NHS Education for Scotland   NES/19/71

AGENDA FOR THE ONE HUNDRED AND FIFTIETH BOARD MEETING

Date: Thursday 25th July 2019
Time: 10.15 a.m.
Venue: Meeting Rooms 1 & 2, Westport 102, Edinburgh

1. **Chair's introductory remarks**

2. **Apologies for absence**

3. **Declarations of interest**

4. **Minutes of the One Hundred and Forty-Ninth Board Meeting**   NES/19/70
   To approve the minutes of the meeting held on 27th June 2019.   (Enclosed)

5. **Actions from previous Board Meetings**   NES/19/72
   For review.   (Enclosed)

6. **Matters arising from the Minutes**

7. **Chair and Chief Executive Reports**

   a.   <u>Chair's Report</u>   Oral report

   b.   <u>Chief Executive's Report</u>   NES/19/73
                                             (Enclosed)

   c.   <u>Cabinet Secretary's Priorities</u> *(D. Garbutt)*   Oral report

8. **Governance and Performance Items**

   a.   <u>Finance Report</u> *(C. Lamb)*   NES/19/74
        To receive and endorse.   (Enclosed)

   b.   <u>Remuneration Committee: 29th May</u> *(D. Steele)*   NES/19/75
        To receive a summary.   (Enclosed)

   c.   <u>Digital Sub-Committee: 28th June</u> *(G. Huggins)*   NES/19/76
        To receive the minutes and an update on recent developments.   (Enclosed)

   d.   <u>Remuneration Committee: 11th July</u> *(D. Steele)*   NES/19/77
        To receive a summary   (Enclosed)

e.	Caldicott Guardian: Annual Report to the Board *(S. Irvine)* To receive and endorse.	NES/19/78 (Enclosed)

9. Strategic Items

a.	Progress against Strategic Outcomes *(D. Cameron)* For consideration: A presentation will also be given.	NES/19/79 (Enclosed)
b.	Medical Recruitment *(S. Irvine)* For consideration.	NES/19/80 (Enclosed)
c.	NES Digital: Supporting the NHS Scotland Workforce *(C. Wroath)* To receive a cover paper and presentation.	NES/19/81 (Enclosed)
d.	Scotland's Paramedic integrated National Education Programmes (SPiNE): Update *(C. Lamb)* To receive an update paper.	NES/19/82 (Enclosed)

10. Risk Register *(C. Lamb)*   NES/19/83
(Enclosed)

11. Items for Noting

a.	Partnership Forum: 28th May *(C. Lamb)* To receive a report and the minutes.	NES/19/84 (Enclosed)
b.	Training and Development Opportunities for Board Members For information.	NES/19/85 (Enclosed)

12. Any Other Business

13. Date and Time of Next Meeting

Thursday 26th September 2019 at 10.15 a.m.

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July 2019
DJF/cl

NHS Education for Scotland

MINUTES OF THE ONE HUNDRED AND FORTY-NINTH BOARD MEETING HELD ON THURSDAY 27th JUNE 2019 AT WESTPORT 102, EDINBURGH

Present: Mr David Garbutt, Chair
Ms Anne Currie, Non-executive member
Mrs Linda Dunion, Non-executive member
Mrs Jean Ford, Non-executive member
Ms Liz Ford, Employee Director
Mr Douglas Hutchens, Non-executive member
Professor Stewart Irvine, Medical Director
Ms Caroline Lamb, Chief Executive
Mrs Audrey McColl, Director of Finance
Dr Doreen Steele, Non-executive member
Ms Sandra Walker, Non-executive member

In attendance: Mr David Ferguson, Board Services Manager (Board Secretary)
Mr Donald Cameron, Director of Planning and Corporate Resources
Dr David Felix, Postgraduate Dental Dean
Ms Dorothy Wright, Director of Workforce
Ms Joanne Brown, Engagement Leader, Grant Thornton (External Auditors) (particularly for agenda item 7c)
Mrs Janice Sinclair, Head of Service (Finance) (particularly for agenda item 7)
Ms Monica Halcro, Senior Manager, Governance & Operations (Finance) (particularly for agenda item 7c)

1.   CHAIR'S INTRODUCTORY REMARKS

The Chair welcomed everyone to the meeting, advising that the following people would be joining the meeting for the items relating to the Annual Accounts for 2018-19:

- Joanne Brown, Grant Thornton (External Auditors)
- Mrs Janice Sinclair, Head of Service (Finance)
- Ms Monica Halcro, Senior Manager, Governance & Operations (Finance)

The Chair informed the Board that he had recently been elected as the Chair of the NHS Board Chairs Group.

2.   APOLOGIES FOR ABSENCE

Apologies were received from Vicki Nairn and Karen Wilson.

3. DECLARATIONS OF INTEREST

Anne Currie advised that one of the interests she had declared previously no longer applied, in that her elder daughter's role no longer involved secondment to a NHS organisation.

The Chair reported that Vicki Nairn, although submitting apologies for absence for today's Board meeting, had wished to highlight, in relation to agenda item 8a (NES response to the Sturrock Report), that her husband is a senior manager in NHS Highland. This is included in the Board Members' Register of Interests.

4. MINUTES OF THE ONE HUNDRED AND FORTY-EIGHTH BOARD MEETING
(NES/19/56)

Subject to an agreed minor amendment to the last bullet point on page 6, The minutes of the meeting held on 29th May 2019 were approved. **Action: DJF**

5. ACTIONS FROM PREVIOUS BOARD MEETINGS   **(NES/19/58)**

The Board noted that all of these actions had been completed or were in hand.

It was pointed out that the action point from the April 2018 Board meeting (at the bottom of the second page of the paper) should be assigned to Caroline Lamb and will be addressed at the September 2019 Board meeting, in the context of a discussion on the development of a NES Communications Plan.

The Chief Executive provided a verbal update on the procurement and funding for Scotland's Paramedic National Education Programmes (SPiNE) (an action from the April 2019 Board meeting). It was noted that, following discussions with all stakeholders, it was now recommended that NES receives the funding for the SPiNE programmes directly from Scottish Government, with the contract for the programmes managed jointly by NES and SAS through a contract board for an initial five-year period. During this period, work between NES, SAS and SFC would be ongoing to support the future transition of paramedic courses to a grant-funded model, in line with other AHP programmes. The Board approved this recommendation, noting that this development will strengthen NES's position as a commissioning organisation.
Action: CL to arrange for Karen Wilson to take this work forward

6. MATTERS ARISING FROM THE MINUTES

There were no matters arising.

7. GOVERNANCE AND PERFORMANCE ITEMS

a.   Audit Committee: 13th June   **(NES/19/59)**

The Board received and noted the unconfirmed minutes and a summary, which were introduced by Doreen Steele.

b.   Annual Report of the Board   **(NES/19/60)**

The Board approved the Annual Report of the Board for 2018-19, which was introduced by the Chief Executive.

c.   Annual Accounts 2018-19

(i)   External Audit Report on 2018-19 Accounts and Letter   **(NES/19/61)**
       of Representation

The Board received the external auditors' final report to the Board and the Auditor General for Scotland on the 2018-19 external audit, which was introduced by Joanne Brown, Engagement Leader, Grant Thornton. The following points were highlighted:

- An unmodified audit opinion has been issued.
- No significant or material adjustments to the financial statements were necessary.
- Audrey McColl and her team were thanked for their support and assistance throughout the audit process.

The Board was pleased to note this clean external audit report and congratulated the Finance team on this excellent outcome.

The Board also remarked that the report provided evidence that the external auditors had developed a good understanding of NES's business and culture.

As recommended by the Audit Committee at its meeting on 13th June 2019, the Letter of Representation was approved for signature, on behalf of the Board.   **Action: AMcC**

(ii)   Annual Report from Audit Committee and Governance Statement   **(NES/19/62)**

Doreen Steele introduced the Audit Committee's Annual Report to the Board for the year ended 31st March 2019 and the recommendations on the Governance Statement. This report had been approved by the Audit Committee on 13th June 2019.

It was confirmed that the Audit Committee based its assurance to the Board on a range of sources, including information and evidence from the other committees of the Board.

Members were encouraged to read the associated Best Value Characteristics Assessment document, which provides an additional layer of assurance (a link to this document had been provided).

The Board noted the Audit Committee's Annual Report for 2018-19.

On the recommendation of the Audit Committee, the Board approved the Governance Statement for signature and inclusion in the Annual Accounts for 2018-19.
                                                                                   Action: AMcC

Doreen Steele thanked the Finance team and the auditors for their excellent work throughout the year.

(iii)   Notification from Sponsored Body Audit Committee   **(NES/19/63)**

Audrey McColl introduced a paper presenting NES's proposed response to the annual request from the Scottish Government Health Finance and Infrastructure Division for details of any significant issues of fraud arising during 2018-19.

The Board noted from the proposed NES response that there had been no significant issues of fraud during 2018-19.

In approving the proposed NES response, the Board agreed that the phrase "…no instances of fraud…" should be amended to read "…no instances of fraud which we are aware of…"   **Action: AMcC**

(iv)   Annual Report and Accounts for year ended 31st March 2019

Janice Sinclair introduced the Annual Accounts for the year ended 31st March 2019, which had been scrutinised by the external auditors and approved by the Audit Committee at its meeting on 13th June 2019, and the cover paper which highlighted some key issues and the amendments made to the Annual Accounts following the Audit Committee meeting.

The draft Annual Accounts had been circulated to Board members for comment in advance of the Board meeting.

The following points arose in discussion:

- Members acknowledged the usefulness of the two workshops which had been held in May 2019, in terms of further enhancing their understanding of the annual accounts process.
- Members commended the use of infographics to enhance the presentation of the annual report and accounts.

Following discussion, the Annual Accounts for 2018-19 were approved by the Board and arrangements would be made for the copies to be signed by the Board's representatives and the external auditors.   **Action: AMcC**

d.   Finance & Performance Management Committee: 22nd May 2019   **(NES/19/64)**

The Board received and noted the unconfirmed minutes and a summary, which were introduced by David Garbutt.

e.   Property & Asset Management Strategy: Interim Update   **(NES/19/65)**

Donald Cameron introduced a paper providing a brief update on the Property and Asset Management Strategy for 2017- 2027. The following points were highlighted:

- The Scottish Government requires annual updates monitoring and highlighting progress towards the Property and Asset Management Strategy (PAMS) for each NHS Board.
- This will be the last annual report produced individually, as a combined five-year PAMS will be submitted on behalf of the National NHS Boards in 2020.

- Attention was drawn to NES's creditable performance in relation to carbon reduction and sustainability and the SMARTER Working Improvement Programme which is now underway.
- Work is underway in relation to identifying the ongoing space requirements for the Centre for Health Sciences in Inverness. It is anticipated that there will be a significant reduction in space, which will create recurrent savings.
- Work is ongoing to identify the most suitable property solution for NDS in the coming year and to find a longer-term property solution to accommodate the anticipated significant growth in staff numbers over time. There is a need to extend the current lease at the Bayes Centre at the University of Edinburgh, while a wider property search is carried out within Edinburgh, focussing initially on available properties in the public estate.

Some discussion took place on sustainability and smarter working. It was recognised that a degree of culture change will be necessary to achieve NES's aims in these areas. There is a need to highlight the benefits to staff of agile working and to encourage them to take individual responsibility for contributing to the corporate targets. It was noted that the Board can contribute to the sustainability agenda by, for example, reducing travel by joining meetings remotely, where appropriate.

Following discussion, the Board noted the interim update and supported the actions being taken forward in relation to properties and sustainability issues.

f.   Assurance Framework   **(NES/19/66)**

Audrey McColl introduced a paper presenting the revised draft of the Assurance Framework to the Board for approval. The following points were highlighted:

- The draft incorporates the changes to the framework identified at the Board Away-Day in April 2019 and comments from the June 2019 meeting of the Audit Committee.
- The paper also highlights areas for further consideration.
- It is proposed to bring the Assurance framework to the Board on an annual basis.

Discussion of the paper produced the following main points:

- It was suggested that good practice in relation to complaints handling should be included.
- It was suggested that the need to train appropriate staff in relation to GDPR should be included on page 13 of the Assurance Framework.
- Reference might usefully be made to the Digital Sub-Committee.
- It may be useful to refer to whistleblowing and issues arising from the Sturrock Report in the Human Resources Management section.
- It was agreed that the references to risk management should be more widespread in the framework.
- It was agreed that it would be useful to include a preamble to explain the origins of the main headings in the framework and to clarify the board governance assurance and executive assurance roles.

The foregoing points will be taken into account in developing the framework further.
Action: AMcC and DC

The Board agreed that the assurance framework is a very useful document and thanked Audrey McColl, Donald Cameron and Rob Coward for their work in compiling it.

g.   Educational & Research Governance Committee: 23rd May   **(NES/19/67)**

The Board received and noted the unconfirmed minutes and a summary, which were introduced by Douglas Hutchens.

Douglas Hutchens took the opportunity to reiterate the point raised at the last Board meeting in relation to the importance of seeking to ensure that cover papers include reference to Equality and Diversity Impact Assessments, where appropriate. The Board noted that there is still some room for improvement in this area.

8.   STRATEGIC ITEMS

a.   NES response to the Sturrock Report   **(NES/19/68)**

Dorothy Wright introduced a paper providing the Board with the proposed NES response to the Sturrock Report into Cultural Issues in NHS Highland, as requested by Scottish Government. The following points were highlighted:

- The draft response takes account of discussion at meetings of the Board and the Partnership Forum in May 2019. Responses are required by 28th June.
- There is no prescribed format for the responses and the NES response takes a reflective and discursive approach, in common with what appears to be the approach taken by other NHS Boards.
- The response is aligned with NES's Staff Governance Monitoring Return.
- The response acknowledges the contribution of the Sturrock Report in allowing us to reflect on particular aspects of NES's people management processes and approaches.
- A brief action plan has been included.
- Reference is made to NES's national role and its support for the wider NHSScotland system.
- The Board's support and influence will be key to addressing some of the cultural issues.
- Some minor wording changes are proposed in the light of a recent discussion at the HR Directors Group.

The following main points arose in discussion:

- Caroline Lamb advised that she has been asked by the Cabinet Secretary to join a short-life working group being set up to consider issues arising from the Sturrock Report and the various responses.
- The response might usefully include greater reference to the Board's involvement in developments, for example the development of Our Way, and to Board members' engagement with staff across NES.
- Reference will be made to the Board's role in monitoring the action plan.
- It may be useful to reference the Line Managers Passport initiative and NES's iMatter scores.

- In the context of NES's Lead Employer role, it will be helpful to refer to the very robust processes in place to enable trainees to raise concerns regarding any inappropriate behaviours they have experienced. The role of the Educational & Research Governance Committee in relation to supporting the Lead Employer role might also be referenced.
- The various channels used to communicate with and support staff should be highlighted.
- The importance of Corporate Induction in raising staff awareness of NES values and culture might usefully be highlighted.
- It was agreed that the wording of paragraph 1.1 in the Overview of the response should be softened slightly.
- In relation to Leadership issues, it may be useful to merge paragraphs 5.7 and 5.10.
- It was confirmed that detailed discussion on the crafting of the response has taken place in partnership.
- In terms of communication with staff, Caroline Lamb has recorded a podcast highlighting a number of issues arising from the Sturrock Report and NES's response. In addition, Liz Ford will be gauging staff reactions in the course of her regular visits to the various NES offices.

It was agreed to take account of the points raised in discussion in finalising the NES response for submission to Scottish Government on 28th June.　　　　**Action: DW**

9. ITEMS FOR NOTING

a.　Feedback, Comments, Concerns and Complaints Annual　　**(NES/19/69)** Report

The Board received and noted this report.

It was agreed to make the wording of the first complaint less specific.　　**Action: DC**

10. ANY OTHER BUSINESS

There was no other business.

12. DATE AND TIME OF NEXT MEETING

The next Board meeting will take place on Thursday 25th July 2019 at 10.15 a.m. It was confirmed, immediately following the meeting, that the next meeting will take place in Edinburgh, rather than Glasgow.　　**Action: DJF**

NES
June 2019
DJF/dw

Actions arising from Board meetings: Rolling list

Minute	Title	Action	Responsibility	Date required	Status and date of completion
Actions agreed at Board meeting on 27th June 2019					
4	Minutes of Board meeting on 29th May 2019	One minor agreed amendment, then add the approved minutes to the Corporate Hub.	David Ferguson	N/A	Actions taken on 28th June.
5	Actions from previous Board meetings: Procurement and funding of SPiNE programmes	Arrange for Karen Wilson to take forward the work arising from the Board's approval of the recommendation regarding the funding arrangements for the SPiNE programmes.	Caroline Lamb	N/A	Update paper included in July 2019 Board agenda.
7c	Annual Accounts 2018-19 and associated items	(i) Arrange for the Letter of Representation to be signed on behalf of the Board.	Audrey McColl	27th June	Completed. Letter signed on 27th June.
		(ii) Ensure that the Governance Statement is signed and included in the Annual Accounts for 2018-19.	Audrey McColl	27th June	Completed. Statement signed on 27th June.
		(iii) Minor amendment to the NES response to Scottish Government regarding any significant issues of fraud arising during 2018-19.	Audrey McColl	ASAP	Completed.
		(iv) Arrange for the approved Annual Accounts for 2018-19 to be signed by the Board's representatives and the external auditors.	Audrey McColl	27th June	Completed. Accounts signed on 27th June.
7f	Assurance Framework	Take account of the discussion points in developing the framework further.	Audrey McColl and Donald Cameron	N/A	In hand.

Minute	Title	Action	Responsibility	Date required	Status and date of completion
8a	NES response to the Sturrock Report	Take account of the discussion points in finalising the response for submission to Scottish Government.	Dorothy Wright	28th June	Completed.
9a	Feedback, Comments, Concerns and Complaints Annual Report	Make the wording of the first complaint less specific.	Donald Cameron	N/A	In hand.
12	Date and time of next Board meeting	Actions, as necessary, following the switch of venue for the July 2019 Board meeting from Glasgow to Edinburgh.	David Ferguson	N/A	Completed.
Actions agreed at Board meeting on 29th May 2019					
8a	Finance Report	Produce, as an appendix to the next Finance Report, a table showing the pattern over the last 5 years of the underspend totals and the amounts returned to Scottish Government.	Audrey McColl	N/A	In hand. This appendix to be included in Finance Report to the July 2019 Board meeting.
8f	Blueprint for Good Governance Action Plan	Bring an update on progress to the September 2109 Board meeting.	Caroline Lamb	Mid-September	
Actions agreed at Board meeting on 24th April 2019					
5	Standing Financial Instructions (SFIs)	Action, as necessary, following approval of proposed changes to the SFIs.	Audrey McColl	N/A	In hand
6	Audit Committee Remit	Action, as necessary, following approval of proposed changes to the Audit Committee's remit.	Audrey McColl	N/A	In hand
Actions agreed at Board meeting on 31st January 2019					
6a	Matters arising: Policies and strategies	Arrange to produce a synopsis of external policies and strategies which impact on NES's work.	Caroline Lamb	N/A	Ongoing
9b	Medical Revalidation	Discuss with the RDBS Chair how best to present the recommendations from the annual quality assurance reports in future.	David Garbutt	N/A	Ongoing

Minute	Title	Action	Responsibility	Date required	Status and date of completion
Actions agreed at Board meeting on 19th April 2018					
8c	E&RGC minutes: 22nd February 2018	Arrange for the Board to receive, at an appropriate time, an update on the corporate position regarding NES's communication with the IJBs and the community planning partnerships.	Caroline Lamb	N/A	To be considered in the context of a NES Communications Plan, which will come to the September 2019 Board meeting.

NHS Education for Scotland

CHIEF EXECUTIVE'S REPORT

Caroline Lamb, Chief Executive

July 2019

1   INTRODUCTION

The Board agenda for our July meeting covers our normal cycle of governance items, including the Performance Report, Finance Report, Caldicott Guardian Annual Report and the minutes from various NES Committees.

Also included on the agenda is an update on medical recruitment, an update on the services that we deliver to support the workforce through NES Digital, which will be supported by a presentation; and an update on Scotland's Paramedic integrated National Education Programmes.

We are also using this Board meeting to look back and reflect on the progress that we made over the last 5 years in delivering the Strategic Outcomes set out in our last Strategic Framework 2014-2019. A full paper has been prepared for this item which will be supported by a presentation.

2   ANNOUNCEMENTS

Colin Brown, Head of Governance (Digital)

Colin Brown joined NES on 10th June 2019 on secondment from the Scottish Government as Head of Governance (Digital). Many of you will know Colin who has been Head of the Office of the Chief Executive, NHS Scotland for the last 7 years.   Colin's role will involve developing a service level agreement between Scottish Government and NES to cover the work and deliverables of NDS over the next 3 years. The role will also involve developing a full understanding of the work of NES Digital in relation to workforce, business and administrative systems with a view to also developing a clear agreement with Scottish Government about what NES will deliver through that part of our organisation.

Malcom Wright, Chief Executive of NHS Scotland

Malcolm Wright has been appointed as Chief Executive of NHS Scotland and Director General of Health and Social Care at the Scottish Government. Board members will be familiar with Malcolm, not least as he was Chief Executive at NES from 2004 to 2015.

30 and 31 May, NHS Scotland Event

I was very pleased to attend another NHS Scotland Event. Each year, the event provides the opportunity for those working in and with NHS Scotland to come together to consider the challenges faced and to share best practice.   NES had projects displayed as part of the poster exhibition.

Thank you to everyone who was involved.

3   STRATEGIC UPDATES

Appointment and role of dedicated non-executive Whistleblowing Champions

On 8 October 2018 the Cabinet Secretary for Health and Sport announced her intention to appoint dedicated non-executive Whistleblowing Champions to each Board in NHS Scotland.   The appointment process for these new roles will commence shortly. The aim of the role will be to further promote a culture of openness and transparency in NHS Scotland, where all staff feel confident to raise any concerns, they may have in the knowledge that they will be supported, and their concerns properly investigated.

Improving Workplace Cultures in NHS Scotland: Ministerial Short-Life Working Group

I have been invited to join a short-life working group to examine how we deliver further improvements in workplace cultures across NHS Scotland. The first meeting is being held on the 31 July in Glasgow. I will provide an update in my September report to the Board.

4.   Communications

Announcement of rise in medical trainee recruitment - including quote in SG news release from NES Medical Director Stewart Irvine

Launch of NES Psychology Trauma Training Plan - including quote in SG News release from Dr Sandra Ferguson, National Coordinator of the Trauma Training Plan, NES; as well as social media support on the day.

Our social media activity on the day of the launch of the Trauma Training Plan saw a total of 30,000 impressions on Twitter with each post (from a total of four) averaging around 4% engagement.

5. Dental

NES Dental Directorate – Training Package for General Dental Practitioners to become Practitioners with Enhanced Skills in Domiciliary Care.

The Oral Health Improvement Plan published in January 2018 by the Scottish Government recognises the challenges in providing oral care for the ageing population.

Quote from the ministerial foreword of this document as follows:

'We also need to recognise that the population of Scotland is ageing, presenting new challenges that we have to meet. More older people have their own teeth than we have ever seen before. While many people continue to see their dentist on a regular basis, this changes when they become housebound and have to rely on domiciliary

care services. We face particular challenges in ensuring that residents of care homes also continue to receive regular effective dental care.

As a first step, the new domiciliary care arrangements will enable an accredited practitioner to be assigned to a care home to provide routine preventive oral health care to care home residents. These practitioners will work in partnership with care home staff to ensure the maintenance of good oral health and hygiene. It is also important at this stage to acknowledge the complementary role provided by the Public Dental Service (PDS) in providing domiciliary care, and we envisage that this role will continue.'

The Dental Directorate was approached by the Chief Dental Officer to produce a training package for GDPs in Domiciliary Care and consequently a training model was created which included collaboration with NHS territorial boards, the Public Dental Service, including those involved in the delivery of 'Caring for Smiles' and the Care Homes.

The first two cohorts began their training at the beginning of April 2019 with parallel training days taking place in Glasgow and Edinburgh with 32 participant GDPs from 9 different health boards. Following an application process undertaken by the health boards to identify suitable participants, 7 days of educational delivery took place on topic areas such as consent and capacity, the medically complex patient, dementia, treating patients with a physical or cognitive disability and the ageing dentition. The already well established AWI course offered to dentists by NES is an integral part of the training.

The second phase of the training involves the participant GDPs being matched to a mentor in the Public Dental Service in their own health board area. The mentor is a dentist who is well experienced and skilled in the delivery of dental treatment to care home residents. The training model requires the GDPs and PDS mentors to visit Care Homes jointly and treat patients for 5 sessions and undertake 5 Supervised Learning Events to be recorded in an e-portfolio to support training. The evidence from training recorded in the e-portfolio will be used by the relevant health board to make a decision on the award of the 'enhanced skills' status to the GDP.

As well as developing the training model and organising the delivery of the face to face teaching, several other elements had to be delivered in a relatively short space of time. These included training for the mentors in the PDS to support them in this role, development of an e-portfolio to support the training and record evidence of educational activity and development of pages on Turas Learn for supporting resources.

The face to face teaching days for the first two cohorts and the mentor training have now been delivered and the mentoring process within the boards is now in progress. Feedback and evaluation will allow us to make adjustments to the training process and content for future delivery to improve the experience by all those involved.

The aim of the initiative is to improve the delivery of high standard oral care to this vulnerable priority group by enhancing the skills of GDPs. The individuals with the most complex needs will still be seen by the more specialised dentists from the

Public Dental Service for all or part of their treatment. This model of shared care and complementary working should optimise the ability of the PDS to concentrate on the individuals with the most challenging needs.

Going forward, the aim is to continue to offer this training on a continuous rolling programme to GDPs selected by their Health Board and will include a matching process to individual Care Homes.

Clinical Effectiveness

Building on the success of its Dental Prescribing smartphone app, this summer the Dental Directorate's Scottish Dental Clinical Effectiveness Programme is launching a second app as an alternative means of delivering its dental clinical guidance to healthcare professionals. This has been developed using a platform that enables straightforward updating and simultaneous creation of both Android and iOS phone apps and a website version for viewing via desktop computer or laptop. The new *Dental Companion* app provides guidance on four clinical topics identified as priorities for safe and effective dental healthcare.

6. **Digital**

As part of the ongoing quality improvement plan, a new architectural model has been developed within Turas. This will underpin improved delivery of security, cost control, integration and simplicity. These take advantage of new Azure capabilities now available to support the platform.

Within NES Digital several teams now moved from using YouTrack to DevOps Boards (part of our MS Azure service). This is providing the teams with better visibility of current work and supports improved monitoring of progress through the allocation of tasks within stories. This in turn provides greater technical refinement and better planning of resource allocation.

NES Digital technical leads spent a day with Scottish Governement Digital this month to provide experiential advice on Office 365 transition and Azure hosting of web applications.

Proposal around how Turas can support pay progression changes has been submitted to Scottish Government.

The first discovery workshop has been held with NES workforce colleagues to inform the planned proposal to Scottish Government about the next phase of business systems transformation with a specific focus on HR function and supporting data.

The Knowledge Management and Discovery business unit arranged a pan NES meeting to discuss how best to improve the use of Microsoft 365 within NES with plans in place to progress the suggestions raised.

The knowledge network arranged an Expert in the Room event around the Topol Review on 10th June attracting over 30 attendees.

The first version of the Data Protection Impact Assessment (DPIA) has been completed and distributed with the understanding that the DPIA will require continuous review and updating throughout lifecycle of the National Workforce Statistical service transition programme. Similarly, an additional Data Sharing Agreement (DSA) has been put in place between NSS and NES to cover this transition period and ensure NES access to required NSS information systems.

In support of the work of the Senior Leaders Operational Group, the NES Digital Delivery business unit held a workshop with directorate Product Owners on 11th July to discuss how we reflect the Digital Roadmap requirements they have outlined for 2019/20

Work on the Intranet within Umbraco continues with the team now working on the mobile view and the search. The developing site was well received at the NHSScotland conference and at a recent AHP event.

Work is ongoing by the Communications and Delivery team around adapting the existing products website to something that works cohesively with the Turas platform and allows us to showcase Turas products to potential customers.

Work on the windows 10 migration project is on-going, currently 680 Windows 10 devices, regional progress being monitored weekly. Staff machine completion is on target by end August 2019.

Operationally SWAN network connectivity has been established within the Bayes Centre and the installation of data centres within the Glasgow and Edinburgh offices is now complete.

7.   NES Digital Service (NDS)

NDS had a visible presence at the NHS Scotland conference and was able to engage with a number of stakeholders and to demonstrate the new ReSPECT application. We also published a number of short films to promote NDS, in conjunction with the event.

NDS is working with suppliers and NHS Forth Valley on the roll out of the ReSPECT product. We're also engaging with other NHS Boards on its potential use nationally.

Geoff Huggins highlighted the work of NDS and the objectives of the National Digital Platform in a presentation to the Academy of Medicine.

We have published three new blogs, including a guest blog from Dr Catherine Calderwood, Scotland's Chief Medical Officer. Work has been continuing work to redevelop the NDS website with NES' Web Team.

NDS is working to support the Scottish Genomes Partnership regarding its objective to have a shared data repository. We're working with SGP and NSS to create a shared data store.

NDS continues to work with NHS Boards on integration with the Platform – we have already started with NHS Greater Glasgow and Clyde and NHS Forth Valley, with elements of the National Digital Platform now live.

NDS convened two extended meetings of the Transition Group (12 June and 3 July) to work through the development of a roadmap for the Platform; both sessions went really well with good progress being made.

Geoff Huggins presented to NDS' Digital Sub Committee in June, highlighting NDS' 12 and 36 month deliverables. Geoff will provide an update on the Digital Sub Committee meeting at the next NES Board meeting.

8. Medicine

GMC National Training Surveys : 2019

The 2019 GMC NTS results were published on 8th July. Completion rates remain high - 96.4% (5,111) of Scotland's doctors in training participated compared with the UK average of 94.8%. However, engagement from trainers in Scotland's health boards remains low at 40.3% (and below the UK average of 44.8%).

Across the UK 81.9% of doctors in training rate the **quality of experience** in training posts as 'very good' or 'good', with 88.2% rating the quality of **clinical supervision** they receive in these posts as 'very good' or 'good'. 82% of doctors in training 'strongly agree'/''agree' that the **working environment** in their Board/Trust is fully supportive. Of concern, 30% of trainers in the UK 'strongly disagree'/'disagree' that they are always able to use the time allocated for training for that purpose.

