NHS Education for Scotland

NES/21/82

AGENDA FOR THE ONE HUNDRED AND SIXTY-THIRD BOARD MEETING

Date: Thursday 23 September 2021
Time: 10.15 – 12.30
Venue: In response to the COVID-19 pandemic and public health protection measures, this meeting will be held remotely using Microsoft Teams

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

2. **10.18 Apologies for absence**

3. **10.19 Declarations of interest**

4. **10.20 Minutes of the One Hundred and Sixty-Third Board Meeting** NES/21/83
   12 August 2021 For Approval

5. **10.23 Matters arising from the Minutes and notification of Any Other Business**

6. **10.23 Actions from previous Board Meetings** NES/21/84
   For review

7. **10.27 Chair and Chief Executive reports**

   a. **10.27** Chair's Report (verbal report)

   b. **10.42** Chief Executive's Report NES/21/85

8. **Performance Items**

   a. **11:05** Risk Register Report NES/21/86
      For Assurance and Approval (J. Sinclair)

   b. **11.15** Month 5 Finance Report NES/21/87
      For Assurance and Approval (J. Sinclair)

   c. **11.30** Quarter 1 Performance Report NES/21/88
      For Assurance and Approval (D. Cameron)

9. **Annual Items**

   a. **11.40** 2020-21 Annual Review Self-Assessment
      For Review (K. Reid & D. Cameron) NES/21/89

10. Governance Items

a. **11.50** Appointment of Vice Chair and Remuneration Committee Chair
For Ratification (D. Garbutt)

b. Significant issues to report from Standing Committees:

- **11.52** Digital and Information Committee held 13 September 2021
(D. Garbutt, verbal update)

- **11.55** Education and Quality Committee held 19 August 2021
(D. Hutchens, verbal update)

c. **12.05** Board Assurance Framework — NES/21/90
For Approval (J. Sinclair & D. Cameron)

11. Items for Noting

12.20 Standing Committee Minutes

a. Digital and Information Committee 28 June 2021 — NES/21/91
For Noting

b. Education and Quality Committee 1 July 2021 — NES/21/92
For Noting

12.20 Other items for noting

b. 2020-21 Feedback, Comments, Concerns and Complaints Annual Report — NES/21/93
For Noting

12. Any Other Business

13. 12.30 Date and Time of Next Meeting

Public Board: 25 November 2021 at 10.15 a.m.

NHS Education for Scotland (NES)
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NHS Education for Scotland

DRAFT MINUTES OF THE ONE HUNDRED AND SIXTY-THIRD BOARD MEETING HELD ON 12 AUGUST 2021

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

Present:	Mr David Garbutt (DG) (Chair) Ms Anne Currie (AC), Non-Executive Director Mrs Linda Dunion (LD), Non-Executive Director Mrs Jean Ford (JF), Non-Executive Director Ms Lynnette Grieve (LG), Non-Executive Director/Employee Director Mr Douglas Hutchens (DH), Non-Executive Director Ms Gillian Mawdsley (GM), Non-Executive Director/Whistleblowing Champion Prof Stewart Irvine (DSI), Director of Medicine/Deputy Chief Executive Mrs Vicki Nairn (VN), Non-Executive Director Ms Karen Reid (KR), Chief Executive Ms Janice Sinclair (JS), Interim Director of Finance Dr Doreen Steele (DS), Non-Executive Director (Vice Chair) Ms Sandra Walker (SW), Non-Executive Director Mrs Karen Wilson (KW), Director of NMAHP
In attendance:	Ms Tracey Ashworth-Davies (TAD), Director of Workforce Mr Colin Brown (CB), Head of Strategic Development, Chair's Office Dr David Felix (DF), Postgraduate Dental Dean Dr Sandra Ferguson (SF), Associate Director, Psychology Ms Margaret Reid (MR), Head of Finance Business Partnering Ms Della Thomas (DT), Board Secretary & Principal Lead – Corporate Governance Ms Nicola Todd (NT), Head of Properties & Facilities Management (for item 9b) Prof Anne Watson (AW), Postgraduate Pharmacy Dean Mr Christopher Wroath (CW), Director of Digital Ms Alison Shiell (AS), Manager, Planning & Corporate Governance (Minute Taker)

1. Chair's Introductory Remarks

1.1. The Chair welcomed everyone to the meeting. He advised that scoping work regarding the potential to hold hybrid public Board meetings is now underway and that further information will be shared in due course.

1.2. The Chair recognised this meeting marked Doreen Steele's final attendance at a public Board before her second (extended) term ends on 31 August 2021. On behalf of the Board, the Chair thanked Doreen for her very significant contribution to NES as a Non-Executive Director and wished her the very best for the future.

2. Apologies for absence

2.1. Apologies for absence were received from Donald Cameron (Director of Planning & Corporate Resources) and Dr Judy Thomson (Director of Training for Psychology Services). Sandra Ferguson deputised for Dr Thomson.

3. Declarations of interest

3.1. Gillian Mawdsley stated a new declaration of interest. As of 1 July 2021, Gillian has been appointed as a Legal Member of the Scottish Criminal Cases Review Commission. She confirmed that this role does not conflict with any of the business at this meeting. The 2021/22 Board Registers of Interest document has been updated accordingly.

4. Minutes of the One Hundred and Sixty-Second Board Meeting (NES/21/65)

4.1. The minutes of the Board meeting held on 27 May 2021 were approved.

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

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

6. Actions from previous Board Meetings (NES/21/66)

6.1. The Board received the rolling Board action list for review and agreement and noted that the majority of action points are now complete. Updates have been provided for the two items still to be completed.

6.2. The following points were discussed:

a. In relation to the Board and Executive Team COVID-19 Lessons Learned sessions, the Board noted that the Scottish Government (SG) / KPMG report on 'Lessons Identified from the initial Health and Social Care Response to COVID-19 In Scotland' was published on 6 August 2021. The Board will consider COVID-19 lessons learned as part of a future Board Development session.
b. 27 May Board meeting, Minute 7.8g: Della Thomas and Gillian Mawdsley will meet to discuss the action regarding Whistleblowing in the NES/SG sponsor framework agreement and any further clarification required to the Board minutes. **Action: DT/GM**
c. 25 March Board meeting, Minute 9.3: The Board noted the update regarding the COVID-19 Contingency Plan (CCP) and NES Business Continuity Plan and agreed the action should be marked as complete given that NES continues to support the ongoing COVID-19 response. **Action: AS**
d. 25 March Board meeting, Minute 11.8: The Board welcomed the update in the Chief Executive's report (item 7b) regarding the governance arrangements for the digital workforce capability programme. Given NES's lead role in this area of work, the Chair proposed that the governance should be remitted to the Digital and Information Committee. The Board approved this proposal and agreed the action could be marked as complete. **Action: AS**

6.3 The Action List was agreed.

7. Chair & Chief Executive Updates

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

7.1. The Chair gave a verbal update on recent meetings and activity since the May Board in his roles as Chair of the NES Board and Chair of the NHSS Board Chairs Group (BCG). The Chair announced that his term as Chair of the BCG ends on 31 August 2021. The following meetings were highlighted:

a. The Chair met with David Miller (Chief People Officer, Scottish Government) to discuss the potential for NES to support the NHSS job evaluations process. The role

of the National Performance Management Committee (NPMC), which the Board Chair chairs, was also discussed to ensure that NHSS Board Remuneration Committees commend their Executive cohorts appropriately in light of the extraordinary last 18 months and the ongoing NHSS response to the COVID-19 pandemic.

b. The Chair attended a meeting with SG colleagues to discuss a new sponsored working group focusing on executive leadership training and development requirements. This new group will sit alongside the Project Lift programme and governance arrangements are in the process of being agreed with SG and Project Lift colleagues. As NES will have key role in this work, Karen Reid advised that the governance of this new leadership work within Project Lift will ultimately sit with NES and SG as joint SROs. Reports will be received through the Education and Quality Committee.
c. The Chair met with Board Development colleagues in NES to discuss the Non-Executive Director Turas Learn resources, with a view to increasing their use across NHSS Boards.
d. In his role as Chair of the BCG, the Chair met with Caroline Lamb (Chief Executive of NHSS and Director-General Health and Social Care at Scottish Government/SG) to discuss new priorities for the BCG going forward. The Chair also met with the incoming Chair and Vice-Chair of the BCG.
e. The Chair attended a meeting of the NHSS Global Citizenship Programme Board where discussions included support for overseas countries in relation to vaccination and bereavement services. The Chair has asked relevant NES colleagues to liaise with the SG International Development office and provide details of Turas Learn resources in these areas.
f. The Chair met with Laura Allison (Associate Director, Medicine) to discuss the development of strategic Key Performance Indicators (KPIs) for NES and the potential role of the QI team in this work.

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

b. Chief Executive's Report (NES/21/67)

7.4. Karen Reid introduced this report and began by highlighting the significant amount of work that is being delivered across NES directorates.

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

a. In relation to NES executive recruitment, the Director of Medicine advert will close on 15 August 2021. Karen Reid confirmed that the advert has already attracted a large amount of interest from prospective candidates. The Director of Social Care post will be advertised after the SG Programme for Government is published in early September. Roles within the NHSS Academy are also progressing, with a mix of NHS Golden Jubilee and NES appointments being made.
b. Karen Reid noted the requirements of Remobilisation Plan 4 (RMP4), which were attached to the Chief Executive's Report as Appendix I, and advised that the RMP4 first draft will most likely be shared with the Board via correspondence before the 30 September 2021 deadline.
c. The SG NHSS Recovery Plan will be published by the end of August. Karen Reid confirmed that the work of NES will be referenced in relation to training and development of the NHSS workforce.
d. The SG National Care Service (NCS) consultation was published on 9 August 2021. SG colleagues have been invited to attend the NES Board development session on 26 August 2021 where NES's potential response to the NCS consultation will be discussed.

e. The NES Digital and National Digital Service (NDS) teams will now be known collectively as 'NES Technology'. The NES Extended Executive Team (EET) recently held a helpful session to consider the prioritisation of digital delivery going forward.
f. Karen Reid also highlighted current and upcoming areas of work including progress with the development of strategic KPIs, a refresh of the Turas Learn welcome pages and NES website and the related development of a NES prospectus which will present our education and training offering in a dynamic and innovative way. Preparations are also underway for future EET and Board visioning sessions to discuss NES's future strategic direction.

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

a. In response to a query from a Non-Executive Board Member, Della Thomas will explore when it would be helpful for the Board to discuss NES's Corporate Parenting role as there are significant potential opportunities for NES in this area. **Action: DT**
b. In relation to the QI Team's recent accreditation by the Learning Performance Institute (LPI), the Board agreed it would be helpful to receive a copy of the LPI KPIs for information. **Action: CE Office**
c. The Board passed on their congratulations to Professor Amjad Khan, who has been elected as Chair of COGPED UK (Committee of General Practice Education Directors).
d. The Board welcomed the review into AHP workforce planning and NES's potential contribution going forward. Karen Wilson advised that AHP colleagues are continuing to work with SG/NHSS colleagues to define NES's role and confirm any future funding.
e. Anne Watson provided a short summary of the content of the 'tolerance of ambiguity' interprofessional simulation sessions for medical students and trainee pharmacists. Board Members are welcome to attend future sessions to aid their understanding.
f. A query was raised in relation to the NES Digital/NDS updates and why digital activity tends to involve West region Boards more than any others. Christopher Wroath and Karen Reid commented that the proportion of Scotland's population, and more integrated processes, within the West region meant that NES's digital impact can be experienced more quickly. Christopher Wroath agreed to refresh renew engagement with the East and North region Boards to ensure their future involvement in NES digital activity. **Action: CW**

7.7. The Chair thanked Karen Reid for her report.

7.8 For the public record the Chair noted that the Board held a Board Development Session on 24 June 2021. A session on "Innovations to Support Dental Workforce" covered some highlights of the work of the NES Dental Directorate and discussed the strategic context and future ambitions for accreditation and the Scottish Dental Clinical Effectiveness Programme (SDCEP) activities. A session was also delivered by the Digital Health & Care Innovation Centre (DHI), which offered an overview of the work of DHI and discussed the opportunities for NES to work with DHI to improve the outcomes for the people of Scotland.

