	7	7	76	90
Digital Group	4	7	49	60
Finance		7	33	40
Medical	2	7	97	106
NDS		6	6	12
NMAHP	1	11	82	94
Planning & Corporate Resources	1	2	18	21
Psychology	1	13	91	105
Workforce	2	1	47	50
Total	18	61	499	578

Targets by Strategic Theme and RAG				
StrategicThemeName	Red	Amber	Green	Total
Digital and Data	4	10	54	68
Enhanced Educational Infrastructure	6	8	104	118
High Performing NES		12	80	92
Quality Learning and Employment	2	11	68	81
Skilled Workforce	6	20	193	219
Total	18	61	499	578

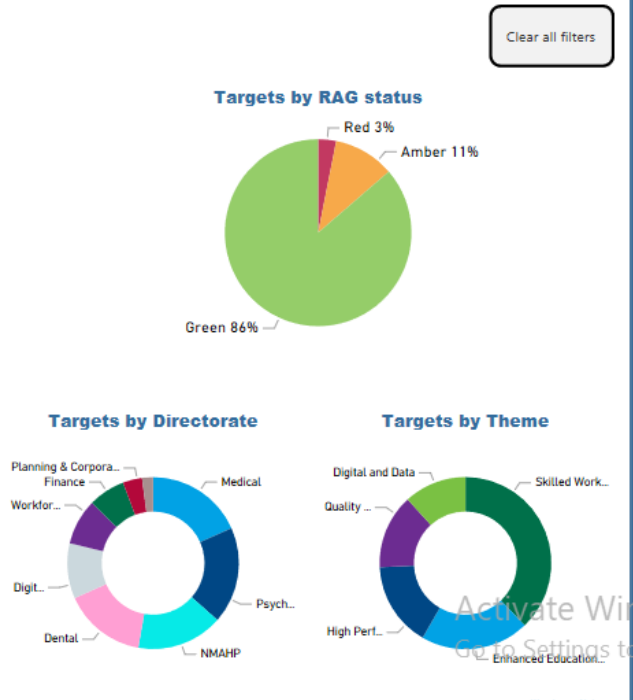


Diagram 2 – Summary of performance for all targets (Q2, 2021/22, n= 578)

6. Tables

- 6.1 Red Priority Targets Q2
- 6.2 Amber Priority Targets Q2
- 6.3 Red Non-Priority Targets Q2 (excludes priority reds)
- 6.4 All non-priority amber targets Q2 (excludes priority ambers)

Table 6.1 – Red priority targets Q2 2021/22 (COVID 19 impacted targets highlighted in BLUE).

Priority Target	Update
Dental - To provide up to 163 training posts for Dental Vocational Training (DVT) in order to match the final output of the Scottish Dental Schools by July 2021. TAR0004129	Target not met, as there will be no Scottish dental school output July 2021. 143 DVTs remain in post at present following the extended period of training offered. Target to be closed.
Optometry - To support a minimum of 45 Optometrists through the Ocular Therapeutics course at Glasgow Caledonian University (GCU) beginning in Q2. Measured by enrolment in September 2021 Module 1 and continuing support to complete Modules 2 and 3 by Q4. TAR0003993	COVID 19 we have a backlog of placement requests. To prevent any further bottleneck of placements 30 places have been agreed to be funded. The new students were prepared to commence w/c 13 September 2021.

Table 6.2 – Amber priority targets Q2 2021/22 (COVID 19 impacted targets highlighted in BLUE).

Priority Target	Update
NMAHP - We will develop a digital capability self-assessment tool by March 2022. We will also support the Nursing, Midwifery & Allied Health Professions' contribution of the implementation of the Technology Enhanced Learning (TEL) Trainer/Facilitator Short Life Working Group recommendations by March 2022. TAR0004527	<p>1. A digital capability assessment tool developed by JISC (Joint Information Systems Committee) is now being reviewed. This has been tested by the Technology Enhanced Learning (TEL) trainer sub- group and is considered fit for purpose. A demo is now planned and the potential for purchasing a licence for NES is in discussion.</p> <p>2. Funding had now been agreed to progress TEL funding. As part of this 2 x band 7 educator posts are currently in recruitment to progress the recommendations of the TEL trainer subgroup work. This work will progress up to March 2023.</p>
Dental - Up to 92 Dental Core Trainees (DCT) and up to 45 (40 NES-funded) Specialty and post Certificate of Completion of Specialist Training (CCST) trainees achieving the learning outcomes of the relevant curricula to the GDC (General Dental Council) standards. Supported by relevant digital systems and trainers who can access support from NES. TAR0004158	There are currently no vacancies for 20/21 trainees. National recruitment has taken place for 21/22 trainees and the current numbers recruited were - DCT1 10 DCT2 38 DCT3 24 DCT4 8 TOTAL 80. NES is working with local health boards to fill vacant posts.
Digital - Delivery of 4 quarterly publications for NHS Psychology, CAMHS and Core workforce (Jun 2021, Sept 2021, Dec 2021, Mar 2022) TAR0004308	Reported as amber due to NES Digital Director and the Head of Strategic Development, CE's Office, in active discussions with SG H&C Workforce Directorate regarding agreements on the formal re-structure of commissioning and evidence cycles for H&C

Priority Target	Update
	workforce planning. Formal commencement of new processes is expected by the close of the calendar year, but uncertainty remains until conclusion reached.
<p>NDS - AWS (Amazon Web Services) environments have been created during 2020/21, with componentry in place to support further service developments during 2021/22. Version 2 of the Clinical Data Repository (EHRBase) which was deployed in November 2020, will be utilised for key data sets with current programmes of work migrating to that data solution. Further work on robustness and resilience, as well as tracking costs and utilisation will be taken forward. TAR0004018</p>	<p>Reported as amber as a definitive roadmap for the NCP cannot be produced until the ETB sub-group (Platform Delivery Group) has agreed the SG and NHS Scotland priorities. The first meeting of this group was held on the 8th September 2021. In addition, there is ongoing work to ensure optimal team structure and resource availability for delivery, specifically availability of data engineer capacity.</p>
<p>NDS - NDS will continue to support the first-version product that was developed during 2020/21 to support vaccination programmes for seasonal flu and COVID, maintaining robust system functionality which will be rigorously stress-tested through its use in 2021 in support of this.</p> <p>Begin to deliver a National Vaccinations Programme. This will include functionality such as the creation of cohorts to identify contraindications/adverse events/vaccination frequency. The data store will be further enriched during 2021-22 with additional data sets, which will provide Public Health Scotland with information to understand the impact and effectiveness of the vaccine for different population groups. TAR0004025</p>	<p>Reported as amber due to knock-on effects to all other deliverables as resources are moved at short notice onto the Vaccination Programme deliverables to achieve required implementation dates as requested by SG. NES Digital Director managing in daily communication with SG Digital Health & Care Director.</p>

Table 6.3 – Red non-priority targets Q2 2021/22 (COVID 19 impacted targets highlighted in BLUE)

Target	Update
<p>Medical - In partnership with territorial and special NHS Boards jointly fund a key workforce member to commence academic training in Human Factors and Ergonomics by March 2022. Looking for funding (88k) to support each Board to identify a key workforce member to undertake academic training in Human Factors over 1-2 years at an accredited university and NES safety, skills and improvement research collaborative to undertake related evaluation. TAR0004227</p>	<p>This objective/target has been ongoing for several years but as yet has not attracted appropriate funding. As such, it has therefore been decided to remove this target until such funding is identified. Target to be closed.</p>

Target	Update
<p>Medical - Complete the pilot and evaluate a multi-disciplinary LaMP programme for clinical staff by November 2021. Provide an evaluation report for the L&M Forum by December 2021. TAR0004242</p>	<p>This target is on hold at present due to COVID restrictions, re-prioritising of our workload and whilst we wait for a clearer direction of travel from the leadership and management forum as they reconnect with the NES Executive team. There has been no change since the Q1 update.</p>
<p>Psychology - Psychology Trainee survey - continue work on presenting a review of the survey's first year of implementation (after delays due to Covid-19) and agree a process for the publication of survey results from year 2 onwards. TAR0004378</p>	<p>COVID Delay - COVID adaptations in Clinical Practice and NHS services have taken precedence. No progress from Digital re Reporting.</p>
<p>Dental - To provide up to 20 training posts for Therapist Vocational Training (TVT) by July 2021. TAR0004132</p>	<p>COVID Impact - No recruitment to Therapist Vocational Training will be provided for the 2021-22 training year due to extension of current TVTs being provided until November 2021.</p>
<p>Dental - To provide a preparatory Train the Trainer programme (START) for 100% of new Therapist Vocational Trainers appointed for academic year 2021-22. TAR0004134</p>	<p>COVID Impact - No new therapy trainers will be recruited for 2021/22 as a result of delayed output from some universities and no Therapist Vocational Trainees being recruited.</p>
<p>Dental - To provide educational activities for Vocational Dental Practitioners for academic year 2021-22, equivalent to 25 study days for each of the 16 schemes for 10-12 VTs per scheme. TAR0004127</p>	<p>COVID Impact - As VT training is extended to July 2022, rather than beginning a new training cohort, study days are likely to total 35-37, across the 2 year training period</p>
<p>Dental - 100% of Vocational Dental Practitioners to be considered for satisfactory completion of training at the National Review Panel in June/July 2021, or through pre-screening processes. (NB Date is flexible due to expected impact of COVID 19). TAR0004131</p>	<p>COVID Impact -143 DVTs are currently in post. No trainees now in additional training posts. NRPs will be arranged if necessary in November and February 2021 with the full NRP In June 2022.</p>
<p>Dental - To deliver appropriate online learn resources that support outcomes for optometrists around improving their current performance in diagnosing and managing medical retina conditions. The modalities will be determined from scoping work and most likely include webinar and discussion workshop modalities. Outcomes to be aligned to RCO's OCCC (Royal College of Ophthalmology's Ophthalmic Common Clinical Competency Framework) Medical Retina. Apply for CET (Continuing education and training) points from the regulator which supports Optometrists' and dispensing opticians' revalidation. TAR0003994</p>	<p>There has been no clear direction from SG around the requirement on education. This will have to be revisited later in 2021/22.</p>

Target	Update
Planning & Corporate Resources - By March 2022, all scheduled education programmes are subject to rigorous Educational Governance scrutiny. TAR0004553	This target is no longer relevant following a review of Educational Governance arrangements. The agreed Quality Assurance model will no longer involve scrutiny of individual programmes (except where they are subject to external regulation). Target to be closed.
NMAHP - By March 2022, in collaboration with cross-directorate NHS Education for Scotland Medical and Ophthalmic colleagues we will scope service and education needs for adoption of the Ophthalmic Practitioner Training in Scotland. TAR0004513	This programme is still on hold as agreed by NES Strategic Leads and Scottish Government.
Digital - Subject to funding. By March 2022 improve the quality of education by extending Turas Quality Management (currently used by NES Pharmacy) to cover other NES Directorates. TAR0004257	No funding available. Work will not be completed - target to be closed.
Digital - Subject to Directorate Funding. Sum currently not shown in Digital numbers. By March 2022 improve the reporting of the current quality of Education Providers by extending Turas Quality Management reports (currently used by NES Pharmacy) to cover all NES Directorates. TAR0004260	No funding received, so work cannot go ahead. Target to be closed.
Digital - Develop link between Turas Learn and Turas Appraisal allowing learning record to be viewed and created as part of the PDP. TAR0004261	COVID DELAY: The mandatory learning modules have still to be agreed and developed, we cannot automatically populate the PDP for a staff member.
Digital - Subject to Directorate Funding. Sum currently not shown in Digital numbers. Deliver efficiencies and improve accessibility to appraiser training by introducing remote learning and online applications. TAR0004262	No funding received, so work cannot go ahead. Target to be closed.
Workforce - Subject to funding, source and implement an online matching platform for a National Health and Social Care coaching and mentoring collaborative, recruiting up to 50 coaches from partnering organisations. TAR0004081	Discussions with SG around the feasibility of developing a bespoke online platform for coaching to be established. Planning of an engagement activity started.
Workforce - By March 2022 A) carry out the development phase to produce a foundation level leadership & management development resource, and B) Pilot on-line materials and methods with two multidisciplinary groups across the Health & Care System. TAR0004086	The development of the resource has been paused while discussions take place at a senior level regarding strategic direction and resourcing. ET are fully aware of this and have given support to go ahead with the development of the programme. We would expect this to be in green over the coming quarters.

Table 6.4 – All non-priority amber targets Q2 (COVID 19 impacted targets highlighted in BLUE)

Target	Update
Dental - To provide educational activities equivalent to 12 days training for 100% of Vocational Dental Therapists for academic year 2021-22. TAR0004133	COVID Impact - Educational events have been arranged for new therapy graduates from January to July 2022. The number and content not yet finalised.
Dental - Host an educational event to mark 10 years of Caring for Smiles and relaunch of programme. Support all boards involved in Caring for Smiles training with blended delivery, including exploring options for remote assessment. TAR0004139	66 learners attended foundation training, of which 22 have been awarded certificates to date with the remainder pending. One learner attended intermediate training. The quality illustration produced in collaboration with key partners was launched via the Care Inspectorate on 15 September 2021.
Dental - Develop and delivery of a half days training, on community eyecare to a GP audience (as part of the GP trainee half day ophthalmology training, with usual audience around 60 GPs), to support the expanding support offered by Optometric practice. To deliver to the west of Scotland trainee GPs in Q1 and Q3. TAR0003998	Due to COVID restrictions we have not been re-engaged with by the GP trainee team with regards to this running again.
Dental - 100% of Vocational Dental Therapists to be considered for satisfactory completion of training at the National Review Panel in June/July 2021. TAR0004135	COVID Impact - A National Review Panel has now been arranged for October 2021 in line for the offered training extension.
Dental - To host a national conference to support community eyecare, with a minimum 225 eyecare professionals registering in Q3. Recruiting experts to design and deliver CPD in line with professional needs; apply for CET (Continuing education and training) points from the regulator which supports Optometrists' and dispensing opticians' revalidation. High tutor levels required due to good practice guidance from regulator around facilitator: learner ratios for CET delivery. TAR0003990	National conference planning is well underway although anticipated numbers are less than expected – this is due to being delivered on-line; end of CET cycle and with many delegates already having achieved revalidation; and pressures in the current workforce due to COVID.
Dental - Deliver a comprehensive programme of up to 250 CPD events across Scotland. Including up to 3 larger conference events (one being joint with Clinical Effectiveness), and offering up to 150 places at each conference with attendance of at least 90%. Delivery will be a balance of online, blended and face-to-face formats, depending on the COVID restrictions as the year progresses. 3 year target. TAR0004187	NES is still not able to commission in-practice training (approx 70 events per year) and therefore the target is 180. From July to end September 23 have delivered 27 online events, providing 51 hours of vCPD, and had 2922 attendees. Over and above this we have provided 13 Portal TV events (recordings) which have had 366 bookings for viewing.
Digital - Develop a core data module in turas to store accurate info about NHS employees, thereby improving the employment experience through tailored employment support and advice. TAR0004291	Ties in with Joiner, mover, leavers work (TAR0004278), will be prioritised within the Turas Plaform team to commence after M365 integration is complete.
Digital - Ensure there is a suitable technical replacement	COVID DELAY: This work has been deprioritised in part due to ServiceNOW licences being extended for a further 2 years in April 2021.

Target	Update
to support Operational Planning when our SNOW licence agreement ends. TAR0004307	
Digital - Carry out 4 significant publicity campaigns around priority workstreams, as identified by ET/SOLG, (e.g. Year in Review, professional recruitment campaigns) including a range of appropriate communications channels, paid promotion, creation of marketing assets, internal communications, use of the corporate website, social media activity. Support other communications activity and projects as directed by the organisation, e.g. Smarter working, Coronavirus-related comms, careers and recruitment. TAR0004328	Discussions held with CEO and planning underway for Q4 Year in Review. Given discussions on strategic direction not being held until Q3, unlikely that we will be in a position to carry out 4 campaigns in-year as originally scoped.
Digital - Subject to Funding from potential carry over of remainder of Transformation Fund. Develop and Operate a mechanism to integrate the e-Rostering data with SSTS TAR0004277	Development work dependent on discovery work being carried out by national project team at NSS - project timelines have been refocused due to changing project priorities & decision to pull forward roll out of Allocate software. NES waiting on update from NSS of revised timelines. No progress on this via the national programme at NSS.
Digital - Provision of external support to SG eHealth Information Governance Team as required on an ad-hoc basis over 2021/2022. Support provision will be non-chargeable TAR0004298	Funding for IG Competency Framework still to be confirmed by SG. Meeting expected shortly to discuss.
Digital - Extend the use of Payments within Turas Learn by extending functionality passed fixed rate fees. TAR0004316	Dynamic pricing functionality is still in scope for this financial year.
Digital – Work with Digital to develop a process to enable approx. 200 Lecturers per month to submit their claims electronically and export the data to e-payroll. TAR0004060	Work has not yet started. It is anticipated work will begin in 2021/22 however it is not expected to be completed in the year due to the prioritisation of Digital projects in relation to resource.
Finance - Review, update and monitor KPIs and update HoS (Heads of Service Group) dashboard on a regular basis, as dictated by demands of pandemic. TAR0004049	COVID - As previously reported, re-prioritisation of activities has meant this has not been a focus. A combined review for Finance and Procurement will be scheduled for Q3 to determine applicability of ongoing baseline detail (also links to latest board requirements)
Finance - Complete a review of reporting needs within Finance incl. Finance Business Partnering model. TAR0004069	This activity has been delayed whilst the Head of MIS post remains vacant. Alternative resources will be identified to enable completion by the end of the financial year.
Finance - Work with NDS and Scottish Government colleagues to agree a recurrent baseline budget position for NDS. TAR0004113	Work continues with SG to agree a mechanism for all digital investment which recognises both the initial development expenditure and the ongoing recurrent 'tail' needed to host and maintain products.
Finance - Develop a suite of BOXI Reports which are available to Analysts and Finance Managers to support financial reporting to budget holders TAR0004068	This activity has been delayed whilst the Head of MIS post remains vacant. Alternative resources will be identified to enable completion by the end of the financial year.