That **service pressures** continue to pose a risk to training is reflected in 29.2% 'strongly disagreeing'/'disagreeing' that educational /training opportunities are 'rarely lost due to gaps in the rota'. **Workloads** also remain a challenge - 88.5% report having worked beyond rostered hours, 9.1% report doing so daily, and 38.6% report 'very heavy'/'heavy' workloads. Moreover, 24.9% report feeling **burn out** because of work to a 'very high degree'/'high degree'.

This year for the first time, the GMC included questions on **workplace facilities** - 23.4% of doctors in training in Scotland report having no **access to a common room** or mess in their current post (around twice the UK average of 12.9%) and 28.3% report having **no access to Wi-Fi** connectivity (more than twice the UK average of 12.5%). 24.2% report having **no access to catering** facilities out-of-hours (compared to the UK average of 17.6%).

The Deanery quality management team is now drilling down into the detail of the 2019 GMC surveys to identify specialties and training locations that are generating

particularly concerning feedback. The data will be reviewed in detail at our Quality Review Panels led by our 8 Speciality Quality Management Groups with internal and external stakeholder engagement in August and September. These meetings will generate lists of specialty/site visits that will be prioritised to receive quality management visits with a view to supporting improvements in these training environments.

Full details of the survey can be found here.

Publication of 2019 Medical Recruitment Figures

The Board will be receiving a paper at today's meeting providing a detailed update on the main 2019 recruitment process to medical training posts. On an annual basis Scottish Government publish the fill rates for Round one, Round one re-advert and Round 2 medical trainee recruitment. These were published on 6 July with the following comment :

Latest recruitment figures show that 89% of all medical training posts in Scotland are currently filled – the highest level for five years at this stage in recruitment. Foundation training places – for the two years post-medical school – are currently 99% full. The specialty areas of clinical radiology, paediatrics and general surgery show 100% fill rates. In core psychiatry, 41 of the 57 posts advertised have been filled – a rate of 72%. The Scottish Government is working with the Royal College of Psychiatrists, health boards and medical schools to ensure this rate continues to improve.

Health Secretary Jeane Freeman said: "These latest recruitment rates for our medical trainee posts are very encouraging and reflect Scotland's reputation as a country with a first-class medical education system and flexible training opportunities. We recognise that there are still on-going challenges when it comes to recruiting to certain medical specialties and geographical areas, and we are continuing to address these issues. The £20,000 Scottish Government bursary for GP Specialty Training posts continues to play a part in directing trainees into hard-to-fill locations across Scotland, with 71% of bursary-eligible posts filled so far."

General Practice Nursing

NES supports a co-ordinated network of NES General Practice Nursing Education Advisors, led by a NES National Co-ordinator and have established a robust model of education and training for GPNs. Over the past seven years the communication, visibility and credibility of the GPN workforce has been improved across Scotland. We have been pleased to welcome, 2 new colleagues during July within the GPN Team - Karen Beattie and Diane MacMichael, who are both GPNs, have been appointed to support the existing and increasing work within the active workstreams of the NES GPN Network of Learning and Development and NES CPD Connect workstreams.

In addition to their regular newsletters (link) Lynne Innes (NES GPN Lead) has recently published on how General practice is changing in Scotland (link). The article describes how changes and developments are supportive of general practice nurses

(GPNs) enabling their transformation into a new role of expert nursing generalists and with over half of all GPNs in Scotland being over the age of 50 years or over the profession faces challenges to sustain the workforce. It also outlines how the Scottish Government and NHS Education for Scotland have considered these challenges and are supporting GPNs with significant investment and a clear vision to support recruitment and retention of a highly skilled GPN workforce for the future.

9.   Psychology

Parenting interventions reach more than 5000 families.
The Psychology of Parenting Project (PoPP) is aimed at improving the availability of high-quality evidence-based parenting approaches (the Incredible Years Preschool Basic and Level 4 Group Triple P interventions) for families with children aged 3-6 years who have elevated levels of behaviour problems. Since January 2013, 763 practitioners have been trained to deliver these interventions and overall 870 PoPP groups have been delivered (or are currently being delivered) to 5,515 families. Outcome data (in the form of pre and post group Strength and Difficulties Questionnaires) has been collected on 2,950 children; over the years 82% of children have demonstrated an improvement, with 62% of children who started in the clinical range moving out of this high-risk range by the time that their parents had completed a group.

Launch of Psychological Trauma Training Plan
The Scottish Psychological Trauma Training Plan was launched on the 12th of July. The Trauma Training Plan Trauma will support services locally and nationally to develop and sustain a workforce that is able to respond to anyone affected by psychological trauma. It also offers key principles that will help all organisations, no matter how big or small, to support their workforce to put trauma training into practice.

Paediatric Competency Framework
An article co-authored by Janie Donnan about the Paediatric Competency Framework has been published in BMJ Paediatrics (Developing a Competency Framework for Psychological Interventions in a Multidisciplinary Paediatric Context. Roth and Donnan, 2019*. BMJ Paediatrics Open, 2019, 3:e000447*)

CALENDAR

20 May

National IT Contract Management Board
I attended this meeting and we received the regular contract management reports and a paper on an Innovation Proposal – Use of Satellite Broadband in Mobile Breast Screening Units

22 May

Finance & Performance Management Committee
The committee discussed and the operational plan 2019-20, financial overturn 2018-19 and Procurement. We also received an update on the property strategy.

Waiting Times Improvement Plan - Operational Performance Board
I attended this meeting and provided the meeting with an update on workforce. The group also discussed Elective Centres and Access Quality Improvement.

24 May

Robbie Pearson, Chief Executive, HIS
Stewart Irvine and I met with Robbie to discuss the Sharing Intelligence for Health and Care Group. This will be followed up by a meeting with Malcolm Wright.

William Edwards, eHealth Lead, Greater Glasgow and Clyde
William and I discussed the NHS Business Systems Programme Board and developments between NHSGG&C and NDS.

27 May

Alison Rooney & Duncan McArthur, Royal College of Surgeons, Edinburgh
David Felix and I met with Alison and Duncan to discuss the Definitive Human, the 3D anatomically correct model.

28 May

All Staff Meeting - NES Partnership Forum
The Partnership Forum held a forum with colleagues in Dundee. This provided a platform for staff to raise any issues and seek clarity around areas of interest.

NES Partnership Forum Meeting
The Partnership Forum discussed governance items that included the Sturrock Review, agenda for change T&C pay reform and Lead Employer - Partnership Arrangements. Updates were received on shared services.

29 May

NES Board Meeting
The Board agenda for our May meeting covered our normal cycle of governance items, including the Performance Report, Finance Report and the minutes from various NES Committees.   We also considered the Sturrock Report, the Scottish Government's Official response to Sturrock and the response which NES, along with all Boards have to provide to the Cabinet Secretary. Also included on the agenda was a full update on the progress in taking forward the work to develop a National Digital Platform by NDS; and an update on the arrangements for the transition of the responsibility for NHSScotland Workforce Statistics from NSS to NES.

NES Remuneration Committee
The committee received papers on Executive Objectives for 2019/20 and Remuneration Committee 2017-18 Annual Report to the Audit Committee.

3 June

Scottish Leaders Forum Annual Conference
I attended this conference which was held in Stirling. The event was an opportunity to consider how leaders from across public services best work together to achieve the outcomes set out in the National Performance Framework.

4 June

NES Executive Team Regional Visit, Dundee
The Executive Team met with colleagues from our offices in Dundee. Presentation were provided and staff received the opportunity to ask the ET questions.

6 June

NES/SSSC Partnership Group
I provided the group with an update on the Digital Strategy. The meeting received a presentation on Project lift from Gillian Strachen.

11 June

Deryck Mitchelson, NSS
We discussed the proposal for an extension of the contract with Atos, and the forth coming Contract Programme Board meeting.

National Boards Collaborative Programme Board
The Board received an update on collaborative working across Mental Health, a presentation on an OD Plan given by Tom Power and Dorothy Wright and an update on the Transformation Fund.

NHS Chief Executive Private Meeting
The Chief Executives received updates on a number of items including the National Cancer Framework, Waste Management and O365 implementation.

Implementation Leads Meeting with Malcolm Wright and Shirley Rogers
We discussed Governance and Delivery Mechanisms for the Health and Social Care Delivery Plan; Scottish Government Requirements from Implementation Leads Role in 2019/20 and 2019/20 Transformation Fund and Implications for Pace of Delivery

12 June

Transition Group
I attended the morning of the Transition Group Away day which brought together stakeholders to discuss the approach to and priorities for the National Digital Platform.

CE Business Meeting
I attended the CE's meeting with Scottish Government which discussed Sturrock, the Waiting Times Improvement Plan and the regular update from St Andrews House.

19 June

NES and Scottish Government Catch-up
I attended this regular catch up meeting with Penni Rocks, Scottish Government e-health directorate.

NHSI/NHS Education for Scotland – Teleconference
I joined a teleconference with colleagues from NHS Improvement to discuss the approach to eRostering being taken in Scotland.

20 June

Workforce Data and Transfer of the Statistical Function
I met with Sean Neil, (SG) and others to discuss the report of the Short Life Working Group and to agree the recommendations for the transition of responsibility for workforce statistics to NES.

National IT Contract Management Board (Special Meeting)
This meeting was arranged to consider the proposal submitted by Atos for extension of the National IT Services Contract beyond the current term ending 31 March 2022.
24 June

Christine McLaughlin

I met with Christine to discuss matching resources to priorities and the tool which is used in NES. Christine is taking some work forward to consider this in SGHSCD.

25 June

Christine McLaughlin, Scottish Government and Paul Marriner, Deloitte

At this meeting we discussed the development/implementation of the NHS Business Systems Roadmap.

26 June

Scottish Trauma Network National Event

I attended the STN event where I had the pleasure of hosting the morning plenary session.

Health and Social Care Delivery Plan - National Programme Board

The meeting received and discussed updates on Realistic Medicine, Public Health Scotland and progress against the Delivery Plan

Waiting Times Improvement Plan - Operational Performance Board

I attended this meeting, updates included the Waiting Times Improvement Plan overall programme delivery status and a summary of the latest waiting times performance:

27 June

NES Board Meeting

The main item for discussion at the Board was the NES Annual Accounts. Other items included property strategy update and the agreement of the NES Response to the Sturrock Review.

28 June

NES Digital Sub-Committee

The committee received a presentation from Geoff Huggins which highlighted the NDS' 12 and 36 month deliverables.

1 July - Peter MacLeod, Chief Executive, Care Inspectorate

I had an introductory meeting with Peter where we discussed matters of mutual interest, including the further development of Care Inspectorate applications on the Turas platform.

2 July

NES Executive Team Regional Visit – Westport

The NES Executive Team met with colleagues from our Westport offices. Christopher Wroath provided a presentation on ISO27001, Mairi Albiston presented on 'Using Implementation Science to improve the quality of education in psychology and psychological therapies' and Anne Dickson explained the work in medicine on Changes to Training Programme Management

3 July

Transition Group: Follow-up meeting

I attended a follow up meeting of the Transition Group to further refine and agree the priorities that emerged from the previous workshop.

4 July

Colin Sinclair, Chief Executive NSS
Colin and I had a catch-up meeting and we discussed digital activity and the transfer of Workforce functions from NSS to NES

5 July

Jerry Clarke, ATOS
Christopher Wroath and I met with colleagues in ATOS. The focus of this meeting was to discuss the current contract ATOS has with NHS Scotland, and to ensure that ATOS understood the changing landscape with regard to Digital in NHS Scotland.

10 July

Change Management Programme Board
I chaired the Change Management Programme Board. The group received an update on NES Digital organisation change.

11 July

Bank, Agency and Rostering Steering Group
I Chaired this meeting, discussions focussed on the tender for the national solution to rostering. Other updates included medical and nursing bank updates for each region and the agency spend for medical and nursing banks.

NES Remuneration Committee
The agenda items covered included the performance review of the Executive Cohort.

12 July

Implementation Leads - Business Meeting
The meeting of the Implementation Leads discussed the digital landscape in NHSScotland, shared services and the Transformation Fund.

NHS Education for Scotland

Board Paper Summary

1. **Title of Paper**

   Finance Report as at 30th June 2019.

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

   Janice Sinclair, Head of Finance.
   Lizzie Turner, Head of Finance Business Partnering.

3. **Purpose of Paper**

   The purpose of this paper is to present the financial results for the first three months of the year to 30th June 2019 and to indicate the current forecast outturn as at 31st March 2020.

4. **Key Items**

   The NES budget for 2019/20 is currently £508.8m. The year to date position, as at 30th June, reflects an underspend of £1.2m which is primarily due to how the budgets have been phased across the year. We are currently forecasting a year-end break-even position.

   Within this report, we are not reflecting the transformation funding which may become available to NES as the value has yet to be confirmed, but we are reflecting £404k expenditure which is currently committed and being incurred at risk (Section 4). In addition, members will be aware that the Scottish Government has agreed to fund the 2019/20 budget gap within Medical Training Grades which at the time the budget was set was £4,8m. We are currently reflecting this funding in full whilst showing an underspend of £0.2m against Training Grades. If this continues, we will reduce the anticipated funding accordingly (para 1.1.1 and 2.1.2). The net effect of adjusting the allocations to match the expenditure for these items would give a forecast year end underspend of £191k.

   Outstanding allocations from the Scottish Government total £78.5m which although a significant value, is not unusual at this time of the financial year. This figure includes £36.1m of recurring baseline allocations with the most significant being £14.8m related to additional superannuation costs for Training Grades and Educational Infrastructure posts funded by NES; £5.0m for costs associated with the NES Digital Services (NDS), £9.1m for the 2019/20 pay uplift and £1.5m in respect of the NES contribution to the National Boards target. We are actively working with the Scottish Government to ensure that all outstanding allocations are received as soon as possible.

5.   **Equality and Diversity**

The forecast outturn position is currently reflecting a balanced financial position. The recommendations within the report will not create any equality and diversity risks.

6.   **Recommendations**

The Board is invited to note the information contained in this report.

NES
July 2019
JS / LT

Finance Report to 30th June 2019

1   Overview

1.1 Revenue Funding

NES' original baseline budget for 2019/20, as reviewed by the Board on 28th March 2019, was £439.2m. We now anticipate a recurring baseline of £461m following confirmation that the increased Employer pension contribution (£16.37m), NDS funding (£5m) and £0.6m in other allocations have been agreed.

As reported in the budget paper to the Board, the agreed NES contribution to the National Boards recurrent saving target of £15m was £2.5m, which was achieved. However, £4m is shown as being removed from the 2018/19 baseline as the outstanding balance (approximately £4m) from the £15m savings target was arbitrarily allocated across Boards. How this outstanding element of the target will be met is currently under discussion with the other National Boards and as such we expect a £1.5m adjustment to be made as detailed below.

In addition, we expect to receive a total of £47.56m non-recurring allocations giving a total budget of £508.8m as shown in Table 1 below.

Table 1 – Revenue Funding:

All Figures in £'000s	Recurring		Earmarked		Non Recurring		Total	
Area	Received	Outstanding	Received	Outstanding	Received	Outstanding	Received	Outstanding
2018/19 Baseline	423,353						423,353	0
2018/19 Pay award	8,558						8,558	0
National Boards Savings	(4,000)	1,500					(4,000)	1,500
2019/120 Pay Award	511	9,058					511	9,058
Board Development posts (HIS)		70					0	70
Excellence in care		165					0	165
Original Budget	**428,422**	**10,793**	**0**	**0**	**0**	**0**	**428,422**	**10,793**
Additional Training Grade Funding						4,881	0	4,881
Superannuation	1,571	14,799					1,571	14,799
NDS		5,012					0	5,012
Aberdeen Dental School				3,113			0	3,113
Dental Outreach				350			0	350
Dental VT						335	0	335
Speciality Training Expansion posts						6,961	0	6,961
Medical Education Package (MEP) funding gap						5,144	0	5,144
Improving Surgical Training Funding						431	0	431
Mental Health Programme						7,000	0	7,000
Psychology Trauma Funding						480	0	480
Psychology CAMHS						4,889	0	4,889
Pharmacy PRPS				6,208			0	6,208
Pharmacy ACT				3,047			0	3,047
Other Pharmacy				2,097			0	2,097
Project LIFT		347					0	347
Digital Pharmpress				371			0	371
Other allocations		260	10	133	299	1,811	309	2,204
Total Revenue Allocation	**429,993**	**31,211**	**10**	**15,319**	**299**	**31,932**	**430,302**	**78,462**
Total		**461,204**		**15,329**		**32,231**		**508,764**

1.1.1 Outstanding Revenue Allocations

A significant amount of funding expected from the Scottish Government has not yet been received. We expect the adjustments to our baseline reported to the Board in March will be processed in the July allocation letter. These include the additional £1.5m for the National Boards savings which was removed from NES in error, and the £9.058m Pay Award for 2019/20.

Board members will be aware that to balance the 2019/20 budget, the Scottish Government agreed to fund the remaining gap which exists within training grades (at that point estimated to be £4.881m). A mid-term review will be carried out in the Autumn following the August rotation to agree what this final figure will be. Currently Medical Training Grades are projecting a £214k underspend so should that position continue to be projected we would expect the £4,881k funding from Scottish Government to reduce by £214k to £4,667k. Any funding received will be provided on a non-recurrent basis in 19/20 with an aim to agree to increase the recurrent baseline from 2020/21 onwards.

We are working through the outstanding non-recurring and earmarked allocations and, as with last year, we expect to receive the bulk of these by the September allocation letter. Some allocations, such as the MEP funding gap, are received later in the year once costs can be estimated with more certainty.

During Operational Planning for 2019/20 we were notified of an increase in the employer's pension contribution from 14.9% to 20.9% and recognised that there was a risk that the costs may not be covered in full by an allocation from Scottish Government. Directorates were asked to identify what both a 5% and a 10% reduction to their budget would mean to their activity and to assess the level of risk the organisation would face as a result. The savings which posed the least risk totalled £325k and were removed from directorate budgets and centralised in provisions. We now know that allocations to boards for the pension increase are based on the 2018/19 actual pension cost plus 3% for the pay award. To date, NES has received £1.6m in respect of the pension increase for non training grade staff. This has left a small gap when compared against all 2019/20 budgeted posts which will be funded by the savings removed from Directorates. An exercise to confirm the final amount required is currently underway. We also have confirmation that in July we will receive the additional £14.8m pension costs for Training Grade and Educational Infrastructure posts funded by NES.

We have not yet received confirmation of the final Transformation funding which we will receive. We have requested £2.048 million and currently have incurred costs of £404k which are reflected as overspends in the forecast figures. If NES receives the funding requested, the forecast year end position move into an underspend position. Further details are shown in Section 4.

1.2 Summary Financial Position

The summary financial position is shown in Table 2 below. We are currently forecasting that the full budget of £508.8m will be spent by year end. The year to date position shows an underspend of £1.2m mainly due to timing of spend and phasing of budgets as well as savings from unfilled posts early in the financial year which are expected to be offset by increased spend on other directorate priorities by the year end.

Budget letters have been issued to all directorates confirming their allocations for 2019/20 and giving indicative budgets for 2020/21 and 2021/22. These letters reflected the £325k reduction from savings identified to cover the anticipated unfunded element of the employer's pension increase.

Table 2 – summary Financial Position

MONTHLY REPORTING FOR JUNE 19				Period 03				
	Year to Date			Full Year				
Directorate	Current Budget	Outturn	Variance	Current Budget	Outturn	Variance	Variance last month	Movement in variance from last month
Quality Management	18,494	18,478	16	82,345	82,344	1	(1)	2
Strategic Planning and Directorate Support	1,661	1,602	59	6,135	6,184	(49)	(12)	(37)
Training Programme Management Excl Training Grades	3,749	3,456	293	15,696	15,701	(5)	2	(7)
Training Programme Management - Training Grades	61,251	61,131	120	269,784	269,570	214	68	146
Professional Development	1,300	1,123	177	6,927	6,714	213	(11)	224
Pharmacy	2,048	2,071	(23)	13,236	13,213	23	(4)	27
Medical Total	**88,503**	**87,861**	**642**	**394,123**	**393,726**	**397**	**42**	**355**
Dental	11,301	11,160	141	45,991	45,936	55	104	(49)
NMAHP	1,342	1,389	(47)	9,883	9,943	(60)	(39)	(21)
Psychology	5,945	6,047	(102)	24,840	24,839	1	5	(4)
Healthcare Sciences	678	668	10	2,763	2,756	7	1	6
Optometry	238	223	15	1,093	1,093	0	8	(8)
NDS	387	352	35	3,959	3,959	0	0	0
Digital	2,438	2,482	(44)	9,782	10,131	(349)	(1)	(348)
Workforce	1,140	1,017	123	4,875	4,905	(30)	(4)	(26)
Finance	604	492	112	2,416	2,413	3	0	3
Properties	1,003	981	22	4,058	4,087	(29)	(29)	0
Facilities Management	176	175	1	679	709	(30)	(31)	1
Planning (incl OPIP)	315	309	6	1,286	1,286	0	0	0
Net Provisions	593	275	318	3,016	2,981	35	11	24
NES Total (revenue)	**114,663**	**113,431**	**1,232**	**508,764**	**508,764**	**0**	**67**	**(67)**

All figures are in £000's

The layout of the detailed outturn table above has changed slightly since 2018/19 to reflect changes to reporting within Medical. Training grade costs are now separated from other Training Programme Management costs in line with the reporting first introduced in the 2019/20 budget paper to increase the transparency in this complex and high value area. Pharmacy is now shown as a separate budget area within Medical, whereas related costs were previously embedded across the other medical areas.

Material variances are discussed in section 2 below.

2.0 Variance Analysis of material movements

2.1 Medical

2.1.1 Year to Date

The £643k Year to date underspend is primarily made up of £413k in Training Programme Management (TPM), of which £120k relates to Training Grades, and £177k in Professional Development (PD)

In the non-Training grades element of TPM, £179k of the £293k underspend reported is due to timing issues and £104k is due to the Medical Pay award increases not yet being confirmed by Scottish Government

Within TPM -Training Grades, an underspend of £120k has arisen from an offset of the following:
- GP Practice Training grades where a £329k underspend is reported. This is primarily from a £475k underspend due to 25.5 fewer wte trainees employed (12.5 wte in GPST1s and 13.0 wte in GPST3). This has been offset by increased spend of £161k on pay costs for trainees on maternity leave (£121k) and £40k for remedial trainees
- Hospital Training Grades where a £194k overspend is being reported is mainly due to higher numbers of double runners than budgeted (12.3 wte costing £146k), 14.4 wte fewer vacancy savings than budget (£85k) offset by an underspend within LTFT savings of 2 wte across FYI and Core/ST (£36k).

Within PD the timing of spend accounts for around £78k of the £177k variance. Other variances are attributed to the delay of the pay rate confirmation accounting for £23k, with an additional £33k underspend caused by lower than anticipated participation levels in the Staying in Practice Scheme (SIPS)

2.1.2 Full Year Forecast

The Medical full year forecast underspend of £397k is primarily within Training Grades and PD. The Training Grade underspend of £214k is the full year effect of the year to date trainee movements discussed above. The mid-term review will identify the full-year pressure in medical training grades and determine the level of funding required from the Scottish Government. Should the forecast not move this would be £4,667k rather than £4,881k as detailed in Table 1 above, which would reduce the underspend in this area to zero.

The full year underspend in PD arises primarily from under-recruitment of Rural Fellows due to start in August 2019. Of the 10 posts available, only 4 have been filled. This is a similar position to last year due to a lack of applicants despite repeated advertising.

2.2 Dental

The YTD position for dental is an underspend of £141k. With the exception of £16k from posts filled at less than budget, the underspend is due to timing issues. The delay in announcing the pay award for Dentist has also contributed £18k to the underspend and £75k relates to the budget phasing of CPD training. The forecast year end position is a £55k underspend £42k of which comes from the posts filled at less than budget.

During the month, an exercise was carried out to identify the anticipated underspend from lower than budget volumes within the current cohorts in Core & Specialty training grades; Therapist; and Fellowship training. As a result, Dental have transferred £230k to corporate provisions. This transfer

has resulted in a £68k adverse movement from the forecast position at the end of May as at that time most of the Training Grades were forecast to break-even.

2.3 Psychology

The Year-to-date position for Psychology is a net £102k overspend. Budget phasing issues within certain programmes have resulted in an £194k overspend being reported. A revised budget phasing exercise is being undertaken in consultation with each of the programme leads to correct this in July. This overspend is offset by underspends in Training grades of £66k funding for which will be returned to SG. A further £26k underspend is being reported in respect of an analyst post which has been transferred to Digital Data Group for which the budget will be transferred to Digital in July.
As a result of these budget corrections and funding reduction, Psychology is expecting to break-even at the year end.

2.4 Digital

The year-to-date position for Digital is an overspend of £44k rising to £349k at the year end. These overspends have both been caused by the work being undertaken in respect of Transformation funded projects - £295k YTD and £376k forecast. Further detail of the commitments made under Transformation are provided in Section 4 of this paper.

The underlying position for Digital, excluding transformation projects, is a YTD underspend of £251k and a forecast position of £27k underspend. £86k of the YTD underspend has resulted from the ongoing re-organisation, £43k is from budget phasing with the largest element £173k being due to an underspend against eSubscriptions which is currently being investigated. The Forecast £27k underspend is mainly due to an underspend in pay of £43k being offset by a £16k overspend from additional spend on Learnpro to move more content to Turas Learn

2.5 Workforce

The Year-to-date position for workforce is an underspend of £123k, moving to a forecast overspend of £30k at year end. Workforce are also undertaking work to be funded from the Transformation Fund, if these were removed the underlying position would be a YTD underspend of £151k and a forecast of breakeven. Details of the Transformation fund commitments can be found in section 4 of this report.

The underlying YTD underspend is primarily made up of £80k due to pay savings arising from the ongoing reorganisation within the directorate, and £58k is due to timing issues. The breakeven forecast reflects a pay saving of £90k from the re-organisation and the achievement of £14k saving above the target for vacancy clawback. However, as the re-organisation is ongoing, there is a risk that re-deployment costs may arise in the future so a provision of £101k has been made.

2.6 Finance

The year to Date variance is £112k due to a combination of pay underspend of £71k due to vacancies, and £41k non-pay from the phasing of audit fees which will be corrected in July. The forecast is for a small underspend of £2k as it is anticipated that additional agency costs will be incurred to fill the vacant posts, and that finder's fees may be required to recruit to hard-to-fill posts.

2.6 Provisions

The full year budget for net provisions is £3.0m. This includes charges for depreciation (£1.2m), savings identified by directorates, budget adjustments and savings to be identified through procurement (£0.3m), the Apprenticeship Levy (£0.3m) and corporate budget identified as part of the

budget setting process to cover work being undertaken at risk in Digital and NDS (£0.9m) less top-slicing of external income to cover overheads (£0.2m).

3.0 Savings – Vacancy Clawback

A recruitment lag saving of £1.5m was included in the budget paper which, this year, has been allocated to directorates to allow greater control and ownership. To date £471k has been realised, so we continue to forecast that the target will be met in full as shown in the graph below. This will continue to be monitored and adjustments to the allocations may be required throughout the year as staffing levels become clearer.

Vacancy Clawback Summary £'000s
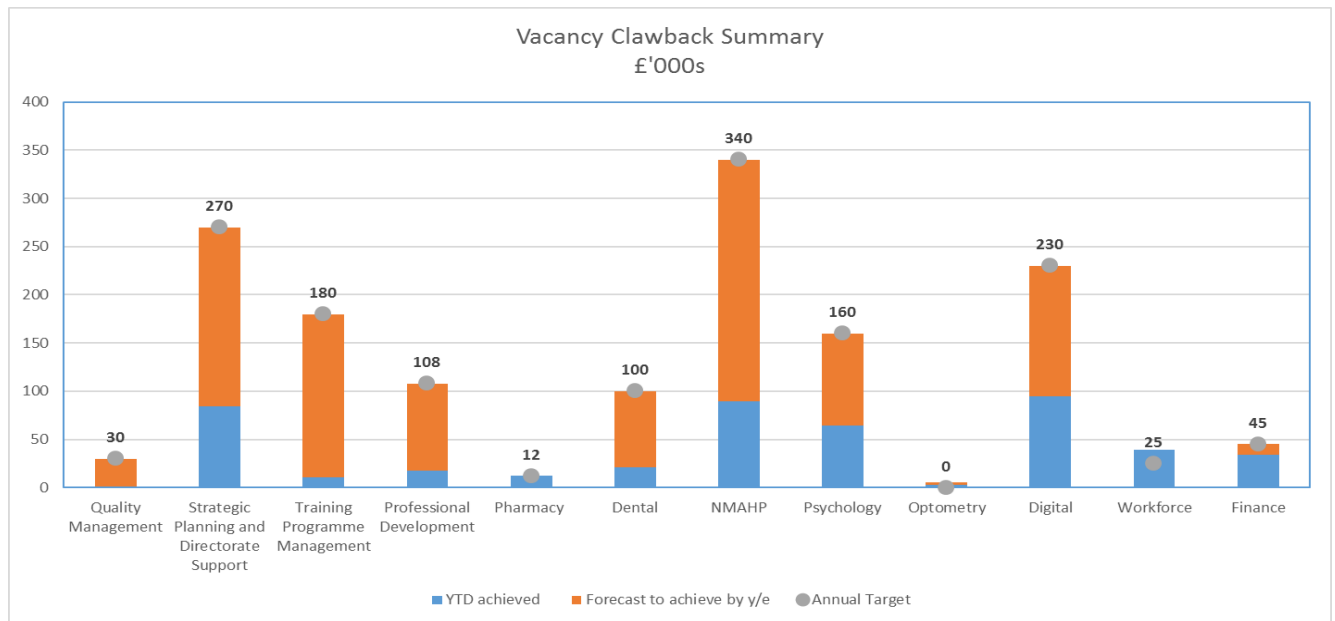
4.0 Transformation Fund Projects

After notification that the Transformation fund has been significantly reduced by Scottish Government for 2019/20, NES submitted a bid for £2.048m to the Implementation Leads group which oversees the Transformation Funding. The bid has been approved in principle and submitted to the Scottish Government. This includes £1.5m carried forward from 2018/19 and would allow some further developments to National Workforce Priorities and e-rostering.

No confirmation has yet been received on funding and therefore no budget is built into the reported figures, but work has continued at risk to NES and is reflected within adverse variances within Digital (£375k) and Workforce (£29k) in table 2 above. If full funding is confirmed the year end position would move into an underspend.