8. Performance Items

a. Risk Register Report (NES/21/68)

8.1 Janice Sinclair presented the NES Risk Register and associated COVID-19 Risk Annex as at 5 August 2021 to the Board for assurance and approval.

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

a. The Board discussed the NES Risk Management Group (RMG) which is in the process of being established in response to one of the recommendations in the NES Global Risk Maturity report produced by KPMG.
    i. The Board would welcome further information on how RMG discussions and decisions will be reported and asked that reporting arrangements are confirmed as soon as possible. **Action: JS**
    ii. Janice Sinclair confirmed that the risk extrapolation process referenced in the cover paper was an exemplar and the RMG will undertake this process across the whole Corporate Risk Register. The RMG consider whether extrapolated risks should remain on the Corporate Risk Register or delegated to individual directorate registers.
    iii. Jean Ford offered to act as a 'trusted advisor' to the RMG as a member of the Audit and Risk Committee.
    iv. The Board Chair repeated a concern he raised at the Audit and Risk Committee meeting on 3 August regarding the proposed structure of the group and its frequency of meeting which would both have an impact on the RMG's effectiveness.
    v. Karen Reid recognised the work that Janice Sinclair and other NES colleagues have delivered to date and commented that NES's operating environment is changing. Changes to NES's future role and remit may mean it will be helpful to procure external support develop a robust risk approach in NES.

b. In response to a query from a Non-Executive Board Member, Stewart Irvine confirmed that decisions regarding potential Medical workforce supply and progression will continue to take place on a 4-Nation basis. The COVID-19 pandemic has strengthened communication channels between the 4-Nations, with Medical Directors now meeting on a weekly basis and fortnightly with Chief Executives in attendance.

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

b. Finance Report (NES/21/69)

8.4 Janice Sinclair presented the financial results for the first three months of the 2021-22 year to the Board for assurance and approval and asked for feedback on the report's format as this was the first Finance Report that has been submitted to the Board in a summary version. The more detailed financial report was scrutinised at the Audit and Risk Committee meeting on 3 August 2021.

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

a. The Board Chair commented that the summary version of the Finance Report may need to provide more detailed information to ensure that the Board can carry out its financial oversight role effectively. The Board recognised that past governance failures in other organisations have often been finance-related and agreed that it would be helpful to receive more detailed financial information in the Finance Report. Karen Reid and Janice Sinclair will meet with Jean Ford to discuss further. **Action: KR/JS**

b. In relation to paragraph 5.13, Janice Sinclair confirmed that the actual amount of NDS funding that will be received is £4.124m, which is higher than the £4m set out in the SG funding letter and what was anticipated, therefore the budget pressure risk referenced in the paper can now be removed. Janice Sinclair is meeting with Jonathan Cameron (Interim Director, Digital Health and Care at SG) to discuss whether future NDS funding can be received on a recurrent basis. Karen Reid also advised that NES are working with the SG sponsor team with a view to establishing three-year funding plans for NES digital.

c. The Board discussed the vacancy lag forecast and the management of the NES budget in relation to this. Karen Reid and Tracey Ashworth-Davies emphasised that work is underway to address the current vacancy lag, with a view towards moving to a new financial strategy/Target Operating Model for NES.

8.6 There were no further questions and the Board approved the financial results to 30 June 2021. The Chair thanked Janice Sinclair and her team for their work and noted this was Janice's first attendance at a Board meeting as Interim Director of Finance.

9. Annual Items

a. Strategic Risk Appetite (NES/21/70)

9.1 Janice Sinclair presented the annual Strategic Risk Appetite paper to the Board for discussion and approval. The paper sets out the current levels of risk appetite as defined in the NES Risk Management Strategy and asks whether the risk appetite in NES should be amended.

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

a. As the Board will be meeting during Autumn 2021 to discuss NES's new strategic direction, Karen Reid suggested that NES's risk approach and appetite should be considered during that session, rather than making a decision at this Board meeting. The Board agreed with this suggestion and emphasised the importance of considering NES's organisational risk approach in the context of staff health, safety and wellbeing. **Action: JS**
b. The Board agreed that the Risk Management Strategy should be updated to include reference to the role of the RMG. **Action: JS**

9.3 After discussion, the Board approved the Strategic Risk Appetite paper whilst noting that NES's overall risk approach will be discussed further at the visioning session that will take place during Autumn 2021.

b. Net Zero Routemap (NES/21/71)

9.4 The Chair welcomed Nicola Todd to the meeting for this item. Nicola Todd presented the NES Net Zero Routemap to the Board for approval. The routemap outlines the possible steps NES could commence to achieve decarbonisation and meet the SG target of being carbon net zero by 2045.

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

a. The Board welcomed NES's timely involvement in this pilot project and agreed the organisation should move at pace to meet SG's decarbonisation targets. Board Members agreed that it may be helpful to consider a comms strategy to raise awareness of NES's commitment to climate change issues. **Action: NT**
b. Following on from a comment from Karen Reid, the Board agreed that NES should look into establishing an electric vehicles salary sacrifice scheme for staff. **Action: JS/NT**
c. The Board discussed the ongoing impact of the COVID-19 pandemic and requirement for the majority of NES staff to continue to work from home. Whilst staff may be commuting less, they may be facing increased fuel bills instead. In relation to future working arrangements e.g. hybrid working, the Board recognised the importance of taking decisions that reflect the circumstances of all NES staff.
d. In relation to the recommendations set out in the paper, Nicola Todd advised that the 2 Central Quay (Glasgow) and Westport (Edinburgh) leases expire in 2023 and 2025 respectively. Sustainability and the potential relocation to low or net zero

premises will be actively considered as part of any future property discussions and negotiations.

e. The Board Chair raised the importance of regular reporting in order to meet SG decarbonisation targets. Karen Reid advised that a NHSS-wide approach is currently being agreed in advance of the UN Climate Change Conference which will be held in Scotland from 1 – 12 November 2021.

9.6 After discussion, the Board approved the proposals set out in Net Zero Routemap and the Chair thanked Nicola Todd for her attendance and work in preparing the report.

10. Governance Items

a. Significant issues to report from Standing Committees

Audit & Risk Committees held on 10 June 2021 and 29 July 2021

10.1 Doreen Steele gave a brief overview of the key issues discussed at the most recent meeting of the Audit & Risk Committee:

a. The Committee discussed the establishment of the Risk Management Group and agreed that it should meet more often than the proposed four times a year.

Digital & Information Committee held 28 June 2021

10.2 David Garbutt gave a brief overview of the key issues discussed at the first meeting of the Digital & Information Committee:

a. The Committee received the first iteration of a NES digital roadmap and asked for a new performance model to be created to help bring the work of the current NES Digital and NDS teams together and chart the progress of each SG digital commission.

Staff Governance Committee held 5 August 2021

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

a. The Committee discussed PDP (Personal Development & Planning) and essential learning completion and recognised that the continued COVID-19 response has meant that certain NES teams have been delayed in completing these mandatory requirements. The Committee also welcomed the annual review of NES Health and Safety performance and noted the improved performance highlighted in the report.

b. Digital & Information Committee (DIC) Terms of Reference (NES/21/72)

10.4. The Board received and approved the DIC Terms of Reference (ToRs) and noted that the ToRs have been previously approved by the DIC and Audit and Risk Committee.

10.5 The Chair noted that the approval of the DIC ToRs concludes the work to prepare ToRs for each NES Standing Committee and thanked Della Thomas for her work.

c. Amendments to SFIs and Remuneration Committee Terms of Reference (NES/21/73)

10.6 The Board received and approved amendments to the Standing Financial Instructions (SFIs) and Remuneration Sub-Committee ToRs.

d. Appointment of new Vice Chair; Audit and Risk Committee Chair and Remuneration Sub-Committee Chair

10.7 The Board Chair advised that three nominations for the Vice Chair role have been received and discussions between Board Members and the Chair will take place shortly. The Chair announced that Jean Ford will succeed Doreen Steele as Chair of the Audit and Risk Committee.

10.8 A recent recruitment round for a new NES Non-Executive Director was unsuccessful and the role will be re-advertised by the Public Appointments Team.

11. Items for Noting

Standing Committee Minutes

a. Education and Quality Committee 4 March 2021

11.1. The Board received and noted the minutes of this meeting. (NES/21/74)

b. Audit and Risk Committee 29 April 2021 and 10 June 2021 (NES/21/75 and NES/21/76)

11.2. The Board received and noted the minutes of these meetings.

c. Staff Governance Committee 6 May 2021 (NES/21/77)

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

Other Items for Noting

None.

12. Any Other Business

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

13. Date and Time of Next Meeting

13.1 The next Public Board meeting will take place on 23 September 2021 at 10.15 a.m.

13.2 The Chair thanked everyone for their attendance and closed the meeting at 12.10pm.

NES
September 2021
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NES **NES/21/84**
Item 6
23 September 2021

Actions arising from Board meetings: Rolling list

Minute	Title	Action	Responsibility	Date required	Status and date of completion
Actions agreed at Board meeting on 12 August 2021					
6.2b	Actions from previous Board meetings	Discuss action regarding Whistleblowing in the NES/SG sponsor framework agreement and any further clarification to Board minutes	Della Thomas / Gillian Mawdsley	September 2021	**In Progress** Gillian Mawdsley and Della Thomas are scheduled to meet on 17 September and will bring any suggested revisions to the 23 September Board meeting
6.2c / 6.2d		Actions from 25 March Board meeting: - Given that NES continues to support the ongoing COVID-19 response, mark the COVID-19 COVID-19 Contingency Plan action as complete. - Given that the Board agreed to remit the governance of digital workforce capability to the Digital and Information Committee, mark the Board action as complete.	Alison Shiell	August 2021	**Complete** Rolling Board Action List updated.
7.6a	Chief Executive's Report	Explore when the Board can discuss NES's Corporate Parenting role.	Della Thomas	September 2021	**Complete** Corporate Parenting has been added to the Programme for the 24 February 2022 Board Development Session.