Target	Update
<p>Finance - Scope the potential for using the NES Corporate Dashboard for internal financial reporting. TAR0004070</p>	<p>This activity has been delayed whilst the Head of MIS post remains vacant. Once KPIs have been agreed at a corporate level, alternative resources will be identified to make progress against this activity.</p>
<p>Finance - Department will provide a variety of training events for all staff to develop their skills and understanding of the role of the finance and procurement functions. This will be achieved in part from the I Want to Know More about sessions which will be held at least 6 times each year. TAR0004106</p>	<p>Lack of administrative resources have delayed the setting of the sessions. Dates will be identified and agreed and calendar invites sent out by end of October.</p>
<p>Medical - Subject to SG funding develop and deliver to 2 cohorts of staff a comprehensive education plan to support clinical teams to use QI approached to sustainable achieve waiting times. TAR0004232</p>	<p>Cohort 1 of this programme running as per schedule. Cohort 2 paused due to system pressures and lack of capacity for staff to attend educational sessions.</p>
<p>Medical - Deliver the LaMP programme to up to 385 medical and dental trainees, SAS doctors, GPs and Consultants. TAR0004241</p>	<p>We continue to deliver the new virtual one- day LaMP course. However due to the prolonged time it takes to induct external faculty in the virtual delivery of these courses and the long-term sickness absence of a member of the NES team it is unlikely that we are going to reach our original target. Steps are being taken to recruit additional faculty.</p>
<p>Medical - Grow the PBSGL programme membership by 2.5% and / or to at least 420 groups and increase multi-professional membership to at least 35%. GP = 70%, GPN = 15%, Pharmacy = 14%, Other = 1% (GP 70% / Other professionals 30%). TAR0004199</p>	<p>Grow the PBSGL programme membership by 2.5% and / or to at least 420 groups and increase multi-professional membership to at least 35%. GP = 70%, GPN = 15%, Pharmacy = 14%, Other = 1% (GP 70% / Other professionals 30%)</p> <p>Overall membership baseline at 31st March 2021:</p> <ul style="list-style-type: none"> • 3505 active members • 522 active groups <p>Current figures as at 31st August 2021 are:</p> <ul style="list-style-type: none"> • 3442 active members (-1.80%) • 515 active groups (-1.34%) <p>Membership breakdown baseline as at 31st March 2021</p> <p>GP members: 1747 GPST members: 992 Nursing members: 369 Pharmacy members: 360</p>

Target	Update
	<p>Current figures as at 31st August 2021 are: GP members: 1671 (-4.35%) GPST members: 928 (+-6.45%) Nursing members: 337 (-8.67%) Pharmacy members: 291 (-19.1%)</p> <p>It is very hard to sense check these numbers as they fluctuate a lot month to month based on when memberships are due. October and March have larger numbers of membership renewals historically because of bi-annual billing processes, now updated to annual. Also, the decision was taken to pause memberships for 4.5 months last year due to the pandemic, so this has altered our patterns of data.</p> <p>Non GPST membership is dropping a little each month, we think due to the continued pressures on primary care from the pandemic. We are mitigating this by engaging with all lapsed and pending members to try and encourage them back to active membership, and an improvement project will be taken forward during 2021 to boost numbers back to pre-pandemic levels.</p> <p>GPST changeover date was early August, so these figures may not include all members as applications may be being processed.</p> <p>However, please note that numbers do fluctuate each month depending on when members fees are due and how quickly they settle their account. PBSGL is normally a peer led activity which is held face to face. At the moment, meetings are virtual which may not suit everyone's learning styles. The fact that numbers have held so well during the year is testament to the value members see in their meetings.</p>
<p>Medical - Establish a multi-disciplinary integrated CPD delivery skills progress passport and map of simulation-based education for the NHSS workforce by February 2022. Evaluation of National Skills Education Hub at NHS Louisa Jordan to inform proposal for additional facilities requirements using SEIPS improvement approach. TAR0004210</p>	<p>Report for evaluation of the NSEHub at the Louisa Jordan is now overdue. This was commissioned to a different department - a draft report has been received and it is expected to have a full report by end of Q3. Three regional collaboratives are being set up in West, North and East as a direct result of the collaboration that resulted from the NSEHub, additionally support has been found for 1 day a week for an educational lead to support each of the regions (funded via the NHS Scotland Academy.)</p>

Target	Update
<p>Medical - Complete the redesign and move to an automated request and approval process in partnership with lead employer for LTFT (Less Than Full-time Training) and continued monitoring of existing LTFT working arrangements. To develop an online OOP (Out of Programme) request process. TAR0004041</p>	<p>Discussion has taken place on the development of a generic functionality that would support this in current financial year. The Digital Team has planned for OOP Discovery work to be completed in Q3 with changes to be implemented in Q4 As part of Trainee Wellbeing and Support Project a request for development of an internal digital system has been made with work to commence in Q12022. Work will be included in the 22/23 Op plan. Discovery work to be completed in Q3/4.</p>
<p>Medical - By July 2021, develop and pilot a formal evaluation process for the new RoT process. The formal evaluation will be conducted between July and December 2021 and a report prepared for MDET by the end of March 2022. TAR0004240</p>	<p>Our RoT Manager is currently on long-term sick leave and a member of the RoT team is now acting up in this role. The evaluation of the RoT process is underway however is slightly behind at this stage.</p>
<p>Medical - To help ensure our training courses are run efficiently and safely in COVID (and post-COVID) era, we will hold regular reviews with our tutor panel (at annual conference) and Appraisal Leads (at national meetings) to discuss user feedback and improve course content. The New Appraiser course will continue delivery in 2021/2022; and the Refresher Appraiser courses will be reviewed and piloted. We will conclude the review on Refresher courses before July 2021 and run 9x Refresher events before March 2022. TAR0004203</p>	<p>COVID DELAY: due to health issues with key personnel, the Refresher programme has been delayed and changed.</p> <p>Monthly review meetings between PGD, APGD and Training Manager to review progress of training courses and other activities has continued.</p> <p>Re Refresher course changes, we have designed a programme of activities (x4) to support our experienced appraisers (instead of 1 training day every 5 years).</p> <p>(1) We are developing PowerPoint modules (similar to the ones for New Appraiser courses) for appraisers to work at their own pace; (2) from these modules we intend to develop session plans for local health boards to carry out as part of their ongoing local appraiser group meetings (most local meetings tend to have an educational element to them).</p> <p>(3) Additionally we intend to run webinars on an adhoc basis so that current ongoing themes could be tackled in a more timely manner. We have 2 webinars scheduled for Oct and Nov on the theme of ""Coaching for appraisers"".</p> <p>(4) The Refresher training day itself has been redesigned as a half-day course to be delivered remotely via MS Teams. Appraisers will be invited to attend these half-day sessions once every 3 years (instead of 5). We intend to pilot these in Feb 2022 (10x half-day courses have been scheduled)."</p>
<p>NDS - Cancer treatment data is captured via integration with board systems and structured forms, held on the platform and then presented through a range of interfaces for secondary care users, primary care users and people</p>	<p>Work to integrate directly with NHS Lothian's Trak system in order to deploy private-beta product has changed focus to three main outputs: Data extraction progress report and gaps review; Clinical modelling and CDR demonstration; UI and authentication</p>

Target	Update
with cancer. Scope of this commission is delivery in head and neck cancer in NHS Lothian and prostate cancer in NHS GG&C, with plans for wider scale-up developed alongside delivery. TAR0004023	demonstration. Resourcing and challenges in identifying the requirements for data extraction from health boards has impacted this work, with decisions on further outputs in 2021-22 yet to be decided.
NDS - During 2020-21 NDS will deliver services to support Role Based Access Control and CHI linkage for ReSPECT (Recommended Summary Plan for Emergency Care and Treatment) and Eyecare (open source electronic patient record for Ophthalmology called 'OpenEyes'), together with integration with other systems including the National Integration Hub (which has supported various COVID related programmes of work). In 2021-22 this will be extended to support Treatment Summaries and other deliverables, as well as supporting the roll out to other Boards of the Respect and Eyecare work; subject to final agreements being in place NDS will also implement and operationalise on the NDS AWS (Amazon Web Services) environment a version of the Nextgate EMPI (Enterprise Master Patient Index) to provide particular support for the vaccination programme. TAR0004020	Work continues with NES colleagues with the aim of re-purposing existing functionality (e.g. from TURAS) to support Role Based Access and CHI linkage for products held on the National Digital Platform.
NDS - Work is being scoped during Quarter 4 of 2021-22 to determine the business requirements for a pre-diabetes service similar to SCI-D and the likely work required to deliver the digital and data componentry. While this has a high policy priority any work will only go forward in 2021-22 if the SG identifies additional resources to support the work. TAR0004616	Policy decisions on resourcing for this work remain outstanding.
NDS - Subject to final agreement with the SG, NDS will develop and deploy a media store on the NDP to create a national data store for unstructured information (such as image files or PDFs). The first use case will be determined by the Scottish Government, but is likely to be to support GP workflow. The store will require the use of a range of platform capabilities, including those identified above for RBAC and CHI). The likely 'go live' date for the first use case is likely to be by the end of Quarter 2 2020-21, with further development work across the year. Resources required will be fully scoped as part of the commissioning process (to determine whether with the time constraints it is reasonable to contain the work within the existing team. TAR0004019	Policy decisions on this area remain outstanding.
NMAHP - By March 2022, work in partnership with the Centre of Excellence – Healthcare-built Environment to further develop the learning and	Collated feedback from stakeholders and preparing V2 of Knowledge & Skills Framework for wider consultation; preparing communication and engagement strategy. Developing action plan based on Workforce Development Strategy Year 1 deliverables.

Target	Update
development framework and associated action plan, and develop associated quality assured educational resources. TAR0004614	Collaborating with NHS Scotland Assure and NHS Scotland Academy on development sessions for executive and non-executive board members to support them in their responsibilities regarding reducing infection and other risks in the built environment. Further engagement with NHS Scotland Assure Workforce Planning work stream and Estates and Facilities Education Steering Group for next steps required.
NMAHP - Subject to Funding - By March 2022, continuing professional development (CPD) will be designed and delivered to a minimum of 75 School Nurses. CPD content will focus on the 2019 learning needs analysis and be in collaboration with the National School Nurse Implementation Group. Blended learning approaches including digital technologies will be utilised to maximise engagement. TAR0004341	Whilst funding has yet to be agreed nationally to support the continuing professional development (CPD) for school nursing, plans are being developed to deliver CPD via on-line seminars/webinars to school nurses. Discussions have been established with subject matter experts to address areas of CPD identified in the learning needs analysis. In addition, there is engagement with school nursing leads, through the national leads network, to identify any additional learning needs as a result of the pandemic and impact of lockdown for children and young people.
NMAHP - To support the enhancement of the quality of available workforce data by March 2022, subject to external or additional funding, we will work with NES digital colleagues and the Scottish Government workforce lead to develop a pathway for AHP service leaders to support workforce planning for AHPs across Scotland health, social care and education services. TAR0004490	The AHP workforce report has been produced and circulated with a range of recommendations for next steps. Scottish Government support is being sought for prioritising the recommendations.
NMAHP - By March 2022, we will initiate the development of a national midwifery career framework and education framework working in collaboration with key stakeholders. TAR0004640	Advert to recruit the senior educator post was unsuccessful and impacted due to staff release for secondment. Current plans are focused on establishing an advisory and working group to consider the development of the midwifery career framework further. Collaborative discussions have progressed to ensure developments are informed by existing work on career frameworks in NES with alignment planned to preceptorship as the work progresses.
NMAHP - By March 2022 we will maintain, update and develop where necessary, acute COVID-19 related educational resources for NMAHP workforce. TAR0004515	Routine maintenance of resources ongoing. Still attempting to secure the skills required to review/update the acute COVID-19 resources- this discussion is ongoing. NMAHP stood down from engagement with National Critical Care Education sub-group. Workforce engagement via the Critical Care Working Group revealed no added educational ask from the boards, so no intervention required.
NMAHP - By March 2022, as part of the Scottish Government national health protection and infection prevention and control workforce review programme, undertake a scoping exercise exploring existing education and competency frameworks, career frameworks in Infection Prevention and Control in order to inform the development of a new career knowledge and	Delayed due to COVID - AMR/HP/IPC workforce review in progress, but delayed due to Covid-19. Participating in Oversight Board and Workforce Subgroup meetings. Overview of existing education and competency frameworks submitted. Further work still to be determined by SG.

Target	Update
skills framework and develop associated educational resources. TAR0004613	
NMAHP - By March 2022, subject to external or additional funding, we will contribute to the Scottish Government led review of pre and post-reg AHP education. We will undertake 1x scoping and a minimum of 3x stakeholder engagement activities. TAR0004489	Discussions continue with Scottish Government on progressing this work. The scoping has been completed and it is anticipated the stakeholder events will be delivered in Q 3 and Q 4.
NMAHP - Subject to funding, in response to COVID-19, design and deliver online coaching skills to a minimum of 30 allied health professionals by March 2022. With a focus on remote consultations, this aims to further develop skills to deliver clinical and therapeutic interventions which empower and enable parents and others. TAR0004350	As NHS Board partners are prioritising continuing professional development (CPD) in relation to essential learning, this target focused on coaching for Allied Health Professionals has yet to progress. A scoping exercise is underway to establish an achievable and realistic approach to delivering this target.
NMAHP - Subject to funding, at least 3 projects will be completed by the end March 2022 by the Enhancement of Pre-registration Nursing (SCEPRN) and Midwifery Education Group Scotland (MEGS) to provide programme enhancement and development for the Future Nurse/Midwife Programmes across Scotland. TAR0004499	Governance process complete and new digital application form developed for dissemination in October to SCEPRN and MEGS.
NMAHP - By March 2022, working in partnership with Scottish Government national lead and subject to funding we will complete one Scoping and one Learning Needs Analysis of Allied Health Professions undertaking new roles in Primary Care settings . We will develop a business case to support these learning needs. TAR0004535	COVID DELAY - Progress has been delayed due to pressures of Covid and staff being able to be consulted. The Allied Health Professions' (AHP) Transforming Roles 5-year action plan was completed and submitted to Scottish Government's Chief AHP Officer at the end of September 2021. Preliminary discussions and a follow-up meeting have been requested with Scottish Government Dietetic Lead to explore potential new roles for dietitians in primary care settings.
Planning & Corporate Resources - Complete an Educational Governance review of a nominated NES directorate by January 2022. TAR0004554	The planned Educational Governance review of NMAHP is now scheduled for 1 March 2022.
Planning & Corporate Resources - Deliver the annual cycle of operational planning and performance with identified priority targets over the next three years and support the development of KPIs for the new standing committees of the Board by end of September 2021 TAR0004570	Planning and performance cycles underway and fully on track. KPI work is underway and the internal working group has commissioned an external technical partner - Rubica - to complete training and establish a pilot KPI group by December 2021. However, this work will miss the September deadline stated in the target.
Psychology - Build on the success of the Fronto-temporal Dementia (FTD) resource by developing workshops to support the application of the resource into clinical practice. 1 workshop will be developed and delivered (face-to-face/remote) to 30 health, social care and 3rd sector staff by March 2022. TAR0004438	Content for workshop in progress and tentative delivery date set for December 2021. Update Sept 2021 - content for workshop in progress, external speaker confirmed, and tentative date agreed for February 2022.

Target	Update
<p>Psychology - Support the development of a trauma informed workforce in justice services and organisations, including: create and disseminate a Knowledge and Skills framework for the Justice Workforce to recognise the impact of trauma on victims and witnesses, reduce re-traumatisation and support recovery; create and pilot 2 Justice Trauma Informed Leaders Training low intensity high volume webinars, and 3 high intensity low volume workshops by March 2022. TAR0004448</p>	<p>Knowledge and Skills Framework is under construction. Literature reviews nearing completion. Interviews with victims and witnesses and justice leaders complete and analysis nearing completion.</p>
<p>Psychology - Monitor recruitment and employment diversity data for the NES funded Psychology Training programmes and provide regular robust data to inform individual training programme activities. Annual reports produced in response to recruitment for 6 Training Programmes. Monthly trainee activity reports collated to monitor changes in Trainee training circumstances. TAR0004361</p>	<p>Monitoring of recruitment and employment diversity data for psychology training programmes has continued however there has been some impact on data collection processes as a result of challenges with staff resource/capacity. Delayed.</p>
<p>Psychology - Complete update of Developing Practice Trainee and Trainer Manuals and support delivery of DP training (face-to-face/remote) to 30 multidisciplinary staff working in physical health settings. TAR0004452</p>	<p>Manuals due for a refresh by the end of March. Developing Practice Train the Trainer course booked for 7 October - 17 delegates attending and 6 further delegates for the update afternoon. We are unsure how many boards will roll out DP after the TTT.</p>
<p>Psychology - Over the course of 2021-22, onboard the three remaining programmes (APCYP, PTPC, DClinPsy Edinburgh) and continue to refine existing resource to ensure usability (trainee and supervisors) and data analysis processes. Consolidate use of existing Portfolio functionality across all four Applied Psychology Programmes. TAR0004380</p>	<p>Meetings arranged with MSc Programmes to discuss implementation with new course Leads.</p>
<p>Psychology - Support 50 further completions of the eModule on supervising psychological interventions. Review content in line with the ongoing updates to 'The Matrix (2015): A Guide for Delivering Evidence based Psychological Therapies' and new training programmes (e.g. Enhance Practitioner training programme) that may influence the supervision of psychological therapies. TAR0004463</p>	<p>12 people completed this elearning module in Q1 and Q2. Discussions with various experts are underway in attempt to plan to refresh the SPI elearning module. This is in line with the SG Digital Strategy (17-22) as all training has been delivered remotely, and supports the Mental Health: Scotland's Transition and Recovery by supporting supervisors to continue their work to oversee the delivery of Psychological Therapies and interventions in Boards and Partnership areas.</p>
<p>Psychology - Continue with the delivery of the Essentials in Psychological Care - Dementia training programme with a specific focus on Care at Home, in line with Scottish Government priorities. Train 50 Care at Home staff by March 2022. In line with this, we will gather and review data from the adaptations made for the pilot of remote delivery of the Essentials training programme with the aim of further disseminating this online model for the Care at Home workforce. Develop online resources to support the</p>	<p>Tentative dates set for two Essentials in Psychological Care - Dementia practitioner training to act as a pilot for programme use in the care at home sector. Planned January 2022. Update Sept 2021 - Pilot with care at home currently being explored in terms of feasibility due to pressure on the sector as a result of the pandemic crisis. Training plan shared with prospective pilot site in NHS Lanarkshire and awaiting a decision regarding capacity to engage. Training likely to commence March 2022.</p>

Target	Update
dissemination and the implementation of the Essentials online/remote delivery model. TAR0004432	
Psychology - Subject to SG funding confirmation, deliver workforce Training at enhanced and specialist trauma practice type, adapted to social distancing through remote delivery, including: 100 'Safety and Stabilisation' (S&S) training places; 18 places on S&S training for trainers by remote delivery; 30 places on 'Survive and Thrive' training; and 60 places on a trauma specialist intervention training. TAR0004444	Safety and Stabilisation Training for Trainers is scheduled for Sept 21. There have been 26 delegates on the Survive and Thrive training course. There have been 27 delegates on a specialist trauma focused CBT course.
Psychology - To support Primary Care innovations in person centred approaches to long-term conditions through developing Physical Health Competencies in 25 trainee Clinical Associates in Applied Psychology (CAAP) staff, 10 qualified CAAPs staff and 10 mental health staff in primary care. To train 40 staff to use digital technology to deliver Reclaim Your Life educational materials to patients with long term conditions (LTCs). TAR0004449	2 cohorts of training have been organised for Oct/Nov 2021, then Feb/March 2022. RYL training due for 30 people in Nov 2021.
Psychology - By March 2022 complete 165 annual review processes that involve employer and education provider in a comprehensive review of trainee development across all settings. TAR0004377	N=2. This is slightly less than expected at end of Q2 due to difficulties identifying dates and personnel, however these are annual meetings timed to coincide with the end of the academic year so most take place in Q3.
Psychology - To support trainers to deliver (with amendments for remote delivery as required e.g. blended training models): Developing Practice (DP) to 30 staff, Astley Ainslie Psychological Skills and Education Training (AsSET) to 30 staff, and Rehabilitation group training to 15 staff. Support data collection centrally in line with an implementation science approach e.g. learning programmes and REACTS forms. TAR0004454	10 staff members in NHS Grampian completed DP training in Q1. 12 staff trained in AsSET on 12.6.21 and 14.6.21 with coaching ongoing in Q2. 13 staff due to attend Neuro ABI training on 14.9.21, and 9 staff are due to attend on 23.11.21. DP TTT for 17 new trainers and 6 existing trainers planned for 7.10.21. AsSET TTT planned for 18 trainers on 14.9.21 and 16.9.21. All training can now be delivered online. This is in line with SG: Digital strategy, Remobilise, Recover, Redesign, and Digital Health and Social Care strategy, and Mental Health: Scotland's Transition and Recovery (also the supporting of 3rd sector Maggie's staff). We are unsure how many boards will roll out Asset DP after the TTT courses.
Psychology - Subject to SG confirmation of funding, offer a minimum of 2 training events (120 places in total) on each of the advanced Training in Psychological Skills - Paediatric Healthcare (TIPS PH) training on: "Improving Adherence/Concordance; Advanced Communication and MI Skills"; "Significant Conversations, Life Limiting Conditions and Palliative care" and "Understanding Persistent Physical Symptoms in Paediatric Healthcare" to paediatric healthcare staff across Scotland. TAR0004409	COVID Delay - No training events in advanced modules offered or arranged as yet. Modules prioritised to be transformed for remote delivery. Two modules planned locally for early 2022. Will be promoted for delivery among local trainers. (COVID related delay as modules have to be adapted for remote delivery).