Details of the bid is produced in Table 3 below:

Table 3 – NES Transformation Fund Requirement 2019/20

Workforce Priorities Group	Funding requested	2018/19 Carry forward	YTD
Workforce Priorities Group	£1,398,807	£996,710	£321,081
Business Systems	£650,000	£550,000	£83,333
Total Funding	**£2,048,807**	**1,546,710**	**£404,414**

The Workforce Priorities group includes several projects including the ongoing support required for Lead Employer; the further development of the Turas Platform for People, Appraisal and Learn; the development of the Workforce Platform; the CAJE replacement; the Employee Engagement Portal and the hosting of the National Workforce Policies. The Business Systems bid covers the anticipated costs for the e-Rostering project.

We anticipate the risk of not receiving the £1.5m which was carried forward to be very low however there is no guarantee we will received the additional £0.5m requested.

5.0   Risks to forecast position

5.1   Pay awards

Several Pay awards including those covering Medical and Dental staff have not yet been confirmed by Scottish Government. If the pay awards are more or less than the value calculated as part of the budget setting process a variance will be generated. This is also causing year to date variances where budgets increased from 1st April, but payments are still being made at 2018/19 rates.

5.2   GP100 vacant posts

Since the introduction of Expansion posts to Medical Training in 2013/14, it is normal practice to only fund boards for these posts when there are no vacancies in the programmes. This is because NES only receives funding from SG on a non-recurrent basis for these posts when they have filled.

We have identified that payments to Boards in respect of the GP100 expansion posts have not been treated in this way, resulting in payments to boards for vacancies within this cohort in the first 3 months of the current financial year. Work is currently underway to implement changes to the administration process which will address this issue.

5.3   Dental Nurse Modern Apprenticeship Income

The Dental Directorate has been successful in becoming a Modern Apprenticeship Education Provider and has been allocated 95 places for Dental Nurse training. This will bring significant income to NES allowing us to remove the £750 course fee from all Dental Nursing candidates, not just the Modern Apprentices. Although the first two groups, in Dundee and Inverness started in April 2019, the

Aberdeen and Glasgow groups are not due to join until the autumn. Given the timing of Operational Planning the impact of our success in becoming a recognised provider had not been built into our budget plans. We will continue to review the net impact of the Modern Apprenticeship funding to identify any funds available for NES as the year progresses.

5.4 Medical Training Grades Funding Gap

The receipt of the £4.9m budget gap resulting from the historic underfunding of Medical Training grades will be agreed following a mid-term review which will be held in Autumn following the final August rotation data being made available. This amount will change as the Training grade forecasts change and may be significantly more or less than the estimated £4.9 detailed during Operational Planning. This is being tracked on a monthly basis with the current reduction of £214k detailed in 2.1.2

5.5 Allocations not yet received

As detailed in paragraph 1.1 a significant level of funding remains outstanding and we are working with Scottish government to ensure outstanding allocations are received as soon as possible. We would hope to receive our full baseline funding in our next allocation letter and although we anticipate the risk of not receiving the £1.5m for Transformation which was carried forward to be very low, there is no guarantee we will received the additional £0.5m requested.

6.0 Recommendation for Decision

The Board is asked to note the information contained in this report.

NES
July 2019
JS/ LT

NES   **NES/19/75**
Item 8b   **(Enclosure)**
July 2019

NHS Education for Scotland

Board Paper Summary: Remuneration Committee Meeting

1. **Title of Paper**

   Summary of the Remuneration Committee meeting held on 29 May 2019.

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

   Jenn Allison, Senior Officer (Planning & Corporate Governance)

3. **Purpose of Paper**

   To receive a summary of the Remuneration Committee meeting held on 29 May 2019.

4. **Items for Noting**

   a) Item 7 – Executive Objectives for 2019/20

   The committee reviewed the 2019/20 objectives and weightings for the NES Executive Team. The objectives will be submitted for formal approval at the July meeting.

   b) Item 8 – Remuneration Committee Annual Report to the Audit Committee

   The Committee approved the annual report of the Staff Governance Committee (including the Remuneration Committee) for 2018-19, subject to minor amendments.

   c) Item 9 – Digital

   The committee noted that a Job Description for a new Executive Cohort post of Chief Information Security Officer was being prepared and a further update will be submitted to the Remuneration Committee. The post will be required to be approved by the National Evaluation Committee.

5. **Recommendations**

   None.

NES
June 2019, JA/dw

NES   **NES/19/76**
Item 8c   **(Enclosure)**
July 2019

NHS Education for Scotland

Board Paper Summary: Digital Sub-Committee Minutes

1.　Title of Paper

Minutes of Digital Sub-Committee meeting held on 28th June 2019: <u>copy attached</u>.

2.　Author(s) of Paper

Geoff Huggins, Director, NDS

3.　Purpose of Paper

To receive the minutes of the Digital Sub-Committee meeting held on 28th June 2019.

4.　Items for Noting

<u>The Board is asked to note</u> the following item(s) of interest:

Geoff Huggins presented the 12 and 36 month Workplan for NDS, which was agreed by the DSC;

The Workplan will now form part of discussions with the Scottish Government in respect of the proposed Service Level Agreement between NES and the Scottish Government;

A summary of the deliverables within the plan is attached for Information;

The Workplan is consistent with the outcome of the discussion with the extended Transition Group (which focused on how NDS would work with other Boards and partners to take forward delivery of the Platform);

The Workplan will be developed further in the context of the Scottish Government's spending review and Programme for Government processes (which extend the period under consideration to 2023/24).

5.　Recommendations

None: Paper for noting

NHS Education for Scotland   **NES/DSC/19/06**

Digital Sub-Committee

MINUTES OF FOURTH MEETING, HELD ON FRIDAY 28th JUNE 2019 AT BAYES CENTRE, EDINBURGH

Present:
Professor Andrew Morris (Chair), Vice Principal Data Science, University of Edinburgh (AM)
Mr David Garbutt, NES Board Chair (DG)
Mr Douglas Hutchens, Non-Executive Member, NES (DH)
Ms Caroline Lamb, Chief Executive, NES (CL)
Mrs Audrey McColl, Director of Finance, NES (AMcCo)
Dr Liz Elliot, Chief Operating Officer, NDS (LE)
Mr Geoff Huggins, Director, NDS (GH)
Mr Angus McCann, Non-Executive Board Member, NHS Lothian (AMcCa)
Dr Alistair Hann, Chief technology Officer, NDS (AH)
Mr Colin Brown, Head of Governance (Digital), NES (CB)

In attendance:
Miss Aisha Cameron, Executive Officer NES (AC)

1.   Welcome, introductions, apologies

The Chair welcomed everyone to the meeting and introductions were made. Colin Brown was welcomed to the DSC in his new role with NES.

Apologies had been received from Ms Vicki Nairn, Non-Executive Member, NES (VN), Mr Christopher Wroath, Director of Digital, NES (CW) and Mr Geoff Mulgan, Chief Executive, NESTA (GM) who were unable to attend the meeting owing to conflicting engagements.

2.   Chair's update

The Chair commented, as follows:

- The chair thanked the NDS team for setting up the rescheduled meeting and providing high quality supporting papers.
- Noted with congratulations to Malcolm Wright on his new appointment as Chief Executive of NHS Scotland and encouraged NDS to continue their productive engagement with him

- The chair noted that NHSX is now up and running, where NHSX can be considered as an NDS counterpart in England. Reference was made to a blog written by Matthew Gould (CEO NHSX) which will be circulated to the DSC with minutes from this meeting.

ACTION: AC

3. Review of minutes and actions from the meeting held on 22ⁿᵈ March 2019

i. <u>Minutes</u> **(NES/DSC/19/06)**

The meeting confirmed that they were content with the minute of the last full meeting of the DSC on 22 March 2019.

All matters arising from the minutes will be covered in later agenda items for this meeting, or were addressed by informational papers circulated ahead of this DSC.

ii. <u>Actions</u> **(NES/DSC/19/07)**

The action list from the previous meeting was reviewed and it was noted that all items were in hand or already addressed.

The following points were discussed:

- The DSC noted that regular discussion of strategic risks or changes to risk status should continue as standard agenda items
- AMcCA queried the reference to activity on June 24ᵗʰ in the status update, this was clarified as GM and GH meeting on 24ᵗʰ June as travel had already been arranged for original planned DSC date. The meeting provided an opportunity to showcase ReSPECT to GM consistent with DSC demo planned for this meeting
- The Transition Group Away Day and subsequent written follow up was noted as successful, with reasonable consensus from the community on proposed NDS future work and also positive opportunities to deepen engagement with Local Government. GH noted that a further 'Away Day' event with the same group was planned for 3ʳᵈ July 2019.

4. Workplan and Presentation (NES/DSC/19/09)

i. A paper outlining an overall Delivery Plan for NDS was submitted for consideration of the Digital Sub-committee.

ii. GH gave a presentation to support the paper, providing a concise summary of the proposed delivery plan (the slides are available with these minutes). The main points covered were:

- The reasons for the establishment of NDS, and the key policy objectives

- How NES is implementing the key objectives
- An outline the current status of platforms and products, providing an overview of the next 12 to 36 months of development
- NDS capacity and resourcing for delivery. NDS are currently have 26 staff and hope to increase this number to 50 by the end of the year.
- The importance of collaboration with Boards and local government

Discussion of the paper and presentation generated the following main points:

- Additional resource requirements, particularly in relation to staffing, which would be required for the accelerated delivery of both platform and product functionality.

ACTION: AMcCo to follow up with LE to discuss alignment of agreed deliverables to finance planning and recording of progress vs expenditure

- Governance and prioritisation of work undertaken. It was noted that a mechanism for handling priorities needs to be in place.

ACTION: GH to circulate an NDS prioritisation model paper to DSC members for electronic review/consideration before next DSC meeting

- External dependencies were flagged and the need to establish and maintain engagement with Boards and local government

ACTION: LE to ensure that dependencies are fully reflected in the NDS Risk Register

- There was discussion on the changing nature of the relationship with industry. The importance of the 'Platform In A Box' workstrand was noted in terms of establishing a test environment and defining technical components/requirements that external parties may wish to consider when developing potential new products and services for NDP deployment.
- Local government engagement is very important. The DSC would like to engage with COSLA, as it is fundamentally what is best for patients in terms of the the health and care continuum. COSLA will add value to the work of NDS. GH noted plans to convene a specific 'Away Day' event with a majority of LG representation to focus on identifying collaborations of value to LG and factoring those into overall NDS workplan.   LG representation on the DSC was also noted as highly desirable.

ACTION: GH and LE to convene the LG focus event, LE ensure minutes are available to DSC members

ACTION: DG and CB to consider approaches to seek COSLA representation on the DSC

- Good engagement with eHealth teams within Health Boards was noted and the DSC expressed a wish that this should continue as NDS seeks to build partnerships nationally.
- The move away from the ATOS contract in 2020 has the potential to release funds back to NHSScotland for reinvestment. It was noted that NDS expects to

provide a small amount of technical expertise to support the planned transition of services off ATOS.

The DSC would like a regular paper to update them on the progress of against the agreed delivery plan. LE noted that project-specific progress monitoring was in place within the team and was extensible/shareable with DSC members.

ACTION: GH and LE deploy concise reporting template and include as part of regular DSC status updates

5.   Demonstration

AH gave a demonstration on the ReSPECT application, which is a way for people to communicate how they wish to be treated if they are unable to do so in an emergency. Future developments and extensions to ReSPECT were also outlined in the Delivery Plan which enabled the DSC to see the first product in context of future roadmap. The key points from the demonstration were:

- The plan is created through a conversation between the individual and health care professional and recorded on a digital form that can be downloaded
- It uses single identity log in (for example, as per Office365) and identifies individuals using their CHI number
- The new digital form allows for small changes to be made without the entire form needing to be updated as is the case for the current paper-based form
- The form can be accessed and contributed to across care and by citizens themselves
- By using OpenEHR, data can be re-used and re-entry of data is avoided
- NDS will work to expand the functionality, for example, by making the application cover other types of 'Anticipatory Care Plan' and care plans for chronic conditions. This will be done in stages in a process that includes obtaining feedback from users.

Discussion of the demonstration was positive and included questions on Role Based Access, which will ensure that only those who need view records will.

6.   Future Agenda Setting

A number of potential agenda items were considered as well as the suggestion to divide future meetings into 'Operational Oversight' and 'Strategic Topics'. It was agreed that under Operational Oversight updates can be provided to the DSC on matters including finance, risk, staffing and progress against deliverables.

Strategic topics for susbstantive discussion were agreed with those for the next meeting agreed as;
- Public and Patient engagement - The DSC would like to invite Rohan Gunatillake (RG) to come to the next meeting and discuss where he has got to with the Scottish Standard for Service Design

ACTION: GH to invite RG

- Governance – the DSC would be pleased to recieve a progress update on SLA development and broader governance work as part of the Digital Health & Care Strategy implementation (see also below)

ACTION: LE and AC to arrange agenda accordingly

Discussions for later in 2019 are planned to include;
- Proposal/discussion around metrics (noting engagement with Colin Cook and the SG Digital Directorate)
- Safety and compliance, to include Clinical Risk Management

Two other topics were then discussed by the group. CB's role was introduced with a key output noted as being an SLA between SG (as commissioner) and NES (as provider) relating both to NES Digital and NDS. Summer 2019 is the target timeline to achieve a draft SLA that defines partner roles and required deliverables with associated resourcing. The general applicability of an SLA model was noted as valuable, for example via potential extension to other organisational entities that are supporting the implementation of the 2018 Digital Health & Care Strategy.

8.   Any Other Business

No other items of business were raised.

9.   Date and time of next meeting

Monday 30th September 2019, 9.30 – 16.30. This meeting will be a combined Board and development session.

A poll has been circulated for 2020 meeting dates

NES
June 2019
AC

The NES Digital Service Deliverables

NES Digital Service (NDS) is tasked with taking forward the commitment under Domain E of the Digital Health and Social Care Strategy. This sets out how that will be delivered.

1. PLATFORM DEVELOPMENT

Clinical Data Repository

Deliverable 1 – a Clinical Data Repository (EtherCIS) will be delivered in a secure environment in the Azure Cloud. (COMPLETED)

Citizen Authentication

Deliverable 2 – taking account of the Scottish Government work, NDS is developing its approach to citizen authentication and how this will be integrated with the platform.

NHS Staff Authentication

Deliverable 3 – NDS is already using Azure Active Directories as the NHS authentication service on the platform.

Non-NHS Staff Authentication

Deliverable 4 – NDS will:
- Support the development of an agreed policy position on access, taking account of issues in relation to information governance, safety and security;
- Identify the technology that is required to support access;
- deploy these solutions in relation to NDS products.

Indexing/Patient Identity

Deliverable 5 – the platform needs to organise the data relating to a citizen in such a way as to see the 'complete health data person'. This service will rely on the capability to index the data within the Clinical Data Repository against a unique patient identifier, a function currently delivered through the Community Health Index (CHI) number. NDS will be a key consumer of the work to replace CHI for which an appropriate replacement has been identified.

Integration with Board Systems

Deliverable 6 – to be able to receive and deploy data to deliver 'national' products and services requires connections between the platform and the different local systems in place across Scotland. While there will be elements of that work that can be substantially reused, some components will need to be developed each time as there will be elements particular to the Board.

Cloud Environment

Deliverable 7 – for the initial deployment of products and services NDS is using the NES Azure contract.

2. PRODUCT DEVELOPMENT

'Need to know' services

Deliverable 8 – NDS has developed the ReSPECT application which supports Anticipatory Care Planning, working with NHS Forth Valley. Within 36 months ReSPECT and other 'need to know' products will be available across all Boards.

Appointments, Scheduling, Waiting Times, etc.

Deliverable 9 – during the next 12 months NDS will support a collaborative process which determines how we manage demands across the system for new digital solutions to manage demand and workflow, for example on booking appointments, scheduling and waiting times.

National Genomics

Deliverable 10 – NDS will complete the data architecture report for the Genetics Laboratories Management Consortium which is the first of a number of governance steps the project will need to complete.

3. WORKING WITH CURRENT AND LEGACY SYSTEMS

Key historic systems

Deliverable 11 – the work to take forward the platform requires that NDS collaborate effectively with NHS, local government and other partners. The approach being proposed will create core infrastructure and use that infrastructure to support new products and services that over time offer greater functionality than the existing products. While doing this, the work on integrations is intended to move data between the platform and legacy systems so that clinicians can continue to work with existing products and workflows while that is the best choice for them, but on the basis that over time that will become less the case.

'Platform in a Box'

Deliverable 12 – NDS will have a predictable architecture that allows for innovation and the development and deployment of new products. We will deliver the initial version of a 'Platform in a Box' during the next 12 months and keep it up to date as the platform evolves. In addition, we would intend to make a test environment available for those building for the platform.

NDS & Health Board Development Plans

Deliverable 13 – NDS cannot do all of the work to deliver the platform and the products that sit on it on its own. Territorial and national boards are keen to engage and to fully play their part. This needs to move quickly beyond an aspiration into action, reflecting joint and collaborative commitments.

Local Government

Deliverable 14 – there is an identified need to consider areas where NDS, the Local Government Digital Office, the appropriate Board and council(s) should begin to work through issues relating to authentication of staff within the social care sector (including social departments, third and independent sectors).

Research

Deliverable 15 – one of three direct objectives of the platform was set out in the Digital Health and Care Strategy as follows:

> "Research and innovation to produce new products that can be made available through the platform – encouraging and opening up a broader ecosystem of development and suppliers, in particular from small and medium- size enterprises, which will support service improvement, service change and emerging consumer demand."

NDS will develop a strategy for how it supports research use of data.

4. SYSTEMS AND PROCESSES

Information Governance and Security

Deliverable 16 – the NDS roadmap is driven by clinical priority and utility, with NHS Scotland territorial boards remaining the legal 'Data Controllers'. As a 'data processor' on behalf of Boards, NDS must have policies in place to ensure that data are transferred, stored and accessed securely.

Clinical Safety and Medical Device Regulation

Deliverable 17 – NDS needs to ensure products and systems which it is supporting are managed from a clinical safety perspective and align to medical device regulation as required.

Clinical Modelling (OpenEHR)

Deliverable 18 – the platform requires input to the design of the clinical and care information models deployed in the CDR from health and social care practitioners. This needs the development of a clinical modelling resource for NHS Scotland, and assistance and training for practitioners to allow them to meaningfully contribute to these processes.

NHS Education for Scotland

Board Paper Summary: Remuneration Committee Meeting

1. Title of Paper

Summary of the Remuneration Committee meeting held on 11 July 2019.

2. Author(s) of Paper

Jenn Allison, Senior Officer (Planning & Corporate Governance)

3. Purpose of Paper

To receive a summary of the Remuneration Committee meeting held on 11 July 2010.

4. Items for Noting

a) Item 7 – Executive Objectives for 2019/20

The committee noted that the Executive Team had updated their objectives for 2019/20 based on the feedback provided at the previous meeting.

b) Item 8 - Executive Cohort Performance Management Reviews 2018/19

The committee approved the outcomes of the 2018/19 Performance Management Reviews for staff in the Executive Cohort and direct reports to the Chief Executive.

c) Item 9 – Chief Information Security Officer JD

The committee noted the job description for the new role of Chief Information Security Officer will be completed soon and is due to be submitted to the National Evaluation Committee in August 2019.

5. Recommendations

None.

NES
July 2019
JA/dw

NES   **NES/19/78**
Item 8e   **(Enclosure)**
July 2019

Board Paper Summary

Caldicott Guardian Report 2018-2019

1.   <u>Title of Paper</u>

NES Review of Compliance with Caldicott Requirements 2018-2019

2.   <u>Author(s) of Paper</u>

Professor Stewart Irvine, Director of Medicine, Caldicott Guardian

Tracey Gill, Senior Specialist Information Analyst – Information Governance & Security

3.   <u>Purpose of Paper</u>

To provide the Board with assurance around NES compliance with the Caldicott Principles.

4   <u>Key Issues</u>

An evaluation of the risks of inappropriate disclosure of PII in all the workstreams within NES has determined they are low while the level of attention to the Caldicott principles is generally high. There remains a risk in Dentistry, Medicine and Pharmacy around the use of e-portfolios and video consultations. Postgraduate Deans, tutors and advisers continue to maintain high awareness of the risk, ensure "at risk" groups are kept aware of their obligations and employ new technology wherever possible to minimise the risk.

Preparations are in hand for 2019/20 when NES will take on additional responsibility for PII under both the Nurse Family Partnership work and the delivery of the National Digital Platform.

9.   <u>Recommendation(s) for Decision</u>

The Board is invited to note the content of the report.

NES Review of Compliance with Caldicott Requirements 2018-2019

Summary

> "*The Caldicott Guardian plays a key operational role in ensuring that NHSS and partner organisations satisfy the highest practical standards for handling patient identifiable information.*"
>
> [NHSScotland Caldicott Guardian's Principles into Practice](#)

Caldicott Guardians are responsible for agreeing and reviewing the governance and use of (Patient Identifiable Information) PII by the staff of their organisation or those shared with other NHS Scotland organisations.

Access to PII is not required for core NES business and our standard strategy is to avoid PII being received, accessed or processed by NES staff or contractors in their NES capacities.

There are some areas where there is a risk of inadvertent inclusion of PII on NES systems and it is required that mitigation is undertaken, or where there is an exceptional business requirement where some processing of PII by NES is necessary this must be managed appropriately.

This report provides an overview of mitigation and controls in these cases, key areas being:

- The risk of accidental inclusion of PII in ePortfolio, SEA, practice logs or similar documents.

- The management of video or audio recordings of patient consultations in General Medical Practice, Pharmacy and Psychology.

- The visibility of PII to the Family Nursing Partnership in their capacity of providing national support

Conclusion

An evaluation of the risks of inappropriate disclosure of PII in all the workstreams within NES has determined they are low while the level of attention to the Caldicott principles is generally high. There remains a risk in Dentistry, Medicine and Pharmacy around the use of e-portfolios and video consultations. Postgraduate Deans, tutors and advisers continue to maintain high awareness of the risk, ensure "at risk" groups are kept aware of their obligations, and employ new technology wherever possible to minimise the risk.

There is an emerging risk with the development of the new data system to support the Family Nurse Partnership (FNP) programme in Scotland. This will replicate the functions of the existing FNP system and will be hosted on the NES Turas Platform. The creation of the new National Digital Platform (NDP) which will provide a range of services to NHS Boards, GPs and citizens may also present a possible risk. Patient data will begin to be held by NES during 2019/20, but NES will not host any PII until the appropriate governance procedures are in place.

Professor Stewart Irvine

Director of Medicine, Caldicott Guardian

Function/activity	NES use of, or exposure to, patient data	Controls	Planned actions 2019-2020
All disciplines – ePortfolios and Significant Event Analyses	Risk of inadvertent inclusion of PII within ePortfolio content, SEAs, placement logs, case studies or similar.	Trainees and practitioners made aware of the requirement to exclude PII in ePortfolio content, SEAs, placement logs, case studies or similar products for reflective practice. Trainers/mentors raise incidents of inappropriate PII use with trainee. (Pharmacy) There are systems in place to check no PII is present prior to marking of portfolios or peer review of SEAs.	Conduct audit of sample ePortfolio content for incidents of PII inclusion.
All disciplines – Sessional and seconded clinical staff in NES	Risk of inadvertent inclusion of patient records/data on NES systems.	Management and use of patient data are governed by the Caldicott and Information Governance controls of the relevant Health Board or Practice. Clinicians are subject to professional ethical codes including relevant patient confidentiality.	

Function/activity	NES use of, or exposure to, patient data	Controls	Planned actions 2019-2020
All disciplines – Trainees in clinical environments	None.	Management and use of patient data are governed by the Caldicott and Information Governance controls of the relevant Health Board or Practice. Trainees in all disciplines are required to complete appropriate IG training by employing/hosting Board. (Dental) A written MoU between NES and dental trainees (VDP and VDHT) explicitly covers Caldicott guidelines and is signed by all trainees. The VT Trainer-trainee contract covers the trainee's responsibility under Caldicott and is signed by both trainer and trainee. (Psychology) Trainees are given guidance centrally by the Programme before moving to the clinical environment including confidentiality, data protection, record keeping etc. Further guidance given within Board mandatory induction training. Governance is delivered through Board IG systems, further enhanced through regular checks by the Programme with clinical supervisors on trainee adherence (recording of notes etc.). Trainees engaging in evaluation/research will seek advice directly from Board Caldicott for advice/direction on use of information. All GPSTs, public health and occupational health trainees will have an employment contract with NES or a lead employer Board. Other trainees have a training agreement which includes reference to adherence to GMP and GMC professional requirements and DPIA 2018. This document has recently been reviewed to ensure compliance with new legislation.	

Function/activity	NES use of, or exposure to, patient data	Controls	Planned actions 2019-2020
Medicine - General Practice Training - Consultation peer review	Consultation peer review, with the educational emphasis on patient centered consulting, is an important part of teaching both for doctors in training and established doctors returning to NHS practice. It has been incorporated into both Scottish Prospective Educational Supervisor Course (SPESC) and is a component of the NES Returners to General Practice Scheme. Consultations are viewed in the surgery, but occasionally these files are taken to district training sessions or calibration meetings elsewhere. GP returners are required to submit 4 consultations to the National GP Peer Review process.	Following GMC guidance all patients who have their consultations recorded are informed and sign a consent form both pre and post consultation. They can ask the GP/GPST to delete their consultation at any time thereafter. The data files are encrypted and delivered for peer review by a trusted hand or sent by registered post. GPs use standard digital video recorders and transfer the information to their secure NHS computers for this purpose. The digital recording is then transferred to an encrypted memory stick. All GPs and GPSTs making digital files of their consultations are made aware that they are responsible for the security of these files. GP returners follow the same processes. Practice data protection policies are reviewed as part of practice approval on a 3-yearly basis.	

| **NMAHP - Family Nurse Partnership (FNP) –** *legacy data system* | A single member of staff, (now employed within the Digital Directorate) has access to the legacy FNP system which will shortly be retired and replaced by Turas FNP (see next item in this table).

This staff member has permissions to view and edit data reports, while also undertaking system administration of the data entry side of the system:

- Report build & edit: Staff member has access to a range of PII as FNP SIS pulls demographic data from the national CHI registry. The purpose of receiving PII is to monitor fidelity with the FNP license agreement which exists between the Scottish Government and University of Colorado in Denver. Health Board reports are required by staff at the implementation sites to monitor the clinical implementation of the programme and it is necessary to include several patient identifiable fields on some reports (e.g. Infant name, infant date of birth, client and infant CHI number). | NES has an Information Sharing Protocol in place with Boards who are implementing FNP: Boards approve FNP NU staff to view PII relating to their clients. FNP data reports are accessed through a secure web portal. The system itself, housed at NHS Tayside, as the facility to store specific reports online without the need to download data to NES.

During report development, it is often necessary to download Excel versions of reports to undertake analysis that cannot be performed using the portal's own software client. Such files are stored in secure folders within NES SharePoint which can only be accessed by this single member of staff. Files are deleted when no longer required by the FNP NU. Once deleted, files remain available in the recycle bin for 90 days then become unrecoverable.

PII is shared only with the relevant health board with local teams viewing reports with data pertaining to their own Board only. Aggregated (non PII), national-level data is shared with the Scottish Government (and other bodies, e.g. the University of Colorado) on request. All requests for information (PII and non PII) are logged and subject to systematic review against governance parameters before responding. As part of the overarching governance for FNP NU this log is reviewed monthly to identify emerging trends/issues and risks. Most requests come from NHS Boards for information on their own data – asking for it to be provided in a more readable format. Transmission of PII is via email to either NHS domain email addresses or .gsx domain addresses (where FNP teams are embedded within local councils rather than Boards).

Any NES staff accessing this data undergo the mandatory 'Safe Information Handling' course annually. Regular contact with the NES Information Governance Manager takes place where any guidance is required in the processing of information requests. | Continue to explore opportunities to reduce exposure to PII.

Explore potential for MIDIS to undertake regular random review of audit trail in FNP SIS to check staff have not opened client records. |

Function/activity	NES use of, or exposure to, patient data	Controls	Planned actions 2019-2020
	• System administrators: Staff have theoretical access to edit a range of client-level records but never do so and this is confirmed by an audit trail within FNP SIS itself.		

| NES Digital – Turas FNP | NES Digital are currently developing a new data system to support the Family Nurse Partnership (FNP) programme in Scotland. This will replicate the functions of the existing FNP system. It is expected that the Public Benefits and Privacy Panel (PBPP) will provide final sign-off in late May 2019 with the system going live to users in mid-June.

The full range of FNP data will be held within Turas FNP. This includes a number of identifiable fields relating to FNP clients and their infants such as:

CHI Number
Date of Birth
Name
Address
Postcode
A variety of clinical data per the programme's data capture requirements.
Analytical staff will have the same level of exposure to data as with the legacy system but in addition, certain staff members within the digital directorate will have exposure to PII as they migrate data from the legacy system and as they maintain the system going forward. | NES Digital will act as Data Processors under instruction from the Data Controllers who are the Scottish Government and the territorial boards where FNP is delivered.

The Scottish Government have circulated a data sharing agreement which will outline NES Digital's exact requirements and responsibilities.

NES have prepared the following documents which are available on request from the project team:

Data Protection Impact Assessment (DPIA) Specific Information Risk Assessment (IRA) General Information Risk Assessment for Microsoft Azure Web Services NHS NES User Information Security Policy Azure – Intro to Security Azure – Advanced Threat Detection Azure - Logging and Auditing Azure - Operational Security Azure - Network Security | Advanced Safe Information Handling Training for all staff members who will be exposed to or handling PII will be undertaken prior to go-live.

NES will not host any PII until Information Sharing Agreements from Government have been received and scrutinized.

Clinical governance of FNP sits with the relevant patient facing NHS Board. |

Function/activity	NES use of, or exposure to, patient data	Controls	Planned actions 2019-2020
	A necessary component of development has been to prepare for migrating data from the legacy system to Turas FNP. This has involved the lead developer on the project working directly with patient identifiable information extracted from MiDIS in order to test the proposed migration mapping processes.	The Lead Developer on Turas FNP has undertaken the NES Mandatory Safe Information Handling Course. Data being analysed by the Developer for migration purposes are analysed and tested on a 'Virtual Machine' hosted in Microsoft Azure. This virtual machine is accessed through the Azure Portal control panel. This control panel requires specific user credentials and once started, the virtual machine itself is password controlled. Access to this machine is therefore limited only to the developer. Any records which are raised for query by the developer are shared confidentially with the Product Owner, the same staff member who has access to the legacy FNP system.	