Minute	Title	Action	Responsibility	Date required	Status and date of completion
7.6b		Circulate the Learning Performance Institute (LPI) KPIs to Board Members for information	CE Office	August 2021	**Complete** LPI KPIs circulated on 17 August 2021
7.6f		Renew engagement with East and North region Boards in relation to future NES digital activity	Christopher Wroath	November 2021	**In progress** Christopher Wroath has been liaising with senior Digital Leads for the East and North regions and will formally raise the issue of renewed engaged meeting at the Digital Leads meeting on 3 November 2021. A further update will be provided at the 25 November Board meeting.
8.2ai	Risk Register Report	Advise Board of Risk Management Group (RMG) reporting arrangements	Janice Sinclair	September 2021	**In progress** Verbal update to be provided at Board meeting.
8.5a	Finance Report	Meet with Jean Ford to discuss content of Finance Report to the Board.	Karen Reid / Janice Sinclair	November 2021	**Complete** Meeting arranged for 16 November 2021
9.2a	Strategic Risk Appetite	Prepare updated Risk Paper for Board visioning session	Janice Sinclair	November 2021	**In progress** Verbal update to be provided at Board meeting.
9.2b		Include reference to role of RMG in NES Risk Management Strategy		November 2021	**In progress** Verbal update to be provided at Board meeting.
9.5a	Net Zero Routemap	Liaise with relevant colleagues regarding a possible comms strategy to raise aware of NES's commitment to climate change issues.	Nicola Todd	September 2021	**In progress** Net Zero Routemap highlighted at September meeting of the Senior Operational Leadership Group (SOLG) and discussions underway to

Minute	Title	Action	Responsibility	Date required	Status and date of completion
					include reference to NES's sustainability measures in new staff induction and current staff return to site-working guidance. Discussions regarding potential comms to staff underway and timeline to be agreed.
9.5b		Research electric vehicle staff salary sacrifice scheme	Nicola Todd / Janice Sinclair	September 2021	**In progress** The NES Finance team have been making a number enquiries into an electric vehicle scheme for staff. Kenny McLean (Principal Lead, Procurement) has confirmed with National Procurement that there are no national agreements in place, however National Procurement do use an organisation for non-electric lease vehicles and Monica Halcro (Acting Senior Manager, Governance and Operational Services) is due to meet with them shortly to discuss the electric vehicle salary sacrifice scheme they offer and the feasibility of offering this scheme in NES. A further update can be

Minute	Title	Action	Responsibility	Date required	Status and date of completion
					provided at the 25 November Board meeting if helpful.

NES
Item 7b
23 September 2021

NES/21/85

CHIEF EXECUTIVE'S REPORT

Karen Reid, Chief Executive

September 2021

1. INTRODUCTION

1.1. The agenda for the September Board meeting includes a number of performance items for assurance and approval. We have returned to our quarterly performance reporting schedule and the Board are receiving the first report for the 2021-22 year.

1.2. The Board are also receiving an annual item for discussion and approval. The draft Self-Assessment Document forms part of NES's Annual Review submission and sets out a selection of 2020-21 achievements that support the 2019-24 NES Strategic Framework and national priorities and policy drivers. We are awaiting confirmation from Scottish Government regarding arrangements for the 2020-21 review.

1.3. Under the Governance section of the agenda, the Board Chair will confirm the appointment of NES's Vice Chair and Remuneration Committee Chair following the retirement of Doreen Steele from the Board. The Board will also receive the current Assurance Framework and action plan, whilst noting that this will be revised significantly in the future in line with external changes and guidance on assurance mapping from the Corporate Governance Blueprint Group.

2. ANNOUNCEMENTS

2.1 **Donald Cameron (Director of Planning & Corporate Resources)**
Donald has announced his intention to retire from NES by Summer 2022. Donald has worked at NES since its inception and has played an integral leadership role in the development of our strategy and co-ordination of organisational operational planning.

2.2 We are very grateful to Donald for his significant contribution to NES and will have further opportunity to recognise and celebrate this before Donald leaves.

2.3 **Associate Directors in NMAHP and Workforce**
I am pleased to announce the appointments of two Associate Directors in our NMAHP and Workforce directorates, both of whom started their roles in September 2021.

2.4 **Charlie Sinclair (Associate Director, NMAHP)**
Charlie Sinclair has joined NES as an Associate Director within NMAHP and has taken up the post previously held by Dr Lesley Whyte until her recent retirement. Charlie will be responsible for a number of NMAHP portfolios including Public Health, Post-Registration and Postgraduate.

2.5 Charlie has most recently been an Associate Nurse Director for NHS Tayside and a member of Angus Integrated Joint Board, holding a range of portfolio's including workforce, care assurance, education and person-centred practice. His previous roles include Associate Nurse Director posts in NHS Borders and NHS Fife where he had responsibility for providing professional leadership to nursing and midwifery staff and working in partnership through the enactment of Health and Social Care Integration.

2.6 **Janice Gibson (Associate Director, Workforce)**
Janice Gibson has joined NES as an Associate Director in the Workforce directorate and will have responsibility for leading our Organisational Development, Leadership and Learning (ODLL) teams and national programmes of work.

2.7 Prior to joining NES, Janice worked in the Care Inspectorate as Head of Organisation and Workforce Development and Head of HR and OD before that. Her past roles include working in and with Local Government and NDPBs, both north and south of the Border.

2.8 **NES Executive Recruitment Update**

a. Interviews for the Director of Medicine post took place on 15 September 2021. The Director of Finance advert closed on 13 September 2021 and the next stages of the recruitment process are being co-ordinated by the FWB Park Brown recruitment agency. It is hoped that the Director of Social Care role will be advertised by the end of September 2021.

3. STRATEGIC UPDATES

3.1. The COVID-19 pandemic continues to have a very significant impact in Scotland despite restrictions easing in early August. NHS Scotland continues to operate on an emergency footing and rising case numbers and increased hospitalisations could have an impact on future NES education and training delivery. A number of directorates continue to contribute to the ongoing COVID-19 response with further details provided within the directorate updates.

3.2 **A National Care Service for Scotland consultation**
The Scottish Government published the National Care Service consultation on 9 August 2021. NES will prepare a formal organisational response based on feedback from NES directorates and Non-Executive Directors. The deadline for submission to Scottish Government is 2 November 2021.

3.3 **Programme for Government**
'A Fairer, Greener Scotland', the Programme for Government, was published by the Scottish Government on 7 September 2021. NES is specifically mentioned on pages 26 and 28 of the document in relation to work with Public Health Scotland to 'embed mental health training for staff in key public sector organisations' (page 26) and work with the Scottish Social Services Council (SSSC) to develop a national induction programme for new entrants to Adult Social Care by the end of Spring 2022 (page 28). The work of NES is also referenced on page 24 in relation to digital work and page 26 in relation to the National Trauma Training Programme.

3.4 **NHS Scotland (NHSS) Recovery Plan**
The First Minister launched the NHSS Recovery Plan on 25 August 2021 at NHS Golden Jubilee (GJ). Both the NES and GJ Chairs and Chief Executives

were in attendance at this event as part of launch involved showcasing the work of the NHSS Academy.

3.5 The work of NES is referenced a number of times throughout the recovery plan in relation to supporting NHSS staff mental health and wellbeing, education and training, future NHSS workforce planning, clinical/non-clinical skills and the work of the NHSS Academy.

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

NES's RMP4 is in the process of being prepared and as noted in the August Chief Executive's report the first draft will be shared with the Board via correspondence, with the final draft being shared at a future Board meeting or again via correspondence. The deadline to submit the first draft to Scottish Government is 30 September 2021.

3.7 **Sponsorship**

We continue to engage regularly with our Sponsor Team in the Scottish Government. This includes formal monthly meetings with the Director of and Deputy Director of the Scottish Government Health Workforce Directorate (our sponsor directorate). There are also weekly liaison meetings to progress a work programme to underpin the development of our sponsorship relationship with Scottish Government. This work is undertaken under the formal sponsorship framework in place between the Scottish Government and NES.

3.8 **NHS Scotland Academy**

a. The NHS Scotland Academy (NHSSA) Executive Programme Group, co-chaired by NES and NHS Golden Jubilee's (GJ) Chief Executive Officers, had its fourth monthly meeting on 23 August 2021. It was agreed to add a new workstream for Health Care Support Workers to the National Endoscopy Training Programme. It was also agreed to remove the Intensive Care Programme, as Boards will be able to manage nurse training and development for this internally.

b. The NES and GJ Chairs and Chief Executives attended the launch of NHS Scotland's Recovery Plan (2021-26) on 25 August 2021 by the First Minister and Cabinet Secretary for Health and Social Care. The event was held at NHS GJ and was an opportunity to showcase some of the work of the NHSSA.

c. Further appointments have been made to the NHSSA team. These recent appointments, with the employer in brackets, will join the team in due course: Head of Programmes (NES); Learning Resources Manager (NES); Senior Educator – NMAHP (NES).

d. The first meeting of the National Endoscopy Training Programme Board took place on 14 September 2021 with representatives from NES and NHS GJ. Participants have also enrolled on the National Clinical Skills for Pharmacists Programme which NHSSA will run for the first time on 28 September – 1 October 2021.

e. The official launch of NHS Scotland Academy by the Cabinet Secretary for Health and Social Care has been rescheduled from August 2021 to October 2021.

4 DIRECTORATE UPDATES

4.1 Dental (including Healthcare Science and Optometry)

a. **NES SQA Approved Centre Update**
The Scottish Qualifications Authority (SQA) have granted approval for the NES Psychology Directorate to deliver the Customised Award in Enhanced Psychology Practice (SCQF 11) within the NES SQA Approved Centre.

b. This new accredited programme was developed by the NES Psychology Directorate and will be certificated, and quality assured by SQA as a Customised Award. This award has been credit rated by SQA at Level 11 on the Scottish Credit and Qualifications Framework (SCQF) with 60 credit points.

c. This qualification equips staff with the specialist mental health skills that are required to engage with people who have common mental problems, accurately and safely assess their mental health problems. The first cohort will commence in September 2021.

d. **NICE accreditation for dental clinical guidance development**
Within the Dental Directorate, the Scottish Dental Clinical Effectiveness Programme (SDCEP) develops clinical guidance for the dental profession. In 2016, SDCEP gained National Institute for Health and Care Excellence (NICE) accreditation for its guidance development process for a five-year period. SDCEP recently received confirmation that its application to extend NICE accreditation for a further five years has been successful. Partnership working with the implementation-focussed Translation Research in a Dental Setting (TRiaDS) collaboration was again crucial to the success of the application, enabling SDCEP to provide evidence of meeting all 25 accreditation criteria.

e. NICE accreditation is independent recognition of the rigorous, high quality process that SDCEP uses to produce guidance. Users of NICE accredited guidance can have high confidence in the quality of the information provided. Accredited guidance is highlighted and available worldwide through the NICE Evidence Search portal. SDCEP's guidance development process is the only one with NICE accreditation that focuses on dental healthcare.

Healthcare Science

f. Healthcare Science includes the clinical physiology workforce. The Cardiac clinical physiologists were cited in the Scottish Government's refreshed remobilisation plan with a commitment to commence 30 trainees by end of 2022. We are in discussion with Scottish Government as to how to assist progression of this commitment.

g. Other aspects of our work including Clinical Scientist recruitment for intake 2021, quality assurance of training and our CPD offers for the Healthcare Science workforce are processing satisfactorily.

h. There is a potential overlap between NES and HIS in regard to Healthcare Science workforce modelling. HIS recently advertised a Lead post for this purpose following the *Safer Staffing* initiative; we are exploring with HIS and Scottish Government opportunities for working in partnership.