Target	Update
<p>Psychology - Scope, develop and deliver a tailored Core Psychological Therapies and Interventions Training programme, for adults that meet the needs of Autistic people with anxiety, depression, substance misuse, psychosis and forensic mental health before the end of March 2022. TAR0004470</p>	<p>Draft outline for 'bolt on' training in relation to autism and neurodiversity for graduates of Introduction to CBT for Anxiety graduates has been developed. Pilot to be planned. Planned inclusion of autism and neurodiversity aspects to Training for Trainers of this course. Might be delayed due to vacancy in team.</p>
<p>Workforce - Contribute to the development of education and career pathways for non-clinical healthcare support workers supporting a 10% increase in staff using the digital learning portfolio to enable Recognition of Prior Learning. TAR0004097</p>	<p>Development and marketing of Hub and RPL tools. Progress has been limited due to lack of funding for digital development. Online session delivered in September for HCSWs in the use of learning portfolio with c. 300 participants.</p>

Board Paper

1. Title of Paper

Progress against Strategic Outcomes 2020-21

2. Author(s) of Paper

Karen Reid (Chief Executive)
Donald Cameron (Director of Planning and Corporate Resources/PCR)
Helen Allbutt (Principal Lead, PCR)
Rob Coward (Principal Educator, PCR)
Simon Williams (Principal Educator, PCR)

3. Situation/Purpose of paper

This paper provides a progress update against our five strategic themes for 2019-2024 and is presented to the Board for review and approval.

4. Background

The Board receives regular reports on progress against our Operational Plans. Each year we set detailed targets and deliverables which are reported to our Board on a quarterly basis, with the annual summary of performance being set out in our Annual Report and Accounts. We also report progress against the NES Strategy 2019-24 on an annual basis. This document is our second annual update against this strategy.

5. Assessment/Key Issues

In this report, we provide a narrative summary of progress highlighting specific areas of our work. The report also outlines key challenges (with lessons learned and implications for the future) and presents concise case studies to illustrate development of a project, programme or other aspect of our business.

6. Recommendations

The Board is asked to note the contents of this report and to approve it for publication.

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

Simon Williams
November 2021
NES



NHS Education for Scotland

Strategy Annual Progress Report 2020-21

November 2021

1. Introduction

1.1 The NHS Education for Scotland Strategy 2019-2024 focussed on five strategic themes:

- A High-Quality Learning and Employment Environment;
- National Infrastructure to Improve Attraction, Recruitment, Training and Retention;
- Education and Training for a Skilled, Adaptable and Compassionate Workforce;
- A National Digital Platform, Analysis, Information and Modelling and
- A High-Performing Organisation (NES).

1.2 These five key areas of focus are underpinned by six cross-cutting principles that we use when we develop our plans:

- Promoting equality and diversity, and tackling health inequalities;
- Working in partnership with stakeholders and demonstrating leadership;
- Enhancing digital access to learning, services and information;
- Systematically planning our activities, measuring their impact and learning from insights;
- Continuously improving quality, and leading and harnessing innovation;
- Clear accountability for our decisions, rooted in effective governance.

1.3 This is the second year of our new strategy. As with previous strategic frameworks, this year we set detailed targets and deliverables and reported our progress against these to the NES Board each quarter. A summary of our performance is published in our Annual Report and Accounts.

1.4 This second annual report on our strategic outcomes for 2019-24 provides a summary and review of our progress towards achieving these outcomes. It includes information about data sources, lessons learned and implications for the future. Case studies give a flavour of what we have accomplished.

1.5 In response to the COVID-19 pandemic, in March 2020 the Scottish Government requested that NES conduct a review of all our programmes of work. As a result, and in the face of the pressure on frontline services, during 2020-21 we suspended some of our education and training activity prior to changing the mode of delivery and access, which enabled much of our business to continue. We also embarked upon new areas of business.

2. Strategic Outcome 1: A High-Quality Learning and Employment Environment

2.1 What this area of focus means

- 2.1.1 Much of the education and training in health and care takes place in the workplace. The quality of the learning and employment experience impacts on our ability to recruit and retain the people we need and has clear links with clinical outcomes and patient experience. The environment where people work and learn therefore needs to be of the highest quality.

2.2 Where do we want to be by 2024 and how will progress be measured?

- 2.2.1 By 2024 we want the learning and employment experience of people working in NHS Scotland to be consistently high quality, supporting people in their personal and professional development. Progress will be measured by responses to iMatter and responses from organisations which use NES infrastructure and services.

2.3 Examples of good practice and where progress has been made

2.3.1 Managing the learning environment

Supporting the quality of the learning and employment environment is a key NES priority, which is reflected in our significant investment in quality management. The good practice examples below illustrate some of the ways in which we have responded to educational needs to create or enhance the conditions under which health and care staff have developed skills, knowledge and experience.

2.3.2 Quality management of postgraduate medical training

- 2.3.2.1 After a reduction in external Quality Management activities from March 2020 until September 2020 the Quality Workstream has restarted its work and recommenced the quality cycle, particularly regarding patient safety matters and concerns around trainee dignity. Areas prioritised were Enhanced Monitoring (EM) and at-risk sites where known or persistent issues needed to be addressed.

- 2.3.2.2 The workstream completed the 2020 round of Quality Review Panel (QRP) meetings for all specialties. Using Scottish Training Survey data and local information, the expert QRPs have assessed quality standards across each of the Deanery's eight specialty groupings and the output and direction from each QRPs were used to inform the forward work programme for each specialty area, based on risk and the greatest need for intervention. In conjunction with Health Board Directors of Medical Education, sensitively taking account of local circumstances and needs, we restarted our visit programme virtually. The new way of

working has proven to be very effective allowing us to expedite improvements and increase trainee and trainer engagement through greater attendance and participation.

2.3.2.3 The resumption of activity will underpin ongoing Scotland Deanery accountability for the quality of medical education and training in Scotland to the NHS Education for Scotland Board and to the General Medical Council (GMC). A full presentation and assessment of the COVID-19 arrangements will be made available in the 2021 Quality Annual Report.

2.3.3 Enhancing Dental Vocational Training

2.3.3.1 In preparation for the new cohort of Dental Vocational Trainees commencing 1 September 2020, NES Dental purchased 167 phantom head units and sets of plastic teeth, one for each trainee to have on hand in their training practice to assist with clinical skills development in the absence of sufficient hands-on patient experience due to the COVID-19 pandemic. In addition, suture kits were also provided to again enhance the opportunities for practice. The START Train the trainer programme was quickly moved to an on-line delivery model and was successfully delivered.

2.3.4 Healthcare Scientist training

2.3.4.1 NES Healthcare Science monitors workplace training via departmental self-assessment, training group reviews and monitoring the progress of individual healthcare scientist trainees. Our approach is designed to foster partnership and improvement. The assurance process is based on HCPC standards of education and training as a benchmark for all aspects of healthcare science training. For trainee clinical scientists, other postgraduate level trainees and practitioner staff, the principles of good practice are the same and help cement the identity of our scientific workforce. As of 16 April 2021, 51 training centres from 12 health boards have successfully completed self-assessment. Comparisons with the 2016 round reveal changes in HCS training provision, with newly recognised training centres, changes to the declared scope of centres' training, and the amalgamation of other centres.

2.3.4.2 Our QA Monitoring processes advocate that all trainees who have been in post for one year or longer are required to submit an Annual Review of Competency Progression (ARCP). In total 194 requests for ARCP reports were submitted. A response rate of 89.7% was achieved including submissions, and non-submissions with acceptable reasoning. Only 20 did not respond, of which 10 were Clinical Physiologists. All ARCP responses have been updated on the Turas Training Programme Management system.

2.3.5 NMAHP Practice Placement Provision

2.3.5.1 We have been supporting Health Boards in complying with Nursing and Midwifery Council regulatory requirements for practice placements through the establishment of a new co-ordinating group. The Rapid Action Placement Overview Group (RAPOG), which has met on six occasions since September 2020, has enabled engagement with the 16 NHS Boards, 11 universities, College Development Network and third sector organisations.

2.3.5.2 Our NMAHP directorate produced a Scottish Government commissioned report on provision of NMAHP placements in the 20/21 academic session. Ten workshops were held to engage Practice Educators about the challenges of re-starting placements, with a further five workshops about peer enhanced e-placements (PEEP). We delivered six national webinars accessed by Boards and universities to share good practice on delivery of a range of student placement models. The NMAHP directorate published a new COVID-19 placement recovery webpage to enable all stakeholders to access resources, reports and guidance about placement models to support AHP placement recovery across Scotland. We also developed online versions of Peer Assisted Learning workshop and resources, AHP Practice Educator preparation resources and student essential learning, which are available on Turas. AHP Placement Agreements amended and signed for Paramedics across 14 Boards.

2.3.6 Pharmacy continuing professional development resources

2.3.6.1 Our Pharmacy team developed and deployed a flexible CPD Programme, including live online events and self-study learning resources (e.g. e-learning, videos, distance learning packs), for all pharmacists and pharmacy technicians registered with the General Pharmaceutical Council (GPhC) in Scotland. Live events included at least 4 national webinars and at least 2 regional events per region. Numbers of attendees on all events, and learners completing e-learning resources, were reported quarterly up to March 2021.

2.3.6.2 In 2020-21 NES Pharmacy relied on online delivery of education for pharmacy education programmes and CPD. The provision of education was adapted to ensure we delivered accessible quality education to the whole pharmacy workforce (~5000 pharmacists and ~2500 Pharmacy Technicians) including those in remote and rural settings. While adapting live face to face events to either webinar or Teams meetings, we also maintained our production of e-learning modules as a priority. At the end of 2020-21 we reported 15,473 e-learning module completions, with an average feedback approval rating of 4.5 out of 5, which highlights the volume and quality of education provided in this format.

2.3.7 Dental CPD

2.3.7.1 During 2020-21, the Dental CPD workstream organised over 120 online CPD events in the form of webinars, in which over 25,000 dentists and dental care professionals participated. Over 280 hours of verifiable CPD was provided. Events ranged from just 10 attendees to over 1300 attendees. Running these events online has enabled a larger number of people to attend key topics, from across Scotland. For example, it has enabled 2700 to attend training on child and adult support and protection; 1700 to be updated on Oral Cancer and over 6000 to have their knowledge refreshed on managing medical emergencies and basic life support. More recently, we have developed a process to allow access to recordings of some of the live webinars, to allow those unable to attend originally to watch these, and to gain verifiable CPD. It also allows those who attended the live event, to check on a particular point or to re-watch the whole recording. There are now have 13 titles in Portal TV with more being added on a regular basis.

2.3.8 Enhancing the employment experience

2.3.8.1 Despite the challenges of the COVID-19 pandemic, we have been able to make improvements in the ways in which we support and enhance the NHS Scotland employment experience. Our Workforce Directorate introduced digital networks to support our national Employability & Apprenticeships programme. We created a space to share good practice and bring together key stakeholders including Scottish Government, Skills Development Scotland, Developing the Young Workforce and Dept of Work & Pensions.

2.3.8.2 This created a single source of support and advice for all Health Boards, focusing on local and national employability actions in reaction to the pandemic. We also introduced digital networks to support our national Learning & Development Network, allowing us to continue our national collaboration on induction, essential learning, retention and management development. This space provided targeted support for the rapid transfer of learning onto a digitally enabled model, supported by an emerging Create and Curate Hub.

2.4 Learning from challenges

2.4.1 The multiple challenges to health and care staff associated with the COVID-19 pandemic are well-documented. Ensuring that high quality services are maintained, while providing a positive learning environment in which trainees and other learners can make progress in their careers has presented significant complexities. Our professional directorates have responded positively to these challenges and have used digital and other solutions to support learners during this difficult period. The examples below illustrate how NES has

responded rapidly to the changing needs of learners, ensuring that learning environments were not compromised.

2.4.2 **Dental CAREER project**

2.4.2.1 The **CAREER** research project is being undertaken by our Dental Clinical Effectiveness team in partnership with colleagues from the University of Dundee and the University of St Andrews. It aims to understand how the COVID-19 pandemic is affecting the anxieties, feelings of uncertainty and preparedness for practice of early career dental health professionals and dental health professionals working in a primary care setting in Scotland.

2.4.2.2 The project was initiated in 2020 following a series of group sessions with dental health care professionals where views about training preparedness, trauma, depressive symptoms, and emotional exhaustion were raised and discussed. These sessions highlighted the impact of the pandemic and the importance of gaining a greater understanding of these issues to better support and prepare dental professionals during and following the pandemic.

2.4.2.3 CAREER adopted a multi-method approach comprising survey, focus groups and longitudinal diaries. Three hundred and twenty-nine dental health care professionals, including trainees, have taken part. Findings so far have been shared within NES and key stakeholders in education and policy to inform the future provision of educational support and training in dentistry.

2.4.3 **Enhancing the quality management of postgraduate medical training**

Our Medical Deanery Data Team meets regularly throughout the year to review and improve the use of data from various sources. This training quality data is used for a range of stakeholder groups including our Specialty Training Boards, Specialty Quality Management Groups, Training Programme Directors, Directors of Medical Education and Sharing Intelligence for Health and Care Group (SIHCG).

2.4.3.1 The Data Team's focus will concentrate on making the most of the data we have available, ensuring our questionnaires, data outputs and reports are user friendly, introducing greater quality control to encourage consistent decisions across the specialty groups and the alignment of processes for the analysis of the Scottish Training Survey (STS) data with that of the GMC National Training Survey (NTS) data.

2.4.3.2 In response to a request by Directors of Education the Data Team will shortly introduce a first version of a Scottish Training Survey (STS) dashboard that includes longitudinal data. The team will also launch a new format for QRPs that is much more user-friendly and easier to interpret.

2.4.3.3 Despite limitations due to COVID-19 our Development Team plans to take forward an ambitious programme of support and development for workstream staff and associates. Using standard meeting platforms, the team will continue to recruit and host several development events to uphold training and ensure consistency of approach across our work.

2.4.3.4 Likewise, our Improvements Team will continue to make improvement to our processes and operating procedures. Last year saw the team develop new web pages to help explain what happens during a Deanery visit, particularly from a trainee perspective. The team also produced new question sets for visits to incorporate information obtained from the pre-visit questionnaires where available and to improve the quality of questioning in certain areas, particularly around educational governance and patient safety. We shall evaluate their use over the 2021/22 quality management cycle. A new bank of requirements to improve consistency when writing visit reports was introduced along with a new question set designed specifically for programme visits, both of which will be evaluated in the 2021/22 quality cycle.

2.4.3.5 A raft of new improvements is now being considered and worked upon including a new programme visits 'bundle' and finalisation of a standard operating procedure for virtual visits. The Improvement Team are also piloting a GP specific bank of requirements to achieve better consistency in our GP reports. Innovative ideas such as self-assessment and pre-visits trainer questionnaires will be taken forward.

2.5 Case Study: Developing pharmacist prescribers earlier in careers to bridge the transition to educational reforms in 2026

2.5.1 Pharmacist Independent Prescribers (PIPs) are key to delivery of the ambitions for Pharmacy services across all sectors in Scotland as part of the development of the health and social care workforce. Plans have been put in place to ensure that newly qualified pharmacists are not disadvantaged by the changes in the initial education and training of pharmacists. Receiving the education and training they require to develop the skills and behaviours to become a confident, competent and compassionate prescriber earlier in their career. These plans include a new NES Post-Registration Foundation Programme aligned to

the new Royal Pharmaceutical Society (RPS) Post registration Foundation curriculum for recently qualified pharmacists.

2.5.2 This will include the PIP qualification delivered by the two Schools of Pharmacy. This new programme will be open to newly qualified pharmacists across all sectors of pharmacy in Scotland and individuals completing this will be credentialed by the RPS. The NES Pharmacy team have been leading engagement with stakeholders including potential and past trainees, NHS Managed Service, Community Pharmacy and Schools of Pharmacy. This has been achieved via several groups that have worked to tight project plans, which were expertly supported by the NES Organisational Development team. This co-production has ensured the programme being created is innovative through use of technology such as remote supervision and simulation training, achievable as we enter our COVID-19 Recovery phase and fit for purpose. The programme will be launched in October 2021.

3. Area of Focus 2: National Infrastructure to Improve Attraction, Recruitment, Training and Retention

3.1 What this area of focus means

Key to a sustainable workforce is being able to attract, recruit and retain staff, supporting them, and employers, to develop their skills. A national infrastructure will improve the entire employment cycle for employees and employers alike.

3.2 Where do we want to be by 2024 and how will progress be measured?

By 2024 a national infrastructure will be in place, making it easier for NHS Scotland to manage the employment cycle, increasing the sustainability of the workforce. Progress will be measured using employment statistics.

3.3 Examples of good practice and where progress has been made

3.3.1 Postgraduate Medical Education and Training

3.3.1.1 During 2020/2021 the Medical Deanery's training management team implemented new ways of working in the light of the pandemic.

3.3.1.2 In March 2020 we expected to consolidate national processes, further adapting to the specialty grouping of our work. This involved working with colleagues from quality and professional development workstreams to support the Lead Deans/Directors (LDDs) in taking forward the specialty group agendas.

3.3.1.3 COVID-19 meant that the new structure was tested in a different way. The fact that existing and established teams were working together to manage their specialty groups of programmes across Scotland with a single LDD and Associate Postgraduate Dean team helped in supporting doctors in training during the pandemic.

3.3.1.4 We worked closely with the regulator and other UK deaneries to agree new processes and protocols to allow us to support the redeployment of doctors in training, manage and support derogation in ARCP processes and recruitment. The revised arrangements enabled us to play a significant role, through the Scottish Foundation School, in the onboarding of foundation doctors after their early graduation from medical schools. As FY1 doctors these students contributed to the increase in medical capacity in the NHS at the time of the first wave but who needed to be given clear induction, training and support to take up their roles at this very first stage of their medical careers.

3.3.1.5 Work was done nationally in Scotland and across the four nations to ensure minimal disruption and virtual working for

- ARCPs (Annual Review of Competence Progression),
- ARCP Appeals,
- LTFT (Less Than Full Time) applications,
- IDT/IRT (Inter-deanery transfers/Inter-regional transfers),
- OOP (Out of Programme) applications,
- Study Leave

3.3.1.6 One of our priorities was to minimise the impact of the pandemic on training where possible. This meant monitoring redeployment and the return from OOP earlier than expected and ensuring that where possible trainees were in placements where training could continue and count towards their Certificate of Completion of Training. We also ensured trainees were given up to date and accurate advice on evidence requirements for progression and equitable application of the new ARCP outcomes relating to training affected by COVID-19.

3.3.1.7 Study leave was much affected, and efforts were made to ensure teaching and virtual courses continued. A range of virtual courses were approved, and we supported the transition to virtual and online training by using unspent study leave funds on supporting equipment purchase and online training where possible. We also increased the capacity of our Professional Support Unit to support our doctors in training during the unprecedented demands being made of the NHS during the pandemic.