Function/activity	NES use of, or exposure to, patient data	Controls	Planned actions 2019-2020
Pharmacy – **Pharmacist consultations with patients** **PII and trainee tutorials**	Patient consultations are video recorded for review by Pharmacist Independent Prescribers following training. This is an important part of teaching for pharmacists who are qualified prescribers with the educational emphasis on patient centered consulting. The number of submitted consultations is approximately 20-30 per annum. Caldicott requirements and Code of Conduct on Confidentiality are elements of the Pre-Registration Pharmacist Scheme (PRPS) Programme. In relation to the Hospital Vocational Training Scheme, students and tutors are advised that any submissions, paper or electronic, do not include PII. Caldicott requirements and Code of Conduct on Confidentiality will be formally covered in trainee and tutor training.	Recordings stored on an encrypted memory tablet, which is sent to any pharmacist wishing to submit. Tablet data then downloaded by NES staff to encrypted sticks. Encrypted sticks sent by registered post to Peer Reviewers. Patients sign a consent form (based on GMC guidance) pre and post consultation and are free to ask the pharmacist to delete their consultation at any time thereafter. NES Pharmacy has 3 members of staff who have responsibility within their job description for managing this service. All have received appropriate awareness training regarding their responsibilities pertaining to Caldicott confidentiality and security. System for logging incidents of non-compliance to the encrypted procedure. No such incidents have been recorded. Pharmacy PRPS trainees are continually reminded that any case study material brought from practice and discussed at tutorials must have all PII removed. Tutorial facilitators undertake proactive screening for any PII.	Continue to explore opportunities to reduce exposure to PII Continue to log any incidents of non-compliance to the consultation encrypted procedure. VT Foundation induction is moving from National to Regional Induction (due to increased numbers). Pharmacy will ensure PII is covered in all regional induction programmes.

Function/activity	NES use of, or exposure to, patient data	Controls	Planned actions 2019-2020
Psychology - Psychology of Parenting Project (PoPP).	PII held on the PoPP database includes data on the children and families enrolled in the national programme. The data is required to assess impact and reach. Arrangements are in place between the Public Health and Intelligence business unit of NHS National Services Scotland (the former Information Services Division), and NES regarding storage and use of PoPP data held in the newly developed PoPP Database. The data is owned by NES, and the database has been built by NSS.	PII can only be accessed via a password protected role-based user account. Relevant staff are aware of their responsibilities to maintain confidentiality and have completed all necessary IG/Security training.	Hosting of the PoPP database will transition from NSS to NES between April and June 2019. Once the transition has been completed, the PoPP database will be held solely within NES and will no longer require an arrangement with NSS. Continue to explore opportunities to reduce exposure to PII, including regular audits of staff with access to the database to ensure that it is still appropriate for them to retain access. Undertake a review of the current PII captured on the database to explore options to reduce the amount of PII collected.

Function/activity	NES use of, or exposure to, patient data	Controls	Planned actions 2019-2020
Psychology-Physical Health	Videos of staff interviewing patients are embedded within a suite of PATH and BASU e-learning modules.	Filming and consent procedures for both projects were fully approved by information Governance staff. The consent forms are stored in the Restricted drive on the Physical Health Workstream SharePoint site, as per protocol. PII is not collected as part of ADAPT project but there is a risk of staff forgetting to remove PII before sending anonymised data to NES. This risk is managed by section one of this report.	

Function/activity	NES use of, or exposure to, patient data	Controls	Planned actions 2019-2020
Psychology-Multisystemic Therapy (MST)	A single member of staff employed by NES but works in partnership with MST UK to provide consultation and quality assurance to MST teams. The staff member has access to PII via internet-based sharing systems administered and upheld by MST UK, MST services or Local Authorities in which teams are imbedded. Has access to and stores limited PII on NES systems in the following ways: • Records team supervision sessions on a digital recorder and uploads using NES laptop to an MST UK administered website then deletes recording form devise and laptop. • Accesses clinical paperwork (limited PII) via internet-based system administered and upheld by MST UK and then produces handwritten clinical notes and uploads to NES OneDrive for archiving. Develops and stores supervision development plans with staff identifiable information on OneDrive.	NES and MST UK have Information Sharing Protocol in place with Local Authorities implementing MST. MST data reports and clinical documents are accessed through a secure web portal administered and upheld by MST UK and MST Services. Supervision recordings are uploaded to a secure web portal and then immediately deleted from the device and NES laptop, files remain available in the recycle bin for 90 days then become unrecoverable. PII is shared only with the minimum required information. Staff member completes the mandatory 'Safe Information Handling' course annually. Regular contact with the NES Information Governance Manager takes place where any guidance is required in the processing of information requests.	Continue to explore opportunities to reduce exposure to PII and undertake a review of the current PII captured on any NES systems or software to explore options to reduce the amount of PII collected and where this is not possible how this can be stored securely and in compliance.

Function/activity	NES use of, or exposure to, patient data	Controls	Planned actions 2019-2020
NES Digital Service	NDS are creating a National Digital Platform (NDP) that will provide a range of services to NHS boards, GPs and citizens. This will involve the processing of PII and clinical information on behalf of NHSS boards and GPs. The NDP will be located within a secure cloud environment and procurement is underway.	- The NDP will be compliant with NHSS Information Security and Information Governance Standards. - A System Security Policy (SSP) is being developed for review and sign-off by NES SIRO. - Data Protection Impact Assessments (DPIAs) are being developed for the initial use cases (ReSPECT, Dermatology Virtual Appointments & Trauma). - NES will be a Data Processor on behalf of NHSScotland Boards for all initial use cases. Data Processing Agreements (DPAs) will be in place prior to any PII data being held on the NDP. - NDS Staff with access to PII will have completed appropriate information governance training.	- Completion and sign-off of the NDP SSP. - Pen-testing of the NDP. - DPIAs in place for initial use cases. - DPAs in place for initial use cases. - Staff with access to PII completed IG training.

NHS Education for Scotland

Board Paper Summary

1.   Title of Paper

Update on progress against the nine Strategic Outcomes in the NES Strategic Framework for 2014-2019

2.   Author(s) of Paper

Caroline Lamb (Chief Executive)
Donald Cameron (Director of Planning and Corporate Resources)
Directorate contributions and editing by Planning and Corporate Governance staff (Helen Allbutt, Rob Coward, Simon Williams)

3.   Purpose of Paper

To update on progress against our nine key strategic outcomes for 2014-2019.

4. Key Issues

The Board and the Finance and Performance Management Committee receive regular reports on progress against our annual Local Delivery Plans (LDP) and Operational Plans which are designed to deliver against our five strategic themes. Each year we set detailed targets and deliverables against these themes 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.

Our Strategic Framework for 2014-2019 also identified nine key strategic outcomes and we report on our progress against these priorities on an annual basis. This document represents our fifth and final annual update. Future reports will be on the new NES Strategy 2019-24.

In this report, we provide detail about each of the nine outcomes and 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.

The Board is aware of some of the developments and challenges in these areas from a range of reports and updates received over the last year.

5.   Educational Implications

This report includes the educational activity undertaken by NES over the period 1st April 2014 to 31st March 2019 in support of our nine strategic outcomes.

6.   Financial Implications

These activities are delivered within the financial plan agreed by the Board.

7. Which of the 9 Strategic Outcome(s) does this align to?

These activities specifically support the nine strategic outcomes within the Strategic Framework 2014 - 2019.

8. Relevance to 'Better Health, Better Care'

These activities support the current Scottish health and care policy context allied to feedback from our stakeholders.

9. Key Risks and Proposals to Mitigate the Risks

Some of the strategic challenges facing these activities are as follows:

- financial resourcing
- changing policy and political environment

10. Equality and Diversity

The NES response to the equality and diversity agenda is set out in our Operational Plan.

11. Communications Plan

A Communications Plan has been produced and a copy sent to the Head of Communications for information and retention:

Yes ☐   No ☒

A Communications Plan format template is available in the 'Meetings' and 'Communications' sections of the NES Intranet.

12. Recommendation(s) for Decision

Board members are invited to consider and comment on the progress information presented in the report.

NES
July 2019

Update on progress against the nine Strategic Outcomes in the NES Strategic Framework 2014 - 2019

July 2019

Introduction

The NES Strategic Framework 2014-2019 focussed on five strategic themes:
- an excellent workforce;
- improved quality;
- new models of care;
- enhanced educational infrastructure and
- an improved organisation.

Each year we set detailed targets and deliverables against these themes and each quarter our progress against these was reported to the NES Board. A summary of our performance was then published in our Annual Report and Accounts.

The Strategic Framework 2014-2019 also identified nine key outcomes focussing on excellence in key areas of our business. Those key outcomes were:
- A demonstrable impact of our work on healthcare services
- An excellent learning environment where there is better access to education for all healthcare staff
- Flexible access to a broad range of quality improvement education in the workplace
- Leadership and management development that enables positive change, values and behaviours
- A key role in analysis, intelligence and modelling for the NHSScotland workforce to strengthen workforce planning
- A range of development opportunities for support workers and new and extended roles to support integration
- Improved and consistent use of technology with measurable benefits for user satisfaction, accessibility and impact
- Consistently well-developed educational support roles and networks to enable education across the workplace
- An effective organisation where staff are enabled to give their best and our values are evident in everyday work.

This fifth and final annual report on our strategic outcomes for 2014-19 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.

Over the lifetime of this Strategic Framework, the importance of the workforce and the supply of the future workforce has emerged as one of the key challenges facing the health and care sector. As well as addressing the objectives in the Framework, we have also increasingly widened our remit and contribution beyond education and training into attraction and more flexible employment models. Some of this additional work has included developing business systems and agile digital capability, creating

the NHSScotland Careers website which is now an accepted and integral part of the promotion of careers and job opportunities across NHSScotland. We are also working increasingly collaboratively with other national agencies on a range of projects, including taking forward the National Boards' Collaborative Programme.

As this Framework was designed to set our ambitions for 2014-19, during 2018-19 we engaged and consulted widely with colleagues and stakeholders to develop our Strategy for 2019-2024. Future reports will look at our progress against this new strategic framework.

Outcome 1: A demonstrable impact of our work on healthcare services

What the outcome means
This outcome reflects our priority of being able to identify and demonstrate the value that our work is adding to NHSScotland and beyond. Measurement of impact also aids our understanding of what works and enables us to identify areas for improvement.

Where did we want to be by 2019 and how will this be measured?
By March 2019, our objective was to ensure we could specify the planned impact of educational activities in all NES programmes that lend themselves to this type of analysis, and to evaluate the achievement of these impacts. We expected to be able to demonstrate a positive service impact across a range of projects. We also anticipated being able to identify interventions that did not achieve the planned impact.

The principal method of measuring progress was through our MiTracker performance management system, which records the planned outcomes for each activity in the Operational Plan and a RAG indicator of progress in the Performance Dashboard. Our Educational Governance reporting processes also highlighted a range of programmes where impact was demonstrated.

In addition to our performance measurement system, we have tracked NES's contributions to workforce supply and training through our training programmes: a highly significant area of work for NES and health services in Scotland. The case study below describes the progress achieved in recruiting and managing doctors in training.

Summation and review of work over last 5 years
During the period covered by the Strategic Framework we have made steady progress in demonstrating the impact of our work on healthcare services. We have put in place a supportive infrastructure to encourage and assist colleagues in specifying and measuring the impact of their projects and programmes. This includes our operational planning and performance management system, which require directorates to consider the specific service benefits of their work, and to identify measurable SMART targets where possible.

We have implemented an impact planning and measurement practice model with associated planning tools and guidance. We have also supported teams in applying and adapting this impact framework to their practice. This model is based on the widely used Kirkpatrick[1] evaluation model, which provides a useful framework for considering the outcomes of education and training. NES staff have taken advantage of training opportunities in this area, including a series of half-day workshops and a two-day, certificated Return on Investment workshop. These workshops are

supplemented by short e-learning modules available on Turas Learn. Our Planning and Corporate Governance Team have assisted the implementation of the recommended impact planning and measurement approach by providing advice and evaluation support for numerous projects (including the Management Training Scheme, Oral Health Improvement Programme, the Scottish Infection Prevention and Control Education Programme, and NMAHP Practice Education).

We have made progress in understanding and articulating the planned impact of our numerous programmes and workstreams. There is widespread awareness of the importance of impact among programme teams and a high proportion of activities in our operational plans had specific impact objectives. More than four fifths of impact related targets were achieved as planned (as indicated in our performance dashboard). We have moved the focus of organisational accountability away from outputs (new courses, participation in training etc.) towards identifying and evaluating the impact or outcomes of our activities (improved professional practice, skills acquisition, cost savings etc).

Our annual Strategic Framework progress reports detailed several case studies to illustrate the application of our impact planning and measurement approach in NES's educational workstreams. These included the following:
- Use of prescribing data to evaluate the impact of Pharmacy Independent Prescribers course, and to effect improvements (2015)
- The evaluation of an Oral Health Improvement Team module to improve the quality of referral of children for dental treatment by Dental Nurses and Dental Health Support Workers (2016)
- Tracking the progression of doctors in training through to the attainment of Certificate of Completion of Training and employment in Scotland (2017)
- Measuring the impact of appraisal infrastructure on the numbers of doctors successfully revalidating (2017)
- An evaluation of NES leadership and management programmes to provide insights into the effects of learning on participants' performance and careers. (2018)
- The measurement of the impact on practice and clinical outcomes of NES training in psychological interventions including the Behavioural Activation trainers programme, Psychology of Parenting Programme (PoPP) (2018)
- Data showing the impact of the Scottish Improvement Leaders (ScIL) programme on the use of quality improvement methodologies (2018).

Lessons learned and implications for the future
In summary, NES has demonstrated the impact of its work across a range of programmes during the period covered by the Strategic Framework. In this time, the language used to plan and evaluate projects has evolved to focus on impact and outcomes, and there are good examples where NES has credible data on service improvements resulting from our work. We have also observed a change in the types

of impact achieved or measured in NES projects. In 2018-2019, 84.4% of specified impact outcomes related to some form of service impact (e.g. service reconfiguration, improvements in service quality, increases in workforce supply). In previous years, impact targets focused largely on improvements in staff learning and confidence, or behaviour changes (e.g. introduction of new procedures).

Measuring the contribution of NES activities remains a challenge for many projects because of the complex environments in which we work. In some areas, such as infection prevention and control, we have observed significant service improvements (including reductions in healthcare associated infections), but our evaluations have focused on practice changes because of difficulties in isolating the effects of our work from that of other agencies (for example, changes in antimicrobial prescribing to control infections).

Each of our progress reports on the Strategic Outcomes indicated that a minority of performance targets describe outputs from our work, such as new products, and the achievement of key milestones toward service impact. We continue to work with programme teams to ensure the outcomes of our activities are clearly understood and articulated. The Planning and Corporate Governance Team will provide bespoke support to directorates to assist with the evaluation of initiatives, with particular focus on the measurement of different types of impact.

We retain the focus on impact in planning and evaluating projects during the lifetime of the new NES Strategy, building on the progress achieved in the previous five years. A cross-cutting principle in our 2019-2024 Strategy sets out our commitment to '*Systematically planning our activities, measuring their impact and learning from insights.*' To this end we will continue to encourage and support staff in this aspect of their work, making use of the good practice examples already identified and including the following case study relating to the use of audit and feedback by the Dental team.

Case study: Recruiting to and managing medical training programmes
NES's work in the recruitment of doctors and management of medical training has had a significant impact on services and the health of Scotland's population. During the five years covered by the Strategic Framework NES recruited over 8,000 doctors to work in NHS Scotland. Of the doctors completing specialty training programmes, more than 70 per cent continued to work in NHS Scotland.

NES is the Designated Body for about one third of the medical workforce in Scotland (5,694 doctors) with the NES Medical Director acting as their Responsible Officer for regulatory purposes. NES made 6,774 revalidation submissions to the GMC between 2014 and 2019. NES is now submitting more revalidation recommendations than any other NHS body in the UK.

Particular impact has been achieved in areas of remote and rural Scotland where recruiting doctors has been challenging. NES's Rural Track enhanced GP training scheme provides a unique preparation for doctors, using Rural General Hospitals to provide the required breadth of experience. The success of Rural Track was seen in in Shetland, where it resulted in five new GPs – making a significant contribution to the quality of life of the local population.

Case study – Audit and feedback intervention to improve antibiotic prescribing rates in Dentistry
Against the background of a growing threat to public health from antimicrobial resistance, the NES dental team trialled an audit and feedback (A&F) intervention in 2016 to reduce dental antibiotic prescribing. This was viewed as a significant issue given that dentists prescribe approximately 8% of antibiotics dispensed in UK community pharmacies. Despite clear clinical guidance, dentists often prescribe antibiotics inappropriately.

NES's Translation Research in a Dental Setting (TRiaDS) programme trialled a simple process using and linking routinely collected National Health Service (NHS) dental prescribing and treatment claim data to evaluate the impact of individualised A&F on dentists' antibiotic prescribing rates. The A&F was designed to reinforce and enhance implementation of NES's Scottish Dental Clinical Effectiveness Programme (SDCEP) guidance in this area of practice.

All 795 NHS general dental practices that prescribe antibiotics in Scotland were randomly allocated to the control group (no A&F: n=163) or the intervention group (n=632). In the trial, dentists were given individualised feedback comprising a line graph plotting their monthly antibiotic prescribing rate. A subset of dentists in the trial also received a brief behaviour change message about recommended antibiotic prescribing practice based on national guidance and/or feedback about the average prescribing rates of other dentists in their health board.

TRiaDS conducted a 12-month cluster randomised controlled trial to evaluate the effects of the audit and feedback intervention on dentists' antibiotic prescribing rates. The trial used routinely collected electronic healthcare data to: identify the study population; apply eligibility criteria; carry out stratified randomisation; generate individualised feedback for the trial interventions; and analyse trial outcomes. In addition, a process evaluation explored the acceptability of the feedback and identified barriers and enablers to evidence-based antibiotic prescribing practice in dentistry

At follow-up, the antibiotic prescribing rate of dentists who received individualised feedback was 5.7% lower than the antibiotic prescribing rate of dentists who did not receive individualised feedback. This is equivalent to 20,000 antibiotic items in a 12-month period. Feedback that included the written behaviour change message had

the greatest effect. There was no statistically significant difference between dentists who received a line graph of their own antibiotic prescribing rate compared to the average prescribing rate of all dentists in their health board with those who were not shown the comparator.

Case study: The impact of training Occupational Therapy staff to implement Behavioural Activation for Depression

Working as part of the Scottish Government's Mental Health Strategy to increase access to psychological therapies and interventions, NES trained 99 Scottish experts to provide training in Behavioural Activation (BA) for Health Boards. The training aimed to: 1) widen access to evidence based psychological interventions for people with depression in local community settings, and 2) improve the mood of people with depression, as evidenced by use of standardised clinical outcome measures.

The mental health occupational therapy staff working within NHS Lanarkshire provide regular Behavioural Activation groups within local community settings.   Nineteen BA groups were delivered across all 10 localities to 133 people with depression between January 2016 and December 2018. Routine outcome measures were used to monitor the clinical outcomes for people with depression. The results demonstrate that there was a significant reduction in the severity of the depression and level of psychological distress experienced by people. They were less likely to avoid activity and were more active at the end of the group. The level of access to psychological therapies was increased for people attending mental health and addiction services across Lanarkshire.

Outcome 2: An excellent learning environment where there is better access to education for all healthcare staff

What the outcome means
This outcome signalled our intention to improve the quality of the learning environment for all those who are training and developing their practice within NHSScotland and in social care settings. The outcome recognises the amount of learning that takes place within the workplace and addresses several dimensions of educational quality including: supervision, protected time for learning, educational support, learning facilities and inclusivity of learning, together with the accessibility of relevant educational opportunities.

Where did we want to be by 2019 and how will this be measured?
By 2019 we wanted to have access to data that enables us to assess the quality of the learning environment in which placements for all undergraduate and trainees (where we have a locus of responsibility) are delivered. By 2019 we also aspired to be able to increasingly join up this information across professional groups and link this to data from other national organisations to provide an integrated and holistic view of the learning environment.

By 2019 we also wanted to have measures in place which enable us to demonstrate how our interventions have contributed to an improvement in the quality of the learning environment.

Summation and review of work over last 5 years
We have made significant progress in developing systems, and using data relating to the quality of the learning environment during the five years covered by the Strategic Framework. Since 2015 we have reported on advances in the management of the learning environment across several professional groups and programmes. The different ways in which NES supports the learning environment include:
- Quality management of postgraduate medical education and training (Medicine)
- Provision of the Clinical Skills Managed Education Network (CSMEN) including the Mobile Skills Unit (see case study below) (Medicine)
- Quality Management of the Placement Learning Experience (QMPLE) - nursing and midwifery students.
- Flying Start online learning for newly qualified nurses, midwives and allied health professionals (NMAHP)
- Quality monitoring of health care science training (Health Care Science)
- Management of the Pre-Registration Pharmacy Scheme (Pharmacy)

Lessons learned and implications for the future
NES provides, funds, supports and quality manages a comprehensive range of workplace education and training resources for the NHS, contractor organisations and an increasing number of social care settings. This support for the learning

environment takes different forms including local practice facilitators, peripatetic training resources and quality management activities. Our work in developing and supporting the learning environment has been well-received by the service and, in some cases, the subject of high-profile endorsement.

The General Medical Council (GMC) recognised the efficacy of the Medical Deanery's Quality Management of postgraduate education and training during its visit to Scotland in 2017-2018. The GMC's reports of the visit presented a positive picture of the position in Scotland, with 2 areas of good practice, 68 areas working well, 13 requirements, and 28 recommendations. There was one serious concern identified (in NHS Ayrshire and Arran) and no areas were escalated to enhanced monitoring following the visit.

In their public release, to coincide with the publication of the reports, the GMC reported an extremely positive picture of medical education and training in Scotland, as represented in their press statement that "*The standard of medical education and training in Scotland is very high...*" and that "*The Scotland Deanery and NES deserve great credit for the support they provide to the boards and medical schools.*" In particular, with respect to educational governance, the GMC concluded that "*The deanery are aware of what is happening across Scotland and have robust systems in place for identifying and managing concerns over safety or quality.*" Further information about the GMC visit and NES's quality management of the postgraduate medical education environment is provided in the [Scotland Deanery Annual Quality Report](#).

We have developed QMPLE nursing and midwifery student quality indicators – engagement with feedback and overall experience, with sub-measures of student safety, belongingness, supervision and support, and the learning environment. QMPLE student feedback has also contributed greatly to the national Excellence in Care Programme. There is also ongoing work to develop transferability to the national Care Assurance and Improvement Resource (CAIR) dashboard.

During the reporting period we have learned that access to education can be challenging for many staff who are addressing significant pressures on services. NES has responded to these issues by investing in the development of the Turas Learn infrastructure and digital learning resources, to improve the accessibility of learning for staff. This has enhanced the learning environment by ensuring more learning is available at any time, on any device, and without cost to organisations and individuals.

We are aware, however, of the concomitant challenges associated with implementing Turas Learn, as we transfer health boards and other organisations to the new platform. The transition of digital learning from commercial virtual learning platforms to Turas requires time and significant resources before the process is

complete and we have full functionality. Our evaluations also indicate that online learning is not universally welcomed by our target audience, many of whom have indicated a preference for practical, face-to-face, or even paper-based formats. We support a wide range of learners with different skill levels and access to technology. A survey of users of NES's Mental Health, Learning Difficulties and Dementia resources in 2017-2018 discovered that a combination of online and hard copy versions of the resources was preferred as this combined accessibility with options for local facilitation.

Our Strategic Framework progress reports have commented on training quality management issues arising from partnership with host organisations who are responsible for supervising, managing and supporting trainees. These issues are reported to our Educational & Research Governance Committee, which receives information about how the Medical Directorate manages training quality, with specific reference to 'Enhanced Monitoring' where improvements are required.

In the case of health board quality management of medical training, NES views oversight and involvement of non-executive and executive directors as an important factor in effecting improvement. We continue to raise the profile of education and training at board-level through the implementation of the Scottish Government's Blueprint for Good Governance.

Case study: General Medical Council visit to NHS Western Isles
The General Medical Council (GMC) visited NHS Western Isles as part of its national review of undergraduate and postgraduate medical education and training in Scotland during 2017. The visit was designed to check that training programmes were complying with the standards and requirements as set out in Promoting Excellence: Standards for Medical Education.

The final report of the GMC's visit to NHS Western Isles confirmed that all standards were being met and identified five areas that were working well. Undergraduate students, postgraduate trainees and medical educators all testified to the quality of support provided by the Health Board and the Scotland Deanery. The final report made a number of positive observations including the following:

'The educators that we met with had all undergone training for their role, were recognised and approved in their role, and had been appraised on their educational roles. Those that we met with felt they had sufficient time in their job plans for their roles' (paragraph 9)

'We …. heard of strong links with partner medical schools, especially Aberdeen, where NHS Western Isles input into curriculum committees, and have two yearly quality visits, and the Scotland Deanery, through relationships with key individuals

but also wider groups such as the Medical Directorate Education Team (MDET) (paragraph 15)

DME group and the Taskforce to Improve the Quality of Medical Education (TIQME), and input into the deanery's quality review panels. We heard that these mechanisms help to monitor and maintain the quality of medical education and training at the site. This helps to ensure that the needs of learners are met'.

Case study: Experiential learning within the initial education and training of pharmacists

NES is supporting the Scottish Schools of Pharmacy (SoP) in delivering more experiential learning placements as part of their curriculum. With the volume and duration of undergraduate placements being greatly enhanced, a more formal quality management and governance structure needs to be expanded by the Schools of Pharmacy in tandem with NES. NES and both SoP are working together to develop a universal quality management and governance process for all experiential learning pharmacy training practices (PTP) whether that be undergraduate or pre-registration that all parties will use and share.

Quality Management of the PTPs will mean that approval is based on an assessment of the suitability of PTP's premises, the availability of tutors and the capacity to provide trainee feedback (if applicable) based against set criteria agreed with the GPhC. Current NES PRPS processes will be used as a starting point for development and testing. NES and both SoP are reviewing NES processes, considering gaps and developing a bespoke Quality Management model.

In this programme, NES Pharmacy has used its PRPS experience and infrastructure to support the SoP in developing and testing a universal educational governance and quality management system for PTPs. This system will be used across the overall 5-year initial education and training period that is robust, easy to use and fit for purpose.

Case study: The new Mobile Skills Unit

The Mobile Skills Unit (MSU) is a vehicle that provides high quality clinical training for practitioners in Scotland's remote and rural areas. A new mobile skills unit (MSU) was launched by the Cabinet Secretary for Health and Sport and the NES Chair in

September 2018. This provided an opportunity for over 40 members of the Clinical Skills Managed Educational Network (CS MEN) to attend the launch and celebrate their input over the past 10 years. It also enabled users throughout Scotland to share how the use of simulation had prepared them for healthcare practice. Presentations were given covering how the MSU had provided added value as well as reviewing the complex system that underpins its success. The meeting finished with a round table discussion to inform CS MEN priorities going forward.

The vehicle has a large flexible teaching space and a separate control room. This space can be divided into two distinct areas allowing two scenarios to run simultaneously. Acting on previous feedback, the unit has improved storage facilities and has a larger control room.

In the first hundred days since its launch, the unit has made 11 visits to 6 different health boards. Fifty-seven training sessions have been held for 542 trainees from a wide variety of disciplines. User evaluation of the sessions has been extremely positive.

The work undertaken by CS MEN was recognised by the Association for Medical Education in Europe (AMEE).in 2018 when the team received the prestigious international 'ASPIRE' award.

Outcome 3: Flexible access to a broad range of quality improvement education in the workplace

What the outcome means
The NHSScotland Quality Strategy is the approach and shared focus for all work to realise the 2020 vision. This outcome reflects our commitment to making quality improvement (QI) education available to all staff groups (clinical and non-clinical) to ensure that the workforce is supported to implement and deliver QI activities on a day to day basis in services.

Where did we want to be by 2019 and how will this be measured?
By 2019 we wanted to have trained a total of 284 people in the Scottish Improvement Leader (ScIL) programme and to have supported a further 60 Fellows through the Scottish Quality Safety Fellowship (SQSF). We also wanted to ensure that unit specific modules on QI are available to staff across the entire workforce, and we wanted to be able to quantify how many staff have completed these modules.

We have measured this by tracking participation on the taught programmes and tracking those accessing specific modules through our digital platform.

Summation and review of work over last 5 years
Scottish Quality Safety Fellowship (SQSF)
The Scottish Quality and Safety Fellowship aims to develop and strengthen clinical leadership and improvement capability in NHS Scotland. The programme was established eleven years ago.

Over the past 5 years:
- 90 participants from Scotland have completed the Fellowship, which sees a total of 160 Fellows now working across the Scottish system
- 65 participants from outside Scotland have taken up fee-paying places to complete the Fellowship, including staff from Northern Ireland, Republic of Ireland, England, Wales, Norway, Denmark and Canada

Scottish Improvement Leader (ScIL) programme
The ScIL programme was established in 2014. It aims to enable individuals to:
- design, develop and lead improvement projects,
- lead and generate support for change, and
- provide expert QI support and advice in their organisations.
It is for people working in the Scottish Public Service in a role with a significant focus on quality improvement and dedicated time allocated to lead improvement projects.

Over the past 5 years a total of 399 participants have successfully completed the programme, this comprises of:

- 364 Scottish participants
- 35 fee-paying participants from outside Scotland, including staff from Northern Ireland, England, Wales, Denmark and Canada.

Scottish Coaching and Leading for Improvement Programme (SCLIP)
The Scottish Coaching and Leading for Improvement programme (SCLIP) was developed in 2017, for individuals working in a team lead role or with a similar level of responsibility. The purpose of the programme is to equip these core managers to coach and lead teams to support achievement of improvement strategies in their organisations.

Over the past 2 years since the inception of the programme, 289 staff have completed this programme delivered by NES faculty comprising:
- 106 nurses sponsored by the Excellence in Care programme
- 46 staff sponsored by the Children's Young Persons Improvement Collaborative
- 85 staff from health boards where a co-delivery model was tested utilising both NES and local board faculty; the boards include NHS Grampian, NHS Dumfries & Galloway and NHS Greater Glasgow and Clyde
- 52 staff from the Belfast Health and Social Care Trust who commissioned two cohorts to be delivered within their own organisation

Scottish Improvement Foundation Skills (SIFS)
The Scottish Improvement Foundation Skills (SIFS) programme was developed in 2017. SIFS is an innovative QI programme delivered entirely in a virtual learning environment. The aim is to develop individuals' skills, knowledge and confidence to be active team members contributing to the improvement of local services.