Optometry

i. The Optometry team in NES have two new workstreams to report on. Firstly, a commission from SG to support the manifesto commitment to deliver a national scheme for low vision support: being asked to deliver education closely mapped to that attached to the Low Vision Service Wales. Initially funding supports a Senior Specialist Lead role, to start the educational mapping and design, as well as maintaining close communication with SG colleagues around the catalogue of visual aids and service delivery planning. Timescales are dictated by Programme for Government with a small-scale service to be available from April 2023, and rolled out across all Health Board areas by 2026.

j. The second major development for the team is the funding of a post which will support close working between NES, the Scottish schools for optometry and the Scottish Government, in designing a new way of delivering the trainee/pre-registration year for optometrists. This will be delivered through close collaboration with Welsh counterparts, with an aim for a Scotland/Wales pre-registration delivery model that will be radical in rethinking the entry point into the profession, taking account the extended remit of community optometrists in Wales and Scotland.

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

a. The recalibration of workplans after evaluation to focus on National Digital Platform (NDP) delivery has commenced with significant engagement with NDS teams. It has been agreed that NES Digital and NDS will be aligned into a single digital delivery group within NES. Practical actions to support this are already in action, formal alignment will complete after AFC Organisational Change with an end date of April 2022.

b. The Enabling Technology Board met on 9th September and agreed formation of a working-group that will oversee Platform Delivery to provide NHSS/Care Sector leadership on the workplans and deliverable plans for the “National Care Platform” from September 2021.

c. The Turas Vaccination Management Tool (VMT) has now recorded over 6.5 million patient vaccination records since it was rolled out nationally in December 2020. New functionality has been deployed to support the co-administration of seasonal flu and COVID-19 booster vaccinations and a rollout to community pharmacy contexts.

d. The National Clinical Data Store (NCDS) team continue to focus on cohorts for scheduling and reporting of the next tranche of flu and COVID vaccinations while supporting required VMT and other app functionality for this phase of the programme.

e. NES are working closely with Scottish Government to make necessary adjustments to the NHSx Covid Pass Verifier app, applying NHS Scotland branding and testing and deploying the new NHS Scotland Covid Status Verification app to both the App Store and Google Play. The NHS Scotland Covid Status Verification app will help travel operators, event and hospitality staff to verify if an individual using their service, attending their event or visiting their premises is vaccinated from Covid or has recently recovered from Covid. NES have also developed a website https://www.covidcheck.scot/ to signpost people to the app and provide more background on its use.

f. Work continues to progress on the COVID-19 Certification solution with NES providing support to the programme mainly around identity management and verification. A tender process selected Jumio as the identity verification supplier. This will provide capability for identity documents (e.g. passport, driving license etc) to be verified to support the secure and accurate linkage of the citizen's identity to their vaccination records. The identity verification is currently being integrated with the COVID-19 Certification solution developed by netcompany.

g. NES are collaborating with NHS Greater Glasgow and Clyde (GG&C) and Public Health Scotland to develop a solution that supports the structure data capture of patients presenting at Emergency Departments with suspected SARI (Severe and Acute Respiratory Infection) that will enable enhanced surveillance of SARI. This solution leverages existing Turas Clinical Assessment functionality and will be released to a pilot site in NHS GG&C during the week commencing 13th September.

h. The Ophthalmology Electronic Patient Record (oEPR) is now using OpenEyes oEPR to integrate with the EMPI (enterprise master patient index) and local patient management systems (Trak). The product is now live in NHS Grampian (NHSG) supporting cataract pathways. NES have addressed the required NHSG local information governance requirements (internet facing questions and break glass for multiple Board records). SWAN facing now in place, break glass testing is underway, live in September. This does not prevent live use but will prevent the next Board until tested and in place. This product will supply citizen ophthalmology data to the CDR (OpenEyes has its own database but will link to CDR at platform level). Trak integration is now with NHSG eHealth. Initial completion date for their work is end October 2021. Version 4.1 of OpenEyes is in testing to allow RBAC functionality through integration with NHSS Azure Active Directory delivered by NSS through the NHSS Microsoft Cloud Computing Programme. Delivery expected by end December 2021.

i. *SCI-Diabetes:* NDP Team currently undergoing technical training to support migration to MS Azure.

j. *SCI Prevent:* Formal costed proposal for Weigh-Loss app currently with Scottish Government for consideration. Expect decision by end September 21.

4.3 Medicine

a. **Medical Trainee Progression**
Over the 2020/21 training year we have conducted more than 7,500 reviews of some 6,200 doctors in training. Of these approximately 300 trainees received an annual review (ARCP) outcome that will require additional training time, of these trainees 73 were due to complete their training this year (41 of which are in GP training programmes). There were also 440 trainees who did not fulfil the competencies required for their stage of training but did not require additional training time (at this stage).

b. The main specialties that have been affected in secondary care are Surgery, Histopathology, Clinical Radiology and Obsetrics & Gynaecology. We are working together with our educators and the Health Boards to ensure that these trainees receive the support required to fulfil their competencies over the coming training year(s) but this will have both financial and training capacity implications.

c. This data is preliminary, and once fully analysed will be reported as part of our progression and outturn report to the Education and Quality Committee later in the year.

d. **Trainee Redeployment**
Board Members will be aware that recent weeks have seen an increase in people testing positive for SARS-COV-2 in Scotland, and that many parts of the service in both primary and secondary care are experiencing pressures – partly because of this, but also for a wide range of other reasons. As a result, it is possible that the need to redeploy staff will re-emerge.

e. The Postgraduate Deans and Directors of Medical Education have co-produced a framework document[1] setting out the principles for any redeployment. This has proved hugely valuable in minimising the extent to which doctors in training have been redeployed to date and to mitigate the impact on trainee progression. Any decisions regarding redeployment will be in line with the principles outlined in the agreed framework, will be based on the clear imperatives of patient and trainee safety, and will strive to avoid further disruption for doctors already facing delays to their progression.

4.4 NMAHP

a. **AHP Careers Fellowship Scheme**
'What's your big idea?' is the strap line for applications for Cohort 4 of the NES AHP Careers Fellowship Scheme. The Scheme funds approximately 15 to 20 people from the AHP workforce across health and care to engage in a

[1] https://www.scotlanddeanery.nhs.scot/media/398770/redeployment_consensus_v2.pdf

programme of learning and undertake a substantial work-based project which contributes to local or national drivers or strategy.

b. The Scheme was recently audited and received a positive report in terms of achieving its outcomes and representing value for money. See our website for further information AHP careers fellowship scheme | NHS Education for Scotland.

c. At the request of the Chief Allied Health Professions Officer (CAHPO) we are currently planning to pilot NES AHP Leadership Fellows during 2022/2023. This new initiative aims to offer future AHP leaders the opportunity to gain experience and develop leadership capability in the delivery of AHP strategic objectives at a national level.

d. This will be an exciting opportunity for AHPs who are already working at a senior level and who aspire to senior, strategic AHP leadership roles, including those who wish to take steps towards an AHP Directors role, national advisory role with Scottish Government or other national strategic roles. AHP Leadership Fellows will work closely with the CAHPO, Scottish Government AHP Professional Advisors, AHP Directors, other NHSScotland AHP leaders and stakeholders.

e. **Family Nurse Partnership**
Family Nurse Partnership (FNP) Scotland Education Strategy was published on 1 September 2021. Developed through consultation and collaboration with a range of key stakeholders, the strategy reflects NHS Scotland values and is inclusive of the principles and expectations for family nurses and supervisors in Scotland. It was created within the context of change and improvement across policy areas in Scotland and sets challenging but realistic goals to support the quality of FNP learning, education and training provision over the next three years.

f. Quality assurance of FNP Education is guided by NES educational governance, to which the strategy contributes. The systems and standards within the FNP Education Programme are integral to educational activities and demonstrate accountability for continuous improvement of quality and performance.

g. The strategy is for all colleagues working within FNP Scotland and anyone, including clients and their families, who have an interest in FNP. Since publication, the strategy has been shared widely through existing networks including social media and the launch was supported by a short animation.

h. **Non-Medical Endoscopy**
As part of the effort to remobilise and recover, endoscopy services are a key pressure point within the NHS in Scotland. Latest published data for endoscopy show that at 30 September 2020, 32,769 patients were waiting to be seen for an endoscopy. This represents an increase of 9.5% (+2,844) from 30 June 2020 and is 58.1% (+12,039) higher than at 30 September 2019. There is a similar picture for cystoscopy.

i. One solution to this is an increase in non-medical endoscopists and cystoscopists, mainly but not exclusively nurses. NES NMAHP have been organising the training of these practitioners. Early summer recruitment confirmed the award of 11 funded places for autumn semester 2021. NMAHP attend the national Endoscopy and Urology Diagnostic Care group, supporting collaboration regarding the widening national agenda and revised endoscopy action plan (forthcoming). The new NMAHP process of month-on-month data monitoring/ learner progression is now yielding helpful detail and early pick up of those who may benefit from enhanced training list access. This has been negotiated via NHS Golden Jubilee. The Joint Advisory Group (JAG) process of derogation continues regarding practitioner sign off, which is undertaken by our academic partner, Glasgow Caledonian University. The next NMAHP Non-medical endoscopy national event will take place on Tuesday 30 November 2021. This will focus on varied themes including increasing application of digital tools and the role of simulation supporting accelerated development.

j. **Non-medical cystoscopy function**
https://learn.nes.nhs.scot/52918/nurse-endoscopy/non-medical-cystoscopy/applications-for-non-medical-cystoscopy-programme
In line with Scottish Government's plan, diagnostic hubs are being commissioned to provide additionality in meeting Scotland's population needs; urological screening, diagnostic and therapeutic intervention. The model accompanying this includes increased development of the non-medical workforce. NHS Education for Scotland received a commission from the Scottish Access Collaborative (SAC) in February 2021, requesting *"The development of an education programme, in partnership with NES, to deliver nurse cystoscopy education and development nationally in the context of evolving service need:*

- *adopting a Once for Scotland approach to reduce variation in practice,*
- *applying current BAUS and BAUN educational outcomes and,*
- *aligned with and cognisant of the CNO transforming roles methodology."*

k. This was requested for urgent development, with an agreed timeline for recruitment July 2021 and an autumn semester 2021 start. The Scottish Core Cystoscopy Education Group (SCCEG) have developed an innovative programme including a preparatory bootcamp to enhance technical and non-technical skills. The skills element has been supported by the valuable contribution and collaboration of CSMEN working within the core group and applying nationally consistent approaches to skills education aligned with British Association of Urology Nurses (BAUN) & British Association of Urological Surgeons (BAUS). The academic partner (Glasgow Caledonian University) will deliver the speciality specific academic module within the broader landscape of a Post Graduate Diploma. Recruitment is live for this programme with 12 funded places (4 added places to the original 8) now confirmed, with learner progression and completion expected within a two-year time frame. Funding is agreed for 2 intakes, 2021 and 2022 thus far.

4.5 Pharmacy

a. Professor Alison Strath has been appointed as the new Chief Pharmaceutical Officer at Scottish Government. Karen Reid met with Alison on 2 September 2021.