3.3.1.8 This year we participated fully in UK recruitment, working with lead recruiting bodies across the UK to appoint selection panels and in support the management of applications. NES provides the recruitment infrastructure in Scotland and, despite the pandemic, we were able to protect the supply of doctors in training. In 2020 we advertised 848 Foundation year one places and filled 842 (99%) and advertised 345 core and 743 specialty posts and filled 338 (98%) and 705 (95%) respectively.

3.3.1.9 Our priority is the assurance that our trainees are progressing as expected and continue to train and work safely for themselves and most importantly for patients. Of the 5990 ARCP outcomes recorded, 5670 (95%) were positive or neutral outcomes. 300 (5%) were outcomes that indicated further activity was needed to reach the required standard. Of these, 6¹ were released from training. Excluding 443 neutral outcomes, 5227 (87%) of all outcomes

¹ This may not translate to 6 doctors but 6 outcomes, which may include dual training

were positive. New ARCP outcomes relating to the impact of COVID-19 have been agreed to allow trainees to record delays and missed training opportunities recorded without detriment. 86 trainees with a COVID-19 'no fault' outcome were given an extension to training to enable them to achieve the relevant/mandatory competencies before progressing.

3.4 Dental training and career support

3.4.1 Despite the limitations resulting from the COVID-19 pandemic, our Dental Directorate has maintained Vocational and Core Dental training and provided development opportunities for other Dental professionals. Some examples include:

- Eight experienced dental nurses wishing to upskill as Orthodontic Therapists completed the training programme with all 8 course participants finishing the programme online and sitting virtual exams in November 2020, which were all successfully awarded.
- 151 training posts were matched and appointed to [Dental Vocational Training](#) (DVT) to commence 01 September 2020.
- 14 Dental Therapist Vocational Training places were taken up starting on 1 September 2020.
- 88 pre-registration Dental Nurses commenced a training programme under the Modern Apprenticeship Scheme during 2020-2121.
- NES Dental runs an induction course on behalf of Scottish Government for dentists new to Scotland or returning to work after a career break or working elsewhere in the UK or abroad. This was converted to an online format in May 2020 to ensure that attendees could continue to meet the requirements to be listed to work in either the General or Public Dental Service. The Mandatory Training course runs four times per year, with 25-30 attendees on each cohort. Using a variety of online platforms we have successfully delivered the three days of training and remote invigilation has allowed the final Test of Knowledge assessment to be undertaken.
- 90 [Dental Core Training](#) posts were filled in 2020-21.

3.5 Pre-Registration Pharmacist Scheme

3.5.1 In response to the COVID-19 pandemic, our Pharmacy team redesigned their national Pre-Registration Pharmacist Scheme (PRPS) training programme from a predominantly 'face to face' tutorial-based programme, supported by eLearning resources, to a fully virtual programme. This eliminated the need for travel to a regional location ensuring training continued to be accessible for all. Microsoft Teams and webinar formats were used to deliver a range of learning opportunities to 214 trainees based throughout Scotland. From 2021

onwards the programme is renamed the Pharmacy Foundation Training Year (FTY) following changes to the GPhC standards.

- 3.5.2 MS Teams proved effective for small group peer learning events. This was enabled through the provision of additional training in online facilitation skills to 32 established facilitators. Keeping the trainees and their facilitator together for the full year, provided a safe, support network during a challenging period. During 20-21 the Pharmacy team delivered 127 small group learning events, 32 NES Pharmacy team led support webinars and 4 specialist pharmacist led national webinars. Feedback gathered at the end of each training block showed that consistently between 90-95% of trainees felt that the delivery of training and resources provided met the learning objectives.
- 3.5.3 In response to the Pharmacy regulator's decision to offer an online Registration Assessment, NES Pharmacy adapted their current mock assessment and offered this in an online format, with follow-up support sessions. Ultimately 206 provisionally registered pharmacists and trainee pharmacists sat this online assessment.
- 3.5.4 In recognition of the challenges and demands that COVID-19 has brought to the workplace, and associated increased levels of anxiety reported, NES pharmacy in collaboration with the charity Pharmacist Support delivered 13 online 'Stress management and Building Resilience' workshops to trainee pharmacists, provisional registrants and tutors. Feedback gathered has been used to develop resilience training for the 21-22 cohort.
- 3.5.5 Due to the impact on planned face to face recruitment we worked collaboratively with HEE and HEIW to address and manage the risk for remote recruitment processes 2020. We undertook remote Situational Judgement Tests along with Numeracy Testing. We saw an increase in applicant number for Scotland to 350 (increase of 40%). We will continue this approach (with HEE and HEIW) during 2021 recruitment.

3.6 Experiential learning for undergraduate pharmacists

- 3.6.1 In 2020/21 our Pharmacy team successfully coordinated a national process for all of Robert Gordon University's experiential learning (EL) and some of the University of Strathclyde's EL. We completed further review and preparatory work to facilitate the implementation of full national coordination of all EL placements across community, hospital and GP practice for all student pharmacists from both Scottish Schools of Pharmacy during 2021/22. This included increasing EL from 4 to approximately 6 weeks for student pharmacists. This national co-ordination role by NES was requested by NHS Health Boards and Community Pharmacy

contractors. To further support and embed the process, a short life working group with representation across all areas of pharmacy practice was established to develop data collection processes, associated timelines and a supporting communication strategy.

3.7 Paramedic Education

- 3.7.1 We continued to work in partnership with Scottish Ambulance Service (SAS) and contracted higher education institutions (HEIs) throughout 2020/21 via the Scottish Collaboration of Paramedic Education (SCOPE) which NES coordinates and chairs. We funded 58 additional sessions for AHP Practice Education Leads proportionately across NHS boards to provide placement support to identify settings and practice educators for first year paramedic students across non-SAS placements. Practice Based Learning agreements have also been set up between each HEI and SAS and each health board setting out the quality and governance arrangements.

3.8 Midwifery Workforce & Education Review

- 3.8.1 NES was commissioned by the Chief Nursing Officer Directorate in July 2020 to review the current and future national midwifery workforce and pre-registration education requirements. Due to known midwifery workforce demographics, including an ageing workforce and anticipated retiral rate, undergraduate student intakes have increased for nine successive years. Nevertheless, some NHS Boards report emerging workforce issues, difficulty in recruitment and fluctuating vacancy rates, with particular challenges in, but not limited to, remote and rural areas. This indicated the need to review midwifery workforce requirements and the provision of pre-registration midwifery education across Scotland to ensure that Scotland has the right midwifery workforce, in the right place and with the right skills and competencies.
- 3.8.2 Amongst other recommendations, the review (completed in February 2021) determined a current and projected shortfall of Whole Time Equivalent (WTEs) in the midwifery workforce until 2023, when the effect of the increased graduate outflow will begin to address the balance. It also highlighted the need to review education provision to ensure delivery supports equitable recruitment across Scotland, noting that while there is not a need to increase the number of commissioned midwifery education providers, there is a need to offer more flexible provision in response to the particular workforce challenges in the North region of Scotland.

3.9 Education to Support COVID-19 Response

- 3.9.1 Education resources were developed by the end of April 2020 to support the upskilling of the NMAHP workforce during the COVID-19 pandemic (including health care support workers, those caring for the deteriorating person/unwell child, bespoke resources for staff in community and social services (with SSSC) and accessible learning on health protection and infection prevention and control). These are available on TURAS Learn and have been regularly reviewed and updated in line with new information and policy directives.
- 3.9.2 An induction package was developed by the end of April 2020 and is available on TURAS Learn for NMAHP returners to practice during the COVID-19 pandemic.

3.10 Nursing & Midwifery Return to Practice

- 3.10.1 Following successful commissioning of the Nursing & Midwifery Return to Practice courses with Robert Gordon University and Glasgow Caledonian University, 86 returners have matriculated, exceeding the target minimum of 60.

3.11 Allied Health Professions Return to Practice

- 3.11.1 A mapping has been carried out to review the current process for AHPs to return to practice. Following the publication of the HCPC research into Return to Practice, subsequent consultation to which NMAHP contributed, and in-depth interviews with some NHS staff national guidance has been produced and is available on TURAS Learn. This will be kept under review to develop further versions of the guidance to support returners to AHP practice in health and care in Scotland.

3.12 Learning from challenges: COVID-19 Accelerated Recruitment Portal

- 3.12.1 In March 2019, Scottish Government commissioned NES to develop and implement a new single web-based system (portal) to enable recruitment of health and social care staff to support the COVID-19 response.
- 3.12.2 We worked quickly and in collaboration with a range of partners across the health and social care sector to develop the new portal, called the COVID-19 Accelerated Recruitment Portal (CARP). The Portal was used to store applicant data including contact information, recent health and social care employment or education and Expression of Interest in roles. Processing of applications was supported by NES staff redeployed from roles across the organisation. This data was then processed for sharing with Boards and Social Care partners with individual Boards having responsibility for employment and payroll. The system

was also required to support NES employment administration, including automated contract generation, and deployment to placements.

3.12.3 The Recruitment Portal went live on the 29th March and was hosted on the NHS Scotland Careers website. Within 24 hours, 1,055 expressions of interest were received into the portal. Following the portal's release, professional leads, Board colleagues and Social Care representatives continued to identify and request further refinement of the Expression of Interest form, requiring ongoing development time throughout the portal's existence. We worked at pace in a responsive and flexible way to deliver a new digital system within a week. This work has led to a greater understanding of our NHS systems, processes and workforce needs in the future

3.13 Case study: Scottish Pharmacy Educational Reforms and support for new trainee pharmacists following GPhC launch of standards

3.13.1 Pharmacy services across all sectors have developed significantly over recent years to meet increasingly complex health and social care needs as an integral part of the multidisciplinary team. The value of the pharmacist contribution was seen during the COVID-19 pandemic. In January 2021, the pharmacy regulator, the General Pharmaceutical Council (GPhC) launched new standards for the Initial Education and Training (IET) of Pharmacists which integrate independent prescribing into the initial 5 years of training by 2026.

3.13.2 In response to the launch of these ambitious standards, NES collaborated with key stakeholders to co-produce and launch new Scottish Pharmacy Educational Reforms. This is a once in a generation change for pharmacy education and these national reforms will improve attraction, recruitment, training and retention by offering a defined training and career pathway for pharmacists in Scotland. A new education and training governance group structure has been created to support these reforms.

3.13.3 Part of these GPhC IET standards involved replacing the Pharmacy pre-registration year (previously known as PRPS) with a new Pharmacy Foundation Training Year (FTY) from 2021 and introducing interim learning outcomes which would replace the GPhC performance standards. NES worked quickly in partnership with stakeholders to develop new resources and online facilitated events to support trainee pharmacists and designated supervisors with these changes.

3.13.4 Our mapping of the new interim learning standards to the original performance standards was used by the GPhC as an example for other UK countries.

4. Area of Focus 3: Education and Training for a Skilled, Adaptable and Compassionate Workforce

4.1 What this area of focus means

- 4.1.1 NES has key responsibilities for equipping health and social care staff with the skills, knowledge and behaviours needed for effective and compassionate care. We will support the workforce by providing high quality development opportunities for all staff groups across a range of health and care settings and all locations in Scotland.

4.2 Where do we want to be by 2024 and how will progress be measured?

- 4.2.1 By 2024 NES's contribution to developing a skilled, adaptable and compassionate workforce will be widely recognised by staff and employers. We will measure the educational and performance impact of our work through systematic evaluation and dialogue with our stakeholders.

4.3 Examples of good practice and where progress has been made

4.3.1 Scottish Clinical Leadership Fellowship (SCLF)

- 4.3.1.1 We recruit to and employ up to 12 SCLFs; medical and dental specialty trainees that spend a year out of programme hosted in a variety of organisations including the Scottish Government, Royal Colleges, General Medical Council, and territorial and national Health Boards. SCLFs contribute to and lead strategic work in their host organisations. NES provides a bespoke leadership and development programme for the fellows together with Pharmacy leadership fellows in this well-evaluated and flagship leadership fellowship. Now in its tenth year, the SCLF scheme plays a major part in a shared ambition between the Government and the service to identify, develop and nurture a cadre of skilled future clinical leaders.

4.3.2 Supporting Nurse Development

- 4.3.2.1 We were able to support a large number of nurses from general practices, care homes and NHS Boards across Scotland, whose learning and role development was essential for the delivery of high-quality care in response to changing service needs.
- 4.3.2.2 196 nurses from care homes, prisons, general practice and community nursing commenced the new Integrated Community Nursing Graduate Diploma and we have supported the development of the district nursing workforce by funding 129 places on the Postgraduate Diploma in District Nursing and 103 places for District Nurses to complete Non-medical

Prescribing and Advanced Clinical Assessment modules. In addition, 333 nurses have completed the PGDip Advanced Nurse Practice (ANP).

4.3.2.3 We also funded 159 places for General Practice Nurses (GPNs) on university accredited modules including 10 modules commissioned specifically by NMAHP for GPN development in line with Transforming Roles. We have provided 47 training posts for newly qualified nurses in general practice and are already starting to see some of these becoming substantive posts. In addition, we have filled 46 places for student school nurses in September 2020 and January 2021 cohorts. This is inclusive of 30 full time students and 16 part time attending our three HEI partners, Robert Gordon University, Queen Margaret University and University of the West of Scotland.

4.3.3 COVID-19 Vaccination Preparation for the Workforce

4.3.3.1 We have produced learning resources to support new, returning, and experienced vaccinators for the COVID-19 Vaccination programme. This includes the existing core immunisation learning resource, Promoting Effective Immunisation Programme (PEIP) and the development of COVID-19 vaccine specific resources.

4.3.3.2 A programme of 11 webinars to support the programme and update colleagues on developments in the programme, along with webinars to support updates in guidance in relation to those vaccines received audiences of 11,300 people. Some of the webinars were repeated and delivered up to 3 times each. The webinar recordings were posted on TURAS following the events with the slides and resources for all practitioners to access.

4.3.3.3 NES also developed a blended education programme to support the new COVID-19 Healthcare Support Worker (HCSW) vaccinator role for those without 2 years' health and social care experience. This was commissioned by the Chief Nursing Officers Directorate and the Sustainable Workforce Group of Scottish Government.

4.3.4 Quality Improvement

4.3.4.1 As with other facets of NES work, COVID-19 had an impact on Quality Improvement work. However, much work continued and new initiatives were implemented. For example:

- A total of 105 participants completed Scottish Improvement Leader (ScIL) programme in 2020 from Scotland and Northern Ireland. 2020 saw the commencement of 2 cohorts in Scotland, and the first Welsh cohort commissioned by Public Health Wales.

- While only one cohort of Scottish Coaching and Leading for Improvement Programme was completed in 2020 as part of the NES internal QI capability and capacity building, to date 330 participants have completed the SCLIP programme. A key development for this programme has been its transfer to virtual delivery only.
- In 2020 82 staff from across the Public Sector completed the Scottish Improvement Foundation Skills Programme.
- In line with NES organisational priorities to increase its own workforce capability to use quality improvement as a method to implement change, a total of 29 staff have completed the programme over 2020.
- NES run a Primary Care focused version of its Scottish Improvement Foundation Skills (SIFS) programme. In 2020, 89 people completed the programme. This number includes 52 'First 5' GPs, 10 GPs, 6 Cluster Quality Leads, 8 Practice Quality Leads and 3 Primary Care staff.
- The QI Zone on Turas Learn has continued to be a hub of information for Quality Improvers with 187,272 views between January and December 2020. In addition to the tools and programme information on the site there are 5 introductory eLearning modules which follow the Scottish Improvement journey.
- Work on development of educational resources, provision of coaching and training for the Value Management (VM) Collaborative continues to progress with 18 teams across 6 Boards.
- The QI team responded to the needs of the system during the pandemic and provided 25 sessions on how to facilitate online learning between June and September 2020, providing training for up to 575 staff across NHS Scotland. Supporting videos and resources were added to the QI zone to support those that unable to access the live training events and have been accessed over 700 times.

4.3.5 Optometry

4.3.5.1 A mix of online learning and interaction, alongside a practical work-based placement, NES Glaucoma Award Training (NESGAT), a novel qualification aimed at community optometry practitioners, has survived the pandemic, albeit with significant effort to maintain clinical placements in hospital eye departments where possible. For some placement sessions, the pandemic has led to a rapid NESGAT redesign to maximise the benefits from optometrists starting to see shared care glaucoma patients – supported by digital, we have completely redesigned our online training logbook, allowing for remote supervision and sign off to be associated with patients being seen in the practitioners own practice. NESGAT will further

change how NES Optometry supports practitioners delivering high calibre patient care as we have secured funding to deliver a tailored mentoring scheme.

4.3.6 NES Appraiser training courses

4.3.6.1 Prior to the pandemic, we had scheduled 12 New Appraiser and 11 Refresher courses.

However, with all appraisal and revalidation activities on hold nationally, a decision was made to postpone all Refresher training for the whole of 2020/2021 and 8 of the 12 New Appraiser events (up to end of 2020); shifting our attention to the revamping of the New Appraiser courses instead. The choice and usage of technology will also have a significant role to play as we all adjust to a new way of living and working.

4.3.6.2 We successfully ran two New Appraiser training courses remotely via MS Teams, with 15 new doctors recommended to take up the role of medical appraiser. Based on feedback received we made changes to the programme and format and, using existing dates scheduled prior to the pandemic, a further eight New Appraiser courses were scheduled for January to March 2021.

4.3.7 Healthcare Scientists

4.3.7.1 For the first time, a further cohort of 21 in-service trainees were supported with Scottish Government investment as higher specialist – consultant scientist trainees. These trainees are undertaking programmes of development that mirrors Higher Specialist Scientific Training. These competitive awards required a clear training plan from the individual and endorsement/support from the employing department.

4.3.7.2 Annually since 2013, NES supports bursary funding for in-service staff to follow postgraduate/post registration advance-practice development. In 2020 NES HCS supported 37 postgraduate bursary awards from 57 bids and currently we are tracking 46 individuals, mainly Biomedical Scientists looking for development towards more senior roles in Life Science disciplines.

4.3.8 Suicide Prevention

4.3.8.1 We have undertaken further work to embed and disseminate both informed and skilled level resources to support implementation of the Mental Health Improvement and Self Harm and Suicide prevention framework. A successful webinar to promote resources took place in January 2021 with over 600 participants. Data is encouraging in terms of uptake of Informed Level resources:

Ask Tell Save a Life	18,700
Ask Tell Have a Healthy Conversation	10,600
Ask Tell Look After Your Mental Health	11,600

4.3.8.2 Activity is on track to develop a comprehensive Turas Learn repository of supporting resources across all levels of the NES/NHS Health Scotland Knowledge and Skills Framework for Mental Health Improvement and Suicide Prevention, which is on target for delivery in December 2022.

4.3.9 Pharmacy Technicians

4.3.9.1 A new General Practice Learning Pathway (GPLP) for Pharmacy Technicians was designed around Pharmacotherapy services as this was increasingly where pharmacy technicians working in primary care were utilised. Modules were designed to build up knowledge and skills.

4.3.9.2 Twenty-four pharmacy technicians completed the programme in 2020/21 with a further 56 commencing in March 2021. In addition, since moving to online learning there has been increased engagement from remote and rural Boards with NES Pharmacy now able to double capacity and offer more places on the GPLP.

4.3.10 Scottish Multiprofessional Maternity Development Programme

4.3.10.1 By end of March 2021, a total of 99 courses as part of the SMMDP were delivered despite the constraints due to COVID-19. This includes 81 face-to-face/blended learning courses and 18 online courses. Some face to face courses have also included a small number facilitated virtually alongside face to face training. SMMDP have exceeded participant numbers despite restrictions due to room sizes, with 900 attendees. Examination of the newborn courses have been provided for 21 undergraduate/ return to practice students by SMMDP to meet new NMC standards and to support Higher Education Institutions.