Over the past 2 years, 377 staff have completed the course comprising:
- 261 staff from across public sector on generic cohorts
- 116 General Practitioners on cohorts commissioned specifically for them by Scottish Government, ensuring reimbursement was available for attendance.

QI Zone website
The QI Zone was established on Turas in April 2016. It contains all relevant online resources for anyone wishing to learn about quality improvement.

A review of content was started in 2017 to align practical tools and eLearning modules to content taught on programmes. As a result, resources have been reduced to ensure simple, concise, succinct and consistent messaging for users of the website. The most significant aspect is the reduction of 16 eLearning modules to just 4:
- Module 1: Measurement for Improvement was completed in May 2018. To date 152 staff have completed the module

- Module 2: Understanding your system was completed in October 2018. To date 130 staff have completed the module
- Module 3: Developing aims and change theory was launched in February 2019
- Module 4: Testing change ideas was launched in March 2019

Over the past year, the QI Zone has seen an over 100% increase in its use. In January 2019, there were 5,880 users on the QI Zone compared to 2,886 in July 2018.

Lessons learnt and implications for the future

The Kirkpatrick evaluation model is now embedded into all programmes to enable real time continuous improvement of content and delivery mechanisms. Evaluation data show all products are experienced by participants as being of a high standard and fit for purpose. This is also reflected in the demand for programme places which consistently is greater than capacity.

Whilst building quality improvement capacity and capability is going well, an emerging theme from clinical staff participants, is that they are not always able to apply the skills to benefit their organisation due to having no protected time to implement service change. Moving forward, it is important that we not only continue to build skills but support and facilitate boards to utilise the existing skills of staff they have.

Case study: A Leadership Project from the ScIL Programme

Russell Allan is an ICU consultant in Greater Glasgow and Clyde. Russell applied his ScIL learning to ensure critically ill patients are provided with adequate daily nutrition to allow full and early recovery. Critical illness produces a profound catabolic state which causes muscle wasting and weakness. This results in delayed weaning from ventilation, discharge from hospital and return to full functioning state. Baseline data showed that adequate nutrition was only provided on 32% of patient-days. So, in line with ASPEN guidelines, Russell and his team set out to improve this to 80% by December 2018.

After forming a multidisciplinary improvement team, he began using tools to learn about his system, including process mapping, Pareto chart creation and sampling data over time. The data was plotted on a run chart. A driver diagram was used to describe the change theory and help create change ideas. Many of these change ideas were tested and adapted through multiple PDSA cycles. As data collection continued, Russell moved to use of Shewhart charts which allowed the team to identify if their changes were producing improvement.

They found the change ideas which had the most positive impact on their measures included the use of 'protein plus' feed. They also introduced weekly MDT meetings and 'catch-up' feeding.

As demonstrated on the Shewhart Chart the team made substantial improvements to their nutritional practice on ICU. On average, adequate nutrition is now being provided on 80% of days. The beneficial effects of this on patients can be demonstrated by early and complete recovery to full fitness, return to work and overall physical and mental wellbeing.

Russell's key learning from ScIL included:
- Power of the Pareto chart – without this they may have never discovered their most influential change idea.
- Celebrate early wins with the team to keep everyone motivated and engaged.
- Engage management as you may require their support to effect full system change

This work has been presented at the Scottish Intensive Care Society Audit group annual conference and was awarded the QI prize. Russell also notes a positive shift towards an improvement culture. This project has provided a successful framework which can be followed for future improvement efforts within ICU at QEUH. Russell says:

"ScIL has provided me with skills that I use daily to lead improvement in my department. I believe the usefulness of this programme goes far beyond simply learning techniques and skills but guides you into a deep exploration of how you interact with those around you to get the best from them, from yourself and for the system you work within. This has resulted in improved relationships, influence and confidence to make me become the leader of change that is necessary for every organisation to be successful.

I was impressed by the all those who contributed to teaching and facilitating on the programme due to their depth of knowledge, patience and ability to gently challenge. As a result, I have gained more from ScIL than I ever thought possible at the start of the programme."

Outcome 4: Leadership and management development that enables positive change, values and behaviours

What the outcome means
The health and care sector in Scotland is undergoing transformational change and the leaders in our health and care system are dealing with complex and demanding issues in the implementation of strategy and policy and in the design and delivery of services. This change requires the right leadership at all levels across the health and care system to achieve the required culture and behaviours to deliver the 2020 Vision and beyond.

Where did we want to be by 2019 and how will this be measured?
We wanted to be an effective and highly valued partner in the design and delivery of innovative ideas, policies and initiatives that are scalable and deliver the capacity and capability the health and care sector requires to meet their leadership challenges. We wanted to deliver a wider platform of organisational and leadership development; and deliver digitally enabled solutions with significant progress made on assessing impact and continually improving our contribution at pace.

We wanted to deliver the Once for Scotland ambition. Measurement of progress was based on feedback, impact assessment and progress against agreed objectives.

Summation and review of work over last 5 years
Over the past five years, in addition to managing and delivering a range of leadership and management programmes and resources, including work on facilitation, feedback and appraisal, we have made significant progress with effecting positive change.

2016/17 saw the design, development and implementation of a new Leadership & Management Development Framework for Health & Care in Scotland. This framework recognised that effective leadership and management are critical to the delivery of high quality safe, effective and person-centred services and, in particular, the development of healthy organisational cultures. The framework provides a flexible, accessible, user focussed approach to career-long learning to encourage and enable leaders and managers to be the best they can be.

The Leadership & Management Development Framework has come to life via the launch of the Leadership & Management Zone on Turas Learn, which enables staff from across health and care in Scotland to access high quality resources, programmes, websites and e-modules from any device, anywhere, any time. The Zone also provides the basis for coalescing learning resources on Turas that support leadership and management at all levels and people at all stages in their career.

Leadership Links emerged from the Managers Development Network and provides information about, and access to, bite-sized learning opportunities for leaders and managers at all levels. This is an example of the way in which digital technology can be used effectively to allow staff from across health & care in Scotland to access high quality on-line resources, both live and recorded from any location and on any device.

Leadership for Integration is a programme that is offered jointly by NES, RCGP Scotland and SSSC. It is designed to increase the individual and collective leadership capacities of health and social care professionals who are leading the transformation of services to improve outcomes for people, carers and communities across Scotland.

The Scottish Coaching & Leading for Improvement Programme (SCLIP) is a 3-month co-created and jointly delivered Leadership & Quality Improvement programme. The target audience for the programme is core managers who are responsible for coaching and leading teams to improve their services and helping embed improvement strategies within their organisation.
Total number of SCLIPs trained by March 2019 = 229
Total number of Scottish SCLIPs = 176
Total number of NI SCLIPS = 53

Place to Be is a 3-day Public Health Leadership Programme which aims to increase the confidence and capability of Public Health leaders to take up leadership of the changing public health agenda with partners at both local and national levels. The programme has been commissioned by Directors of Public Health in Scotland and is delivered by us in conjunction with the King's Fund.
Total number of participants on Place to Be by February 2019 = 102

The Scottish Clinical Leadership Fellowship (SCLF) is a one year out-of-programme fellowship that develops future clinical leaders for the NHS in Scotland and is comparable to fellowships offered by other home nations. The aim of the programme is to benefit fellows by developing their personal leadership skills, and to benefit NHS Scotland through the application of these skills to practice.

During 2018/19, NES ODL&L led and supported the development of Management Matters which is a new standard approach to the development of line managers in the eight National Boards.

The NMAHP Digital Health and Care Leadership Programme has recently evolved to reflect Scotland's Digital Health and Care Strategy- Enabling, Connecting and Empowering (Scottish Government, 2018) and has now been expanded to include non-clinical technology-enabled care (TEC) leads. More than 100 practitioners have completed the programme so far.

Lessons learned and implications for the future

The main challenge is managing expectations from an environment where there is significant, perhaps even unprecedented, interest in leadership development. Because of the multiplicity of theories and approaches available, this could create a tension between NHS and wider public sector offers, and also between uni- and multi-professional commissions within health. It also increases the importance of being able to demonstrate impact. This challenge is being mitigated by close working with colleagues at Scottish Government and in the service.

Evidencing impact is a focus in respect of all our programmes and initiatives. The development of a Scottish Leadership Community open to all programme alumni and others interested in leadership learning will help in this respect and will assist us in collecting qualitative impact stories that help to understand participants' experiences over and above the numbers.

The ethos that underpins our leadership development approach is that learning happens best through live work. This leadership approach focuses at three levels; self, team and system, and we encourage leaders to link their learning to live, collaborative work and make sense of their experience through reflective practice, seeking and giving feedback and mentoring and co-coaching.

Case study: Project Lift

Close working with Scottish Government and health board OD Leads in 2016/17 informed the development of new national arrangements for executive level leadership development and talent management published in May 2017. Known as Project Lift, these arrangements align a new approach to values-based recruitment, executive and senior manager appraisal, talent management and leadership development in support of transformational change.

A successful bid to Scottish Government for significant investment in contingent staffing resource in September 2016 enabled NES to establish an expert leadership and OD practitioner team to support these new arrangements. This built on effective collaboration with Scottish Government and the Golden Jubilee Foundation in the design of a new strategic approach.

The leadership and OD practitioner team has been instrumental in introducing Project Lift nationwide since its formal launch in April 2018. It has been supported by technical partners to develop a talent management methodology and skills and a leading-edge approach to leadership development for aspiring Directors. Project Lift has also benefitted from the application of NES' digital and subject matter expertise to support the introduction of Appraisal and Talent Management Self-Assessment Apps on Turas,

The period since has seen almost 10,000 visits to the Project Lift site, 2,400 logins to the App and over 1,000 completions of the self-assessment activity by staff at all levels, helping them to understand their leadership potential in terms of values, ability, ambition and insight. Of the latter group, 780 have been identified as high potential, 180 of who are high priority for a career conversation about the next development steps for them. For 40 individuals at aspiring director level and above, this has included access to our new leadership development package, Leadership Cubed.

Alongside this, significant work has been done by the NES team in partnering with local systems through HR and OD Leads to support the adoption of the Project Lift ethos and associated processes. This has built on and extended existing working relationships and is supporting the exploration and development of a leadership community, with the intent of encouraging and supporting individual agency for change amongst all those with an interest in leadership.

Work is underway to incorporate the Project Lift approach into other national leadership programmes managed by NES, using our established relationships with SSSC and Social Work Scotland to extend the offer beyond health Boards to partnerships and local authorities. This directly supports the ministerial priority around integration, building on our existing contributions in this area through Leadership for Integration and other initiatives.

The ambitions for Leadership Development and Talent Management were set out in a nine-year maturity model in 2017. With the existing funding window for the expert support infrastructure running until March 2021, it will be important for NES to continue to provide timely management information and other data to demonstrate the positive impact of Project Lift to support the case for further investment.

Case study: A National Leadership & Management Development Framework
We went on the road to meet with clinical and service management teams across health and social care to identify what support was needed for individuals and teams, to help them be the best leaders and managers they could be. This created an extensive analysis of needs and was supported by active collaboration with the leadership development community across Scotland. This led to the development of the Leadership & Management Framework, supported by a TURAS Learn Zone.

The Zone is designed to offer support for leaders at all levels, and provides learner pathways and access to a range of resources, programmes and networks. The Zone has over 1,000 users each month, with an average of 500 new users each month. We are seeking to extend this reach across 2019.

The Framework has underpinned the work of our Leadership & Management Planning Group, bringing together all leadership and management development activities across NES, to improve our support to colleagues working in clinical and service settings, across the whole of the country. This has enhanced collective planning, resource redesign, impact planning and created a space for innovation and creativity.

Outcome 5: A key role in analysis, intelligence and modelling for the NHS Scotland workforce to strengthen workforce planning

What the outcome means
One of the challenges identified in Everyone Matters is "strengthening workforce planning to ensure the right people, in the right numbers, are in the right place, at the right time". We are not responsible for workforce planning, but have access to significant, and growing amounts of data about the trainee workforce, and increasingly about the way in which individual cohorts of staff are accessing training and development. This outcome reflects the importance of ensuring that best use is made of this data and the intelligence contributes meaningfully to workforce planning.

Where did we want to be by 2019 and how will this be measured?
When this Framework was launched in 2014, our ambition was that by 2019 we would want to be in a position whereby we were making effective use of the data from all the systems which we control and to which we have access. We also anticipated that our analysis intelligence and modelling would be sought out by those responsible for workforce planning. However, following publication of Part 1 of the National Health and Social Care Workforce Plan, we have stretched our ambitions even further.

The National Health and Social Care Workforce Plan Part One[1], published in June 2017 gave NES a key role in analysis, intelligence and modelling for the NHS Scotland workforce to strengthen workforce planning. NES was set several tasks to complete in 2017-19. These included:
- developing a minimum standardised dataset with potential to use across different sectors;
- bringing together relevant data sources in a new supply-side platform, and analysing and aligning them to better inform workforce planning;
- determining the data required for effective decisions on workforce and improving analysis of future demand and support;
- determining how NHS Boards might use specialty profiles as part of a suite of effective workforce planning tools;
- designing a pipeline approach demonstrating how supply via training and recruitment numbers will meet estimated demand;
- developing training resources to assist adoption of the workforce planning guidance in NHS Boards, SSSC and IJBs; and
- assessing how the nationally controlled student intake process might extend to professions beyond nursing, medical and dental, linking this to career paths and opportunities across health and social care.

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[1] http://www.gov.scot/Publications/2017/06/1354

Progress against all these targets is measured regularly and reported to the Scottish Government.

Summation and review of work over last 5 years
Highlights of progress against these tasks include:
1. launch of Turas Digital Intelligence, which delivers a national data platform to bring together key datasets from across health and social care into a single cloud application
2. completion of data sharing agreements with core data providers, such as ISD and SSSC, to promote collaborative working practices with data partners
3. delivery of awareness and training sessions with key stakeholders
4. delivery of an options appraisal for data science support training/services over and above the data platform
5. design of a workforce planning framework to show the inflows required from training and other sources to meet employment targets
6. transfer of the responsibility for publishing workforce National Statistics from NHS National Services Scotland to NES by 2019

The UK Medical Education Database (UKMED) provides a platform for collating data on the performance of UK medical students and trainee doctors across their education and future career. NES works with the UKMED Collaboration to enable an understanding of how workforce flows operate at a UK Level.

NES supports the Scottish Medical Education Research Consortium (SMERC), the UK's largest medical education research group. We have funded a 9-year programme of work which provides authoritative and contemporary intelligence about the career decision making of medical students and trainees. This workforce theme has identified when and how to intervene to positively influence career decision making to ensure that workforce needs can be fulfilled. SMERC has also delivered multi-centre work on selection and increasing diversity in medical education, which has influenced national and UK policy.

Lessons learnt and implications for the future
There are some challenges to the delivery of these targets:
a) Identifying the nature of workforce planners' requirements, which NES is addressing by planning further engagement sessions with key stakeholders;
b) Ensuring there are sufficient staff and resources to support user requirements, which NES is addressing by acquiring resource from the Scottish Government.
c) Working with stakeholders to ensure a smooth transition of responsibility for publishing workforce National Statistics

Case study: Turas Data intelligence
NES launched the Turas Data Intelligence platform on 1st April 2019. TDI consists of two components. First, a cloud-based data platform where NES technical and data

teams can bring together data sources, build data models and perform advanced data analytics in a secure environment. Second, a user interface where workforce planning teams can gain access to the outputs of data science, namely embedded reports and useful datasets. These components are delivered to stakeholders using NES's existing web service, Turas.

The Turas Data Intelligence application has five reports identified as high priority areas for workforce planning, namely: Consultant Scenario Planning; Medical Profiles; Regional Radiologists & Radiographers; Nursing & Midwifery Pathways; and Trainee Programme Statistics. More reports and data are in the pipeline.

Case study: Dental workforce report
The latest biennial dental workforce report was published in October 2018. This report aims to inform workforce planning for dental services in Scotland by using information from a variety of sources to: estimate the supply of dental services; estimate the demand for dental services; and forecast the supply of and demand for dentists and dental services in the future. In particular, the information from the report informs the Scottish Government's Dental Student Intake Reference Group.

Case study: Psychology and Child and Adolescent Mental Health services (CAMHS)
The Psychology and CAMHS workforce projects draw on two bespoke workforce information databases that are collected and verified by heads of service and lead clinicians. ISD work closely with these groups to ensure a high level of data accuracy when these data are published as National Statistics. These data are used by NES, the Scottish Government and NHS Boards to support local, regional and national workforce planning, to support educational training and planning, and to track the Scottish Government's investment in expansion of the CAMHS workforce and training numbers.

Case Study Pre-registration Nursing and Midwifery
On behalf of the CNO Directorate, NMAHP commissions and performance manages pre-registration nursing and midwifery programmes at 11 universities. Each year, as part of reporting, statistics are produced from data held in the NES Computerised Training Index (CTI), that provides a rich source of information about the student nursing and midwifery population. It includes demographic detail about those commencing specific programmes for the first time; those who discontinued and those who successfully completed the programme and are eligible to register/record a qualification with the Nursing and Midwifery Council. This data has been linked to other data sources to inform workforce planning.

Outcome 6: A range of development opportunities for support workers and new and extended roles to support integration

What the outcome means

Support workers represent around 40% of the NHSScotland workforce but have traditionally received very little training and development support. Our ambition in relation to this group of staff was to increase access to, and awareness of, sustainable learning and development opportunities. This outcome also recognised the need for a national and coherent approach to the development of new and extended roles which are identified by the service as being required as part of an integrated team.

Where did we want to be by 2019 and how will this be measured?

By 2019, we aimed to support Everyone Matters by embedding and sustaining learning development opportunities and pathways for increased numbers of support staff. We also aimed to have been proactive and supportive in providing education resources and opportunities on a consistent and national basis, including the development of education support for staff in new and extended roles. These outcomes were measured through target setting (e.g. specific numbers of Boards/learner uptake) and using evaluation methods such as questionnaire and interviews.

Summation and review of work over last 5 years

The size and diversity of healthcare support worker roles means that new education pathways and qualifications are always in development.

Over the last five years education, career pathways and learning development frameworks have been developed for support workers and embedded in practice. Some examples of current work include:

- Since 2014 NES has been funding demonstrator projects which have demonstrated the value of education pathways for staff in Business and Administration and Estates and Facilities roles.
- NES and Health Facilities Scotland (HFS) co-ordinated a pilot project to support NHS Boards in implementing Estates and Facilities Education Pathways.
- NES is represented on the Qualifications Design Team for an Honours Degree in Facilities Management. This is the final qualification development in the Facilities Management suite of HNC, HND and articulation route to degree giving staff members new opportunities for professional development and career progression.
- NES is in the initial stages of engaging with staff and expert groups to develop a national pathway for procurement, stores and logistics thus providing new opportunities for advancement.

- Due to the success and promotion of the Estates and Facilities Pathways, NES is working with the Scottish Property Advisory Group (SPAG) to develop Capital Planning and Asset Pathways.

For clinical healthcare support workers, the learning and development frameworks are increasingly being used within appraisals, supporting role development for a more sustainable service.

Since 2017 we have been involved in Digital Health & Care development for a Technology Enabled Care Workforce. We have developed and introduced the first national e-learning resource in technology enabled care for staff across health and social care. This resource was co-designed with key stakeholders from the public, private and third sector from health, care, housing, academia and other organisations, including the SSSC.

Over the last 18 months, we have continued to develop the confidence and skills of Estates and Facilities staff in their use of digital technology by widening access to support. We developed and reviewed in partnership with two NHS Boards a basic digital skills programme called 'Digital Matters'. We also developed and launched Turas Digital Health & Care Learning Zone to increase accessibility to learning and development and practice support resources.

Two very successful stakeholder groups have been established which have allowed the voice of clinical support workers to guide and influence their education and training. These groups meet regularly to shape, and assist in the development of learning resources, national events and reports. Our Twitter accounts also support communication about resources and activity.

A vision to build capacity to deliver education and training for this workforce has given rise to the development of the associate practice educator role. Associate practice educators are now in post across four NHS Boards with other NHS boards interested in this concept.

We are developing, in partnership with stakeholders, an approach to recognise prior learning for staff who want to access learning, including vocational qualifications.

Lessons learnt and implications for the future
Over the last 5 years, NES has developed a range of resources and frameworks to support healthcare support workers and the 'Once for Scotland' approach has been welcomed.

The diversity of the support workforce across NHSScotland and other sectors means that collaborative working, whilst challenging, provides an opportunity for us to offer expert advice on education for this workforce.

Support workers are key members of many teams within NHS Scotland and other organisations. We have learnt that engaging with the whole team, rather than just the support workforce, means that they are included in developments and are valued and supported. Our experience has been that the embedding of sustainable change is enhanced by working with smaller units within an organisation where the education and training can be more participant-centred.

There is widespread recognition that education infrastructure for healthcare support workers is limited and that their learning and development needs are not always prioritised. Nor are they supported by relevant communication and IT infrastructure. It is anticipated that increasing the number of the associate practice educators will help to meet the development needs of this workforce. We are also building on our understanding of digital literacy to help support those whose roles require them to become more digitally capable across the health and care sector. Digital technology has the potential to improve the efficiency and co-ordination of health and social care and this factor may help to enhance digital access.

During 2018, we administered a survey to clinical healthcare support workers working in health and care. The findings from the survey have been written up as a national report which will be used with individual NHS Board results to further support education and training for support workers across Scotland. We continue to seek more detailed workforce data so that we can carry out meaningful learning needs assessments and identify learning gaps e.g. competences and qualifications required for an integrated workforce.

Case study: Associate Practice Educators
Between 2016 and 2018, a pilot scheme was launched to explore the potential of associate practice educators, a new concept in Scotland, to meet the training needs of healthcare support workers (HCSWs).

This NES and NHS Grampian initiative put support workers on the wards as peer educators. Associate practice educators are experienced clinical HCSWs with the skills, time, focus and flexibility to identify, deliver, or signpost people to the learning they needed. They help by providing on the job learning, nurturing team working and professionalism and help by developing leadership at all levels.

This pilot scheme has recognised that HCSWs can play a much wider role in helping others to learn and develop confidence in their skills. Feedback from the initiative suggests that associate practice educators can provide an effective way to train new support workers and to develop their careers in a way that helps the NHS meet its goals as a world-class provider of person-centred care.

We can now report that there are associate practice educators in four NHS Boards.

Case study: Preparation for Advanced Practice roles
As part of the Scottish Government's commitment to role transformation, NES with practice and education partners, has supported the education and CPD for advanced nurse practitioners, health visitors, district nurses and general practice nurses. Additional nurses are being prepared for advanced practice roles across variety of care settings – community, primary care, acute, mental health, paediatrics, neonatal, care homes and hospices to meet commitment of 500 additional ANPs by 2021.

In preparation for refocused nursing roles, 831 educational places were taken up by general practice nurses, and 151 district nurses were supported to undertake modules for advanced clinical assessment and/or nurse prescribing, preparing them to meet the changing health and care needs of the population.

Outcome 7: Improved and consistent use of technology with measurable benefits for user satisfaction, accessibility and impact

What the outcome means

This strategic outcome was set as a result of our having surveyed our users for their views on our online products and services. The results of this indicated that, whilst we had some very good products and services, users experienced a great deal of frustration in trying to locate and access these and they were not joined up, with different systems separately holding the same data. At the same time, we were aware that many of our systems were complex to administer and that we were at risk through having small pockets of developer staff spread across the organisation with no common understanding of, or cover for, our different systems.

Where did we want to be by 2019 and how will this be measured?

By 2019 we intended that NES will have completed its journey to being truly digital by default, exploiting all opportunities to deliver educational solutions that support excellence in health and social care for the people in Scotland. This will have been achieved when we can demonstrate that we: provide access to education for the entire NHSScotland workforce, whenever and wherever it is needed; create intuitive and personalised services for all our users, with non-digital alternatives wherever needed; provide advice and support on exploiting the latest digital and technical learning innovations; provide access to the right skills, training, suppliers and partners; ensure staff and patient safety, security and privacy are never compromised; collaborate with educational partners, NHSScotland boards and services, social care services, industry and academia; and ensure data, records and content are always up to date and accessible to those with the authority to do so, and not to those without.

Summation and review of work over last 5 years

NES Digital was formed in September 2014. From the outset it focussed on developing the varied and specific skill-sets required to deliver NES services in line with modern, digital technologies and methodologies. In 2019, NES Digital is now delivering new products and services from the NES designed, built and managed, user-centred, cloud-based, single unified platform, Turas. The use of the public cloud ensures that Turas and its services and applications are securely accessible from any device, and from any internet connection regardless of employer or sector. The platform concept enables the development (by us or others) of applications to interact with data that are held separately, allowing data to be held once, but used for many different (but appropriate) purposes. It drives standards both in quality and through the design of the underpinning technology and data.

The Turas platform has been developed to create a personalised experience with the ability to 'push' content to users dependent on their role, stage of training or learning pathway. As a result, NES has created a single site and interlinked set of services for

the management of healthcare trainees. Currently, trainee doctors, dentists, pharmacists can all access their unified records with clinical psychologists and healthcare scientists due to follow shortly. In addition, the re-developed Scottish Foundation Schools e-Portfolio went live in 2016 which is now fully integrated with services associated with trainee programme management.

Turas Learn was developed and became accessible from April 2017. This application provides the first single learning record for all staff across the whole NHS in Scotland. Integrating with Turas e-Portfolio, it means that NHS staff can now manage their training and keep structured evidence for revalidation, CPD or performance from anywhere, at any time.

Other recent applications using the Turas platform include Turas Appraisal and Turas People. These products provide a wide range of national services. Turas Appraisal, for example, was introduced in 2018 to help staff record and keep track of their personal objectives and performance. It also replaced the Domino system used by the Executive cohort to capture and manage their appraisal processes. Further developments are planned this year including the introduction of reminder functionality and reporting for line managers. Turas People enables the safe sharing of information between doctors in training, lead employers and placement boards supporting a single employment system across NHSScotland. NES is the lead employer for all General Practice, Public Health and Occupational Medicine Specialty Trainees and this model will be extended to dentists in training from 2020.

We were the first NHS Board to migrate to Office 365 and our move to the cloud to support all core services has enhanced our ability to support agile working. It has provided the potential for direct collaboration with staff in other health boards and also, significantly, across sector boundaries to work with colleagues in local authorities and care settings. With nearly three years' experience of delivering Office 365 in Scotland, NES Digital staff have been working with Microsoft, our technical partner, NSS ITSBU and eHealth staff across the NHS on the design and build of the necessary migration architecture and services to get NHS Scotland fully onto Office 365 over the next two years.

We are also working with NSS to procure a national eRostering system. This and other business functions will facilitate more effective rostering at board level and reduce the requirements for agency staff.

NES Digital has also supported the Care Inspectorate (CI) in their transformation and journey to agile methodology with training and project support. As a result, the CI commenced their first development which was hosted and run from the Turas platform in April 2019 to support the Care Home of the Elderly Inspections.

Significant work has been undertaken in preparation for a full compliance audit to attain accreditation of the international information security standard, ISO27001.This

is the highest possible standard for any organisation and it is envisaged that this will be accomplished during summer 2019.

Our ability to deliver digitally at scale has been recognised by the Scottish Government when the NES Board approved their request in May 2018 to host a new entity, the NES Digital Service (NDS), to develop a national digital platform for health and care information. Since that time, an outline architecture has been shared with several internal and external groups and is receiving broad support. This is a significant move with endorsement for this model and approach being increasingly evident and we are working towards launching the first use case areas of work.

NDS is continuing to engage with other NHS boards and external stakeholders to make wider connections and build support for the work. The First Minister's Precision Medicine Summit in September 2018 identified the need for the data platform and there was clear willingness to engage with plans in place to meet with academics and clinicians in Tayside and Glasgow, as well as with industry. This programme of work marks the start of our commitment to deliver on the elements contained within Domain E of the *Digital Health and Care Scotland* strategy.

Lessons learned and implications for the future
Challenges remain with regard to extending agile methodology that supports digital development more widely into NES working practices. This model is a way of organising the building and testing of software which does not sit well with other more traditional, linear forms of project management. Further support to promote understanding of agile is being taken forward by a new Business Engagement Group which is also reviewing how to prioritise needs and making this a standard process. Time has been invested in creating a single backlog for all NES demands for digital support. This process is helping to ensure digital and business partners across directorates continue to develop products and services that deliver to our strategic objectives and outcomes.

Case study: The development of Turas Learn
Turas Learn successfully went live in April 2017 providing a single learning record and evidence of training for revalidation, CPD or performance. This application also includes onboarding content onto the platform that all learners can access. Turas now contains our quality improvement resources and pharmacy programmes. These represent just the start of migrating our educational material and other boards' content.

The next major step will be in moving our Knowledge Network information and services onto Turas. Knowledge Network also implemented a new, cloud-hosted subscription search service that went live in April 2017. This new Alma Primo application allows all NHS Scotland staff to access journals and decision support materials from Turas and acts as a new and complementary service to other e-

learning resources. All this work represents the realisation of the vision first expressed in 2014 for a single, unified technical experience for NES service-users across health care and, more latterly, social care.

Outcome 8: Consistently well-developed educational support roles and networks to enable education across the workplace

What the outcome means
This outcome refers to our commitment to provide support and development to those based within NHS Boards and other employers who have a role in supporting training and education in the workplace for those working in and with NHSScotland. The commitment to provide networks and resources to develop these roles extended to those staff who are funded by us, and those who are not.

Where did we want to be by 2019 and how will this be measured?
In collaboration with our partners, we have delivered the Everyone Matters 2020 workforce vision by improving and widening access to learning opportunities through developing national networks of tutors, education coordinators, programme directors, facilitators and others who themselves also have access to supporting networks and resources.

The achievement of this outcome has been measured by feedback mechanisms such as quality assurance reports, completion of Board impact workplans, engagement and uptake of educational resources including online programmes and usage of digital applications such as e-Portfolio.

Summation and review of work over last 5 years
Through our national educational networks, we have hosted learning workshops, regional roadshows and events for practitioners, support staff, trainees and mentors/supervisors during 2018/19 and over the past 5 years. Resources, particularly those in digital format, have also been created to develop knowledge and skills for practice. We have produced other educational material to meet revalidation and continuing professional development needs, regulatory and contractual requirements and to help our educators maintain effective learning environments.