4.6 Psychology

a. **Enhanced Psychological Practice (EPP) programme**
The Enhanced Psychological Practice (EPP) programme provides comprehensive training in evidence-based interventions for public and third sector staff based in primary care working with people presenting with common mental health problems, such as depression and anxiety.

b. It equips staff with the competences to deliver a set of Enhanced Psychological Interventions (EPI). EPIs are CBT-informed, high volume approaches suitable for people presenting in primary care settings. They enable staff to help more people, who are seen for a shorter duration and time (generally 6-8 30min sessions).

c. The education resources map onto the National Curriculum for Psychological Wellbeing Practitioners (NHS England, 2015).

d. The Enhanced Psychological Practice Programme is jointly accredited by the Scottish Qualifications Authority (SQA) and NHS Education for Scotland (NES). NES received approval on the 25th August 2021 to provide the Customised Award, Enhanced Psychological Practice. This award has been credit rated by SQA at Level 11 on the Scottish Credit and Qualifications Framework (SCQF) with 60 credit points.

e. The induction for the EPP programme first cohort of candidates is on the 31st August.

f. We are grateful to the EPP Clinical Supervisors within the local NHS boards who will be supporting the candidates to undertake the EPP programme and attend Clinical Supervision training for the EPP programme on the 8th September 2021.

4.7 Workforce

a. **Centre for Workforce Supply**
Scottish Government launched the NHS Recovery Plan on 25 August, announcing that a National Centre for Workforce Supply would be established to support new national and international recruitment. The Centre is expected to work with the Scottish and UK Governments, NHS England Trusts and Devolved Administrations to facilitate partnerships and develop agreements to support routes into NHS Scotland for international staff. In conjunction with partners, it will seek to develop consistent routes for staff who want to return to the NHS.

b. Scottish Government has confirmed that the Centre will be hosted by NES and recruitment is currently underway to build a team within NES. The immediate need is to gain an understanding of the priorities for international workforce recruitment and, through a Short Life Working Group including representatives of NHSS Boards, Scottish Government and NES, identify how to best to meet them. Boards will retain ownership for their own recruitment with the Centre for Workforce Supply providing centralised services and resources to support them and international candidates.

c. One immediate priority is to support the increase in nursing and midwifery capacity working with established recruitment partners such as that of the Yeovil Trust. Onboarding guidance and support to relocating families is an example of the practical activity required. Housing is likely to be a particular challenge and the Centre will need to develop collaborative relationships through which to provide tangible support to Boards. Scottish Government has offered additional resource funding for Territorial Boards (and National Boards with direct patients) to support recruitment activity, including international recruitment.

d. **Lead Employer Arrangements extension to Dentists in Training**
This month, 95 new Core and Speciality Dentists in Training became employed by NES for the duration of their training programme. This was the first phase of extending lead employer arrangements to dentists. The TUPE transfer of 37 existing Speciality Dentists in Training, currently employed by Territorial Boards is aimed to take place later this calendar year. Transition of vocational dental practitioners in general dental practice to the Lead Employer model is dependent upon the Scottish Government making regulatory changes with planning currently focused on August 2022.

e. **NES Staff Working Arrangements**
The majority of NES staff continue to work at home currently in alignment with Scottish Government advice. However, all NES directorates have been engaging in discussions with their staff, during the last few months, to operationalise working arrangements as part of recovery and renewal planning. A ‘remote friendly’ approach has provided general direction within which the specific needs of work, teams and individual staff have been considered. Centralised direction and coordination have been provided by the People Recovery Group which is due to report on plans to the Executive Team in September. Subject to Scottish Government guidance, plans are expected to be implemented in October/November and kept under close and regular review so that they can be adapted on the basis of experience and learning. The opportunity for more flexible working is being integrated into recruitment advertising to increase NES’ competitiveness in talent attraction. The impact of remote friendly working on key people processes such as induction is a key focus for the Workforce Directorate.

f. **NES Workforce Planning**
In March 2022, NHS Scotland Boards are required to publish a 3-year workforce plan. A detailed process led by the Workforce Directorate is now

underway to identify the organisational and directorate capabilities and capacities which will be required by NES based on known factors and reasonable assumptions. This will include, for example, the implications of scaling up Technology Enhanced Learning (TEL) on educators, trainers and other staff; the potential opportunities to support a National Care Service and the role of NES in supporting national digital services and projects. This project will be the focus of considerable work across the organisation over the next 6 months.

g. In parallel, NES is reviewing the budget which will be required to better support the education, training and development of staff in delivering the organisation's strategic objectives.

h. **Organisational Development**
The Change Management Programme Board has approved consultation commencing on proposals to change the reporting of the Communications and QI teams from the Digital and Medical Directorates, respectively, to be more closely aligned with strategic and corporate development activity led by the CEO.

i. **Digital Skills & Leadership Programme**
In April, Scottish Government provided NES with the first tranche of funding for a two-year programme of identified workforce digital capability priorities, to be delivered collaboratively. Good progress is being made in establishing the necessary infrastructure: team recruited; NES governance arrangements established via the Digital and Information Committee; a Programme Board comprising representatives across the sector e.g. NHSS, COSLA, Local Government Digital Office, SSSC, Scottish Care, SCVO, DHI, Scottish Government, set up to provide direction and oversight of the programme, meets for the first time in September. The aim of the Programme is to support specific improvements in workforce digital capability across the health and care sector whilst reducing the current level of duplication and gaps. For example, one objective is to investigate how access to current digital learning resources across the health and care sector can be better facilitated. Another, on which progress is already being made, is to scale up and broaden the digital leadership skills programme currently offered through NES NMAHP. Arrangements have been underway to significantly increase the number of participants from the October cohort onwards. Applications nationally have been widened to include Psychology and Pharmacy with the learning key to inform further extension.

CALENDAR from 5 August – 15 September

This section of the report provides an overview of the meetings I have attended since 5 August 2021. Rather than list every date individually, where possible meetings have been grouped and additional context provided.

NES [Extended] Executive Team (EET)
The EET meet formally on a fortnightly basis to discuss strategic and governance issues, share directorate updates and take decisions as required.

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

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

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

Meetings since 5 August – 15 September

NES meetings
Since the last Board meeting I have given the opening speech at the NHSS Management Training Scheme (MTS) induction event and have continued my engagement with directorates by attending the Project Lift team meeting to hear about their current priorities and opportunities. I also met with Laura Allison (Associate Director, Medicine) in advance of the annual strategic partner review with the Institute for Healthcare Improvement (IHI) on 14 September 2021 which was led by Jason Leitch (National Clinical Director, Scottish Government).

NHS Scotland
I have a met with a number of colleagues across NHS Scotland since the last Board meeting including colleagues from NHS Highland, NHS Lothian, NHS Tayside, National Services Scotland (NSS), NHS Lanarkshire, the Scottish Ambulance Service, Healthcare Improvement Scotland and the NHSS Academy. Items for discussion have included workforce planning, commissioning, strategic partnerships and a youth-work based community outreach service. I also attended the Alzheimer Scotland Annual Conference and Dementia Awards on behalf of NES to give a thank-you speech to staff across the health and social care workforce.

External Stakeholders
I have met with a very wide range of key stakeholders across the health and social care sector since the last Board meeting, including Chief Executives and senior representatives from Enable, Capability Scotland, the General Medical Council, the Digital Health and Care Innovation Centre (DHI), British Medical Association, Scottish Care, Audit Scotland, Mental Welfare Commission, Academy for Healthcare Science, the Coalition of Care and Support Providers in Scotland, COSLA and SSSC.

Scottish Government
I have met with a number of SG colleagues since the last Board meeting including Donna Bell (Director of Mental Health and Social Care), Catherine McMeeken (Deputy Director, Director of Leadership, Culture and Wellbeing), Jonathan Cameron (Interim Director, Digital Health & Care), Gillian Russell (Director of Health Workforce), Stephen Lea-Ross (Deputy Director, Health Workforce), Gregor Smith (Chief Medical Officer), David Caesar (Senior Strategic Advisor, Health Workforce), and Alison Strath (Chief Pharmaceutical Officer).

In terms of wider SG meetings, I have attended the Independent Review of Adult Social Care in Scotland (IRASC) Sub-Group, Integrated Planned Care workshops, the National Workforce Planning Group and the IHI annual strategic review.

NHS Education for Scotland **NES/21/86**
Item 8a
23 September 2021

Board Paper

1. Title of Paper

NES Corporate Risk Register, including COVID-19 Risk Annex

2. Author(s) of Paper

Janice Sinclair – Interim Director of Finance
Lorraine Turner – Manager, Planning and Corporate Resources

3. Situation/Purpose of paper

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

4. Background

4.1 The paper presents the NES Corporate Risk Register as at 16 September 2021 which incorporates re-scoring, where appropriate, to reflect the impact of the COVID-19 pandemic on *existing* risks.

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

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

5.1 **Corporate Risk Register**

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

5.2 **COVID-19 Risk Annex**

Operational/Service Delivery Risks

5.2 It was agreed at the NES Extended Executive Team (EET) meeting on 15 September 2021 that a new NMAHP risk in relation to the NHS Scotland Academy should be included in the COVID-19 register. This is shown as Risk 9 on the risk register.

5.3 Updates to Risk 1 and 2 mitigation measures are shown in blue. In light of the emerging data on delayed training progression, placement pressures, and the developing levels of service pressure (cancellation of elective activity and trainee redeployment), and the potential for this position to deteriorate quite rapidly, Risks 1 and 2 are being closely monitored. Board and Audit and Risk Committee members will be informed as soon as possible of any significant change.

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

6. Recommendations

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

Author to complete

a) Have Educational implications been considered?

- ☒ Yes
- ☐ No

b) Is there a budget allocated for this work?

- ☐ Yes
- ☐ No

c) Alignment with NES Strategy 2019-2024

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

d) Have key risks and mitigation measures been identified?