4.3.10.2 SMMDP has delivered 78 courses in the boards face to face to maintain essential maternity services education through core mandatory training. Whilst participants numbers have been reduced due to COVID-19 restrictions, we have exceeded the target reaching over 650 practitioners. We have also delivered essential update training by providing webinars to remote and rural practitioners.

4.4 Learning from challenges

- 4.4.1 While a small number of in-person learning opportunities were able to proceed under COVID-19, there was increased focus on online learning and study.
- 4.4.2 Changing from traditional face-to-face delivery of courses has been a significant challenge for staff; requiring a redesign of course content as well as the greater challenge of delivering this training in an online/virtual environment i.e. online modules and hosting learning events via a web-based platform.
- 4.4.3 However, this change to online delivery increased opportunities for content delivery within a range of settings wherever needed throughout Scotland and for regular engagement with colleagues working in different Health Boards across Scotland and the subsequent sharing of ideas and innovations.
- 4.4.4 The development of remotely accessed flexible training allows NES to offer training which covers most NHS staff, allowing the balance to be struck between a highly skilled workforce with minimal time out of the workplace.

4.5 Case study 1: Spiritual Care at NHS Louisa Jordan

- 4.5.1 The redeployment of the Head of Programme for Spiritual Care to NHS Louisa Jordan facilitated the scoping of the level of Spiritual Care support required and the models to be adopted. A team of 8 chaplains were recruited from recently retired colleagues, or colleagues who had recently moved from Chaplaincy back into Faith Community work. Supervision and support was set up for this team, engaging three qualified supervisors.
- 4.5.2 Further work involved the development of the NHS Louisa Jordan Care of the Dying protocol, which envisaged supporting relatives to be at the bedsides of patients who were dying, whenever possible, and the development of the NHS Louisa Jordan Bereavement Care protocol, including staff training in the new pathway for certification of death and arrangement of funeral.
- 4.5.3 Design work to support the 24/7 on-call service for Spiritual Care was carried out, and shared work with the NHS Lanarkshire Chaplains was brokered when lower bed occupancy was envisaged.

4.5.4 Learning modules were developed for use at NHS Louisa Jordan, one on spiritual care, and the other on breaking bad news over the telephone. These resources are now available on TURAS Learn.

4.6 Case Study 2: Caring for Smiles – Open badges

- 4.6.1 Caring for Smiles is the national oral health improvement initiative aimed at the dependent older population. The success of the programme has seen training in oral care delivered to staff in Care Homes in Scotland over the past 11 years and a very successful uptake of SQA accredited training. In person training had to be suspended because of COVID-19 restrictions which meant we had to look at alternative solutions for supporting care home staff. To complicate matters further, it was essential to update learning to reflect new guidance from the care inspectorate and support staff to ensure oral care was being delivered in a COVID-19 safe manner. We had already identified Open Badges as an area of real potential for oral health and were about to start work on development of these, having already worked with SSSC who agreed to host Open Badges in oral health on their website.
- 4.6.2 An Open Badge is a small chunk of digital learning, accessible to anyone, where assessment of reflection is used to award the badge. This seemed to be a solution to providing support to care homes and care at home services in such challenging times, so our first two Open Badges were developed and launched at pace, with input from the Caring for Smiles Strategy group, Health Board Oral Health Improvement teams, the Care Inspectorate and support from NES Digital.
- 4.6.3 Staff were directed to the Open Badges by their local health board staff and through the Care Inspectorate communication channels.
- 4.6.4 We have now had a total of 81 learners submit evidence towards one or other of these Open Badges, with 60 individuals having already been awarded their badge.
- 4.6.5 Looking to the future, we intend to build on this success and are in the process of developing a suite of Open Badges in Oral Health aimed at those working in health, social care and third sector. Examples include 'Toothbrushing for Oral Health', 'Eating for Oral Health' and 'Working with the Community to improve Oral Health'.

4.7 Case study 3: Scottish Trauma Informed Leaders Training (STILT)

- 4.7.1 NES Psychology National Trauma Training Programme has a leadership role in supporting the joint ambition of Scottish Government and Local Government of delivering a 'trauma informed and responsive workforce' <https://transformingpsychologicaltrauma.scot/>. This work, already a Scottish Government priority within the previous three Programmes for Government, has been further highlighted as we better understand and respond to some of the challenges of the pandemic. As part of the development of a sustainable and systemic approach to this project, we recognise the importance of 5 key drivers: quality, evidence based education and training; central role of people with lived experience; workforce wellbeing; learning from data and evaluation; and leadership.
- 4.7.2 In relation to the leadership driver, we have developed the Scottish Trauma Informed Leaders Training (STILT) reflecting the key role that leaders have to play. Over the past 3 years this intervention has been delivered to 552 senior leaders across Scotland, with the training being adapted for digital delivery over the past 18 months.
- 4.7.3 The summary finding of a recent independent evaluation of the training stated: *The STILT training was viewed by all who took part in the review as being of immense value, both professionally and personally. All had reflected on their learning since taking part, and many had retained key messages which they were employing in their strategic thinking and operational practices, albeit to varying degrees. While most recognised that there was still much work to be done, both strategically and at the ground level, all were able to evidence starting to create a shift towards trauma informed practice and processes within their organisations.*

5. Area of Focus 4: A National Digital Platform, Analysis, Information and Modelling

5.1 What this area of focus means

5.1.1 The digital landscape across health and social care in Scotland is characterised by multiple systems which have developed over time. This has resulted in duplication and placed limitations on access to data and intelligence. A key to the future sustainability of effective patient care in Scotland is the ability of services to manage and use large volumes of digital information safely, securely and effectively. NES Digital has had an important role in developing and implementing the infrastructure, products and services to support better health and care. This work has significantly developed across NES Digital's multi-disciplinary teams.

5.2 Where do we want to be by 2024 and how will progress be measured?

5.2.1 By 2024, patients and health and care staff will be routinely using NES developed systems and products to access and manage health and care services. Uptake and use of digital services developed by NES and in partnership across the Scottish digital health and care system will be reviewed frequently and managed using data analysis tools.

5.3 Examples of good practice and where progress has been made

- 5.3.1 Scotland's National Digital Platform, as proposed in the [Digital Health and Care Strategy 2018](#), due for refresh in late 2021, has begun replacing the current model of multiple systems across the care sector to allow us to safely and securely deliver data to better support care, help research and facilitate innovation. Its core components include:
- a clinical data repository to hold data in a cloud-based system.
 - enabling NHS and wider staff as well as the general public to access and use health care data and services.
 - an electronic master patient index (EMPI) to facilitate sorting and storing data linked to individuals, all located in one place.
 - creating standards for holding and moving data.
- 5.3.2 Taking a partnership approach, we are working with eHealth leads, NHS Chief Executives, the Digital Health and Care governance groups at the Scottish Government, and professional and clinical groups to standardise the digital architecture required for the platform without risking service delivery, safety or public confidence.
- 5.3.3 During the year, NES Digital has continued to develop products in services in support of key Scottish Government specified programmes and commissions. These have included:

- Continued work on ReSPECT (Recommended Summary Plan for Emergency Care and Treatment). ReSPECT seeks to enhance anticipatory care by providing professionals from both primary and secondary care, and in community services with digital access to patients' wishes regarding future management. We worked with NHS Forth Valley to support the implementation and further development of ReSPECT, including putting in place the processes required to make the product available to other boards;
- Development of cancer treatment summaries in support of the Scottish Government's cancer strategy;
- Delivery of an eyecare solution to support hospital ophthalmology and community optometry services.

5.3.4 During the pandemic period, the need for accelerated delivery of key enabling digital services became increasingly vital. This saw NES Digital teams focus on the delivery of digital solutions to support:

- Care home staff to record in one place information including COVID-19 infection rates, demand on services and staff testing (see case study, below);
- Those clinically vulnerable to COVID-19 with delivery of food, medicines, and access to supermarket priority slots; and
- The total population COVID-19 vaccination programme, delivering solutions in partnership across the Scottish digital health and care ecosystem to support the end-to-end process for vaccinations data (see case study, below).

5.3.5 We continued our responsibility for publishing [national workforce statistics](#). We are also working towards accreditation as a national statistics provider.

5.3.6 During 2020, we produced workforce data publications for NHSScotland as a whole and for medical and dental professions, nursing and midwifery and AHPs.

5.3.7 The [TURAS Data Intelligence](#) platform now provides data analytics services for workforce planning in order to better predict the impact of changes in policy, training capacity and supply on workforce availability.

5.4 Learning from challenges

5.4.1 Whilst NES leads on the Scottish National Digital Platform, maximisation of its potential relies on our being able to successfully work with others to harness the capability of eHealth departments and clinical communities. There have been very positive examples of

collaboration across the system in the delivery of key products and services. This momentum should be maintained as we remobilise strategic services in the post-pandemic period.

5.4.2 We must ensure that data can be stored safely, indexed logically, with access for users (staff and the public) strictly controlled and based on role requirements. By making sure that permissions are managed correctly, we can control access to various elements of the platform based on the roles people are in, whether staff or citizen, and enable citizens to engage directly with their own healthcare in a way that doesn't jeopardise the privacy of their data. The next year will see key infrastructure components delivered by the Scottish Government to support digital online identity for citizen access to health and care data. NES Digital will take a leading role in implementing this to support improved outcomes for citizens.

5.5 Case study 1: Care Home Safety Huddle

5.5.1 The Turas Care Management tool provides the Safety Huddle and Staff Screening in an online format. The tool was developed in collaboration with Care Home Managers, Group Care Home Managers, the Scottish Government, NHS Education for Scotland's Digital Team and other stakeholders.

5.5.2 The aim of the Turas Care Management tool is to:

- Enable a consistent approach to data collection to make reporting easier
- Support staffing decisions
- Provide early warning, escalation and timely intervention
- Provide the right visibility and access to data as required by the Cabinet Secretary letter of 17 May 2020

5.5.3 Care homes enter data once a day where it can be used by care home providers and relevant reporting groups such as the Oversight Group, Care Inspectorate and Scottish Government.

5.5.4 There has been a 100% uptake in registration and daily use of the tool across adults and older people's care homes in Scotland. The project is now moving into phase 3 which will focus on support over and above the immediate COVID-19 response to look at enhanced data collection to support winter planning and readiness across the sector. Longer term goals will focus on staffing and quality data collection and reporting.

5.6 Case study 2: National Vaccination Service

- 5.6.1 In Autumn/Winter 2020, NES was commissioned by the Scottish Government to deliver 2 key pieces of architecture in the NHSS systems' landscape to support the national vaccination programme. These were capturing vaccination data at the point of care and storing the data in a way that made it accessible to other NHS Scotland systems for the purposes of clinical safety and decision making, reporting and surveillance.

- 5.6.2 The Turas Vaccination Management Tool (VMT) was rapidly developed and rolled out in December 2020, followed by the National Clinical Data Store (NCDS) in January 2021 to support the COVID-19 vaccination programme after a successful pilot in NHS Greater Glasgow & Clyde for flu vaccinations. Since then the VMT and NCDS have been used to record over 10 million vaccination events and make them available to downstream national systems.

- 5.6.3 Development of the VMT and NCDS is continuing to support seasonal flu and COVID-19 booster vaccinations along with a series of other enhancements with a major release at the end of August 2021.

6. Area of Focus 5: A High-Performing Organisation (NES)

6.1 What this area of focus means

- 6.1.1 This area focuses on continuous improvement to ensure we continue to put staff first, support staff health, well-being and development, and continually build agile and inclusive workplace environments.

6.2 Where do we want to be by 2024 and how will progress be measured?

- 6.2.1 By 2024, we will be an organisation where leadership and meaningful appraisal continually improve the performance of our organisation. We will gauge staff engagement through iMatter scores and appraisal completion targets. Our digital transformation is allowing us to use technology to help deliver our strategy which will require developing our staff to embrace and adapt to digital ways of working. We will put in place measurement processes to monitor the digital capability of our staff.

6.3 Examples of good practice and where progress has been made

- 6.3.1 The impact of the pandemic on our staff; where they work, the way they work, the interaction between work life and personal life has been significant and has fundamentally changed the way we think about and carry out the important work of NES.
- 6.3.2 NES, as an organisation was well placed to successfully pivot from mainly office-based working to overwhelmingly home-based working as the initial lockdown was initiated. High levels of digital literacy, an advanced degree of remote working capability, a positive approach to smarter working and flexible working allowed for a managed transition to home working in March / April 2020.
- 6.3.3 However, this positive response, which allowed NES to continue to discharge key responsibilities, does not mean that both the organisation and our staff did not face many complex challenges.
- 6.3.4 The challenge of supporting our staff to live and work well under the conditions which the pandemic has forced upon us has been met by the establishment of a Recovery & Renewal Programme which holds a number of distinct but related working groups, some of which were already in existence, and some which were created as a direct response to the emerging and ongoing challenges presented by COVID-19.
- 6.3.5 Immediate challenges included supporting the Occupational Health Risk Assessment Process which would allow safe return to the office for staff in 2 criteria groups; 1) a

business-critical role which cannot be carried out at home 2) extenuating personal circumstances. This involved working closely with the Facilities Team and Communications. The complex challenge was to ensure that NES followed all Scottish Government guidance, while enabling staff who were required to come to the office to do so safely. This allowed the organisation to continue to function while ensuring we looked after the health & wellbeing of our staff.

6.3.6 Throughout the pandemic NES has placed staff wellbeing at the heart of our leadership and management approach, and some key initiatives have been:

- Staff health & wellbeing action planning – working closely with our Healthy Working Lives Strategy Group. This is an active and dynamic programme which has initiated and run a range of high impact staff wellbeing focussed activities for staff and managers.
- The development of Focus Groups which allows us to understand and support staff groups who may face particular challenges. This has led to the development of vibrant staff networks (more details below)
- In January 2021 we initiated the NES Trickle Staff Engagement App which is available to all core NES staff and offers a range of interactive functionality to connect staff to the organisation and to each other. We have over 800 staff registered with the App
- Policy review, development and update to support new ways of working e.g. Homeworking Policy
- Scenario Planning to support effective response from NES and support staff through the ongoing pandemic
- Supporting staff and teams through our Smarter Working Initiative and New Ways of Working through the Working Styles programme, which is supporting teams, departments and directorates to identify more effective, wellbeing focussed ways of working both now and in the future.
- Our People Recovery programme will inform the design of our new ways of working, Throughout the year we carried out surveys of all staff and targeted focus groups of staff who are parents and/or carers, from Black, Asian and Minority Ethnic communities, or who are disabled or live with a long-term condition in order to gain insight into staff experiences and to gather feedback from staff to inform our policy development and scenario planning. We have established new staff networks to ensure effective employee voice for under-represented and minority groups and now have effective staff networks which represent parents and carers, Under-represented Minority Ethnic Staff, LGBTQ+ Staff and a Disability, Long-term Conditions,

Neurodiversity and Mental Health network. These networks, along with Trickle, a digital real-time staff engagement platform, which will support continuous feedback and information gathering, empower staff for collective identification and resolution of any challenges they are facing in work and further support our health and wellbeing strategy.

6.3.7 Line management is important at all times but especially so during extremely stressful times, such as during the pandemic. In 2020-21 we completed our research into the learning and development needs of NES's line management cohort, which allowed us to identify key actions that were progressed during the year under the banner of Year of the Manager. A highlight of the year was a series of live online webinars focusing on people management in virtual settings, attracting over 300 participants.

6.3.8 During 2020/21 employees across NES were deployed to different roles across the health and care sector to support the wider health and care sector during the COVID-19 pandemic. Some staff with clinical backgrounds were deployed to other Boards and others were deployed to support contact tracing. In addition, to support the delivery of the COVID-19 Accelerated Recruitment Portal commissioned by Scottish Government, staff from across NES were redeployed to the CARP programme in order to support the high volume of pre-employment checks required. This involved approximately 170 staff, averaging 100 WTE staff per week. The deployment of staff from across the organisation in response to the pandemic demonstrates agility, collaboration, relationship building and ability to develop new skills.

6.3.9 Due to the pandemic NES was in "adapted" COVID-19 Board governance for the majority of the 2020/21 financial year, as business as usual governance was not appropriate nor possible. This was 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

During this entire period the emphasis was on effective, proportionate and robust governance and scrutiny.

6.4 Learning from challenges

6.4.1 The governance learning from this very challenging period has been that it has been possible for the Board, the Board Committees and the executive team to function effectively remotely using Microsoft TEAMS.

We have improved our approach to governance as follows:

- New Board Standing Orders
- Terms of Reference and schedules of business are now in place
- Jointly developed new governance processes for a joint endeavour with the NHS Golden Jubilee to govern the NHS Scotland Academy
- Processes for efficient meetings enabling prioritisation of items through prioritisation of agenda items, carefully considering the need for items in light of strategic context and taking only essential items of business. Non-essential items were deferred to another date, progressed by correspondence, or deleted from the schedule.
- A new shorter cover paper format using SBAR (**S**ituation/**P**urpose; **B**ackground; **A**ssessment/**K**ey Issues and **R**ecommendations) and author guidance was developed and implemented. When possible, supplementary material was confined to hyperlinks
- A tightening up on items for “noting” so that these items did not stray inappropriately into items for discussion.
- Timed agendas were developed to support the prioritisation of business.
- Briefing notes using a Board Standard template were developed for all Committee Chairs.

6.5 Case study

6.5.1 The NHS Scotland Sustainability Assessment Tool (NSAT) is a self-assessment tool which enables the assessment of the Holistic Sustainability Performance of Health Boards. It has links to the United Nations Sustainable Development Goals (SDGs).

6.5.2 The results of these assessments are used by Health Facilities Scotland and Scottish Government to target areas which require support.

6.5.3 Since our first participation in the reporting system in 2017, NES has continued to improve in its response and actions.

6.5.4 Our 2020-21 score of 250 gives us an overall score of 52%. Putting this into context, of the 10 Boards which underwent a full validation, the highest percentage was 57%. NES was third.

NHS Education for Scotland		Max score	Score awarded	% score awarded	Level
Governance & policy		85	59	69%	Silver
Our NHS	Transport	50	23	46%	Bronze
	Greenspace	0	0	N/A	N/A
	Capital projects	0	0	N/A	N/A
	Nature & Biodiversity	0	0	N/A	N/A
	Active travel	35	18	51%	Bronze
Our people	Sustainable care	0	0	N/A	N/A
	Ethics	15	10	67%	Silver
	Welfare	35	27	77%	Silver
	Communities	40	18	45%	Bronze
	Awareness	30	22	73%	Silver
Our planet	Procurement	50	30	60%	Bronze
	Green House Gas Emissions	40	18	45%	Bronze
	Adaptation	35	9	26%	N/A
	Waste	45	19	42%	Bronze
	Environmental management	40	19	48%	Bronze
Total		500	272	54%	Bronze

6.5.5 As every year, an action plan to address areas requiring improvement has been developed and is being implemented.

6.6 Cross-cutting principle 1: Promoting equality and diversity and tackling health inequalities.

- 6.6.1 The Refugee Doctors Project is unique in the UK in supporting medically trained and qualified refugees to achieve medical registration and contribute their skills to NHS Scotland, as well as offering a long-term package of support. The project is run by the Bridges refugee charity, NHS Education for Scotland, and Clyde College and the City of Glasgow College. The funding will help suitably qualified refugees access training, language support and professional mentoring to help them meet the standards for professional registration with the General Medical Council and practise medicine here in Scotland. To date, 69 doctors have registered on the programme. In slightly less than three years of delivery to date, 17 have attained GMC registration, 11 are working in NHSScotland and 1 in England, and numerous others have passed IELTS and PLAB exams as part of their qualification.