Medicine has a network of educators who are responsible for postgraduate medical training throughout Scotland. The Scottish Medical Deanery comprises postgraduate deans and associate postgraduate deans whose role, under the supervision of the medical director, is to manage the delivery of postgraduate education and training to the standards required by the GMC. Directors of medical education and training programme directors at health board level oversee training programmes and ensure trainees' fitness to practice.

We continue to strengthen our established networks of Practice Education Leads (PELs), Practice Educators, and Practice and Care Home Education Facilitators (PEFs/CHEFs) within boards and care homes to support colleagues and mentors/supervisors to meet requirements of regulatory bodies for practice education and to support implementation of national learning. During 2018/19,

pharmacy expanded their educational reach to establish tutors to support pharmacy technicians completing the newly developed NES Foundation training programme across all care sectors. A network of tutors has also been established to support pharmacists and pharmacy technicians working within GP practices as part of the workforce transformational change to meet the demands in primary care. We have provided funding and formal educational support to appoint clinical and educational supervisors for each pharmacist and pharmacy technician attached to a GP practice.

The Scottish Deanery maintains an up to date list of clinical and educational supervisors. Recognition of trainer status is an approved process in medicine with supervisors having to meet agreed national standards. NES has implemented a Scottish Trainer Framework to enable supervisors to access all the information supervisors require to successfully carry out their role. This framework was developed in partnership with Scottish medical schools and territorial health boards via the Directors of Medical Education group. We have also recently introduced a management system to assure the quality of 'Recognition of Trainer' decisions that are made in Scotland.

The provision of Additional Costs of Teaching (ACT) funding for Pharmacy in 2018/19 has enabled us to enhance experiential learning for undergraduate pharmacy students in Scotland with a focus on developing their clinical experiences in primary care and in remote and rural areas. To strengthen this initiative, we have trained facilitators to support students across all years of their undergraduate programme.

Through distribution of medical ACT funding, we support undergraduate medical education and training delivered by Scotland's 5 medical schools: making sure significant resources are used to underpin the clinical teaching of medical students in hospitals and general practices. Scottish undergraduate medical education remains of a very high standard.

To widen access to learning for healthcare support workers, we continue to provide support and advice across Scotland. Specifically this year, we piloted a basic digital skills programme 'Digital Matters for Estates and Facilities' staff in two boards (see case study). We are also developing an approach to recognise prior learning for staff who want to obtain vocational qualifications. We have also created the first national e-learning resource in technology enabled care for staff working across health and social care.

Lessons learned and their implications for the future
Complex and dynamic health care and learning environments rely on the skills and talents of staff. We need to embrace an open, approachable and flexible style for managing a multigenerational workforce, adapting to the pace of social and technological change. Those with educational and clinical responsibilities have unique skills to contribute to the learning environment and implement healthcare reform.

Our staff will need to adapt to new roles, adopt different approaches to working and learning and this means that our curricula, educational pathways, and qualifications are always in flux. The size and diversity of our workforce are such that we cannot design a single NES educational approach although more standardisation and a single point of access are being achieved through Turas. Continued attention to feedback mechanisms to assess our educational impact is helping us meet the learning needs of staff who work in health and social care.

Case study: The Train the Trainers' toolkit
The Train the Trainers toolkit has been designed to support health and social care professionals, service users and carers facilitate learning as part of their role. The use of this toolkit continues to grow and is now widely used by nursing and midwifery practice educators and AHP practice education leads across most NHS Boards in Scotland. As a result, the NMAHP workforce education capacity has increased enabling more effective teaching, learning and facilitation within boards and care homes. Programme evaluations confirm that practitioners feel more confident and better equipped to facilitate learning within a variety of settings. Delivering the programme has also provided more opportunity for collaboration across the NMAHP practice education team allowing different educators to co-deliver the workshops.

Case Study: Digital Learning for Estates and facilities staff
A collection of video case-studies have been developed to showcase the Digital Matters learning programme. In one scenario, Lesley Grant, a Laundry Assistant in NHS Greater Glasgow and Clyde, describes her experience of undertaking the training. Lesley talks about the difference Digital Matters programme has made to her life and how she is now able to employ these new digital skills to develop herself and help others.

Video case study at http://communications.nes.digital/AR2017-18-4/perspective-lesley-grant.html

Outcome 9: An effective organisation where staff are enabled to give their best and our values are evident in everyday work

What the outcome means

This outcome refers to continually improving our ways of working to ensure that we are a user-focussed, high performing organisation in which staff at all levels behave in accordance with our values.

Where did we want to be by 2019 and how will this be measured?

By 2019, we wanted to be an organisation where leadership, management and meaningful appraisal continually improved the performance of our organisation and the experience, performance and development of our workforce. We ensured that the work we do is focussed on the user, makes the best use of technology, supports staff wellbeing and resilience and ensures efficient use of resources.

Summation and review of work over last 5 years

Over the past five years, in addition to developing our Digital, Finance, Organisational & Leadership Development functions, we have made significant progress with this strategic outcome, with key achievements including:

- The successful adoption from 2015 of iMatter, the national staff experience model, with annual participation rates of between 81% and 89%, an Employee Engagement Index (EEI) of consistently around 80, and consistently improving rates of team action development plans.
- The development and introduction in 2016 of NES Leadership Behaviours that are used to frame expectations of individuals at all levels and are reflected in our attraction materials and values-based recruitment approaches.
- Maintenance of the Healthy Working Lives Gold Award, accreditation by 'See Me' and achievement of the Carer Positive Kitemark as part of ongoing efforts to support staff health and wellbeing. These have also included wide participation since 2017 in the 'Paths for All Step Count Challenge'.
- The staff-led design and delivery of an annual staff conference in central Scotland each year which has provided an opportunity for staff from across the country to make connections, learn about one another's work and celebrate those who have been nominated by their colleagues for a 'Staff Thanks and Recognition Scheme' (STAR) award. This scheme was first introduced in 2016.
- The delivery of real time, high quality workforce data and innovation in the use of digital workforce applications
- In 2017, we completed the work of harmonising job roles to support greater transparency about grading and transferability of skills across NES. We have worked in partnership to reduce our 730 active job roles to a harmonised suite of 50. This has standardised and simplified our job roles portfolio and the career development landscape to make the identification of suitable opportunities for NES staff easier. It has also achieved significant efficiency by releasing time from

regular Job Evaluation panels to enable staff to better focus on achieving their objectives.

- We have made considerable progress over the past 5 years as part of our Property and Asset Management Strategy in reducing our estate. This reduction has gone hand in hand with technological development and a more agile and flexible working style of our workforce.
- Use of Continuing Education Funding and other available funding streams have helped to improve access to qualifications for lower banded staff, and from 2018, to promote training and development that supports NES' aims of being digitally led, data driven and collaborative.

In 2018/19 we made further progress towards our aspirations of supporting staff and making our corporate values real.

Lessons learned and implications for the future
To further support efficient and high-quality delivery, individuals, supported by their line managers, must continue to take ownership of developing their performance objectives and development priorities through Personal Review & Planning and act on these, using regular 1:1s to review, refine and reflect on progress. This needs to be accompanied by the timely completion of all Essential Learning.

It is also important that teams act on the improvement needs identified through iMatter. At an organisational level, greater use of staff experience data and workforce metrics and key performance indicators at directorate level, will help to prioritise activities that maintain high levels of staff experience in a demanding operating environment.

The changing landscape of health and care in Scotland will make establishing and maintaining focus on internal improvements challenging. We will continue to focus attention and energy on core elements of a healthy organisational culture such as ways of working, shared values, and staff experience which will empower staff groups within NES to take ownership of their own development. In this respect, we still need to raise awareness of and support skills development to apply Our Way via regional learning events to focus on objective setting and planning personal learning and development.

Further, we will continue to support the formation and skills development of cross directorate teams in key corporate improvement areas: training programme management, continuing professional development and ways of working using new technologies such as Microsoft Office 365. This is to further our aim of improving productivity and efficiency to meet the expectations of NES in an increasingly challenging financial environment.

Case study: The co-production and introduction of 'Our Way'

The focus of Our Way is to positively address attitudes and/or behaviours that do not currently adhere to NES' ways of working, leadership behaviours, or the NHS Scotland values. The concept was developed with staff following analysis by the Senior Operational and Leadership Group (SOLG) of the organisation's 2015-2017 iMatter results.

More than rhetoric, Our Way is intended to promote and effect a healthy organisational culture in NES that supports what we describe in our existing Dignity at Work policy: "*NES recognises that all employees have the right to work in an environment which is free from the threat of bullying and/or harassment. The organisation is committed to providing employees with a workplace which is safe and respectful, and actively encourages a culture of Dignity at Work and respect for all*". Given the iMatter feedback on staff feeling less positive about being involved in decisions, it was agreed that work to develop a code of conduct should be driven by staff. A sub-group of SOLG created a draft of Our Way that was tested with approximately 150 staff at the annual Staff Conference in October 2017.

During 2018/19, the OD, Leadership and Learning (ODL&L) team have made good progress in further developing Our Way learning resources with NES staff. The purpose of these resources is to articulate the NES ways of working through examples and scenarios to contribute to the ongoing development of a healthy organisational culture. They include:

- A page on the intranet to host the communication and learning resources and provide an easy point of access.
- An animation and Interactive PDF that set out the clear intentions of what is and isn't Our Way in NES.
- A short team development session for managers to use with their teams to help bring the written material to life.

Using the scenario videos and framed with a session plan and guidance slides, teams can identify what Our Way means to them, and agree together what *their way* is and what they will do to hold one another to account should that be broken. The resource builds on the existing NES ways of working and encourages teams to decide together what matters to them and what they need as a collective to work well together, encouraging them to develop a personalised and collaborative team charter. This approach is intended to bring more meaning to Our Way by teams making it their own shared accountability. Business Partners in the ODL&L are available to provide additional support as required.

Further development of Our Way in 2019/20 includes plans to help staff adopt an 'active bystander' role in the workplace, empowering colleagues to notice '*never* Our Way' behaviours and intervene respectfully to draw attention to them. Its aim is to

address aspects of culture in NES which do not reflect Our Way by changing silent tolerance into active promotion. ODL&L will evaluate the impact of the resources and team sessions to inform whether "active bystander" skills development should be offered during 2019/20 to help empower staff to constructively challenge inappropriate behaviours where they encounter them.

NHS Education for Scotland

Board Paper Summary

1.   **Title of Paper**

     Post Graduate Medical Education & Training (PGMET):
     2019 Recruitment and factors affecting recruitment and retention of doctors in training

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

     Stewart Irvine, Medical Director and Deputy Chief Executive
     Jean Allan, Associate Medical Director
     David Murray, Analyst Business Partner, UK/National Recruitment Management Team

3.   **Purpose of Paper**

     This paper has been prepared to provide Board members with a brief overview of recruitment to postgraduate medical education and training, to report on the 2019 recruitment cycle to date and to outline key issues relating to recruitment/retention of doctors in training in Scotland and across the UK.

     Doctors in training account for a significant proportion of the medical workforce in Scotland – according to ISD, in March 2019, there were about 5,257 consultants, 871 SAS doctors (both WTE), 4,994 general practitioners (HC) and approximately **5,691** doctors in training (WTE, **5,954** HC) in Scotland.

4.   **Key Issues**

     4.1   Medical workforce supply remains a substantial challenge across the UK.

     4.2   Whilst recent increases in graduate intakes in Scotland and the UK are welcome, and the recent upturn in applicants to medical schools are encouraging, it will be some years before this translates into applications to specialty training.

     4.3   Against this challenging background, it is encouraging to note that the UK application process continues to support the complex process of recruitment to foundation and specialty training.

     4.4   Our overall vacancy fill rates have improved in 2019, compared to 2018, however, it remains the case that some specialties are more popular than others, and some geographies are more popular than others.

     4.5   Against a background of limited supply, increasing training places to provide increased supply of trained doctors is likely to lead to increased numbers of vacancies in less popular specialties and locations.

5. **Educational Implications**

Gaps in training programmes impact negatively on the quality of training, pose a potential threat to service sustainability, and to the required supply of trained doctors needed for service delivery.

It should be noted, however, that gaps in programmes result not only from failure to fill posts, but also to posts being temporarily vacant due to trainees being absent (for example due to parental leave, or out-of-programme training).

6. **Financial Implications**

Although this paper carries no direct financial implications, the Board will be aware that the recognised 'required' training establishment is just over 6,000 doctors in training, but that NES has secure recurrent funding for some 5,500 of these.

This position presents a number of serious challenges. A number of strategies are in place to ensure that we remain within budget, including retention of the unused salary fractions when doctors train less than full-time, retention of salary for vacant GPST posts in practice, payment to boards below mid-scale-point for vacant posts, and no payment for vacant posts where these are unfunded.

However, this complex matrix imposes significant day-to-day challenges for colleagues in finance and training management, and is a source of constant tension with Boards, who tend to assume that all 'established' posts are fully funded.

7. **Key Risks and Proposals to Mitigate the Risks**

The process of medical education and training is regulated by the General Medical Council, which determines and approves the curricula to be followed by doctors in training, and approves all locations at which training can take place. They also quality assure both undergraduate and postgraduate training. The approval of training posts in individual units depends fundamentally on the extent to which a given unit can (a) meet the GMC standards and (b) deliver all or part of an approved curriculum.

As noted above, gaps in training programmes impact negatively on the quality of training. This is monitored through our established quality management processes and reported through educational governance.

8. **Equality and Diversity**

Through the MDRS Governance structure, the Recruitment Operational Group Executive is developing a schedule to carry out Equality Impact Assessments across all specialties. The Medical Director and Associate Medical Director sit on the MDRS Programme Board and MDRS Recruitment Sub Group respectively.

9. **Communications Plan**

Fill rate data is made available to Officials in Scottish Government through a secure reporting portal provided by NES. The data is also published on our website, and normally accompanied by a media release which includes comment from the Cabinet Secretary and the Medical Director of NES.

10.   Recommendation(s) for Decision

The Board is invited to **note** and **comment** upon the data in the enclosed paper.

NES
July 2019
DSI / JA

Post Graduate Medical Education & Training (PGMET)
2019 Recruitment and factors affecting recruitment and retention of doctors in training

1.   Purpose

1.1   This paper has been prepared to provide Board members with a brief overview of recruitment to postgraduate medical education and training, to report on the 2019 recruitment cycle to date and to outline key issues relating to recruitment/retention of doctors in training in Scotland and across the UK.

2.   Background

2.1   Doctors in training account for a significant proportion of the medical workforce in Scotland – according to ISD, in March 2019, there were about 5,257 consultants, 871 SAS doctors (both WTE), 4,994 general practitioners (HC) and approximately 5,691 doctors in training (WTE, 5,954 HC) in Scotland.

2.2   Although doctors in training make a very significant contribution to service delivery – particularly in secondary care – the size of the training grade workforce does not reflect the number of doctors in training that the service would wish to have to deliver care.

2.3   Rather, advice to ministers on the size of the training grade workforce has been determined – first under the 'reshaping medical workforce' project, and currently by the 'Scottish Shape of Training Transitions Group' – based on the numbers of doctors in training needed to provide the required output of trained doctors, whether consultants or general practitioners. On this basis, the training grade workforce is just over 6,000 doctors, but as the Board is aware, we have secure recurrent funding for about 5,500.

2.4   The process of medical education and training is regulated by the General Medical Council, which determines and approves the curricula to be followed by doctors in training, and approves all locations at which training can take place. They also quality assure both undergraduate and postgraduate training. The approval of training posts in individual units depends fundamentally on the extent to which a given unit can (a) meet the GMC standards and (b) deliver all or part of an approved curriculum.

3.   Medical Workforce Supply

3.1   The scale of the workforce challenges have been described as '*the most pressing existential threa*t' facing the NHS[1], and in a report published in late 2018[2], the Health Foundation, the King's Fund and the Nuffield Trust concluded that '*the workforce challenges in the NHS in England now present a greater threat to health services than the funding challenges*'. They projected that (in England) the gap between staff needed and the number available could reach almost 250,000 by 2030. If the emerging trend of staff leaving the workforce early continues and the pipeline of newly trained staff and international recruits does not rise sufficiently, they concluded that this number could be more than 350,000 by 2030.

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[1] https://www.bmj.com/content/bmj/363/bmj.k4417.full.pdf
[2] The Health Care Workforce in England – Make or Break. November 2018.
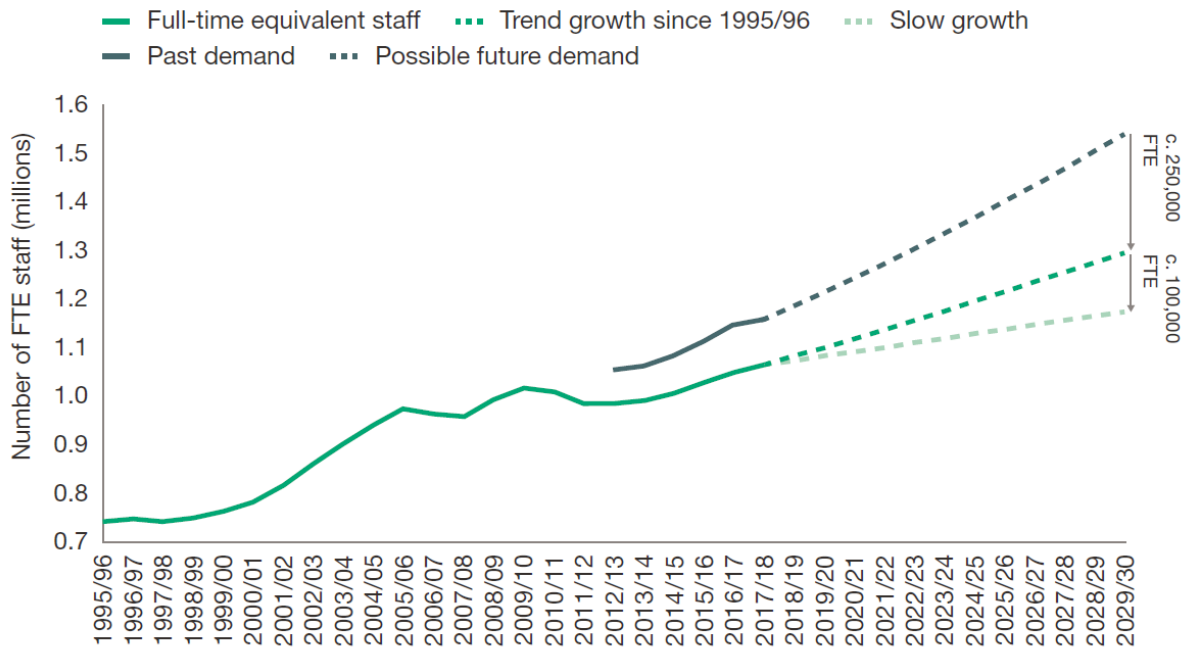
Figure : Future Supply of and Demand for NHS Staff in England

3.2   The General Medical Council, in their 2018 report on the State of Medical Education and Practice[3], reflected on the impact these pressures are having on the medical workforce :

> *Demand for care is increasing in volume and complexity. Combined with severe shortages of staff in some areas of the UK and in some parts of health and care provision, this creates huge pressures on the medical workforce. Doctors are still delivering good care in very trying circumstances. Many are still positive and managing, but the stress is causing many doctors to consider future options that would reduce or end their clinical practice.*
>
> *The health system now faces a decline in what can be offered and how it is offered by doctors who are prioritising and compromising their work in an effort to maintain standards of care for their patients. It shows that doctors are reaching the limit of what can be done.*
>
> *Our new evidence reveals the effect of these pressures and the steps doctors are taking to cope. We are concerned that some of these strategies are risky or unsustainable. We are saying loud and clear: the medical profession is at the brink of a breaking point in trying to maintain standards and deliver good patient care.*

3.3   The overall **trend** in medical workforce in Scotland continues to be one of substantial growth – but only in the consultant workforce. Between 2012 and 2018, the consultant establishment (HC) has increased by 27%, consultants in post (HC) have increased by 20%. Over the same period of time, the doctor-in-training workforce has grown by only 3.3%.

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[3] GMC – The state of medical education and practice in the UK, 2018.
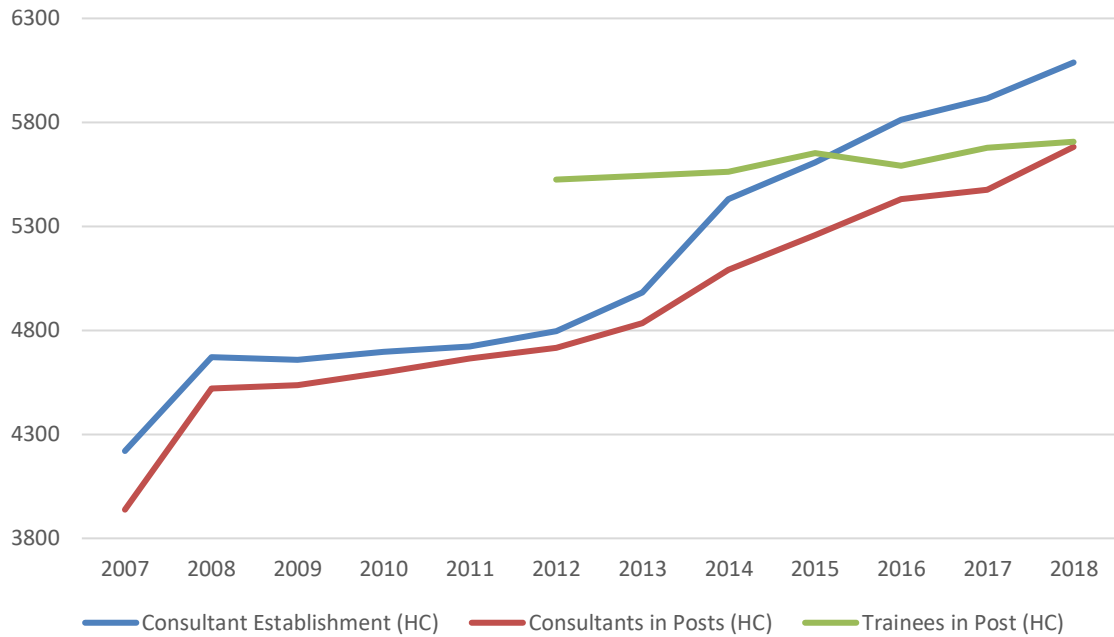
Figure : Medical Workforce Trends (Scotland, ISD + GMC NTS Data)

3.4 **Applications** to study medicine had been showing a persisting downward trend, but the past two application cycles have shown some encouraging reversal of this trend. The figure below shows the total number of applicants from Scotland to UCAS medicine, those who were applying for the first time, those who were accepted (anywhere in the UK), and those who were **accepted** to complete their degree at a Scottish medical school. The background is the total number of entrants to all Scottish medical schools recorded by UCAS.
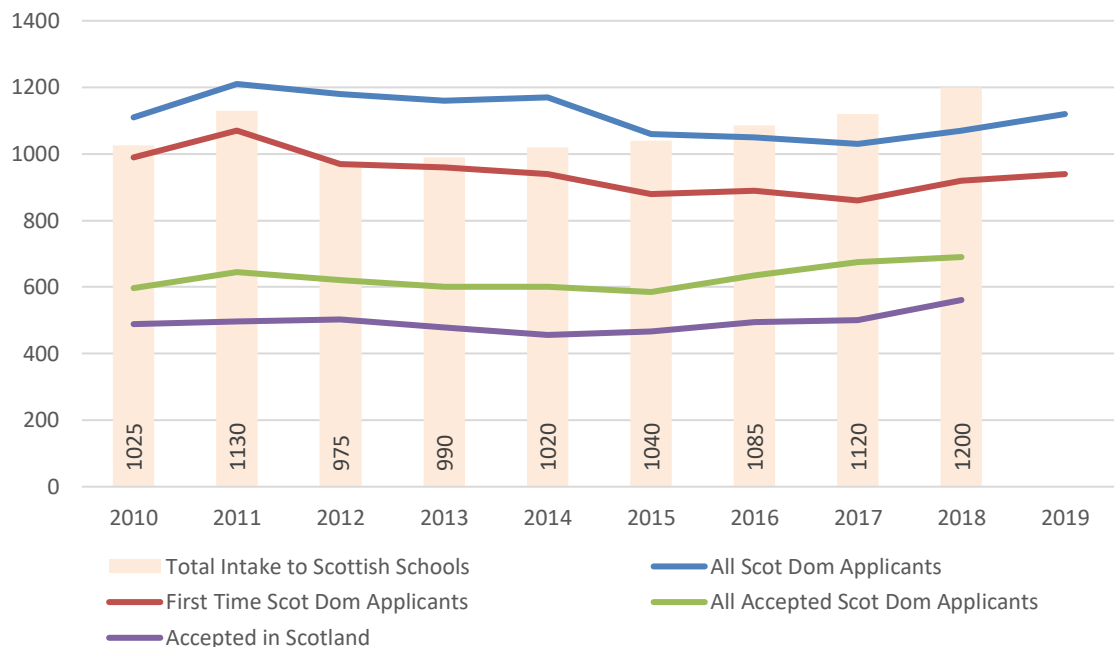
Figure : Applications by and acceptances of Scottish Domiciled applicants to Medicine (UCAS Data)

3.5 The trend in the combined **graduate output** of all UK medical schools is shown in the figure below, set against the graduate output of Scottish medical schools, according to the domicile of

the graduate. The UK output has been between 7000 and 7500 medical graduates, and Scottish output between 800 and 900, of which about half are from Scotland. The recently announced increases in graduate intakes in Scotland and in rUK will take some years yet to feed through to this output.
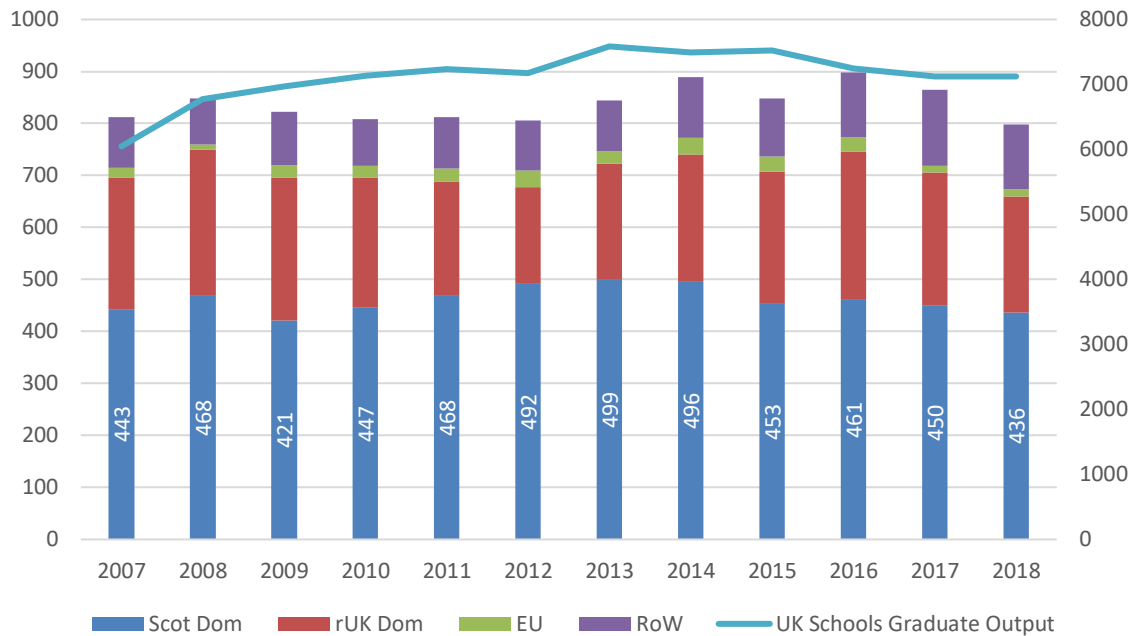
Figure : Graduate output of Scottish Medical Schools by Graduate Domicile

3.6   The UK foundation programme intake is managed to ensure that all graduates of UK Universities can secure the offer of a place, and the output of the UK foundation programme is in the region of 7,300 to 7,500 annually. (7,381 in 2018). However, this number of doctors completing FY2 is substantially less than the number of posts being recruited to at ST1 level each year.
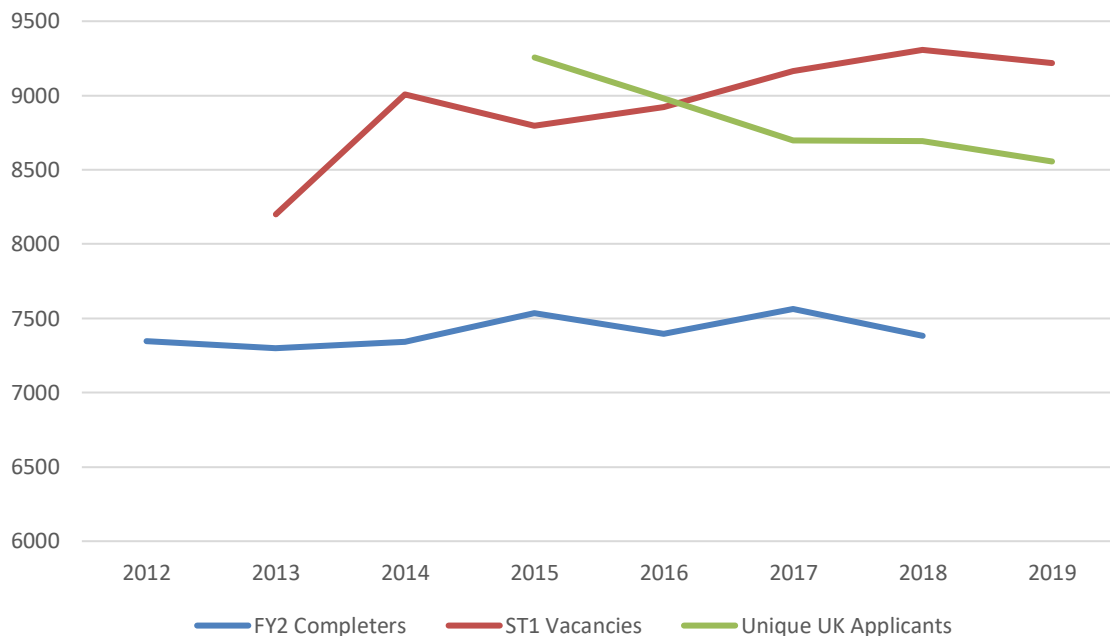
Figure : Numbers of : Doctors completing FY2, Applicants to ST1 and ST1 Posts Advertised

3.7   Also shown above are the number of unique UK nationals who apply to specialty training in the UK each year. It is of note that this a higher number than the graduate output of UK schools (assumed to be reflecting graduates who take time out and then return, and UK nationals who graduate from overseas medical schools), however, it can be seen that both graduate output and UK applicant numbers are well below the number of posts advertised. So even if every UK national accepted the post and location they were offered, we would still have vacancies. And clearly many choose not to accept an offer if it is not in the specialty or location of their choice. As a consequence, we are very dependent on applicants from overseas, notwithstding which, we continue to have gaps in our programmes.