- ☒ Yes
- ☐ No

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

- ☒ Yes
- ☐ No

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

- ☐ Yes
- ☐ No

JS/LT
NES
September 2021

NES Corporate Risk Register - September 2021

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

R5	Changes in the landscape of health and social care and pressures in the system result in a risk that NES is unable to manage constructive relationships with key partners	NES Chief Executive Karen Reid	4 x 4	**Primary 1**	**3 x 4**	**Primary 2**		1. Chief Executive and/or NES Directors maintain open and collaborative relationships/arrangements with counterparts in partner organisations 2. Ensure Chair is well briefed to manage relationships with other Board/organisational Chairs - Chair's regular Newsletter now being issued to other Chairs. 3. Parliamentary monitoring service provides daily briefing to NES Executives and senior managers. Board papers and minutes made available on NES corporate website. Discussions about pressures and national developments at EET are communicated to staff through regular staff video and Intranet updates.	**OPEN (Score Range 10-12)**		**3 x 4**	**Primary 2**
R16	The UK is no longer a member of the EU: potential negative impact on recruitment, and reciprocal recognition of qualifications.	NES Chief Executive Karen Reid	4 X 5	**Primary 1**	**3 x 4**	**Primary 2**		1. Systems and processes have been updated to reflect the points-based system for NES recruitment and for NES employees, and more widely for the national immigration (formerly Tier 2) services provided to Health Boards by NES for trainees (doctors and dentists in training). 2. Regular communications have been provided to colleagues across Boards and affected employees and trainees. Changes to immigration regulations have led to a 25% increase in unique applications in 2020/21. It is anticipated that this will result in improved fill rates to training programmes across the medical specialties.	**OPEN (Score Range 10-12)**		**3 x 5**	**Primary 1**
R17	The National Digital Platform is not delivered in line with the updated Digital Health and Care Strategy.	NES Executive Team (Christopher Wroath)	4 X 4	**Primary 2**	**4 X 3**	**Primary 2**		1. New Director to review structures and deliverables and identify necessary changes to ensure resources are focused on delivery of the agreed outcomes from the Digital Health & Care Strategy (and take account of any changes when SG refresh the Strategy later in 2021). 2. Continued engagement with key stakeholders. 3. Performance Monitoring will be included in the remit of the reconstituted Digital and Information Board Committee. 4. New Director to ensure all NDS work has clinical safety and medical device regulations embedded into all developments.	**OPEN Score Range 10-12)**		**4 x 3**	**Primary 2**
	OPERATIONAL/SERVICE DELIVERY RISKS											
R6	In the face of new and existing demands, NES is unable to allocate resources to support priority activities in an agile and responsive manner	NES Chief Executive Karen Reid	5 x 5	**Primary 1**	**3 x 4**	**Primary 2**		1. As part of operational planning all activities are linked to an agreed priorities framework and a NES strategic objective. 2. The Senior Operational Leadership Group, chaired by the Director of Planning reviews budget submissions from across NES to ensure congruence, no duplication and identify opportunities for collaboration and efficiency savings. 3. Continued focus on improving processes to release capacity - with plans to support this with QI coaching. 4. At a Strategic Level argument to be made about requirement to invest in workforce organisation. 5. Regular EET meeting are a positive contribution to the management of resource demands – priority areas identified quickly and addressed. 6. Executive-led digital structure enables prioritisation of NES digital activity, 7. Strong focus on continuing to build on innovations in delivery in response to COVID. 8. Workforce planning approach approved by Executive Team to develop and implement NES whole system workforce planning covering 2022 -2025. Action Plan to be published by March 2022, linking workforce planning to operational planning, and incorporating prioritised actions informed by Directorate-level discussions. The Action Plan to include specific actions covering: recruitment, attraction and branding, succession planning, identification of skills gaps, and diversity.	**OPEN (Score Range 10-12)**		**3 x 4**	**Primary 2**
R7	Turnover in key roles leads to loss of expertise/corporate knowledge resulting in negative impact on performance.	NES Chief Executive Karen Reid	4 x 4	**Primary 1**	**3 x 3**	**Contingency**		1. Executive Team has approved an approach to career development and succession planning. This includes mapping of key roles; a process to identify potential successors; work with potential successors on individual development plans.	**OPEN (Score Range 10-12)**		**3 x 3**	**Contingency**

R8	Organisational or other changes lead to dissatisfaction and disengagement of staff	NES Chief Executive Karen Reid	4 x 4	**Primary 1**	**3 x 3**	**Contingency**		1. Strong partnership working arrangements in place and maintained through regular contact with the Employee Director and via the Change Management Programme Board. 2. Strong focus on communication and encouraging employee voices e.g. introduction of Trickle App.	**OPEN (Score Range 10-12)**		**3 x 3**	**Contingency**
R9	Major adverse incident impacting on business continuity	NES Executive Team (Christopher Wroath)	4 x 4	**Primary 1**	**2 x 4**	**Housekeeping**		1. Disaster Recovery Plan and Business Continuity Plans have been approved by the Executive Team. • The plans were tested in a desk top exercise and recommendations were considered by the ET and incorporated into the current version of the plans. • How these plans have been implemented is reflected in the COVID Annex. • Availability of updated BCP to be confirmed.	**OPEN (Score Range 10-12)**		**2 x 4**	**Housekeeping**
	FINANCE RISKS											
R10	The complexity of the NES budget results in year-end underspend giving the impression that NES Is overfunded	NES Executive Team (Janice Sinclair)	4 x 5	**Primary 1**	**3 x 3**	**Contingency**		1. Early engagement with the Audit and Risk Committee and NES Board to give indication of likely financial position. 2. Directorates given indicative budgets to plan own activities and expenditure. 3. Final budget approved by NES Board by end of March each year. For 2020/21 the Annual Operating Plan was superseded by the Remobilisation plan which has been agreed by SG (October 2020). The financial impact of COVID on the 2020/21 budget is being monitored closely and all additional funding has been received 4. Ongoing discussions on the longer term (recurrent) impact of COVID. 5. The NES budget is now managed and reported in two separate elements which highlights the underlying recurrent deficit on Medical training grade salaries which is underwritten by SG. 6. Discussions with SG are underway to reclassify more non-recurring funding to recurring which should encourage the early commitment to programmes, reducing underspends caused by recruitment delays.	**AVERSE (Score Range 1 - 3)**		**3 x 3**	**Contingency**
R11	NES is unable to identify in year savings required to balance budget and therefore has year-end overspend	NES Executive Team (Janice Sinclair)	4 x 5	**Primary 1**	**3 x 3**	**Contingency**		1. Early engagement with the Audit and Risk Committee and NES Board to give indication of likely financial position. 2. Directorates given indicative budgets to plan own activities and expenditure. 3. Ongoing programme of identifying efficiency savings. 4. Final budget approved by NES Board by end of March each year. For 2020/21 the Annual Operating Plan was superseded by the Remobilisation plan which was agreed by SG (October 2020). The financial impact of COVID on the 2020/21 budget is being monitored closely and all additional funding has been received. 5. The NES budget is now managed and reported in two separate elements which highlights the underlying recurrent deficit on Medical training grade salaries which is underwritten by SG. 6. Savings captured from innovations in delivery in response to COVID.	**AVERSE (Score Range 1 - 3)**		**3 x 3**	**Contingency**
	REPUTATIONAL/CREDIBILITY RISKS											
R12	NES is not able to demonstrate the impact from the interventions that it has developed and delivered: Scottish Government guidance has required necessary reprioritisation of organisational activities in response to COVID-19.	NES Chief Executive Karen Reid	4 x 5	**Primary 1**	**3 x 4**	**Primary 2**		1. Directorates have focused on contingency planning and arrangements for paused work. 2. UK based guidance from Statutory Education Bodies has informed education and training remediation responses. 3. Some core areas of education and training have been maintained/adapted to mitigate long-term impact to workforce supply. 4. Scottish Government guidance to NHS Boards will shape recovery phase requirements. 5. NES Recovery Plan will focus on three-phased approach: to prioritise delivery of critical activities in short-term; resume delivery in medium term; and consider improvements to business model in longer-term. 6. Annual Operational Plan, incorporating desire outcomes, will form baseline for organisational activities post-COVID-19. 7. Planning systems require all activities to include anticipated desired outcome	**CAUTIOUS (Score Range 4 - 9)**		**3 x 4**	**Primary 2**

							8. Desired outcome measured 9. Readiness to 'fail fast' rather than pursue initiatives that aren't working. 10. Development of focused communication plans as a pro-active measure to ensure awareness of NES activity.					
R13	NES does not deliver leading to a loss of reputation and confidence from stakeholders. Uncertainty in health and social care as a result of COVID-19 may lead to difficulties responding to service demands and needs. Future implications of the Independent Review of Adult Social Care in Scotland.	NES Chief Executive Karen Reid	4 x 5	**Primary 1**	**3 x 3**	**Contingency**	1. NES organisational activity has been refocused to support frontline services and implementation of NES Re-mobilisation Plans 2. Work has been undertaken with NHS Boards, statutory education bodies in the four nations, and professional regulators, to mitigate disruption and allow trainees/learners to progress where possible. 3. In consultation with statutory bodies across the four nations, recruitment procedures have been put into place to enable recruitment to operate effectively under current restrictions and support workforce supply chain. 4. Management of stakeholder expectations in relation to NES capability to deliver and support new systems developments. 5. Review of Operational Plan targets to identify and plan priorities in the recovery phase. 6. Ensure targets set are SMART and also have resources allocated to them to support delivery 7. Ensure Chief Executive, NES Directors, Board and standing committees have access to regular management reporting. 8.Development of focused communications to support management of stakeholder expectation in relation to NES capacity to deliver and support new systems development. 9. The implications for NES from the Adult Social Care Review which may be included in any future Manifesto or White paper will be subject to close review and this risk revisited.	**CAUTIOUS (Score Range 4 - 9)**		**3 x 3**	**Contingency**
	ACCOUNTABILITY/GOVERNANCE RISKS											
R14	Failures in Board processes lead to corporate governance non-compliance and loss of credibility with Scottish Government e.g. failure to comply with statutory and/or other requirements, failures in financial/audit/staff governance/educational quality procedures	NES Executive Team (Donald Cameron)	5 x 5	**Primary 1**	**2 x 2**	**Housekeeping**	1.Standing committees responsible for each governance domain supported by Executive Groups. 2. Each committee provides an annual report to Audit Committee detailing how it has discharged its remit. 3.Comprehensive programme of internal audit 4. An Assurance framework has been developed in line with the 'Blue Print for Governance' and the Assurance and Audit Committee Handbook 5. Whistleblowing arrangements are in place with information and resources available to staff via the Intranet including Whistleblowing standards, policy and process. 6. During the pandemic our governance processes have been maintained through 'Governance light' to support secure governance. 7. Ensure corporate awareness of relevant statutory regulatory oversight, and maintain close working with relevant professional and other regulatory bodies.	**AVERSE (Score Range 1 - 3)**		**2 x 2**	**Housekeeping**
R15	NES has a breach of Information Governance requirements resulting in loss of data and/or negative publicity	NES Executive Team (Christopher Wroath)	4 x 5	**Primary 1**	**4 x 2**	**Contingency**	1. Statutory and relevant data security processes in place, with specific reference to the new General Data Protection Regulations. 2. Specific additional policies, procedures and practices (based on ISO27001) have been put in place to ensure robust security applies to the TURAS platform and the being developed National Digital Platform. 3. Whistleblowing arrangements are in place with information and resources available to staff via the Intranet including Whistleblowing standards, policy and process.	**AVERSE (Score Range 1 - 3)**		**4 x 2**	**Contingency**