7. Cross-cutting principle 2: Working in partnership with stakeholders and demonstrating leadership.

7.1 Global Citizenship

7.1.1 Collaboration with the Scotland Malawi Mental Health Education Project continued in 2020. The QI team have been working with two mental health teams in Malawi and Zambia in the development of quality improvement skills and the mentorship of quality improvement projects related to inventory management, patient hygiene, laundry services and health education. Due to COVID-19 the face to face meeting was replaced with a virtual workshop with both teams in December 2020. Continued collaboration is planned for 2021.

7.2 SDCEP support of dental services during the COVID-19 pandemic

7.2.1 At the beginning of the COVID-19 pandemic, most dental practices had to cease seeing patients. To support them to provide remote care, The Dental Directorate's Scottish Dental Clinical Effectiveness Programme (SDCEP) very rapidly adapted its existing *Management of Acute Dental Problems* guidance and reconfigured its guidance on recommending and prescribing analgesics for pain and, when necessary, antibiotics for infection to provide much needed additional detail. Then, in anticipation of reopening, SDCEP created a *Practice Recovery Toolkit* that included a checklist that was adopted by Health Boards as a means of quality assuring practices before patients could attend. Based on website traffic, these early SDCEP resources were clearly in demand with around 320,000 page views in the first three months after lockdown, over 300% higher than the equivalent period in 2019.

7.2.2 Subsequently, to help address some of these uncertainties about the risk of SARS-CoV-2 infection associated with dental treatment, SDCEP convened a large, UK-wide, multidisciplinary expert group to conduct a rapid evidence review on the generation and mitigation of dental aerosol generating procedures. The rapid review was completed through many online meetings in just 14 weeks and resulted in a change in the UK's national infection prevention and control guidance that would enable practices to increase capacity for dental care.

7.3 Scottish Qualification Authority (SQA) Activity within NES

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

- 7.3.2 SQA centre activity is managed by the SQA Head of Centre, (DCP Workstream Lead). The delivery, assessment, and internal verification of all SQA programmes is undertaken by Educators, Assessors and Internal Verifiers, who are employed by NES.
- 7.3.3 Over the past 12 months SQA provision offered by NES has increased and the vision of a 'Once for NES' approach for all SQA activity within the organisation has been implemented by the DCP workstream. An internal network community with wide representation across NES directorates has also been established to support the implementation of this vision.
- 7.3.4 To summarise the current activities within the NES SQA Approved Centre:
- The Dental Directorate continues to deliver a wide range of SQA qualifications from SCQF Level 5 to Level 9 to support the development of a skilled, adaptable and sustainable workforce.
 - The Optometry Directorate created an SQA Customised Award in Glaucoma Management (SCQF Level 11) in 2019. The first cohort have achieved successful completion and a second cohort (45 candidates) has commenced.
 - The Psychology directorate recently created an SQA Customised Award in Enhanced Psychological Practice (SCQF Level 11) and will begin to deliver this award within the 'NES SQA Approved Centre' in Autumn 2021.
 - The NMAHP directorate are in the early stages of the process to create an SQA Customised Award for the existing Family Nurse Partnership Programme.
- 7.3.5 This collaborative '*Once for NES*' approach in SQA provision has already increased educational opportunities for the health and social care workforce in response to stakeholder needs. All programmes managed within the NES SQA Approved Centre follow high-quality standardised processes aligned to SQA Quality Assurance criteria, reducing duplication of effort.

8. Cross-cutting principle 3: Enhancing digital access to learning, services and information.

8.1 Training in Psychological Skills – Early Interventions for Children

- 8.1.1 [TIPS-EIC](#) applies implementation science principles to engage with a range of stakeholders to deliver early, evidence-based psychological interventions to children and young people, in school settings across Scotland. The 'Let's Introduce Anxiety Management' (LIAM) intervention has been well received and this has been implemented over 2020-21 to address low mood / depression. Specifically it has helped students to address Covid-19 related distress and is delivered via School Nurses and Pupil Support Officers. Coaching is provided by local NES-funded psychology staff. This ensures that clinical governance and care pathways are consistent with the CAMHS Service Specification and the Community Services Framework. TIPS-EIC trainers have delivered training to 1342 staff (school nurses, pupil support officers, pastoral care staff, third sector staff, social workers, and educational psychologists). To date, 1824 training places have been delivered in total.
- 8.1.2 At the start of the first Covid-19 lockdown, we translated all training materials to allow remote delivery. Our feedback data show that remote training is just as effective as face-to-face training at increasing the knowledge and confidence ratings of attendees and this offers exciting scope to reach colleagues in remote and rural areas. We have succeeded in engaging NHS Shetland, NHS Orkney and NHS Dumfries and Galloway since we changed to a remote training / coaching model. Staff rate the quality of the follow-up coaching delivered by NES-funded Clinical Psychology staff very highly. They say coaching translates the new skills into changed work practices, supports staff wellbeing, keeps the momentum of the implementation going and builds staff confidence.
- 8.1.3 Coaching also prevents therapeutic drift, improves consistency and ensures safe delivery of the intervention. NES has collected a sample of clinical outcome data from across Scotland for 435 children and young people who received the LIAM intervention. Analyses reveal highly statistically significant reductions in anxiety, low mood and distress and highly statistically significant progress towards the children's own therapy goals. Feedback comments include:
- *'Feeling more confident to speak out in class'*
 - *'Having less worries and fears and sleeping better'*
 - *'Worry less about exams,'*
 - *'Be kinder to myself'*

- *'Go on sleepovers'*
- *'Reduce anxiety about coming to school.'*

9. Cross-cutting principle 4: Systematically planning our activities, measuring their impact and learning from insights

9.1 Value Management Collaborative

- 9.1.1 NES have the lead role on development of educational resources, provision of coaching and training for the Value Management (VM) Collaborative. This is a partnership programme of work with Scottish Government (SG) and Healthcare Improvement Scotland (HIS) which focusses the use of quality improvement to improve performance, cost and capacity in microsystems.
- 9.1.2 The work continues to progress with 18 teams across 6 Boards. During 2020 all activity was postponed between March - August but outside of this period:
- 11 modules delivered (measurement, coaching, facilitation, VM methods, working with teams)
 - 24 board coaching calls held to support coaches in building capability
 - 142 attendees across the modules delivered
- 9.1.3 To assess the impact of the capacity and capability programme, changes were measured in coach's confidence in critical elements of value management implementation based on a rating of 0 - 4. The data represents average of scores submitted by the coaches in 2019 and then in 2020. Baseline average in 2019 was 2.6 and increased to an average score of 3.4 in 2020.

10. Cross-cutting principle 5: Continuously improving quality, and leading and harnessing innovation.

10.1 Dental Care Professional

- 10.1.1 The Dental Care Professional (DCP) workstream has responsibility for the delivery of pre-and post-registration education for DCPs. In addition, the workstream provides training programmes for Dental and Medical Receptionists and Dental Practice Managers to work towards achieving a formal qualification in their occupational field.
- 10.1.2 As a result of the pandemic and government restrictions the Dental Care Professional (DCP) workstream undertook a rapid digital transformation adapting approaches in educational delivery and assessment to maintain progression of workstream activities.
- 10.1.3 All educational programmes are now delivered as a blended learning approach, with education and training delivered via MS Teams or the GOTO Training platform. This has resulted in positive outcomes and improvements for the workstream and our learners. These new ways of working have significantly increased collaboration within the national workstream with Tutors across Scotland working together to plan and deliver training programmes and develop new asynchronous learning resources. Online delivery has improved accessibility for our learners as no travel is required to attend education centres, thus providing the workforce with increased opportunities to access education provision.
- 10.1.4 A variety of assessments methods are used within the programmes provided. Utilising the functionalities of the technologies available, the workstream have created a range of robust and innovative methods to conduct assessments. Examples include using live video stream to conduct workplace observation assessment for Dental Nurse Trainees and practice appraisal visits for prospective Orthodontic Therapy Trainees. These approaches have also made efficiencies in terms of staff travel time and costs. To date there is little evidence on remote workplace assessment. Therefore, the workstream are preparing to evaluate the effectiveness of using live stream video and evidence the findings of this new innovative approach in a paper.
- 10.1.5 The team have utilised the networking opportunities within the organisation as a valuable resource to explore possibilities, receive support and guidance in using technology to enhance education and training. In addition, the team have shared their

experiences, and innovative solutions through the organisation's valuable Technology Enhanced Learning (TEL) Knowledge Sharing Network.

10.1.6 Despite the challenges the pandemic has brought, positive outcomes have been achieved. The workstream are embracing the opportunities and support within the organisation to provide high quality education to support workforce development in a new virtual learning environment.

11. Cross-cutting principle 6: Clear accountability for our decisions, rooted in effective governance.

11.1 Board Development

- 11.1.1 This collaborative '*Once for NES*' approach in SQA provision has already increased educational opportunities for the health and social care workforce in response to stakeholder needs. All programmes managed within the NES SQA Approved Centre follow high-quality standardised processes aligned to SQA Quality Assurance criteria, reducing duplication of effort.
- 11.1.2 A dedicated Board Development learning platform on Turas Learn has been created, with sections including relevant education and support material on induction, integration, mentoring and coaching, committee information/skills and CPD. The site has had 6020 views in the past year (the NHS Board Non-executive cohort is approximately 330). In November 2020 two new eLearning Modules on Finance and Audit & Risk were created and launched on 30th November. They have been accessed 31 times.
- 11.1.3 The new induction approach combines local and national induction with new appraisal arrangements for Chairs and Non-executive Board Members. A Boardroom Mentoring programme provides cross Board mentoring for individual Non-executive Board members. 15 Mentors were recruited in September 2020 bringing the Mentor register to 24 with 16 active mentoring partnerships underway, one matching partnership in process and two mentor partnerships which have ended. Evaluations from those completing their mentoring partnerships illustrate the value of the mentoring experience as a mentee and mentor.

Board Paper

1. Title of Paper

NHS Scotland Academy Joint Strategic Programme Board Terms of Reference (ToRs)

2. Author(s) of Paper

Della Thomas, Board Secretary & Corporate Governance Principal Lead

3. Situation/Purpose of Paper

3.1 This paper sets out:

- the background to the development of the governance and accountability of the NHS Scotland Academy.
- the changes to the NHS Scotland Academy Joint Strategic Programme Board ToRs made by the NES Education and Quality Committee and the NES Audit and Risk Committee as tracked.
- the areas the NES Committees have identified for further development.
- the process for agreeing these amendments with NHS Golden Jubilee (NHSGJ).

3.2 The paper seeks NES Board approval for the NHS Scotland Academy Joint Strategic Programme Board ToRs, particularly in relation to the remits delegated to the NES Standing Committees.

4. Background

4.1 The NHS Scotland Academy is jointly governed by the NES and NHSGJ parent Boards.

4.2 The NHS Board Model Standing Orders (DL 2019 02) state, “except for the Matters Reserved for the Board, the Board may delegate authority to act on its behalf to Committees, individual Board members, or other Board employees”. Therefore, the joint governance arrangement will be accommodated through the existing NES and NHSGJ’s Board Standing Orders.

4.3 The NHS Scotland Academy Joint Strategic Programme Board ToRs will therefore be brought through the usual Board governance processes. Following approval by the Joint Strategic Programme Board, the ToRs will progress through the parent Board Standing Committees of Education and Quality Committee (NES) and Strategic Portfolio Governance Committee (NHSGJ) for the delegated remits to be reviewed and reporting aligned accordingly. They will then progress through the respective Audit and Risk Committees and onwards to the NES and NHSGJ Boards. The respective Board websites will be amended to include reference to the NHS Scotland Academy and other Board corporate governance documents amended as appropriate.

- 4.4 The governance and accountability arrangements were discussed by both parent Boards at their respective Board Development Sessions held on 22 April 2021 (NES) and on 29 April 2021 (NHSGJ) and the NHS Scotland Academy joint accountability and joint governance was outlined as per the diagram in Appendix B of this paper.
- 4.5 The NHS Scotland Academy Joint Strategic Programme Board draft ToRs were discussed at an informal meeting of the NES Chair and CEO; the NHSGJ Chair and CEO and the NHS Scotland Academy Director held on 13 May 2021.
- 4.6 The NHS Scotland Academy Joint Strategic Programme Board, jointly Chaired by the NES and NHSGJ Board Chair approved the Board's ToRs at their first meeting, held 8 July 2021. (Appendix A of this paper). It was noted that the NHS Scotland Academy is progressing through a developmental and iterative period.

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

- 5.1 The ToRs and governance and accountability framework (Appendix A and B of this paper), have been developed to mitigate the risk of duplication of governance effort and to provide clarity in terms of each parent Board's responsibilities in line with existing accountabilities and roles.
- 5.2 The educational governance including quality, evaluation and impact of the NHS Academy's accelerated training programmes has been delegated to the NES Education and Quality Committee (EQC) as per NES's primary function and role as a Board. The approved ToRs were noted at the EQC meeting held 19 August 2021 and the EQC delegated remit discussed and changes made, which were approved by the NES Audit and Risk Committee (ARC).
- 5.3 The EQC agreed changes to the paragraph "NHS Scotland Academy education and training activities and outcomes; including internally regulated activities, clinical assurance and leadership development activities are effectively managed, improved, quality assured and impact achieved" as it was agreed that this included aspects for their wider NES role which didn't apply to the NHS Academy. The revised paragraph is as follows: "NHS Scotland Academy education and training activities and outcomes are effectively managed; quality assured; subject to continuous improvement and impact is measured and achieved". The specification of quarterly reports has been removed.
- 5.4 The NES ARC reviewed the overall ToRs and specifically the remit set out for the ARC through correspondence over the 23 August – 13 September 2021 period. Quorate ARC approval was established with the following points raised. At this time as the NHS Scotland Academy moves through an iterative development process and the nature of the work is joint, it is not possible to provide definitive responses to some of the aspects the ARC have raised, however an update on progress is provided:
- Section 10.5 amended as tracked to clarify what is meant by "the Board"
 - The ToRs do not set out how the NHS Academy Freedom of Information (FoI) requests will be dealt with. A line has been added to the ToRs under the "Arrangements for NHS Scotland Academy generic governance through NES and NHSGJ" section as follows: "Freedom of Information requests relating to the NHS Scotland Academy will be responded to through the existing NHSGJ or NES processes as appropriate". A process for responding to NHS Academy

FoI requests is currently in preparation and the joint operational approach to data breaches and security is currently also being developed.

- Whilst internal audit is mentioned, it is necessary to clarify how internal audits will be jointly commissioned and to clarify the role of the existing auditors and how audit action plans will be governed. This aspect has been raised with the NES interim Director of Finance and the NHSGJ Director of Finance.
- We need to determine if the Annual Accounts for both Boards will include the same full financial details for the NHS Academy or if the Annual Accounts will show the different elements each Board is responsible for. This aspect has been raised with the NES interim Director of Finance and the NHSGJ Director of Finance.
- Educational related risks will be reported through the EQC, and it has been clarification that reputational risks should also be included in the risk reports to the EQC. This aspect has been discussed with the NES EQC Executive Lead.
- A process for responding to NHS Academy Whistleblowing concerns in under development led by the Director of the NHS Academy and the NES Director of NMAHP.

5.5 The changes as outlined above and tracked in the attached documents were shared with and discussed at the NHS Scotland Academy Joint Executive Group meeting on 22 September 2021.

5.6 We understand that the NHSGJ have very minor administration changes to suggest and that these may be incorporated into the next iteration.

6 Recommendations

6.1 The NES Board is invited to:

- Agree the changes to the NHS Scotland Academy Joint Strategic Programme Board ToRs made by the NES Education and Quality Committee and the NES Audit and Risk Committee as tracked.
- Note the developmental and iterative nature of the NHS Scotland Academy Joint Strategic Programme Board ToRs and note the areas the NES Committees have identified for further development and the approaches in place to progress these developments.
- Approve the NHS Scotland Academy Joint Strategic Programme Board ToRs for publication on the NES website.

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
NES
November 2021



NHS Scotland Academy Joint Strategic Programme Board

Terms of Reference

1. Constitution/context

- 1.1 The accountability of the NHS Scotland Academy is to Scottish Ministers through the parent organisation Boards of NHS Education for Scotland (NES) and NHS Golden Jubilee (NHSGJ).
- 1.2 The arrangements for this joint accountability are through the joint Scottish Government (SG) sponsor division meetings between SG, NHSGJ and NES.
- 1.3 The NHS Board Model Standing Orders (DL 2019 02) state, “except for the Matters Reserved for the Board, the Board may delegate authority to act on its behalf to Committees, individual Board members, or other Board employees”. Therefore, the joint governance arrangement will be accommodated through the existing NES and NHSGJ’s Board Standing Orders.
- 1.4 The NHSGJ and NES Boards have established the NHS Scotland Academy Joint Strategic Programme Board, hereafter referred to as the Strategic Programme Board, which will operate within the terms of the NES and NHSGJs existing Board Standing Orders; Standing Financial Instructions and the Board Code of Conduct.
- 1.5 The Strategic Programme Board will fulfil its duties in line with relevant statutory and regulatory requirements.

2. Role

- 2.1 The role of the Strategic Programme Board is to hold the executives to account to ensure:
 - the strategic intention is jointly developed and agreed
 - the financial, operational and quality performance of the NHS Scotland Academy is reported and scrutinised against key strategic performance indicators
 - risk appetite is set and agreed in line with parent Boards risk appetites and strategic risk identified and mitigated
 - key strategic partners and stakeholders identified and set out in a strategic engagement strategy (for example, Scottish Government, universities, the regulators, and health and social care partners).

3. Membership

3.1 Full membership of the Strategic Programme Board shall include the following:

- Two non-executive Directors of the NHSGJ Board, one of which must be the Board Chair, the other will be the Chair of the Strategic Portfolio Governance Committee. The Chair of the Strategic Portfolio Governance Committee shall nominate a deputy.
- Two Non-Executive Directors of the NES Board, one of which must be the Board Chair, the other will be the Chair of the Education and Quality Committee. The Chair of the Education and Quality Committee shall nominate a deputy.

3.2 The Strategic Programme Board will be Co-Chaired by the NES Board Chair and the NHSGJ Board Chair.

3.3 All four members will have voting rights.

4. Quorum

4.1 The quorum will be two non-executive directors, one member from each of the parent Boards.

5. Attendees

5.1 Regular attendance will be expected from the Chief Executives of NES and NHSGJ; the Lead Executive Directors from NES and NHSGJ for the Education and Quality Committee (EQC) and the Strategic Portfolio Governance Committee (SPGC) and the Director of the NHS Scotland Academy.

5.2 The NHSGJ or NES Board Secretary or their nominated deputy will be in attendance at all meetings.

5.3 The Strategic Programme Board may require relevant officers or representatives to attend at meetings, where specific advice and/or guidance is required on relevant topics.

5.4 The Strategic Programme Board may co-opt additional advisors as required.

6. Private Member Meetings

6.1 The Co-Chairs have the right to call a private meeting of the Strategic Programme Board members to deal with matters that may arise from their Terms of Reference.

7. Frequency of Meetings

7.1 The Strategic Programme Board shall normally meet four times per year.

7.2 The Chairs of the Strategic Programme Board, may within reason, convene additional meetings if they deem this necessary, in consultation with the relevant executive leads.

8. Authority

8.1 The Strategic Programme Board is authorised to:

- Ensure compliance with due process relating to any investigation of activities which are within the terms of its responsibility and duties. In doing so, is authorised to seek information it requires from any Board member or employee, paying due regard to professional responsibilities and personal data rights. All members and employees are expected to co-operate with reasonable requests made by the Strategic Programme Board;
- Approve matters as described within its responsibility and duties;
- Request the attendance of any employee or contractor of NHSGJ or NES (as/if agreed on their engagement), as may be required.