3.8   Against this background, it is instructive to consider the extent to which graduates applying for training positions express a preference to work and train in Scotland.
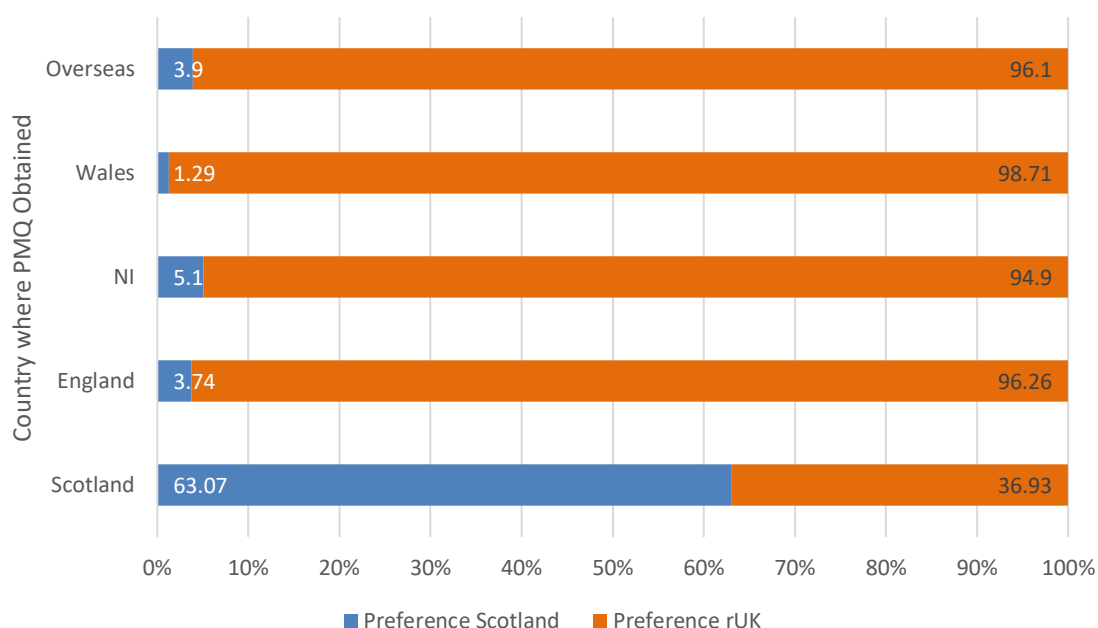
Figure : Percentage of applicants to UK ST who preference Scotland, according to PMQ.

3.9   It is perhaps unsurprising, therefore, that as extra training posts are added to the system, these largely become additional vacant posts :

Table : Scottish Training Establishment and Unfilled Posts atRecruitment

Year	2014	2015	2016	2017	2018
Establishment	5674	5778	5758	5775	5990
Unfilled	81	134	209	259	360

3.10   In summary – we continue to face a significant shortfall in supply into the medical training grade workforce. The system is currently carrying almost 1000 vacant medical staff posts (consultants, GPs and doctors in training) across Scotland and will need almost an additional 2000 consultants and GPs over the next decade to support existing or planned levels of growth.

4.   Prior to UK Medical and Dental Recruitment and Selection (MDRS)

4.1   Each nation/region advertised and recruited to their own vacancies through different processes across the UK.

4.2   There was no limit on the number of applications that an individual could make, no national person specifications which allowed differential selection processes and no controls in place to limit the number of offers that an individual could accept.

4.3   The 4 nations were competing to attract the same applicants. In addition, applicants were able to withdraw from accepted posts once a preferred offer elsewhere was received.

4.4   There was no national timeline - posts were advertised as posts arose, increasing the number of assessment centres and therefore consultant and trainee time to attend these. Each time a post fell vacant, an advert was placed, and an appointment committee, typically including 4-6 senior medical staff, would be convened for one day to conduct unstructured interviews.

4.5   Scotland was operating in a context as above with multiple systems elsewhere in the UK and a lack of UK consensus on specifications, timelines and application protocols. A baseline review and benefit appraisal was undertaken in 2014 to ensure Scottish Government had appropriate information to support participation in MDRS.

4.6   At the request of Scottish Government, NES led a Task & Finish Working group in 2018 to co-ordinate Scottish stakeholder input on the current delivery and operational effectiveness of MDRS arrangements, assess whether these remain fit for purpose or could be improved, to assess whether alternative arrangements may better suit Scotland's needs, and make recommendation(s) on the most appropriate way forward that will inform UK-wide considerations on the future of the MDRS programme.

4.7   The clear view of most stakeholders – and of doctors in training in particular – was that the current UK approach and system was preferred, albeit with some suggestions for improvement in Scotland. This position has since been endorsed by Scottish Ministers, subject to a further review in 2021.

5.   **Postgraduate Medical Education Recruitment - MDRS Governance**

5.1   Against that background, UK Medical and Dental recruitment and selection (MDRS) was developed as a UK wide process and is governed by the MDRS Programme Board which has representation from the four home nations, BMA, Medical Royal Colleges, Dental Deans and other stakeholders. The MDRS Programme Board reports to the UK Medical Education Reference Group. An overview of the Governance arrangements is set out at Appendix 1.

5.2   Each nation retains the right to deliver specific "requirement activity" to meet specific policy objectives of their respective government outside of agreed national recruitment agreements.

5.3   Each nation is also responsible for determining their workforce numbers for recruitment within each round – in Scotland, this is now managed through the Scottish Shape of Training Transitions Group.

5.4   A number of sub groups report to the MDRS Programme Board including :

- **Oriel Oversight**: The governance and oversight of the UK online application portal for all recruitment for specialty training, Foundation and General Practice recruitment across the UK are carried out via a single portal - Oriel[4].

- **Quality & Standards**: oversee the quality assurance processes, national standards for assessors and evaluation of medical selection processes including assessment tools.

- **Medical and Dental Careers Strategy** : oversees a four nation approach for careers advice and the needs of the future workforce.

5.5   Lead recruiters across the UK, including Deanery offices, Royal Colleges and Health Boards, work together with agreed person specifications, scoring mechanisms and timetables. These agreed UK standards then apply to all applicants for the specialty and where there is more than one assessment centre, question banks and agreed assessment tools mean that applicants are assessed online and at centres to the same standard.

6.   Foundation

6.1   Final year medical students apply to Foundation training in the UK before taking final degree exams. At the point of graduation, they gain provisional GMC registration which allows them to enter a UK Foundation programme and work as a doctor with restrictions on what they are able to do. All UK medical school graduates must then complete 2 years of foundation training within 5 years before they can enter specialty training. As a minimum, they must complete the first year of foundation training in order to gain full GMC registration and the ability to work as a doctor.

6.2   The UK Foundation Programme Office (UKFPO)[5] oversees the recruitment of students into Foundation Schools through Oriel. Scotland is the largest UK Foundation School. Students rank their preferences in Oriel and most are offered their first or second choice. Within Scotland students can further preference the specific Programme they wish to join depending on the region or the specialties offered by the Programme. **Fill rates for foundation training in 2019 are set out below.** (These data are correct as at 3/7/2019 but will change as we move to the August start date due to applicant withdrawals).

NES East			NES North			NES SE			NES West		
Posts	Accepts	Fill %	Posts	Accepts	Fill %	Posts	Accepts	Fill %	Posts	Accepts	Fill%
96	96	100%	141	134	95%	198	198	100%	413	413	100%

7.   Core and Specialty Training

7.1   NES Medical Directorate works closely with SGHSC Workforce colleagues throughout the training and recruitment year to an agreed timeline on publication of data from a Scottish and

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[4] https://www.oriel.nhs.uk/web/
[5] http://www.foundationprogramme.nhs.uk/pages/home

rest of UK context. This ensures consistency of approach and enables the Workforce team to provide timely briefings to the Cabinet Secretary and other officials.

7.2   Appendices 2 - 4 contain fill rates from each recruitment round, by specialty and region, together with UK data comparisons. Recruitment takes place over a sequence of 'rounds' of recruitment. **Round 1** is for posts at ST1 level in Core and Run-Through programmes, **Round 2** is for ST3 or ST4 and above programmes in un-coupled specialties. Any vacant posts are then mopped up in a **Round 1 Re-Advert**, and finally **Round 2 Re-Advert** is for vacant posts with a February start date.

- **Appendix 2** shows the fill rates for all vacant posts in Scotland at the end of the main recruitment cycle (Round 1 + Round 2 + Round 1 Re-Advert). Note that the percentage fill figures provided are expressed as a percentage only of the **vacant** posts entered into recruitment, rather than as a percentage of the total number of established posts in the specialty. Clearly, only posts which have become vacant in a given programme are available for recruitment.

- **Appendix 3** shows the fill rates for all vacant posts in Scotland at the end of the main recruitment cycle (Round 1 + Round 2 + Round 1 Re-Advert), broken down by region. Some programmes with smaller numbers are managed and so reported as 'national' (all-Scotland) and some are 'East Coast' (North + East + South East).

- **Appendix 4** shows the fill rates for all vacant posts in Scotland at the end of the main recruitment cycle (Round 1 + Round 2 + Round 1 Re-Advert), separated by training level, and compared to whole UK data.

- **Appendix 5** shows the fill rate for the full **2018** recruitment cycle, which allows reporting by establishment. This illustrates that while we filled 85% of vacant posts in that cycle, the fill of all established training posts was 96%.

8   Factors affecting recruitment and retention of doctors in training

8.1   We know from the GMC nationally benchmarked training surveys that the **educational** experience of doctors in training in Scotland is comparable to (and in some cases rather better than) elsewhere in the UK.

8.2   However, a substantial body of research (much of it commissioned by NES[6]) indicates that the key drivers in the choices made by doctors in training are (a) **geography** – doctors want to train in a place which they know and in which they have connections with family and friends and (b) the quality of the **workplace** experience.

8.3   There is little we can do to change the **geography** of Scotland, and the domicile of graduates from our medical schools is set at the point of recruitment into University – and so is set for the next 7 years of recruitment into specialty training.

8.4   In the 2019 GMC NTS, a number of questions were included on **workplace** facilities issues, which does allow a crude comparison of the Scottish position on many of the issues that were under consideration by the IJDWL Group. The position is mixed.

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[6] NES Medical Directorate Research Report 2019

8.5 Trainees in Scotland are :
- more likely to report that they have no access to a common room (23.4% vs 12.9% UK)
- much more likely to report that they have no access to wi-fi at work (28.3% vs 12.5% UK)
- more likely to report that they have no access to food/catering out-of-hours (24.2% vs 17.6%)
- only 42.3% report having free access to rest facilities during out-of-hours on-call (= UK)
- less likely to report having been given six weeks notice of their rota (36.6% vs 46.7% UK)

8.6 Following the much-publicised junior doctors' contract dispute in England during 2016, a new contract was imposed upon trainees in England by the then Secretary of State for Health. Following this imposition, the BMA have negotiated significant revisions to this contract, and these have recently been accepted by a large majority of junior doctor members of the BMA.

8.7 The outcome of this is that :
- trainees in England are no longer 'in-dispute' with the department of health over their terms and conditions
- the contractual differences that exist between England and the other devolved administrations have become greater
- there is a view (now held in many quarters) that the terms and conditions now available to doctors in training in England are substantially better than those on offer elsewhere

8.8 Whilst terms and conditions have not previously been of immediate concern to NES, it is important that we are aware of the issues given (a) our position as a very significant employer of doctors in training and (b) the major challenges we face in attracting doctors to train and work in Scotland.

9 Key Messages

9.1 Medical workforce supply remains a substantial challenge across the UK.

9.2 Whilst recent increases in graduate intakes in Scotland and the UK are welcome, and the recent upturn in applicants to medical schools are encouraging, it will be some years before this translates into applications to specialty training.

9.3 Against this challenging background, it is encouraging to note that the UK application process continues to support the complex process of recruitment to foundation and specialty training.

9.4 Our overall vacancy fill rates have improved in 2019, compared to 2018, however, it remains the case that some specialties are more popular than others, and some geographies are more popular than others.

9.5 Against a background of limited supply, increasing training places to provide increased supply of trained doctors is likely to lead to increased numbers of vacancies in less popular specialties and locations.

Stewart Irvine
Jean Allan
David Murray
NHS Education for Scotland
July 2019

Appendix 1 : UK MDRS Governance

A governance organisation chart titled at the top with **UK Medical Education Reference Group**, which connects to two boards:

- **UK Foundation Programme Board**
  - **UK FPO Management Committee**
    - **UK Foundation School Directors Group**
      - **Foundation School Managers Forum**
    - **UK Foundation Curriculum Group**
      - **Foundation ePortfolio Group**
    - **UK Foundation Recruitment Group**

- **UK MDRS Programme Board**
  - **Dental Recruitment Group**
  - **Specialty Recruitment Group**
    - **GP National Recruitment Sub-Group**
    - **Specialty Steering Sub-Groups**
    - **Recruitment Operational Group**
      - **Reporting and Data Group**
    - **Oriel Implementation Group**
      - **Oriel RFC Committee**
  - **Quality and Standards Group**
  - **Careers and Planning Group**

Appendix 2 : Scotland Vacant Posts Fill Rates for Round 1, Round 2 and Round 1 Re-Advert as at 16 May 2019

Specialty	Level	Post Type	2019		
			Posts	Accepts	Fill Rate
Broad Based Training	1	CT	14	10	71.43
General Practice	1	ST	311	261	83.92
General Practice	3	ST	5	0	0.00
Public Health Medicine	1	ST	2	2	100.00
Intensive Care Medicine	3	ST	16	15	93.75
Occupational Medicine	3	ST	2	1	50.00
MEDICINE					
Internal Medicine Training	1	CT	112	112	100.00
Acute Internal Medicine	3	ST	14	8	57.14
Cardiology	3	ST	4	4	100.00
Clinical Genetics	3	ST	1	1	100.00
Clinical Neurophysiology	3	ST	2	2	100.00
Clinical Pharmacology and Therapeutics	3	ST	2	2	100.00
Combined Infection Training	3	ST	18	12	66.67
Dermatology	3	ST	5	5	100.00
Endocrinology and Diabetes Mellitus	3	ST	8	8	100.00
Gastroenterology	3	ST	8	8	100.00
Genito-urinary Medicine	3	ST	3	3	100.00
Geriatric Medicine	3	ST	16	13	81.25
Haematology	3	ST	14	12	85.71
Medical Oncology	3	ST	4	4	100.00
Medical Ophthalmology	3	ST	1	0	0.00
Neurology	3	ST	5	5	100.00
Rehabilitation Medicine	3	ST	3	1	33.33
Renal Medicine	3	ST	9	8	88.89
Respiratory Medicine	3	ST	9	9	100.00
Rheumatology	3	ST	1	1	100.00
ST3 Medicine Totals			**127**	**106**	**83**
SURGERY					
Core Surgical Training	1	ST CT	46	46	100.00
Neurosurgery	1	ST	2	2	100.00
Oral and Maxillo-facial Surgery	1	ST	3	3	100.00
Trauma and Orthopaedic Surgery	1	ST	11	11	100.00
ST1 Surgery Run Through Totals			**16**	**16**	**100**
General and Vascular Surgery	3	ST	36	36	100.00
Otolaryngology	3	ST	5	5	100.00
Paediatric Surgery	3	ST	2	2	100.00

Plastic Surgery	3	ST	5	5	100.00
Urology	3	ST	9	9	100.00
ST3 Surgery Totals			**57**	**57**	**100**
ST1 & ST3 Surgery Totals			**73**	**73**	**100**

OPHTHALMOLOGY					
Ophthalmology	1	ST	11	11	100.00

MENTAL HEALTH					
Core Psychiatry Training	1	CT	57	41	71.93
Child and Adolescent Psychiatry	4	ST	6	4	66.67
Forensic Psychiatry	4	ST	5	5	100.00
General Psychiatry	4	ST	17	12	70.59
General Psychiatry and Old Age Psychiatry	4	ST	1	0	0.00
Medical Psychotherapy	4	ST	1	1	100.00
Old Age Psychiatry	4	ST	4	3	75.00
Psychiatry of Learning Disability	4	ST	8	1	12.50
ST4 Mental Health Totals			**42**	**26**	**62**

DIAGNOSTICS					
Chemical Pathology	1	ST	2	2	100.00
Clinical Radiology	1	ST	26	26	100.00
Histopathology	1	ST	11	11	100.00
Clinical Oncology	3	ST	4	4	100.00
Forensic Histopathology	3	ST	2	2	100.00
Diagnostics Totals			**45**	**45**	**100**

PAEDIATRICS					
Paediatrics	1	ST	34	34	100.00
Paediatrics	3	ST	4	4	100.00
Paediatrics	4	ST	7	6	85.71
Paediatric Cardiology	4	ST	3	3	100.00
Paediatrics Totals			**48**	**47**	**98**

OBSTETRICS AND GYNAECOLOGY					
Obstetrics and Gynaecology	1	ST	12	12	100.00
Obstetrics and Gynaecology	3	ST	1	1	100.00
Obstetrics and Gynaecology Totals			**13**	**13**	**100**

ANAESTHETICS					
ACCS Anaesthetics/Core Anaesthetics	1	CT	66	66	100.00
Anaesthetics	3	ST	51	50	98.04
Anaesthetics Totals			**117**	**116**	**99**

EMERGENCY MEDICINE					
Acute Care Common Stem - Emergency Medicine	1	CT	25	25	100.00
Emergency Medicine	4	ST	10	7	70.00
Emergency Medicine Totals			**35**	**32**	**91**

TOTALS			1076	957	89

Appendix 3 : Scotland Vacant Posts Regional Fill Rates for Round 1, Round 2 and Round 1 Re-Advert as at 16 May 2019

Specialty	Level	PostType	Scotland			East Coast			East Region			North Region			South East Region			West Region		
Regions report for 2019 (No LATs) R1A R2A R1R created 16/05/2019 09:14:16 (Data 16/05/2019 07:37:13)																				
			Posts	Accepts	Fill Rate %	Posts	Accepts	Fill Rate %	Posts	Accepts	Fill Rate %	Posts	Accepts	Fill Rate %	Posts	Accepts	Fill Rate %	Posts	Accepts	Fill Rate %
ACCS Anaesthetics/Core Anaesthetics	1	CT							8	8	100.00	11	11	100.00	16	16	100.00	31	31	100.00
Acute Care Common Stem - Emergency Medicine	1	CT							3	3	100.00	4	4	100.00	5	5	100.00	13	13	100.00
Broad Based Training	1	CT							2	2	100.00	4	1	25.00				8	7	87.50
Core Psychiatry Training	1	CT							4	4	100.00	15	5	33.33	10	10	100.00	28	22	78.57
Core Surgical Training	1	CT				24	24	100.00										22	22	100.00
Internal Medicine Training	1	CT							14	14	100.00	18	18	100.00	23	23	100.00	57	57	100.00
Core Totals			0	0	N/A	24	24	100.00	31	31	100.00	52	39	75.00	54	54	100.00	159	152	95.60
Chemical Pathology	1	ST										1	1	100.00	1	1	100.00			
Clinical Radiology	1	ST							4	4	100.00	4	4	100.00	6	6	100.00	12	12	100.00
General Practice	1	ST							32	20	62.50	51	45	88.24	59	57	96.61	169	139	82.25
Histopathology	1	ST							2	2	100.00	2	2	100.00	2	2	100.00	5	5	100.00
Neurosurgery	1	ST	2	2	100.00															
Obstetrics and Gynaecology	1	ST													4	4	100.00	8	8	100.00
Ophthalmology	1	ST							3	3	100.00	1	1	100.00	2	2	100.00	5	5	100.00
Oral and Maxillo-facial Surgery	1	ST	3	3	100.00															
Paediatrics	1	ST							2	2	100.00	4	4	100.00	8	8	100.00	20	20	100.00
Public Health Medicine	1	ST													2	2	100.00			
Trauma and Orthopaedic Surgery	1	ST							3	3	100.00				4	4	100.00	4	4	100.00

Regions report for 2019 (No LATs) R1A R2A R1R created 16/05/2019 09:14:16 (Data 16/05/2019 07:37:13)																				
Specialty	Level	PostType	Scotland			East Coast			East Region			North Region			South East Region			West Region		
			Posts	Accepts	Fill Rate %	Posts	Accepts	Fill Rate %	Posts	Accepts	Fill Rate %	Posts	Accepts	Fill Rate %	Posts	Accepts	Fill Rate %	Posts	Accepts	Fill Rate %
ST1 Totals			5	5	100.00	0	0	N/A	46	34	73.91	63	57	90.48	88	86	97.73	223	193	86.55
Acute Internal Medicine	3	ST							2	0	0.00	2	1	50.00	2	2	100.00	8	5	62.50
Anaesthetics	3	ST							5	5	100.00	8	7	87.50	11	11	100.00	27	27	100.00
Cardiology	3	ST													2	2	100.00	2	2	100.00
Clinical Genetics	3	ST										1	1	100.00						
Clinical Neurophysiology	3	ST																2	2	100.00
Clinical Oncology	3	ST										2	2	100.00				2	2	100.00
Clinical Pharmacology and Therapeutics	3	ST							1	1	100.00				1	1	100.00			
Combined Infection Training	3	ST							2	1	50.00	2	0	0.00	4	4	100.00	10	7	70.00
Dermatology	3	ST													2	2	100.00	3	3	100.00
Endocrinology and Diabetes Mellitus	3	ST							2	2	100.00	2	2	100.00	2	2	100.00	2	2	100.00
Forensic Histopathology	3	ST	2	2	100.00															
Gastroenterology	3	ST										1	1	100.00	2	2	100.00	5	5	100.00
General and Vascular Surgery	3	ST							7	7	100.00	10	10	100.00	4	4	100.00	15	15	100.00
General Practice	3	ST							1	0	0.00	1	0	0.00				3	0	0.00
Genito-urinary Medicine	3	ST													2	2	100.00	1	1	100.00
Geriatric Medicine	3	ST										4	1	25.00	5	5	100.00	7	7	100.00
Haematology	3	ST										2	2	100.00	3	3	100.00	9	7	77.78
Intensive Care Medicine	3	ST							2	1	50.00	3	3	100.00	4	4	100.00	7	7	100.00
Medical Oncology	3	ST													2	2	100.00	2	2	100.00
Medical Ophthalmology	3	ST										1	0	0.00						

Regions report for 2019 (No LATs) R1A R2A R1R created 16/05/2019 09:14:16 (Data 16/05/2019 07:37:13)																					
Specialty	Level	PostType	Scotland			East Coast			East Region			North Region			South East Region			West Region		
			Posts	Accepts	Fill Rate %	Posts	Accepts	Fill Rate %	Posts	Accepts	Fill Rate %	Posts	Accepts	Fill Rate %	Posts	Accepts	Fill Rate %	Posts	Accepts	Fill Rate %
Neurology	3	ST							2	2	100.00				1	1	100.00	2	2	100.00
Obstetrics and Gynaecology	3	ST																1	1	100.00
Occupational Medicine	3	ST										1	0	0.00	1	1	100.00			
Otolaryngology	3	ST							4	4	100.00							1	1	100.00
Paediatric Surgery	3	ST	2	2	100.00															
Paediatrics	3	ST										1	1	100.00	2	2	100.00	1	1	100.00
Plastic Surgery	3	ST	5	5	100.00															
Rehabilitation Medicine	3	ST													3	1	33.33			
Renal Medicine	3	ST							1	1	100.00	1	0	0.00	3	3	100.00	4	4	100.00
Respiratory Medicine	3	ST							2	2	100.00	1	1	100.00	4	4	100.00	2	2	100.00
Rheumatology	3	ST							1	1	100.00									
Urology	3	ST				5	5	100.00										4	4	100.00
Child and Adolescent Psychiatry	4	ST							1	0	0.00				1	1	100.00	4	3	75.00
Emergency Medicine	4	ST										3	2	66.67	4	3	75.00	3	2	66.67
Forensic Psychiatry	4	ST							2	2	100.00				1	1	100.00	2	2	100.00
General Psychiatry	4	ST							4	1	25.00	2	2	100.00	6	6	100.00	5	3	60.00
General Psychiatry and Old Age Psychiatry	4	ST										1	0	0.00						
Medical Psychotherapy	4	ST																1	1	100.00
Old Age Psychiatry	4	ST													2	1	50.00	2	2	100.00
Paediatric Cardiology	4	ST																3	3	100.00
Paediatrics	4	ST										2	1	50.00				5	5	100.00

Specialty	Level	PostType	Scotland			East Coast			East Region			North Region			South East Region			West Region		
			Posts	Accepts	Fill Rate %	Posts	Accepts	Fill Rate %	Posts	Accepts	Fill Rate %	Posts	Accepts	Fill Rate %	Posts	Accepts	Fill Rate %	Posts	Accepts	Fill Rate %
Psychiatry of Learning Disability	4	ST													2	1	50.00	6	0	0.00
ST3/ST4 Totals			9	9	100.00	5	5	100.00	39	30	76.92	51	37	72.55	76	71	93.42	151	130	86.09
			14	14	100	29	29	100	116	95	81.9	166	133	80.12	218	211	96.79	533	475	89.12

Regions report for 2019 (No LATs) R1A R2A R1R created 16/05/2019 09:14:16 (Data 16/05/2019 07:37:13)

Appendix 4 : Scotland Vacant Posts Fill Rates for Round 1, Round 2 and Round 1 Re-Advert Compared to Whole UK data

Scotland and UK Fill Rates After 3 of the 4 Recruitment Rounds										
Specialty	**Level**	**Post Type**		**SCOTLAND**				**UK**		
				2019				**2019**		
				Posts	**Total Accepts**	**Fill Rate**		**Posts**	**Total Accepts**	**Fill Rate**
ACCS Anaesthetics/Core Anaesthetics	1	CT		66	66	100.00		568	568	100.00
Acute Care Common Stem - Emergency Medicine	1	CT		25	25	100.00		366	363	99.18
Broad Based Training	1	CT		14	10	71.43		24	13	54.17
Core Psychiatry Training	1	CT		57	41	71.93		503	460	91.45
Core Surgical Training	1	CT		46	46	100.00		650	650	100.00
Internal Medicine Training	1	CT		112	112	100.00		1581	1583	100.10
CORE TOTAL				320	300	94		3692	3637	99
Chemical Pathology	1	ST		2	2	100.00		2	2	100.00
Clinical Radiology	1	ST		26	26	100.00		300	297	99.00
Histopathology	1	ST		11	11	100.00		92	92	100.00
Neurosurgery	1	ST		2	2	100.00		24	24	100.00
Obstetrics and Gynaecology	1	ST		12	12	100.00		268	256	95.52
Ophthalmology	1	ST		11	11	100.00		101	100	99.01
Oral and Maxillo-facial Surgery	1	ST		3	3	100.00		31	23	74.19
Paediatrics	1	ST		34	34	100.00		490	412	84.08
Public Health Medicine	1	ST		2	2	100.00		85	85	100.00
Trauma and Orthopaedic Surgery	1	ST		11	11	100.00		11	11	100.00
SPECIALTY (ST1) TOTAL				114	114	100		1404	1302	93
General Practice	1	ST		311	261	83.92		3943	3514	89.12
CORE, ST1 AND GPST1 TOTAL				745	675	91		9039	8453	94
Acute Internal Medicine	3	ST		14	8	57.14		107	94	87.85
Anaesthetics	3	ST		51	50	98.04		373	366	98.12
Cardiology	3	ST		4	4	100.00		114	114	100.00
Child and Adolescent Psychiatry	4	ST		6	4	66.67		73	47	64.38
Clinical Genetics	3	ST		1	1	100.00		14	13	92.86
Clinical Neurophysiology	3	ST		2	2	100.00		7	7	100.00
Clinical Oncology	3	ST		4	4	100.00		53	53	100.00
Clinical Pharmacology and Therapeutics	3	ST		2	2	100.00		12	5	41.67
Combined Infection Training	3	ST		18	12	66.67		63	51	80.95
Dermatology	3	ST		5	5	100.00		36	36	100.00
Emergency Medicine	4	ST		10	7	70.00		57	37	64.91
Endocrinology and Diabetes Mellitus	3	ST		8	8	100.00		114	101	88.60
Forensic Histopathology	3	ST		2	2	100.00		2	2	100.00
Forensic Psychiatry	4	ST		5	5	100.00		31	18	58.06
Gastroenterology	3	ST		8	8	100.00		84	84	100.00
General and Vascular Surgery	3	ST		36	36	100.00		193	192	99.48

Scotland and UK Fill Rates After 3 of the 4 Recruitment Rounds									
Specialty	**Level**	**Post Type**		**SCOTLAND**			**UK**		
				2019			**2019**		
				Posts	Total Accepts	Fill Rate	Posts	Total Accepts	Fill Rate
General Practice	3	ST		5	0	0.00	85	22	25.88
General Psychiatry	4	ST		17	12	70.59	184	104	56.52
General Psychiatry and Old Age Psychiatry	4	ST		1	0	0.00	72	46	63.89
Genito-urinary Medicine	3	ST		3	3	100.00	46	12	26.09
Geriatric Medicine	3	ST		16	13	81.25	204	139	68.14
Haematology	3	ST		14	12	85.71	83	79	95.18
Intensive Care Medicine	3	ST		16	15	93.75	171	163	95.32
Medical Oncology	3	ST		4	4	100.00	38	38	100.00
Medical Ophthalmology	3	ST		1	0	0.00	7	5	71.43
Medical Psychotherapy	4	ST		1	1	100.00	3	1	33.33
Neurology	3	ST		5	5	100.00	48	46	95.83
Obstetrics and Gynaecology	3	ST		1	1	100.00	71	71	100.00
Occupational Medicine	3	ST		2	1	50.00	9	7	77.78
Old Age Psychiatry	4	ST		4	3	75.00	56	26	46.43
Otolaryngology	3	ST		5	5	100.00	49	46	93.88
Paediatric Cardiology	4	ST		3	3	100.00	10	10	100.00
Paediatric Surgery	3	ST		2	2	100.00	6	6	100.00
Paediatrics	3	ST		4	4	100.00	38	38	100.00
Paediatrics	4	ST		7	6	85.71	55	53	96.36
Plastic Surgery	3	ST		5	5	100.00	33	33	100.00
Psychiatry of Learning Disability	4	ST		8	1	12.50	58	13	22.41
Rehabilitation Medicine	3	ST		3	1	33.33	26	4	15.38
Renal Medicine	3	ST		9	8	88.89	63	62	98.41
Respiratory Medicine	3	ST		9	9	100.00	96	96	100.00
Rheumatology	3	ST		1	1	100.00	28	28	100.00
Urology	3	ST		9	9	100.00	62	62	100.00
ST3/ST4 TOTALS				331	282	85	2934	2430	83
CORE, GP, ST1, ST3 & ST4 TOTALS				1076	957	89	11973	10883	91