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

Operational/Service Delivery Risks

Risk No.	Directorate	Risk Title	Cause	Effect	Inherent Priority I x L	Residual Priority I x L	Mitigation Measures (Controls/Actions)	NES Risk Appetite
1.	NES Clinical Directorates: • Medical • NMAHP • Dental • Pharmacy • Optometry • Healthcare Science • Psychology	Interruption/delay /adverse impact to training programme delivery including Scottish Government mandated training. **Risk Owner**: Karen Reid	• Cancellation of required courses or programmes • Cancellation of required professional examinations • Reduced clinical experience and training capacity due to: cancellation of routine clinical activities; redeployment of trainees to different clinical duties; absence from work due to self-isolation or illness	• Disruption to training leading to delays in training progression • Slippage to recruitment and training plans • Financial implications as a result of extensions to training and support • Training capacity issues • Negative impact on service delivery • Potential future workforce supply issues/gaps • Uncertainty around non-recurrent funding • Several essential Medical Royal College examination diets continue to be postponed. Hopefully, many will be rescheduled within this training year, but this will introduce further lag into the system. • Ongoing concern about the significant impact of reduction in elective clinical activity in many craft specialties (Surgical, some Medical, Pathology). • Likely that significant numbers of trainees, especially in some specialties (Surgery) will not achieve expected curricular requirements in order to achieve satisfactory ARCP (Annual Review of Competence Progression) outcomes and therefore will need extensions to training in August. The impact may affect CCT (Certificate of Completion of Training) output and completion of core training programmes. **Cont'd over/**	**Primary 1** **4 x 4**	**Contingency** **3 x 3**	**Medical: Possibility of redeployment of trainees (1)** Due to current service pressures requests for redeployment are again a possibility. In discussion with Directors of Medical Education, trainees have received communication to confirm that redeployment is likely to be limited and related to local and regional service pressures, but we have highlighted the increasing pressures in the system, and reassured that any requests for redeployment will be carefully considered and managed in the context of a commitment to protect training as far as possible. All redeployment will be recorded and reported to the Deanery as per the consensus document. **Delays to progression (2)** Although the vast majority of trainees achieved training competencies and progress as expected there has been reduced CCT output this year, this is especially noted in General Surgery, Trauma & Orthopaedics (T&O) and Histopathology. There are still significant numbers with outstanding training requirements, especially in T&O, Clinical Radiology and Obstetrics & Gynaecology (O&G). Overall, there are currently 320 doctors who will require an extension to training time, and 470 doctors who will require additional support to maintain satisfactory progression. This will have significant resource implications, and will require that service activity and capacity can support these needs. All Specialty Training Boards (STBs) feel simulation will be a significant vehicle to provide educational resilience if resource was available to support this type of training recovery. The Surgery, Diagnostic and O&G/Paediatric STBs could gear up quickly if funding was provided. **NMAHP**: **Delay to pre and post registration commissioned programmes (by NES or Scottish Government).** **Control (1)**: NMAHP working closely with HEIs, Colleges and Boards to pre-empt problems and assist in ensuring that educational programmes can continue as smoothly as possible. Rapid Action Group (RAPOG) set up with all stakeholders to ensure practice learning continues as much as possible. Data on magnitude of delays collected from HEIs. Some limited face to face NES education continuing following a rigorous risk assessment. RAPOG now stood down but any continued problems with students' placements will be dealt with by the relevant nursing & midwifery or AHP group. Student placements progressing despite continued pressure on NHS as at September 2021. **Dental**: **Interruption to supply of workforce (major negative impact on undergraduate dental student progression and Dental Vocational Training and to a lesser extent Dental Core and Specialty Trainees as well as pre-registration Dental Nurse Training)**. **Control (1)** In response to the concerns over undergraduate dental student progression and the risk of no output from the Dental Schools in Scotland, the Board for Academic Dentistry has been meeting on a regular basis over the past seven months. The Postgraduate Dental Dean is fully involved in these discussions. The Cabinet Secretary for Health and Sport has accepted the proposal that final year undergraduate BDS programmes in the Universities of Dundee and Glasgow will be extended by one year. There will be a delay to December 2021/ January 2022 in the graduation of final year undergraduate students in the BDS programme in the University of Aberdeen. This cohort of students will graduate out of sequence with the normal recruitment cycle for dental vocational training. The expectation is that we will identify career opportunities for this group of graduates until they are able to commence VT in August 2022. . **Control (1)** Vocational Training: Online resources have been identified/developed to provide alternatives to study day activities and requirements, as well as some aspects of evidence required for Satisfactory Completion. **Control (2)** Financial impacts are under regular review with Directorates and SG Finance have been made aware of the potential costs. **Action (1)** Adjust existing students' training plans.	**OPEN** **(Score Range 10 – 12)**

1. / **Cont'd**	NES Clinical Directorates: • Medical • NMAHP • Dental • Pharmacy • Optometry • Healthcare Science • Psychology	Interruption/delay /adverse impact to training programme delivery including Scottish Government mandated training. **Risk Owner**: Karen Reid	• Cancellation of required courses or programmes • Cancellation of required professional examinations • Reduced clinical experience and training capacity due to: cancellation of routine clinical activities; redeployment of trainees to different clinical duties; absence from work due to self-isolation or illness	• Disruption to training leading to delays in training progression. • Slippage to recruitment and training plans. • Financial implications as a result of extensions to training and support. • Training capacity issues • Negative impact on service delivery • Potential future workforce supply issues/gaps • Uncertainty around non-recurrent funding • Several essential Medical Royal College examination diets continue to be postponed. Hopefully, many will be rescheduled within this training year, but this will introduce further lag into the system. • Ongoing concern about the significant impact of reduction in elective clinical activity in many craft specialties (Surgical, some Medical, Pathology). • Likely that significant numbers of trainees, especially in some specialties (Surgery) will not achieve expected curricular requirements in order to achieve satisfactory ARCP (Annual Review of Competence Progression) outcomes and therefore will need extensions to training in August. The impact may affect CCT (Certificate of Completion of Training) output and completion of core training programmes. • Negative impact on Dental Training across the undergraduate postgraduate continuum. • Potential impact on Dental workforce pipeline. **Cont'd over/**	**Primary 1 4 x 4**	**Contingency 3 x 3**	**Action (2)** Review the teaching and assessment schedules. **Action (3)** Delay commencement of new Dental Care Professionals (DCP) programmes **Action (3)** Revise financial planning predictions in relation to the Modern Apprenticeship in Dental Nursing funding. **Action: (4)** Adapt teaching and assessment approaches utilising online technologies in line with awarding bodies requirements. **Action (5)** Current Dental Vocational Trainees will be offered a contract extension to July 2022. There will be no recruitment to dental vocational training in 2021. **Action (6)** Regular discussions at a UK level with all stakeholders including the other Statutory Education Bodies to develop recruitment plans for Core and Specialty Training. There will also be increased flexibility for Specialty training start dates. **Action: (7)** Trainee progression will be monitored through existing processes **Action (8)** Mandatory training for new entrants to NHS Scotland dental workforce has been moved to online delivery. **Pharmacy: Potential workforce gaps and extended training support required for the 2019/20 200 PRPS (Pre-registration Pharmacist Scheme) trainees** **Control (1)** Continuing to support the 2019/20 Prov-Registrant Trainee group until the registration assessment re-arranged GPhC examination with one resit option. This group (known as Prov-registrant or provisionally registered pharmacist) has been offered a range of supports to be ready for assessment. Dialogue with SG and NES re any ongoing impacts. At September 2021 14 provisionally registered pharmacists remain under Covid fund support. **Control (2)** There was a financial impact 2020/21 with additional SG funding. NES Covid Funding secured for this group for budget year 2021/2022. **Optometry: Service delivery impact due to reduction in training and support** **Action (1)** Sourcing/using as many online skills training materials as possible. **Action (2)** Potential for implementation of socially distanced skills training with newly acquired Eyesi simulators: sessions delivered but remains dependent on ability to set up equipment and gain access to Louisa Jordan or other hospital clinic. **Action (3)** Regular touching base with the team, and encouragement around lockdown protocols, to reduce risk to health. **Healthcare Science: Slippage to recruitment** **Control (1):** Measures being put in place to facilitate virtual recruitment selection for September 2020 Clinical Science trainee intake. **Healthcare Science: Slippage to Training Plans** **Action (1):** Discussions with training leads to be progressed. **Control (1):** Financial implication for employment/SLA (Service Level Agreement) extensions **-** worst case scenario modelled and submitted to Finance. **Psychology: Interruption to Workforce Supply of Clinical and Applied Psychologists** **Control (1)** NES Psychology, Higher Education Institutes (HEIs) and Health Boards to meet monthly as part of wider Psychology Services meetings. Regular discussions to discuss COVID-19 impact on training placements. **Action (2)** Adjustment made to training plans to take account of COVID-19.	**OPEN** **(Score Range 10 – 12)**

				• Pharmacy PRPS 2019/20 cohort will sit re-arranged GPhC Assessment at the next appropriate date (March, July or November 2021). This overall delay has an ongoing impact on workforce pipeline.				

Operational/ Service Delivery Risks (cont'd)

Risk No.	Directorate	Risk Title	Cause	Effect	Inherent Priority I x L	Residual Priority I x L	Mitigation Measures (Controls/Actions)	NES Risk Appetite
2.	NES Clinical Directorates: • Medical • Dental • Optometry • Psychology • NMAHP	Reduced capacity (human and financial) to deliver appropriate education and training once clinical services are re-established **Risk Owner**: Karen Reid	• Significant backlog of clinical work • Service delivery may not resume in line with previous mode of delivery • Pressure to regain lost ground • Surge in clinical demand **Cont'd over/**	• Reduced capacity to deliver upskilling for roles in certain areas to maintain and improve the quality of patient care • Methods of workplace education and training may need to be revised • Potential implications from adapting to online delivery • Training environment is compromised • Significant requirement to release clinical trainers to deliver mandatory training/courses and professional examinations to remediate critical missed elements required for training progression, including Certificate of Completion of Training (CCT) • Impact on availability of clinical placements for undergraduate teaching across disciplines.	**Primary 1** **4 x 4**	**Contingency** **3 x 3**	**Medical: Ability to deliver education and training due to backlog of clinical work** **Control (1)** Medical Directorate Executive Team (MDET) continues to review the position regularly with Health Board Directors of Medical Education (DMEs). **Control** (**2)** Regular discussions at UK level with all stakeholders including other Statutory Education Bodies, the GMC (General Medical Council), Royal Colleges and others, to address this risk. **Control (3)** Additional Simulation training is being implemented for a number of specialties to ensure trainees can get relevant experience to meet clinical competencies **Control (4)** Medical Directorate has commenced a wide-ranging Business Recovery Programme that will also tackle this risk in all its aspects, including the availability of clinical placements for undergraduate teaching. **Dental**: **Reduced Capacity to Deliver Upskilling of Existing Dental Workforce** **Action (1)** Prioritise the delivery of specific programmes depending on workforce demands and access to relevant practical cases required for assessment. **Action (2)** Adapt teaching and assessment approaches utilising online technologies in line with awarding bodies requirements. **Action (3)** Delivery of some CPD online, using tools such as GoTo Webinar, will enable access to key CPD topics by a large proportion of the dental team. **Action (4)** Keep under review Enhanced Practitioner for Domiciliary Care - training is currently suspended and will be unable to re-start until it is clear when access to care homes for mentoring is once again possible. This will also be dependent on the capacity of the Public Dental Service (PDS) to provide the PDS mentors. **Optometry: Reduced Capacity to Deliver Upskilling of Existing Optometric Workforce** **Action (1):** The risk around failure to deliver NES Glaucoma Award Training (NESGAT) in 2021/22 is mitigated by increased use of remote supervision and recovery related community work. **Action (2):** Tackling IP placement bottleneck to ensure we can support additional optometrists into therapeutics modules at GCU – as per operational plan. **Psychology: Training and education delivery compromised** **Action** (**1)** Adjust method of delivery to Digital webinars and virtual training environments. **Action (2)** Work closely with Board colleagues and offer flexible support to mitigate effect. **Action (3)** Through regular contact with stakeholders, ensure that our work is aligned with their priorities. **NMAHP: Training and education delivery compromised** **Action (1)** adapt delivery methods as far as possible towards technology enabled learning.	**OPEN** **(Score Range 10 – 12)**

							Action (2) ongoing contact with key stakeholders to ensure training & education meeting needs. **Action (3)** continue face to face teaching methods where absolutely necessary (e.g. SMMDP) to meet service demands. **Action (4)** establish the Rapid Action Placement Oversight Group to ensure progression of recommendations from the NES report "Provision of Nursing, Midwifery and Allied Health Professions (NMAHP) placements in the 2020-21 Academic Session". Now stood down September 2021. **Action (5)** recognising that COVID has, by necessity, impacted the way training will be delivered in the future NES has a Technology Enhanced Learning Programme underway which aims to create a strategy for the future technology education and learning delivery for all Directorates.	