9. Responsibilities and Duties

9.1 Review and recommend for the approval by the respective parent Board, the joint strategic vision, strategic outcomes and joint strategic plan, seeking assurance that the relevant policies and contextual factors have been effectively responded to.

9.2 Identify and agree key strategic performance indicators.

9.3 Set risk appetite, in line with the respective parent Board's risk appetite.

9.4 Seek assurance that strategic risks are identified and mitigated.

9.5 Review and recommend for the approval of the respective parent Board, the joint annual operating plan.

9.6 Review and recommend for approval by the respective parent Board, the joint annual report to include the operational, risk and financial annual reporting elements.

9.7 Seek assurance that key strategic partners and stakeholders are identified and set out in a strategic engagement strategy.

9.8 Delegate quarterly educational quality scrutiny and performance governance oversight to the respective existing parent Board Standing Committees of Education and Quality Committee (NES) and the Strategic Portfolio Governance Committee (NHSGJ). The distinctive role of each Standing Committee will be aligned with their existing roles and responsibilities as set out in their current Terms of Reference (ToRs) as per Appendix 1 of the Strategic Programme Board ToRs.

9.9 Review recommendations from Internal Audit Reports.

9.10 Prepare an annual governance report for submission to the respective Audit and Risk Committees and parent Boards.

9.11 Conduct annual effectiveness reviews of the Strategic Programme Board as per 11.2.

10. Reporting Arrangements

- 10.1 The names of members present at a meeting of the Strategic Programme Board, shall be recorded in the minute of the meeting. The names of other persons in attendance shall also be recorded.
- 10.2 The NHSGJ or NES Board Secretary (or his/her authorised nominee) shall prepare the minutes of the meetings of the Strategic Programme Board. The Strategic Programme Board shall review the draft minutes at the following meeting. Any amendments, as agreed by the Strategic Programme Board will be made and the person presiding at that meeting shall sign the final version of the approved minute.
- 10.3 The approved minute will be brought to the next public meeting of both the NES and the NHSGJ Board for noting and will be published on both of the Boards' external websites.
- 10.4 In the interim, a verbal report on relevant matters will be given by the Chairs to their respective Boards. Additional reports, as appropriate, will be provided to the NHSGJ and NES Board as required to ensure they are informed of current issues.
- 10.5 The Strategic Programme Board Chairs will report to the [respective NES and NHSGJ Boards](#), and will submit an Annual Report on its activities, outcomes and effectiveness to the respective Audit and Risk Committees of both the parent Boards. It is then the responsibility of the Audit and Risk Committee to review and recommend approval to the respective Boards. This will also give relevant assurance to the Board and Accountable Officers relating to the Governance Statement.

11. Review

- 11.1 The Strategic Programme Board will review its Terms of Reference annually or at a frequency as agreed by the Strategic Programme Board and these will be submitted as part of the corporate governance package to both the parent Boards for approval on an annual basis.
- 11.2 The Strategic Programme Board will review the effectiveness of the joint governance model annually and an annual assessment of their performance, highlighting any steps for further improvement to the way they conduct business.

12. Conduct of Business

As per the [NES Board Standing Orders](#) and the NHSGJ [Board Standing Orders](#)

- Etiquette and Standards;
- Conduct at meetings;
- Appointment and Review

Delegated quarterly governance and scrutiny to the Strategic Portfolio Governance Committee (NHSGJ)

Review, scrutinise and approve quarterly implementation and delivery reports on behalf of the Strategic Programme Board and in turn the NES and NHSGJ parent Boards, to ensure that:

1. arrangements are in place for securing effectiveness and best value from financial and human resources and ensuring that prompt action is taken and appropriate escalation is deployed to ensure any major deviations from programme plans including changes to time, cost or quality within the scope of its authority are escalation to the Strategic Programme Board
2. the equality and diversity implications relating to the NHS Scotland Academy are fully considered and acted upon.
3. any non-educational and quality related risks are identified, mitigated and reported.
4. health and safety issues are identified, responded to and reported.
5. strategic quarterly performance reports are scrutinised in advance of the Strategic Programme Board
6. the work of the NHSGJ Strategic Portfolio Governance Committee in relation to the NHS Scotland Academy is included in the Strategic Portfolio Governance Committee Annual Report to the NHSGJ Audit and Risk Committee.

Delegated ~~quarterly~~ governance and scrutiny to the NES Education and Quality Committee

Review, scrutinise and approve ~~quarterly~~ education and quality developmental and performance reports on behalf of the Strategic Programme Board and in turn the NES and NHSGJ parent Boards, to ensure that:

7. key strategic partners are effectively and appropriately engaged and involved including for example, universities, the regulators, and health and social care partners.
8. the education and training planned for ~~or and~~ provided by, the NHS Scotland Academy, is subject to the appropriate statutory regulatory oversight, and the requirements of the relevant regulators are met.
9. the education and training planned for ~~or and~~ provided by, the NHS Scotland Academy, is appropriately accredited.
10. the NHS Scotland Academy education and training activities and outcomes; ~~including internally regulated activities, clinical assurance and leadership development~~ activities are effectively managed; ~~improved,~~ quality assured; ~~subject to continuous improvement~~ and impact ~~is measured and~~ achieved.
11. arrangements are in place to identify and embed good and innovative practice across NES and NHSGJ in ways that enhance the quality of the education and training provided.
12. continuous improvement in relation to user feedback, complaints, including learner satisfaction, retention, attainment and progression is embedded in the management and delivery of the NHS Scotland Academy education and training programmes.
13. governance processes and quality management controls are in place relating to the delivery of NHS Scotland Academy technology enhanced education and training.
14. educational and quality related risks are identified, mitigated and reported.

15. NHS Scotland Academy educational and quality governance is reported annually to the NES Audit and Risk Committee as part of the Education and Quality Committee Annual Report.

Arrangements for NHS Scotland Academy generic governance through NES and NHSGJ

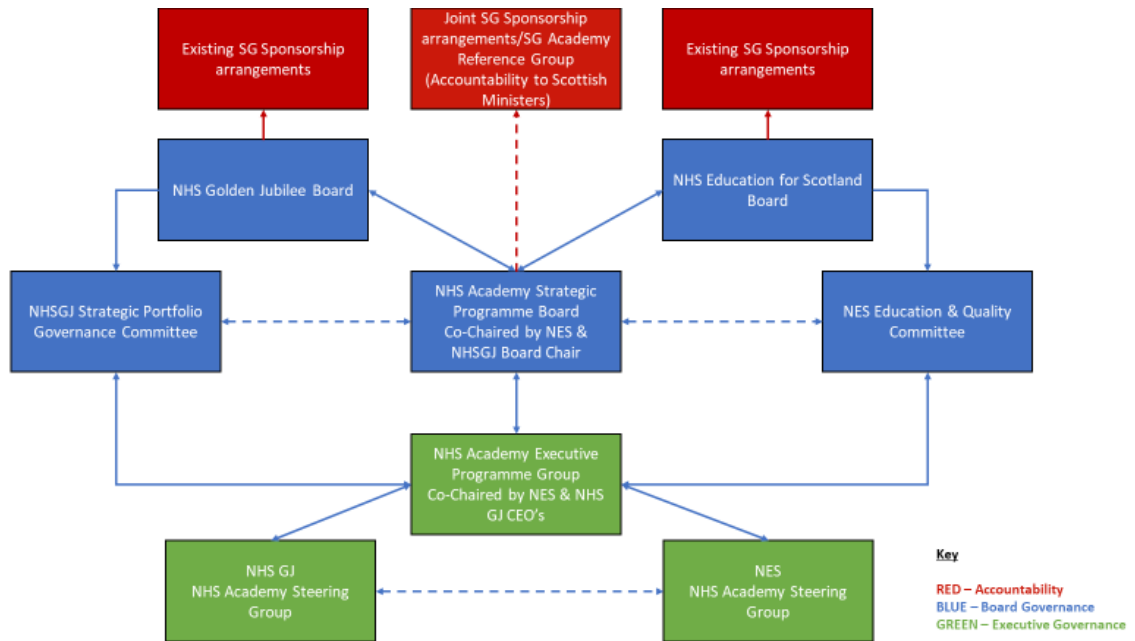
1. NHS Scotland Academy staff governance will be the responsibility of the NHSGJ Staff Governance and Person-Centred Committee or the Staff governance committee (NES) depending on which of the organisations employs the member of staff.
2. Whistleblowing incidents relating to the NHS Scotland Academy will be responded to by either the NHSGJ Staff Governance and Person-Centred Committee or the NES Staff Governance Committee and will be under the review of the NHSGJ or the NES whistleblowing non-executive director champion depending on the origination of the whistleblowing concern.
3. Data protection and data breaches which might include the governance of learner/user data, data protection and security of digital learning platforms to be reported through the NES Digital and Information Committee.
4. Internal Audit responsibilities will be determined as appropriate and included within the Remit of either the NES Audit and Risk Committee or the NHSGJ Audit Committee.
- 4.5. Freedom of Information requests relating to the NHS Scotland Academy will be responded to through the existing NHSGJ or NES processes as appropriate.

NHS Academy Joint Strategic Programme ToRs prepared by Della Thomas and Liane McGrath NES and NHSGJ Board Secretaries, July 2021

**Revised by Della Thomas
NES Board Secretary
September 2021**

Appendix B

NHS Scotland Academy Joint Accountability & Joint Governance



Board Paper

1. Title of Paper

NES Board and Committee 2022/23 Schedule of Meeting Dates

2. Author(s) of Paper

Della Thomas, Board Secretary, Corporate Governance Principal Lead

3. Situation/Purpose of paper

The 2022-23 Board and Committee Meeting dates are brought to the Board for comment and approval in principle.

4. Background

4.1 The Board approve their schedule of meetings on an annual basis and meeting invitations are issued. This enables non-executives, executives and senior managers to protect time well in advance for essential Board and Committee meetings. It also allows for the schedules of business to then be prepared for the Board and Committees.

4.2 The sequencing of meetings has been based on the 2021/22 meeting schedule with the following exceptions:

- Audit and Risk Committee (ARC) - the number of meetings have been reduced back to four from five in line with the model approach, as per the Audit and Assurance Committee Handbook, Scottish Government (2018).
- Board – the Board meetings have reverted back to the 2020/21 pattern.
- Digital and Information Committee (DIC) – this Committee was not started back up until the summer during the 2021/22 business period. For 2022/23 a spring; summer; autumn and winter pattern of meetings has been applied.
- NHS Scotland Academy Joint Strategic Programme Board – the Board was not established until July 2021 and so for 2022/23 a spring; summer; autumn and winter pattern of meetings has been applied.
- A summer recess in July and early August has been created.

4.3 The same meeting days as per the 2021/22 schedule of meetings has been followed:

- Board, Board Development, ARC, Staff Governance Committee (SGC) meet on a Thursday morning.
- DIC meets on a Monday morning.
- Remuneration Committee meets on a Wednesday morning.
- NHS Scotland Academy Joint Strategic Programme Board meets on a Tuesday morning.

5. Assessment/Key Issues

(include identification of any strategic risks)

- 5.1 Without this strategic overview, taken as part of the scheduling of the meetings, there is a risk that the correct governance sequencing of papers is not achieved, which could result in delayed decision making and/or poor corporate governance.
- 5.2 The Board and Committee schedule of meetings has been shared in advance with Chairs and Executive Leads to identify any potential diary clashes and has been amended as appropriate.
- 5.3 The NHS Scotland Academy Joint Strategic Programme Board dates have been checked with NHSGJ colleagues and the NHS Scotland Academy Director.
- 5.4 As per our usual practice, the ARC will scrutinise the Annual Accounts in advance of full Board at the ARC meeting scheduled for 16 June 2022. In order to enable time for any changes to be made following this meeting, it is advised that the June Private Board meeting is scheduled for 30 June 2022 not the 23 June 2022 as previously proposed. Members are invited to note that this change has been made to the schedule brought to this meeting.
- 5.5 The Board Chair, ARC Chair, CEO and Interim Director of Finance have agreed that detailed financial reports (as opposed to higher level summary reports) will be brought to full public board on a quarterly basis to coincide with the quarterly performance delivery reports. This reporting process will commence at the beginning of the 2022/23 business year. The 2022/23 Board meetings scheduled allow for this.
- 5.6 Further to this agreement, the ARC Chair has requested that the same detailed financial quarterly reports come through the ARC in advance of the Board.
- 5.7 The Board is asked to note that the current scheduling of three out of the four ARC dates does not accommodate this request and a fifth ARC meeting would require to be added. To enable sequencing around the summer recess and enough time for changes to be made prior to coming to August Public Board, this extra meeting may require to be scheduled on a Monday afternoon. One small change to August Board dates would be required, swapping the Board Development and Public Board dates and also a potential change to the February 2023 SGC meeting date.
- 5.8 In advance of these changes being further explored and agreed, the Board Chair wishes to discuss the proposed ARC detailed quarterly financial reporting approach with the ARC Chair and CEO.

6. Recommendations

The Board is invited to approve in principle, the 2022/23 schedule of meeting dates, noting that three of the four ARC dates may change, a fifth ARC may be added and the date for February SGC may require some flexibility.

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

DT
NES
November 2021

NHS Education for Scotland

NES/AR/21/50

AUDIT AND RISK COMMITTEE

Minutes of the fifth Audit and Risk Committee held on Tuesday 03 August 2021 via Microsoft Teams

Present: Doreen Steele (Chair)
Anne Currie
Linda Dunion
Jean Ford (left the meeting after item 10)
Sandra Walker

In attendance: Jenn Allison, Senior Officer (minute taker)
Rob Coward, Principal Educator, PCR (item 11-12)
David Garbutt, NES Chair (joined the meeting during item 9)
Stewart Irvine, Director of Medical (item 13)
Kenny McLean, Head of Procurement
Karen Reid, Chief Executive (left the meeting during item 12)
Margaret Reid, Head of Finance Business Partnering
Della Thomas, Board Secretary (left the meeting after item 15)
Lorraine Turner, Manager, PCR (item 12)

1. Welcome and introductions

- 1.1 The Chair welcomed everyone to the meeting, particularly Margaret Reid, who was in attendance to present the Finance report. Margaret has taken up the post of Head of Finance Business Partnering as maternity cover for Lizzie Turner. Kenny McLean was in attendance to present the Procurement report.
- 1.2 The Chair noted that Lorraine Turner would join to present the Risk items, Rob Coward to present the Assurance report, and Stewart Irvine to present the clinical negligence paper.

2. Apologies for absence

- 2.1 Apologies were received from Janice Sinclair, Interim Director of Finance, Joanne Brown, External Auditors and James Lucas, Internal Auditors.
- 2.2 Apologies were also received from David Garbutt for the beginning of the meeting.

3. Declarations of interest

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

4. Notification of any other urgent business

- 4.1 There was no other business raised for discussion.

5. Minutes of the Audit and Risk Committee, 10 June 2021

(NES/AR/21/37)

5.1 The minutes were approved as a correct record.

6. Action list of the Audit Committee

(NES/AR/20/38)

6.1 Members noted that 10 of the 12 actions were complete.

6.2 Members noted that the action for KPMG to discuss quality focused KPI's with Management is not yet due. Karen Reid added that this links in with overarching work to review Key Performance Indicators (KPIs) and updated the Committee that NES are working to commission an external organisation to review organisational KPIs.

6.3 Members noted the updated action detailing that recruitment for a stakeholder engagement manager within the Communication team is underway and it is anticipated that the action from the Blueprint for Good Governance Action Plan regarding conducting a stakeholder survey will commence in autumn. Members requested that indicative dates are provided for this work to commence and Karen Reid suggested that it would be useful to have results of the survey to coincide with the visioning session proposed for September and will discuss the possibility of this with the Communications team. **Action: KR**

6.4 In relation to the closed action to source training material for Gold, Silver and Bronze command, the Chair of Board queried if training had been provided and if it was also available to non-executives. Karen Reid confirmed that the training material is available for future use if required and will contact the Improvement Service to identify if there are available resources for non-executives.

Action: KR

7. Matters arising

7.1 There were no matters arising from the minutes.

8. External Audit Recommendations

(NES/AR/21/40)

8.1 Members noted the paper which updated the Committee on the progress against the External Audit Recommendation from 2020/21 regarding prepayments and fixed term accrual (FTC), and development of strategic KPIs.

Further discussion took place regarding the development of strategic KPIs. Karen Reid noted the importance of reviewing KPIs in light of the Programme for Government and NES' Strategy and the join up of this work with the previously mentioned plans for a Visioning Session which would be set within the context of our role in response to the Programme for Government; review our strategic

vision; our Target Operating Model; our risk appetite and our strategic key performance indicators.

8.2 Members welcomed the developments and noted the importance of reviewing NES' strategic direction as well as the importance of Board involvement.

8.3 It was agreed that outstanding actions on NES Committee action logs in relation to KPIs should be closed as actions have been superseded by this piece of work.

Action: DT

8.4 Discussion took place regarding the actions regarding prepayments and fixed term accrual. Members noted there is a risk that talented people are lost due to fixed term contracts. Karen Reid noted that fixed term contracts can be helpful, particularly for short term projects, however, suggested that there may be areas where NES could be less risk averse for some specialist roles that take time to recruit to by making the roles permanent and absorbing the recurrent costs.

8.5 The Committee noted and were satisfied with the progress against the External Audit Recommendations and requested that an update regarding the Strategic KPI review tender is presented to the October Audit and Risk Committee meeting.

Action: KR

9. Financial Report

(NES/AR/21/41)

9.1 Margaret Reid introduced the Finance Report which presented the financial results for the first 3 months (Quarter 1) of the financial year to 30 June 2021 and the current forecast outturn for 31 March 2022, the anticipated costs of the NES response to COVID-19 and a draft Board strategic summary report to reflect the Quarter 1 forecast outturn. She outlined an adjustment to net COVID-19 costs since issuing the paper which had moved to 3.95m, including remobilisation costs.

9.2 Margaret Reid highlighted the current year projected underspend of 300k and the risks associated with this such as Medical Training Grade gap, which is expected to be funded by Scottish Government (SG).

9.3 Karen Reid highlighted that given the level of activity both planned and forecast for NES there would not be such a high level of underspend.

9.4 Discussion took place regarding the forecast vacancy lag recovery of 2.4m, members raised concern at the reliance on vacancy lags as savings in terms of the potential delay to delivery and impact on staff wellbeing. It was noted that the Staff Governance Committee are monitoring improvements to recruitment speed.

9.5 The Committee discussed the summary report prepared for the Board. It was agreed that the right balance of information included in the summary Board report and the detail of reporting to the ARC required to be struck. Jean Ford offered to discuss this. **Action: MR/DT**

9.6 Discussion took place regarding hosting costs and licence fees. Kenny McLean stated that NES has an optimum deal with Microsoft currently and Karen Reid advised that National Services Scotland (NSS) are looking at identity management nationally.

9.7 The meeting moved on to consider costs associated with contractors. It was suggested that a marketing campaign may help to promote Digital careers in NES. Karen Reid will discuss the possibility of this with Digital colleagues recognising the constraints in terms of Agenda for Change. **Action: KR**

9.8 The Committee confirmed that they were content for the proposed template summary Board report to go forward to the Board and requested that the paper strengthened the Strategic context with the addition of highlighting discussions that have taken place at the Audit and Risk Committee. **Action: MR**

9.9 David Garbutt joined the meeting during the financial report.

10. Procurement Update (NES/AR/21/42)

10.1 Kenny McLean introduced the Procurement Report which updated the Committee on procurement activity for the first quarter of 2021/22.