Appendix 5 : Scotland : Establishment Fill – End of 2018 Recruitment

Scotland Establishment report for 2018 created 06/11/2018 10:10:53					
	2018				
Specialty	**Scotland vacancies**			**Establishment Overall Fill**	
	Vacancies	Filled	FillRate	Establishment	FillRate
ACCS Acute Medicine/Core Medical Training	124	124	100.00	247	100.00
ACCS Anaesthetics/Core Anaesthetics	64	64	100.00	151	100.00
Acute Care Common Stem - Emergency Medicine/ Run Through (ST1/CT1)	25	25	100.00	130	100.00
Acute Internal Medicine	17	8	47.06	44	79.55
Anaesthetics	43	43	100.00	260	100.00
Broad Based Training	12	11	91.67	12	91.67
Cardiology	7	7	100.00	51	100.00
Cardio-thoracic surgery	1	1	100.00	9	100.00
Chemical Pathology	4	2	50.00	11	81.82
Child and Adolescent Psychiatry	14	9	64.29	28	82.14
Clinical Genetics	1	0	0.00	6	83.33
Clinical Neurophysiology	2	0	0.00	3	33.33
Clinical Oncology	9	9	100.00	41	100.00
Clinical Pharmacology and Therapeutics	2	2	100.00	7	100.00
Clinical Radiology	35	35	100.00	151	100.00
Combined Infection Training	18	10	55.56	42	80.95
Community Sexual and Reproductive Health	1	1	100.00	6	100.00
Core Psychiatry Training	65	41	63.08	161	85.09
Core Surgical Training	47	47	100.00	94	100.00
Dermatology	4	4	100.00	26	100.00
Diagnostic neuropathology	1	1	100.00	3	100.00
Emergency Medicine - ST4	10	8	80.00	27	92.59
Endocrinology and Diabetes Mellitus	9	8	88.89	36	97.22
Forensic Histopathology	1	1	100.00	3	100.00
Forensic Psychiatry	6	5	83.33	15	93.33
Gastroenterology	6	6	100.00	43	100.00
General and Vascular Surgery	46	22	47.83	158	84.81
General Practice	357	294	82.35	1184	94.68
General Psychiatry	19	16	84.21	59	94.92
General Psychiatry and Old Age Psychiatry	1	0	0.00		
Genito-urinary Medicine	2	0	0.00	7	71.43
Geriatric Medicine	18	14	77.78	81	95.06
Haematology	5	4	80.00	46	97.83
Histopathology	13	9	69.23	61	93.44
Intensive Care Medicine	12	12	100.00	31	100.00
Medical Oncology	6	6	100.00	21	100.00
Medical Ophthalmology	1	0	0.00	2	50.00
Medical Psychotherapy	3	2	66.67	8	87.50

Scotland Establishment report for 2018 created 06/11/2018 10:10:53					
	2018				
Specialty	**Scotland vacancies**			**Establishment Overall Fill**	
	Vacancies	Filled	FillRate	Establishment	FillRate
Metabolic Medicine	2	1	50.00		
Neurology	3	3	100.00	25	100.00
Neurosurgery	4	3	75.00	17	94.12
Obstetrics and Gynaecology	27	27	100.00	178	100.00
Occupational Medicine	4	2	50.00	11	81.82
Old Age Psychiatry	7	7	100.00	25	100.00
Ophthalmology	11	10	90.91	70	98.57
Oral and Maxillo-facial Surgery	0	0	100.00	9	100.00
Otolaryngology	8	8	100.00	39	100.00
Paediatric Cardiology	0	0	100.00	2	100.00
Paediatric Surgery	3	3	100.00	13	100.00
Paediatrics	30	29	96.67	245	99.59
Palliative Medicine	3	3	100.00	14	100.00
Plastic Surgery	4	4	100.00	32	100.00
Psychiatry of Learning Disability	7	2	28.57	13	61.54
Public Health Medicine	4	4	100.00	35	100.00
Rehabilitation Medicine	3	0	0.00	7	57.14
Renal Medicine	7	5	71.43	41	95.12
Respiratory Medicine	7	7	100.00	46	100.00
Rheumatology	5	5	100.00	22	100.00
Trauma and Orthopaedic Surgery	20	20	100.00	129	100.00
Urology	5	5	100.00	28	100.00
	1175	**999**	**85.02**	**4266**	**95.87**

NHS Education for Scotland

Board Cover Paper

1.   **Title of Paper**

       NES Digital – Supporting the NHS Scotland Workforce

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

       Christopher Wroath, Director NES Digital

3.   **Purpose of Paper**

       This paper gives an outline to the presentation the Director of NES Digital will give to the NHS Education for Scotland (NES) Board at the July meeting.

4.   **Key Content to presentation**

       The presentation will consist of three main sections:

       a) An overview of the scope and scale of the activities, products, services and functions NES Digital deliver to NES and NHS Scotland in support of the NES Strategy and the Digital Health and Care Strategy 2018 (DH&CS).
       b) The challenges the Directorate faces in undertaking this work and
       c) The plans and opportunities that NES Digital will lead on to drive forward the benefits and outcomes from the NES and DH&CS in the next year, three years and beyond.

5.   **Which NES Strategic Objective(s) does this align to?**

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

       4. A National Digital platform, analysis, intelligence and modelling.

6.   **Equality and Diversity Impact Assessment**

       The equality and diversity implications will be accounted for through the whole process.

7.   **Recommendation(s) for Decision**

       N/A

NHS Education for Scotland

Board Paper Summary

1. **Title of Paper**

   Scotland's Paramedic integrated National Education Programme (SPiNE) – Proposed Procurement Arrangements

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

   John Burnham, Head of Programme NMAHP

3. **Purpose of Paper**

   This paper provides an update on the procurement and funding for SPiNE.

4. **Key Issues**

   - The procurement timeline for SPiNE is continuing to progress as projected with bids received from 7 institutions in total, including 1 collaborative bid. In addition, all 6 lots that were available have received bids.
   - We are currently in the process of evaluating the bids with clarification meetings scheduled for the 25th and 26th June.
   - At this stage there are no anticipated issues that will impact on the programme timelines.
   - Funding reassurances have been sought and obtained from Scottish Government by the Scottish Ambulance Service.

5. **Educational Implications**

   There are several potential benefits to be realised through the delivery of a degree programme that will influence the quality of care provided to patients. These include additional clinical knowledge and skills, graduate attributes of critical thinking, analysis and decision making. It also provides for the alignment of educational provision with other health professionals and a mode defined entry career pathway helping to support equity of access and diversity within the workplace.

6. **Financial Implications**

   The business case has been passed to Scottish Government (SG) sponsors, and there has been active engagement between the Scottish Ambulance Service Director of Finance, and the SG Finance team. Meetings to date have been positive and they are aware of the exacting timelines for the programme. There remains at this stage no confirmation of funding in place although it is anticipated that this will be confirmed in the next few weeks. SG are aware that it is our aim to award the contract by the 17th August and this is subject to confirmation of the funding.

7. **Which of the 9 Strategic Outcome(s) does this align to?**

   1) A demonstrable impact of our work on healthcare services.

2) An excellent learning environment where there is better access to education for all healthcare staff.

5) A key role in analysis, information and modelling for the NHS Scotland workforce to strengthen workforce planning.

8.   Impact on the Quality Ambitions

Degree level education for the Paramedic profession provides the opportunity to further expand their skills and knowledge to address the increasingly diverse and complex patient caseload that they are required to handle. This in turn provides the basis for safe, patient centred, and effective care delivered where possible at home or in a homely environment. The degree provides the academic foundation, and consequently the gateway, to enable Paramedics to further develop into advanced practice, including independent prescribing and therefore fulfil a wider more diverse role as members of the NHS Scotland workforce.

9.   Key Risks and Proposals to Mitigate the Risks

A programme risk register is maintained by the SPiNE Joint Working group using the NHS Education for Scotland risk matrix and reviewed on a monthly basis. Mitigation is provided against all the identified risks and a risk owner identified. High and Very High-level risks are escalated through the risk management process in the appropriate organisation

There remains a risk that insufficient funding is available to support the transitional period during which the academy will be required to continue to operate, whilst graduate programmes commence simultaneously. Therefore, there will be insufficient Paramedics in training to both maintain steady state and address service development needs. This business case sets out to highlight the transitional costs and funding gap to secure the support and funding required from stakeholders.

10.   Equality and Diversity

The provision of funding via NES rather than the SFC will have no additional impact on people with protected characteristics.

12.   Communications Plan

A joint communications plan has been developed as part of the programme arrangements between the Scottish Ambulance Service and NES.

13.   Recommendation(s) for Decision

In light of the feedback received from the SFC, and the consequential impact of not proceeding with the current procurement exercise it is recommended that NES receive the funding for the programmes directly from SG, and purchase these from the tender that closed on the 27th June. The contract will therefore be managed jointly by NES and SAS through a contract board for an initial 5-year period. During this time work between NES, SAS and the SFC will be ongoing to explore the future of paramedic courses with the possibility a grant funded model in line with other AHP programmes.

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NHS Education for Scotland

Board Paper Summary

1.   Title of Paper

NES Risk Register – for submission to July 2019 Board meeting.

2.   Author(s) of Paper

Caroline Lamb, Chief Executive

3.   Purpose of Paper

The purpose of this paper is to present the NES Risk Register as at July 2019

4.   Key Issues

There have been a number of small changes to the narrative associated with the risks identified on the Corporate Risk register to reflect further actions in a number of areas.

Risk 15: The scoring of the impact associated with this risk has been increased. This reflects the development of the National Digital Platform which will mean that we are increasingly responsible for patient identifiable information. We are taking measures to ensure that we have all the correct processes and procedures in place to address this, including the employment of additional expertise in this area.

Risk 16: This risk relates to the potential for the UK to exit from the EU with no deal. The impact scoring of this has not been increased, at the last review the likelihood scoring was increased to 5. This has been left unchanged given the current uncertainty.

5.   Recommendation(s) for Decision

The Board is invited to note the information contained in this report.

CL
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Risk No.	Description	Risk Owner (Lead Director)	Current Period					Mitigating measures	Appetite	Last Period	
			I x L	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	NES Executive Team (Caroline Lamb)	4 x 4	**Primary 1**	4 x 4	**Primary 1**		1. NES Board to advocate and promote the importance of education and training 2. Revised NES Strategic Plan clearly articulates the importance of education and training to a sustainable workforce. This has been well received		4 x 4	**Primary 1**
R2	Scottish Government budgetary decision results in an uplift for NES that is less than cost pressures which in turn could mean NES Board are unable to balance expenditure	NES Executive Team (Audrey McColl)	5 x 5	**Primary 1**	4 x 3	**Primary 2**		1. NES Board approves annual budget which includes measures required to reach a balanced position. Monthly management accounts show actual performance against budget projections ahead of year-end 2. Monthly management accounts are reviewed by Directors and the Director of Finance allowing mitigating action to be taken to manage any overspend/underspend 3. Close working underway with SG to address the underlying deficit resulting from the expansion of TGs and uplifts that have been less than cost pressures in this area. SG have agreed to underwrite the in-year deficit position.	**Open**	4 x 3	**Primary 2**
R3	Policy development, UK-wide and within Scotland, may have negative impact on NES's capacity to support attraction, recruitment and retention of the workforce	NES Executive Team (Caroline Lamb)	4 x 4	**Primary 1**	3 x 3	**Contingency**		1. NES Directors maintain strong engagement with relevant leads at Scottish Government 2. NES to maintain an evidence bank to support ability to influence policy decisions 3. Chief Executive and NES Directors to maintain links with other UK organisations		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 Executive Team (Caroline Lamb)	4 x 4	**Primary 1**	3 x 4	**Primary 2**		1. Maintain clarity in relation to NES's role and influence - recent example is presenting a paper on PGMET to Chief Executives. A further paper is to go to the Management Steering Group at the end of this month. 2. Work with Boards to ensure optimal deployment of staff		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 Executive Team (Caroline Lamb)	4 x 4	**Primary 1**	3 x 4	**Primary 2**		1. Chief Executive and/or NES Directors maintain open and collaborative relationships/arrangements with counterparts in partner organisations 2. Ensure Chair is well briefed to manage relationships with other Board/organisational Chairs - Chair's regular Newsletter now being issued to other Chairs.		3 x 4	**Primary 2**
R16	The UK exits from the European Union without a deal and this results in disruption toNHS services	NES Executive Team (Caroline Lamb)	4 X 5	**Primary 1**	3 x 5	**Primary 1**		1. The main impact of a 'no deal' Brexit is likely to be felt by Territorial NHS Boards rather than directly by NES. We would seek to mitigate the impact on those Boards by the same means as for a major incident/flu etc 2. Regular updates from SG at CEs and HRD meetings		3 x 5	**Primary 1**
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 Executive Team (Caroline Lamb)	5 x 5	**Primary 1**	3 x 4	**Primary 2**		1. Joint Senior Leadership & Senior Operational Group meeting has taken place to discuss efficiencies plan 2. Continued focus on improving processes to release capacity - with plans to support this with QI coaching 3. At a Strategic Level argument to be made about requirement to invest in workforce organisation.		3 x 4	**Primary 2**
R7	Turnover in key roles leads to loss of expertise/corporate knowledge resulting in negative impact on performance	NES Executive Team (Caroline Lamb)	4 x 4	**Primary 1**	3 x 3	**Contingency**		1. Succession planning in place for key individuals 2. Talent management	**Open**	3 x 3	**Contingency**

Risk No.	Description	Risk Owner (Lead Director)	I x L	Inherent Risk	I x L	Residual Risk	Mitigating measures	Appetite	I x L	Residual Risk
				Current Period					**Last Period**	
R8	Organisational or other changes lead to dissatisfaction and disengagement of staff	NES Executive Team (Caroline Lamb)	4 x 4	**Primary 1**	3 x 3	**Contingency**	1. Strong partnership working arrangements in place and maintained through regular contact with the Employee Director and via the Change Management Programme Board.		3 x 3	**Contingency**
R9	Major adverse incident impacting on business continuity	NES Executive Team (Christopher Wroath)	4 x 4	**Primary 1**	2 x 4	**Housekeeping**	1. Disaster Recovery Plan and Business Continuity Plans have been approved by the Executive Team
2. The plans have been tested in a desk top exercise and recommendations have been written up and considered by the ET		2 x 4	**Housekeeping**

Risk No.	Description	Risk Owner (Lead Director)	I x L	Inherent Risk	I x L	Residual Risk	Mitigating measures	Appetite	I x L	Residual Risk
				Current Period					Last Period	
Finance Risks										
R10	The complexity of the NES budget results in year-end underspend giving the impression that NES Is overfunded	NES Executive Team (Audrey McColl)	4 x 5	Primary 1	3 x 3	Contingency	1. Early engagement with Finance & Performance Management Committee and NES Board to give indication of likely financial position 2. Directorates given indicative budgets to plan own activities and expenditure 3. Ongoing programme of identifying efficiency savings 4. Final budget approved by NES Board by end of March each year	Averse	3 x 3	Contingency
R11	NES is unable to identify in year savings required to balance budget and therefore has year-end overspend	NES Executive Team (Audrey McColl)	4 x 5	Primary 1	3 x 3	Contingency	1. Early engagement with Finance & Performance Management Committee and NES Board to give indication of likely financial position 2. Directorates given indicative budgets to plan own activities and expenditure 3. Ongoing programme of identifying efficiency savings 4. Final budget approved by NES Board by end of March each year	Averse	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	NES Executive Team (Caroline Lamb)	4 x 5	Primary 1	3 x 4	Primary 2	1. Planning systems require all activities to include anticipated desired outcome 2. Desired outcome measured 3. Readiness to 'fail fast' rather than pursue initiatives that aren't working	Cautious	3 x 4	Primary 2
R13	NES does not deliver leading to a loss of reputation and confidence from stakeholders	NES Executive Team (Caroline Lamb)	4 x 5	Primary 1	3 x 2	Contingency	1. Ensure targets set are SMART and also have resources allocated to them to support delivery 2. Ensure Chief Executive, NES Directors, Board and standing committees have access to regular management reporting		3 x 2	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 2. Each committee provides annual report to Audit Committee 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. This was discussed at the Board away day in April, and in the June Board meeting. Work is underway in relation to the small number of gaps identified.	Averse	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 x2	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 being put in place to ensure robust security applies to the National Digital Platform.		3 x 2	Contingency

NHS Education for Scotland

Board Paper Summary: Partnership Forum Minutes

1. **Title of Paper**

   Minutes of the Partnership Forum meeting held on 28 May 2019: <u>copy attached.</u>

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

   Jenn Allison, Senior Officer, Planning and Corporate Resources

3. **Purpose of Paper**

   To receive the unconfirmed minutes of the Partnership Forum meeting 28 May 2019.

4. **Items for Noting**

Item 6 – National Board Collaborative Plan/Discussion Document
The Partnership Forum noted that the Transformation Fund has been substantially reduced for financial year 2019-20 and Boards have written to Scottish Government with proposals regarding what projects can be completed under a revised budget.

Item 7 – Sturrock report NHS Highlands
The Partnership Forum agreed that NES is not experiencing the issues described in the Sturrock Report and felt confident that NES has good evidence to support a positive culture.

Item 8 – Agenda for Change Pay and T&C Reform
The Partnership Forum noted papers in relation to Appraisal and Incremental Progression and Organisational Change Pay Protection, under the Agenda for Change (AFC) Pay Reform Programme (2018) and endorsed the recommendations.

Item 9 - Doctors and Dentists in Training (DDiT) - Lead Employer Partnership Arrangements
The Partnership Forum noted and were satisfied with the update on progress of the Lead Employer Partnership Arrangements.

Item 10 – NHSS Recruitment Shared Services
The Partnership Forum noted and were satisfied with the update on progress of NHSS Recruitment Share Services.

Item 11 - National Board Shared Services Update
The Partnership Forum noted and were satisfied with the update on progress with the National Board Collaborative Shared Services

Item 12 - Homeworking Policy
The Partnership noted the updates and agreed that formal approval is not required as no changes have been made to the content.

5. Recommendations

None.

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NHS Education for Scotland

PARTNERSHIP FORUM

Minutes of the eighty-fourth meeting of the Partnership Forum held on Tuesday 28th May 2019, Forest Grove House, Aberdeen

Present: Caroline Lamb, Chief Executive (Joint Chair)
                     Liz Ford, Employee Director (Joint Chair)
                     Dorothy Wright, Director of Workforce
                     David Felix, Postgraduate Dental Dean/Management
                     Representative
                     Lynnette Grieve, Staff Side Representative Unison
                     David Cunningham, BMA Representative (VC, 2CQ)
                     Linda Walker, Staff Side Representative GMB (VC, 2CQ)

In attendance: Jenn Allison, Senior Officer (PCR)

1. Welcome and Introductions

The Chair welcomed members, particularly Linda Walker and David Cunningham who were connected by VC in 2CQ, Glasgow.

2. Apologies for Absence

Apologies were received from, Jackie Mitchell, RCM Representative and Ros Shaw, RCN Representative.

3. Partnership Forum Minutes 22nd January 2019   (NES/PF/19/04)

The minutes were confirmed as an accurate record.

4. Partnership Forum Actions 22nd January 2019   (NES/PF/19/05)

All action points were complete or in hand.

5. Matters Arising from the Minutes

5.1 EU Withdrawal

Report regarding the response from the trainee survey has been submitted to Scottish Government. The Employee Director noted that she is confident that NES continue to keep staff and trainees informed regarding the UK's withdrawal from the EU.

5.2 Personal Review and Planning (Operational Plan 19/20)

Dorothy Wright informed the Partnership Forum that targets for each Directorate have been added into the 2019-20 Operational Plan in relation to 100% completion for all eligible staff to have completed appraisals and essential learning.

Governance Items

6. **National Board Collaborative Plan/Discussion Document**

The National Board Collaborative Plan and discussion documents have not yet been formally published. The National Board leads are due to meet with Scottish Government in June to discuss next steps. The Transformation Fund has been substantially reduced for financial year 2019-20 and Boards have written to Scottish Government with proposals regarding what projects can be completed under a revised budget.

7. **Sturrock report NHS Highlands** (NES/PF/19/05)

Dorothy Wright introduced the Sturrock Report, an independent review report looking into cultural issues related to allegations of bullying and harassment in NHS Highland and invited the Partnership Forum to discuss how NES can learn from the findings.

- The report the Scottish Government have written to Board requesting information in response to the report by the end of June. The have requested information regarding policies, training previsions for staff and any evidence regarding the issues raised in the report and how they are managed with NES.

- It was noted that in the past year there have been 6 instances in which advice has been requested from HR under dignity at work, all of which were informal requests. Discussion also took place regarding the positive iMatter and staff survey results. It was also noted that the Our Way document is available to all staff and can help to empower staff to challenge bad behaviour.

- The Partnership Forum agreed the importance of all line managers completing relevant training in relation to staff management.

The Partnership Forum agreed that NES is not experiencing the issues described in the Sturrock Report and felt confident that NES has good evidence to support a positive culture. Partnership Forum noted there are tools and support in place to encourage staff to challenge bad behaviour and to support staff should they wish to raise any grievances.

8. **Agenda for Change Pay and T&C Reform**

Dorothy Wright presented the papers to formally lodge and open discussions regarding Appraisal and Incremental Progression and Organisational Change Pay Protection, under the Agenda for Change (AFC) Pay Reform Programme (2018).

8.1 Appraisal and Incremental Progression (NES/PF/19/08)

As part of the Agenda for Change (AFC) Pay Reform Programme (2018), it was agreed by STAC that a sub group would undertake a review of NHSScotland's approach to appraisal and incremental progression to support the new payscales and increments that have been agreed for NHSScotland.

- The Partnership Forum noted the recommendations in the report, which include: a focus on meaningful annual appraisals for all; a clear link between appraisals and statutory/mandatory training; Once for Scotland approach; presumption of incremental pay progression unless a specific set of circumstances arose.

- The Partnership Forum agreed that NES has a good track record regarding Digital development, with support in place to support staff in setting quality objectives and that meaningful appraisals are held

- When the recommendations are agreed a plan will be developed and will be implemented through 2019-20. It was agreed that Dorothy Wright will work with colleagues in Communication to develop comms for staff and that Anne Campbell should be invited to the next Partnership Forum meeting to provide an update regarding conducting meaningful appraisals. **Action: DW**

The Partnership Forum noted and endorsed the recommendations.

8.2 Organisational Pay Protection (NES/PF/19/09)

As part of the three- year Agenda for Change pay deal agreed in 2018, NHS Scotland Employers and Staff agreed to review NHSScotland's Organisational Change Pay Protection arrangements and produce a new policy.

- A revised policy has been produced and the provisions are effective from 1 April 2019. Boards have been advised to put all the agreed aspects of the new policy in place as quickly as possible.

The Partnership Forum agreed that aspects of the updated policy are already implemented in NES.

9. **Doctors and Dentists in Training (DDiT) - Lead Employer Partnership Arrangements** (NES/PF/19/10)

Dorothy Wright introduced the paper to update the committee on progress of the Lead Employer Partnership Arrangements.

- The Partnership Forum agreed at their last meeting, proposals to develop new partnership working arrangements that mirrored arrangements else- where in the service. A meeting has taken place with the BMA (Neil Hermiston and David Cunningham) to review the draft produced by them. We are looking to ensure that the scope of the Recognition Agreement applies to the working

lives of our doctors and dentists including trainees and does not stretch into a range of other establishment consultation arrangements.

- The BMA are drafting a communication to go our medical and dental staff group and we will review that once available. While we are looking to mirror arrangements elsewhere, we have advised the BMA that the Recognition Agreement does need to be agreed within NES.

The Partnership Forum noted the update.

10. NHSS Recruitment Shared Services   (NES/PF/19/11)

Dorothy Wright introduced the paper to update the committee on progress of NHSS Recruitment Share Services.

- Work is progressing with the development of the East Region Recruitment Shared Services service, in which NES is participating. The Partnership Forum noted the letter that was issued in March 2019 and papers from the National Steering Group in May 2019.

- The National Steering Group are looking at Operating models and it is anticipated that technology should prevent co-location of staff.

- Implementation of Job Train across NHSS continues. NES will be the last Board to be migrated.

The Partnership Forum noted the update.

11. National Board Shared Services Update   (NES/PF/19/12)

Dorothy Wright presented the paper to update the Partnership Forum on progress with the National Board Collaborative Shared Services.

- For 2019/20 the HR workstream have selected three key areas to deliver on: Workforce Dashboards; HR Portal; and HR Hub.

- Discussion took place regarding IT capabilities across NHSS and the benefit in upgrading technology where required.

The Partnership Forum noted the update.

12. Policies

12.1 Homeworking Policy   (NES/PF/19/13)

Dorothy Wright informed the Partnership Forum that the Homeworking Policy had been submitted for information, due to minor updates being made following a scheduled 3-year review of the policy. Minor updates have been made to update the policy in line with current regulations around various areas including GDPR and health and safety.

The Partnership noted the updates and agreed that formal approval is not required as no changes have been made to the content.

13. Managing Health, Safety and Wellbeing Committee minutes

The Partnership Forum noted the minutes.

It was agreed that a report regarding essential learning should be submitted to the next Partnership Forum.   **Action: DW**

Liz Ford requested that the wording of an action in relation to trade union representation for Health and Safety audit is amended to specify that a trade union representative should be invited as routine.   **Acton: DW**

14. Change Management Programme Board Minutes

The Partnership Forum noted the minutes.

15. Any Other Business

Dorothy Wright informed the Partnership Forum that Christine McCole has now retired from NES. She noted that Christine was a great strength to NES and the Workforce Directorate, who made a big contribution to Partnership working.

16. Date of Next Meeting

Monday 02nd September 2019, 2CQ Rooms 1-3, Glasgow.

NHS Education for Scotland

Board Paper Summary

1.   **Title of Paper**

     Training and Development Opportunities for Board Members

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

     Kirsteen McColl, Manager

3.   **Purpose of Paper**

     To provide details of any upcoming training and development events for Board members,
     together with details of opportunities for Board members to gain a deeper understanding
     of NES business.

     The attached paper provides the normal detail of structured training events available for
     Board members. It also responds to feedback from Non-Executive Board Members that
     opportunities to engage further with the core educational functions of NES would be
     beneficial. This is intended to allow members to gain a fuller understanding of day to day
     business and allow interaction with colleagues and trainees. Teams within NES have
     provided dates of forthcoming events e.g. training courses and training days for trainees.

     Board members should note that in relation to the opportunities for Board members to gain
     a fuller understanding of our work, the nature of some of these is that they will not be able
     to accommodate more than one Non-Executive member at a time. We will therefore need
     to ensure that we co-ordinate requests to participate in these events.

     Please contact Kirsteen McColl – ceo.nes@nes.scot.nhs.uk or David Ferguson
     (David.Ferguson@nes.scot.nhs.uk) for further details on these opportunities.

4.   **Recommendation(s) for Decision**

     This paper is for information.

NES
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KM

Appendix 1 - Training and Development Opportunities for Board Members

Structured Training

On Board Scotland Training		
Date	**Location**	**Cost**
2019		
10 September	Radisson Blu Hotel, Edinburgh	
13 December	Stirling Court Hotel, Stirling	
2020		£395.00 plus VAT per place.
19 March	Grand Central Hotel, Glasgow	
19 June	Stirling Court Hotel, Glasgow	
8 September	Radisson Blu Hotel, Edinburgh	
4 December	Stirling Court Hotel, Stirling	

National Conference Days

Date	Conference/Event	Location
2019		
9 September	North Region HCSW Event	Aberdeen Altens
5 November	West Region HCSW Event	Grand Central
11 November	Bereavement Education Event	Royal College of Surgeons
20 November	Future Nurse & Midwife Programme Board National Events	Grand Central

Development Opportunities with a focus on understanding more about NES's work.

Healthcare Science		
Date	**Event**	**Location**
2019		
1 July	Healthcare Science Early Career Course	Glasgow Dental Education Centre
3 July	Healthcare Science Early Career Course	Dundee Dental Education Centre

Medicine*		
Date	**Event**	**Location**
2019		
Summer 2019	Annual Review of Competency Progression	Nationally – various across Scotland
August – September	Foundation and GP Quality Review Panels	Nationally – various across Scotland
Held throughout the year	Quality Management Visit	Nationally – various across Scotland
Held throughout the year	GP Specialty Quality Management Group	Various
* Medical events are organised regularly across Scotland. Dates and venues can be provided on request.		

NMAHP		
Date	**Event**	
2019		
27 August	Practice Education Leads Forum	2 Central Quay, Glasgow
11 September	HCSW Advisory Group	TBC
25 September	National Strategic Group for Practice Learning	2 Central Quay, Glasgow and Westport 102, Edinburgh
7 November	Digital Health and Care Leadership Programme Consolidation Day (Cohort 12)	Westport 102, Edinburgh
19 November	Practice Education Leads Forum	2 Central Quay, Glasgow and Westport 102, Edinburgh
27 November	Refreshing your Family Nursing Practitioner (FNP) Practice	TBC

Optometry		
Date	**Event**	
Weekly	Optometry Teach and Treat Clinics	Aberdeen, Edinburgh and Glasgow

Quality Improvement		
Date	**Event**	**Location**
2019		
10-12 September	Scottish Coaching and Leading for Improvement Cohort 13 – Workshop 1	Jury's Inn, Inverness

24-26 September	Scottish Coaching and Leading for Improvement Cohort 14 – Workshop 1	Dundee, venue TBC
26-28 November	Scottish Coaching and Leading for Improvement Cohort 13 – Workshop 2	Jury's Inn, Inverness
3-5 December	Scottish Coaching and Leading for Improvement Cohort 14 – Workshop 1	Dundee, venue TBC