10.2 The Committee noted that savings targets were on track and that it was helpful to see the top 10 highest value contracts. It was suggested that it would be helpful to see some trend information included (for example 5 quarters) to create visibility around how the top 10 vary across the year. Kenny McLean agreed to consider how to present this information for future procurement reports. **Action: KM**

10.3 Karen Reid asked if it would be possible to report on the impact of NES spends on local economic development. Kenny McLean informed the Committee that Scottish Government commission Spikes Cavell to analyse public sector spends and related data on an annual basis and will enquire as to how this could be incorporated into reports. **Action: KM**

10.4 The Committee noted the 2021/22 Quarter 1 Procurement Report.

10.5 Jean Ford left the meeting at the end of this item.

11. Assurance Framework (NES/AR/21/43)

- 11.1 Rob Coward introduced the Assurance Framework to update the Committee regarding minor amendments that have been made to the framework and the action plan, since it was last reviewed by the Committee in April.
- 11.2 It was highlighted that the responsible officer noted in the action plan was out of date and it was agreed that this would be amended to reflect the recent changes to leadership in the Finance Directorate. **Action: RC**
- 11.3 It was agreed that further information would be included in the Assurance Framework relating to the responsible Committee. This would include the officer responsible, the frequency and timing of reports, and an indication of which areas of work are critical. Rob Coward agreed to action this. **Action: RC**
- 11.4 The Committee requested that the wording in relation to approval of the stakeholder survey was refined to note that it will be presented to the Board for approval. **Action: RC**
- 11.5 The Committee noted the minor amendments to the framework and confirmed the sources of assurance. The Committee noted the progress against the associated action plan.

12. Risk

a) Corporate and COVID19 Risk Registers (NES/AR/21/44)

- 12.1 Lorraine Turner introduced the Corporate and COVID-19 Risk Registers as at 13 July 2021.
- 12.2 Lorraine informed the Committee of a correction to Risk 3, which was recently updated by the Extended Executive Team to re-score the likelihood from level 3 to level 4, which has resulted in this risk becoming a Primary 1 risk.
- 12.3 The Audit and Risk Committee asked that the risk owners are updated and amended before the report progressed to the Board and noted the NES Corporate and COVID-19 Risk Registers.

b) Update on Risk Management Group (NES/AR/21/45)

- 12.4 Lorraine Turner presented the report which updated the Committee regarding progress of the establishment of the Risk Management Group (RMG) in NES.
- 12.5 Work to establish the RMG has recommenced after being paused due to COVID-19. Draft Terms of Reference (ToRs) and RMG member role descriptions

were approved by the Extended Executive Team on 21 July. Some minor changes were agreed, including the addition of representation on the RMG from the NHS Scotland Academy.

- 12.6 Directorates have been asked to nominate senior members by the end of August. Training will be provided for RMG members and the first meeting has been scheduled for September.
- 12.7 The Committee noted the importance of RMG members being of suitable seniority and experience to ensure the appropriate level of scrutiny and decision making is applied. Rob Coward assured the Committee that training needs will be assessed in order to provide bespoke training where appropriate and added that there is also scope for training material to be more widely available.
- 12.8 The Committee requested that the reporting structure is clarified in the graphic to show the RMG reports to the Audit and Risk Committee (ARC). Lorraine Turner commented that RMG will report to the ARC, however, there may be instances where feedback/input is sought from EET (dotted line in Figure 1) prior to the ARC. **Action: LT/JS**
- 12.9 There was some discussion in terms of the frequency of meetings. In order to progress this work at pace, it was proposed that the RMG would need to meet on a more regular basis. **Action: LT/JS**
- 12.10 Discussion took place regarding how the sub-Committees of the Board feed into the risk management process, including the Committee's risk profile and frequency of risk reporting to Committees. Lorraine Turner advised the Committee that the risk management strategy and framework set out mechanisms for identification and articulation of risk. She advised that the RMG would review the strategy on an annual basis. She added that the risk profiles will also be reviewed by the RMG. It was suggested that Risk could be added as a standing item on Committee agendas, (similar to the EET agenda item: 'Have any of the papers or business discussed at this meeting raised any further risks?'). **Action: DT**
- 12.11 The Committee noted the outcomes from the EET discussion and the draft RMG ToRs and member responsibilities and requested that an update on progress of the RMG is submitted to the October Audit and Risk Committee meeting. **Action: LT/JS**
- 12.12 Karen Reid left the meeting during the risk item.

13. Clinical Negligence Cases (NES/AR/21/48)

13.1 Stewart Irvine presented the paper which updated the Committee on reporting responsibilities regarding clinical negligence cases in relation to trainees.

13.2 At the June Audit and Risk Committee, the Committee noted that Clinical Governance of Trainees, under the Lead Employer model, sits with Placement Boards, however the Committee queried if the reporting responsibilities relating to clinical negligence should also be reported to a NES Committee for information.

13.3 The Committee approved the proposal to report CNORIS claims to the Audit and Risk Committee from a financial governance perspective through Finance reports as applicable. The Committee noted that the Staff Governance Committee are advised of the number of claims through the Lead Officer's Report and the Education and Quality Committee will be advised of any learning and improvement resulting from such claims as part of the Lead Officer's Report.

14. Digital and Information Committee ToRs (NES/AR/21/49)

14.1 Della Thomas presented the draft Digital and Information Committee (DIC) Terms of Reference for comment and approval. She highlighted that the DIC had been stood down during COVID-19 governance. And the DIC held their first meeting for the 2021/22 business year 28 June 2021 and considered their new ToRs at that meeting.

14.2 The Committee noted that the DIC had discussed their additional remit of information governance and agreed that:

- Governance and scrutiny within the context of "*Information*" in relation to the technical aspect of information security. This is the information governance of the security of the systems, the cyber security and is proposed as the role of the DIC.
- Governance and scrutiny within the context of the NES legal obligations. This is the security of people's information once we have obtained it and covers GDPR; FoI and the Public Records Scotland Act and is currently the role of the ARC.

14.3 It was agreed that a change to paragraph 1.3 would be made so that "NES legal obligations of GDPR" would include the broader context of "NES legal obligations".

14.4 It was also agreed that a change to paragraph 9.7 would be made as the focus of this paragraph should reflect more strongly the importance of the interface with external governance structures. This paragraph will be changed from "collaborate effectively with other Board standing committees in NES and

also interact constructively with the governance structures of other organisations as appropriate” to “collaborate effectively and interact constructively with the governance structures of other external organisations as appropriate, as well as the across the internal Committee structures of NES”. **Action: DT**

14.5 With these changes the Committee noted and approved the Digital and Information Committee Terms of Reference which will be submitted to the Board for approval. **Action: DT**

15. Amended SFI and Rem Com ToRs

15.1 Della Thomas presented the paper which highlighted amendments to the NES Standing Financial Instructions (SFI) and Remuneration Sub Committee Terms of Reference (ToRs) for approval, which have been updated in line with the Scottish Government (SG) process for settlement agreements and early retirements.

15.2 The Committee approved the updated SFI and Remuneration Sub Committee ToRs for submission to the Board for final approval. **Action: DT**

16. Counter Fraud Update and Action Plan

16.1 The Committee noted the quarterly report regarding activities underway in NES which are aimed at supporting the Strategy to Combat Financial Crime in NHS Scotland and noted that a Counter Fraud update and Action Plan will be submitted to the October Audit and Risk Committee meeting.

17. CFS 2021-22 Annual Report

17.1 The Committee noted the Counter Fraud Services annual report.

18. Audit Scotland Reports

18.1 The Committee noted the following Audit Scotland reports.

- a) Fraud and Irregularity 2020/21
- b) Code of audit practice 2021
- c) Audit Scotland Annual report and accounts 2020/21
- d) Scottish Government: Scottish Consolidated Fund annual audit plan 2020/21
- e) Scottish Government annual audit plan 2020/21

19. Date and time of next meeting

19.1 The next meeting of the Audit and Risk Committee will be held on Thursday 07 October 2021.

19.2 Members of Audit and Risk Committee extended their thanks to Dr Doreen Steele who was attending her last meeting of the Audit and Risk Committee and retiring from the NES Board at the end of August. They noted that Doreen has

skilfully led the Committee as Chair with great knowledge, insight and expertise and had offered excellent support to members of the Committee as Chair and colleague. The Chair of NES added that Doreen had displayed strong leadership as the Chair of the Audit and Risk Committee and as Vice Chair of the Board. The Committee congratulated Doreen on her work as member of the NES Board and wished her well for the future.

19.3 Doreen Steele thanked the Committee for their words and for their support as colleagues. She noted how much she has enjoyed supporting NES as member of the NES and as Chair of the Audit and Risk Committee. She particularly extended her thanks to Finance colleagues who she has worked closely with during her time as Chair of the Audit and Risk Committee and wished everyone well for the future.

NES
August 2021
JA/ DT/KR/DS

Approved

NHS Education for Scotland

NES/SGC/21/44

Minutes of the Seventy-third Meeting of the Staff Governance Committee held on Thursday 05th August 2021 via Microsoft Teams

Present: Linda Dunion, Committee Chair, Non-executive Director
Anne Currie, Non-executive Director
Jean Ford, Non-executive Director
Gillian Mawdsley, Non-executive Director & Whistleblowing Champion
David Cunningham, Ex-Officio member, Staff Side (BMA)
James McCann, Ex-Officio member, Staff Side (Unison)

In attendance: David Garbutt, Board Chair
Karen Reid, Chief Executive
Tracey Ashworth-Davies, Director of Workforce/Executive Lead
Morag McElhinney, Principal Lead HR
Ameet Bellad, Senior Specialist Lead, Workforce
Elaine Lawther, Principal Lead, Workforce (For Item 9)
Nicola Todd,
Chris Duffy, Senior Admin Officer

1. Chair's welcome and introduction

- 1.1 Linda Dunion welcomed all to the Committee.
- 1.2 Linda Dunion informed the Committee that all papers will be taken as read.

2. Apologies for absence

- 2.1 Apologies were received from Lynnette Grieve, Non-Executive Director/Employee Director and Della Thomas, Board Secretary and Principal Lead Governance.

3. Notification of any other business

- 3.1 There were no notifications of any other business.

4. Declaration of interests

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

5. Minutes of the Staff Governance Committee meeting held on 6th May 2021 (NES/SGC/21/30)

- 5.1 The Committee approved the minutes as an accurate record of the meeting.

6. Action Status Report and other matters arising
(NES/SGC/21/31)

- 6.1 The Committee approved the completed action and noted the action in progress.
- 6.2 At the suggestion of the Committee Chair, the Committee agreed that the refreshed schedule of business, reflecting agreed changes to the original schedule should be brought back to the next Committee meeting.
- 6.3 Committee members asked if the process for agreeing the self-assessment template can be completed in consultation with the Non-Executive Directors. It was agreed that Non-Executive Directors will be consulted on using the template in the Audit and Risk Handbook that is widely used by Committees in other health boards.

Action: Chris Duffy and Della Thomas

Lead Executive Report

7. Director of Workforce Report (NES/SGC/21/32)

- 7.1 Linda Dunion thanked Tracey Ashworth-Davies for a comprehensive report. Tracey Ashworth-Davies highlighted key points which covered Future Working arrangements, Lead Employer arrangements, Workforce Planning and Equality and Diversity in NES. The report was then opened to members for questions.
- 7.2 It was queried whether Service Level Agreements with Scottish Government were all within the Digital Directorate. It was confirmed that this is not the case and that agreements exist within several directorates.
- 7.4 It was asked if targets are being built-in for staff to embrace learning at work. Tracey Ashworth-Davies confirmed that setting a development/learning need was a specific element of the PDP process and that increased focus, via staff communications, had encouraged discussion on career development aspirations within the process.
- 7.5 The Non-Executive Whistleblowing Champion highlighted that a number of interesting aspects of the report linked with Whistleblowing and that she looked forward to seeing thought on whistleblowing being extended across activities. The Non-Executive Whistleblowing Champion said that she welcomed continuing to be involved in thinking on the embedding of whistleblowing going forward.
- 7.6 The Committee asked if, when looking at talent management and succession planning, there is the opportunity for staff to job swap and shadow. Also, whether there should be scope for people to attend Committee meetings as part of their development. Tracey Ashworth-Davies confirmed this does happen informally and that further thought would be given to promoting awareness.

- 7.7 The Committee formally recorded its thanks to Kristi Long who has made a significant contribution across NES and to the Staff Governance Committee, in the field of equality and human rights.
- 7.8 The Director of Workforce report was noted.

Governance Items

8. Whistleblowing Update (NES/SGC/21/33)

- 8.1 Donald Cameron and Nancy El-Faragy produced a formal Whistleblowing report , notifying the Committee that there have been no Whistleblowing cases raised during quarter 1 of the 2021/22 reporting year.
- 8.2 The Non-Executive Whistleblowing Champion reported to the Committee that meetings have continued to take place with Donald Cameron and Nancy El-Faragy exploring raising awareness and promoting an open, honest and transparent culture where people feel they can speak out. Externally, it was reported that the informal network of non—executive Whistleblowing champions continue to meet and to generate questions and debate.
- 8.3 The Committee Chair thanked the Non-Executive Whistleblowing Champion for the update and asked Committee members and attendees for any feedback on the written report. Karen Reid recommended that the information under section 5 of the report be updated to reference the robust action plan that sits behind the report and that the Whistleblowing arrangements for the NHS Scotland Academy should be referenced in the next quarterly report.

Action: Donald Cameron/Nancy El-Faragy

- 8.4 The Committee noted the Whistleblowing report and update.

Performance Items

9. Appraisal/PRP and Essential Learning (NES/SGC/21/34)

- 9.1 The Committee Chair welcomed Elaine Lawther to the meeting on this item. She presented the appraisal/PRP and Essential Learning statistics to the Committee with members being invited to ask questions. It was noted that the variance in directorate performance reflected one outlier but was generally positive, with compliance higher than the previous year at over 80%. Follow-up conversations are taking place with the outlying directorate re improved compliance whilst recognising the significant pressures on that directorate in responding to pandemic challenges.
- 9.2 A Committee member asked whether line manager responsibility was a factor in achieving compliance. Tracey Ashworth-Davies said that the onus was clearly placed on line managers. She noted that the directorate with lowest compliance, NES Digital/NDS, had been under particular time pressure supporting Covid-19 projects e.g. vaccine rollout. A different Committee member reminded colleagues

that a concise and insightful paper had been presented to the Committee circa two years ago about the focus on line manager responsibility and that a lot of work on this appeared to have been done. The Committee member would welcome frank conversations to improve compliance where needed.

9.3 The Board Chair reminded the Committee that the appraisal process had been stood down during the year due to the need to focus resource on pandemic responses. This had been a year in which, the Operational Plan had changed three times with work on a fourth iteration is underway. He cautioned the Committee to take this into account in considering completion statistics. .

9.4 Karen Reid informed the Committee that exploratory work is taking place to try and increase funding that can be used to promote professional development.

9.5 The Committee thanked Elaine Lawther for her contribution to this item, noted the compliance figures in the report and endorsed the improvement actions.

10. Annual Review of Health & Safety Performance 2020/21 (NES/SGC/21/35)

10.1 The Committee Chair welcomed Nicola Todd to the meeting for this item. The format of the previous report had been regarded as in need of considerable improvement leading to a review of content and style as now presented in relation to the previous business year. Members of the Committee were invited to comment on the format and content of the report.

10.2 The Committee thanked those who were involved in producing the new style report noting that it was very comprehensive.

10.3 A question was asked on the funding for external audit and Karen Reid confirmed to the Committee that as this is a statutory responsibility funding will be available. A further enquiry was made regarding actions taken in relation to the health and safety risks associated with legionella disease., Nicola Todd reassured the Committee that flushing of the system takes place every week in NES premises and that she regarded NES as taking the actions required. .

10.4 A Committee member made a suggestion that in future reporting, the actions could be aligned to legislative requirements.

10.5 The Board Chair asked if there was a health and safety responsibility related to homeworking.. Tracey Ashworth-Davies responded that one of the Essential Learning modules, part of the mandatory training suite focuses on homeworking (Agile Workrite Assessment).

10.6 The Committee Chair thanked members for their comments, the report format was well received and the Annual Health & Safety Performance report was consequently noted.

11. People & OD Dashboard (NES/SGC/21/36)

- 11.1 Tracey Ashworth-Davies introduced this item and asked the Committee to note that new KPIs are under development to align with the new People and OD strategy. The Committee will be aware that this exercise is an integral part of a broader piece of work to implement strategic KPIs across NES. For that reason, the dashboard is not yet reporting against new KPIs. Committee members and attendees were then invited to raise any comments or questions.
- 11.2 The Board Chair congratulated Workforce directorate colleagues on the improvement in percentage of BAME candidates applying for roles and would be interested in how this has been achieved and any learning points. Ameet Bellad confirmed that work has been undertaken to review job packs, look at protected characteristics and to look at the way the recruitment process is communicating to make the language more accessible.
- 11.3 Another question was asked regarding the increase in time to hire from 31 to 81 days, and it was asked if this was linked to proactive creation of budget savings. Tracey Ashworth-Davies responded by saying this was definitely not the case and Ameet Bellad confirmed that specific recruitment campaigns that go on for a longer than typical period of time happen at specific times of the year and this can affect the data. He cited the fellowship campaign as a case in point. Morag McElhinney agreed to look at the data for the time to hire to understand if there are any outliers and will provide more detail at the next meeting.

Action: Morag McElhinney

- 11.4 The Committee noted the update on the dashboard and organisational performance.

12. Risk Register

(NES/SGC/21/37)

- 12.1 Morag McElhinney introduced this item and asked the Committee to note that a review is scheduled for a review of the lead employer risks prior to quarter 2 reporting taking into account previous feedback on benefits realisation and whistleblowing.
- 12.2 The Board Chair took the opportunity to inform the Committee that there are ongoing developments on Risk reporting, and that risk registers will be developed for each Committee that will contain more than the Primary 1 Inherent risks.
- 12.3 A Committee member thanked the workforce team for a good paper that shows that risk is diminishing.
- 12.4 The Committee noted the risk register.

Items for noting

13. Employment Tribunals

(NES/SGC/21/38)

- 13.1 The Committee members and attendees had a detailed discussion around what information should and should not be included in the employment tribunal

update, taking into account the sensitive and confidential information that the update is related to. It was suggested that the update should include how the claim was finalised, the approval process and that improvement action had been taken. It was also suggested that the update should include assurance that the claims are not a whistleblowing matter.

13.2 Tracey Ashworth-Davies thanked the Committee for their comments and confirmed that appropriate wording will be added to the report, and whistleblowing will be considered. Tracey Ashworth-Davies also agreed that a recent paper produced for the Remuneration Committee and Audit & Risk Committee relating to the process for Settlement Agreements, Voluntary Severance and the Termination of Fixed Term Contracts will be circulated to Committee members for information.

13.3 The Committee noted the employment tribunal update.

14. Policy/Scottish Government Director Letters as appropriate to Staff Governance Committee (NES/SGC/21/39)

14.1 The DL update was noted.

15. Remuneration Committee redacted minutes (NES/SGC/21/40)

15.1 The Remuneration Committee redacted minutes were noted.

16. Change Management Programme Board minutes (NES/SGC/21/41)

16.1 The Change Management Programme Board minutes were noted.

17. Managing Health, Safety and Wellbeing Committee minutes (NES/SGC/21/42)

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

18. Any other business

18.1 There was no other business to discuss

Date and time of next meeting

The next meeting of the Staff Governance Committee will be held on Thursday 4th November 2021, 10:15

NES
August 2021
CD/DT/LD/TAD