Operational/ Service Delivery Risks (cont'd)

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

Operational/ Service Delivery Risks (cont'd)

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

Operational/ Service Delivery Risks (cont'd)								
8.		Failure to Recruit NES Staff and Trainees. **Risk Owner (Lead Director):** Tracey-Ashworth-Davies	Due to a lack of resource and/or systems support leading to a failure to recruit: • Trainees across NHSS through usual vocational training recruitment activity, and NES staff through usual recruitment processes.	• For the trainees any failure to recruit will affect frontline service provision, impacting of patient care. • A failure to recruit vocational trainees will result in workforce supply issues. • The impact of the inability to recruit staff to NES would impact on delivery of the NES operational plan.	**Primary 1 5 x 4**	**Primary 2 3 x 4**	**Control (1)** Directorate leads are linked to national discussions on trainee recruitment across all relevant professional groups, including the suite of national systems such as Oriel, and work with HR in progressing vocational training recruitment for trainee groups in Scotland. **Control (2)** Establishment control processes refined to enable more fluid response to Directorate demand for recruitment activity for NES staff. **Control (3)** Guidance on remote interviews developed and available to hiring managers, including support from HR. Jobtrain recruitment management system now embedded into NES recruitment processes. **Action (1)** HR and Finance work together to anticipate and mitigate issues relating to financial year end, working with directorates to identify posts needed beyond year end and to extend contracts where appropriate.	**OPEN** **(Score Range 10 – 12**
9.	NMAPH	Within the context of the NHS Scotland Academy, limited short-term capacity to deliver objectives and changing priorities within these. **Risk Owner (Lead Director)**: Karen Wilson	• NTC planning was paused in Spring 2020, which has subsequently delayed activity. We now have confirmed needs in level 4 and 5 roles, recently agreed at March Elective Care Board. • Clarity regarding the NHS Scotland Academy, governance routes and accompanying budget for priority role development is still required and collaboration with NTCs and Scottish Access Collaborative. Strategic engagement with key partners continues regarding potential educational options to maximise flexibility for this urgent workforce need.	• Incomplete/low volume delivery of required priority educational programmes. • Inability to suitably engage with core stakeholders (NHS Boards) due to COVID-19 related staff absence and surge capacity. • Altering priorities and requirements to change track at short notice could impact volume of output. • The extended loan period of the Head of Programme role supporting educational leadership within the NHS Academy will have impact on progression of core NMAHP objectives without access to supplementary resource.	**Primary 1 4 x 4**	**Primary 1 4 x 4**	**Control (1)** Mutually agreed prioritisation of required education. **Action (1)** Confirmation from Workforce Directorate regarding priority allocation and funding. **Action Owner:** Karen Wilson **Action Due Date:** August 2021. **Complete** **Action (2)** Recruitment of Senior Educator to support NES NMAHP post registration acute workstream objectives. **Action Owner:** Fiona Fraser **Action Due Date:** July 2021. **Complete** **Action (3)** Funding from NHS Scotland Academy in lieu of ongoing work carried out by NES Head of Programme who will be in post until at least 31 December 21 – this will aid flexibility of approach and support additional capacity for the programme. **Action Owner:** Karen Wilson **Action Due Date:** October 2021	**OPEN** **(Score Range 10 – 12**

Finance Risks

Risk No.	Directorate	Risk Title	Cause	Effect	Inherent Priority I x L	Residual Priority I x L	Mitigation Measures (Controls/Actions)	NES Risk Appetite
10	Finance	Payment of NES Staff and Suppliers are delayed or incorrect **Risk Owner (Lead Director):** Janice Sinclair	• Staff absence. • Requirement to work from home. • Increased fraud risk as business processes have been amended in response to the COVID-19 pandemic • Complexities around the £500 payment rules result in over/under payment	• Data not available in time to meet payroll deadlines • Staff not available to approve business usual processes for suppliers (Purchase orders/Goods received notes/ Invoice matching) resulting in payments issued incorrectly or not issued on a timely basis. • Expenses not paid as the system needs to be accessed via the SWAN network • Loss of funds due to fraudulent payments not being recovered • Staff do not receive the correct payment in relation to the £500 bonus	**Primary 2 4 x 3**	**Contingency 3 x 2**	**Control (1.1)** Where a payroll deadline cannot be achieved a process is in place to enable an advance of salary to be made into the individuals bank account. **Control (2.1)** All directorate staff have been provided with SWAN VPN access to support working from home and social distancing. **Control (2.2)** The frequency of cheque payment runs has been reduced to limit the requirement to attend the office. **Control (2.3)** Suppliers have been contacted and requested to email invoices. **Control (2.4)** A member of staff is going into the office once a week to collect post and scan invoices. **Control (2.5)** Currently there are three members of staff able to complete each part of the payment process, The service can temporarily function with one staff member for a short period of time in each of these areas. **Control (2.6)** Before the period of Lockdown, procedure notes were refreshed and adapted to suit remote working to ensure teams have the necessary resources available to them. This will enable staff from other areas to be deployed into the payment function. **Control (2.7)** System authority levels have been amended to enable more flexibility in the number of authorisers and their authority levels. The required amendments to the SFI's have been approved. **Control (3):** A supplementary process has been agreed for the submission and approval of expenses where access to the SWAN network is not possible. **Control (4.1)** Fraud alerts are being circulated to relevant staff. **Control (4.2)** The same level of rigour to the controls is being applied before any supplier bank details are accepted and amended. **Control (4.3)** NES Finance are now also verifying supplier details with Directorates and the Procurement Team to ensure Bank details are legitimate and from a trustworthy source **Control (5**) Payroll services across Scotland have developed system reports to identify leavers/additional hours worked to be used as a tool by individual payroll teams. We are working closely with NSS to ensure payments are correctly processed.	**AVERSE** **(Score Range 1 -3)**
11.	Finance	Maintenance of Financial Governance / Internal Control Mechanisms. **Risk Owner (Lead Director):** Janice Sinclair	• The interim Governance arrangements in place do not enable appropriate oversight of the Financial position • Business as usual control mechanisms are ineffective. • Staff absence **Cont'd over/**	• Effective scrutiny and assurance will be compromised • Regular reporting and monitoring is impacted reducing the effectiveness of the internal control environment and Scottish Government reporting requirements. • It is not possible to produce a set of annual	**Primary 2 4 x 3**	**Contingency 3 x 2**	**Control (1)** The new governance arrangements ensure that financial reports are routed through the Audit & Risk committee, or presented directly to the board depending on the dates of the meetings. **Control (2)** In addition to the twice weekly Extended Executive Team meetings, the regular NES Executive team meeting once every 2 weeks continues. This longer meeting enables a focus on key operational issues to continue – including Financial decision-making and review of the current financial position. **Control (3**) We have robust reporting processes in place to capture the additional costs and savings resulting from the impact of COVID-19 on our operations. These arrangements have been reviewed by Internal Audit who reported that these controls reflect a strong governance structure. **Control (4)** NES staff attend all Corporate Finance Network and Director of Finance meetings to ensure that we are aware of the latest requirements from SG in terms of monthly reporting and Annual Accounts.	**AVERSE** **(Score Range 1 -3)**

				accounts which is a statutory requirement.			**Control (5)** Standing Financial Instructions and desktop procedures have been reviewed and amended, where appropriate, to enable robust control measures in the current home working environment. Changes to the SFI's have been endorsed by the Audit & Risk Committee and approved by the Board. **Control (6)** We have established a revised approach to the field work required for the audit of the annual accounts with External Auditors which worked well for 2019-20 and will be repeated for 2020-21 Accounts. **Control (7)** Where required, Board committees have agreed to review the Annual Reports of committees remotely to enable the necessary assurance processes to be carried out in the development of the Governance Statement. **Control (8)** As we are not currently experiencing a high staff absence level we have continued to work with External Audit to agree an audit approach in line with the existing annual accounts timetable so that, if this risk does materialise, we should still be able to meet reporting deadlines.	

Reputational/Credibility Risks/over

Reputational/Credibility Risks

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

.		Karen Wilson (ii)Vaccination Programmes	communications to NHS Boards • The current Vaccination programmes require multiple stakeholders to agree and implement a solution. NDS and NES Digital are both involved in developing different aspects of the enabling technology to support this programme.	• Wider challenges in respect of this high-profile vaccination programmes may adversely impact the reputation of NES, given NES's role in supporting the technology.			**Action (1)** Ensure clear communication about the contribution which NES is making and the elements which are completely within our control. **Control (1)** NES engagement of SG Vaccination programme at Silver Command and via multiple operational level forums to lead understanding of programme outcomes and delivery roles. **Control (2)** Significant resource applied to ensure clarity of requirement at business process and digital and data layers of the programme. **Control (3)** Delivery by NES digital group on time and to spec of first-cut architecture to meet go live in early December 2020 - achieved.	

Accountability/Governance Risks

Risk No.	Directorate	Risk Title	Cause	Effect	Inherent Priority I x L	Residual Priority I x L	Mitigation Measures (Controls/Actions)	NES Risk Appetite
14	Planning and Corporate Resources	Ability and Capacity to meet Board Governance Standards **Risk Owner (Lead Director)**: Donald Cameron	• The governance arrangements in place to respond to the different phases of the COVID-19 pandemic may fail to provide sufficient oversight of the emerging priorities and the on-going business of the Board and strategic decision making, effective scrutiny and assurance will be compromised. • The Chief Executive and the Executive Team come under increasing pressure to meet reporting requirements when they are required to manage the NES response to the public health emergency. • Meetings held without key stakeholders and public involvement.	• NES as an organisation fails to meet some governance standards **Cont'd over/**	**Contingency 4 x 2**	**House-keeping 2 x 2**	**Control (1)**. Board business as usual governance has not been applicable in the context of the COVID-19 pandemic and interim governance arrangements, agreed with the Board, have been implemented in three phases: • Phase one: 'Gold Command' and 'Core Board Governance' 26 March 2020 – 27 August 2020 • Phase two: 'Development of Board Governance: COVID-19 lessons Learnt and Remobilisation' 27 August 2020 – 5 January 2021 • Phase three: 'Governance Light' 5 January – 31 March 2021. **Control (2)** The NES Executive Team met formally every two weeks during COVID-phase one governance and subsequently reverted to meeting every four weeks and when agreed have enacted the **COVID-19: NES Contingency Plan** which includes the NES Extended Executive Team meeting between seven times to once a week (depending on the stage of the pandemic) and NES Internal Coordinating Group: COVID–19 (always on-call) using MS Teams for communication, incident management. Strategic decision making - all recorded and reported to the NES Board by the Board Chair further to his attendance at EET and formal Board reports as appropriate at Board meetings. **Control (3)** Over the COVID-19 Governance period we have prepared NES Re-Mobilisation plans for the approval of the Board. The 2020-21 AOP went through the 23 March 2020 Board and was subsequently paused as per SG direction, the 30 July 2020 Board approved RMP2 and 11 February 2021 Board approved the RMP3 for submission to Scottish Government for their comment and approval. We reported all phases of COVID-19 governance arrangements to Scottish Government. We recently (January 2021) defined and agreed our approach to 'Governance Light' with the Board **Action (1)** Review NES standing committees, management groups and planning/performance functions, considering the governance arrangements put in	**AVERSE** **Score Range (1 – 3)**

							place for COVID-19, and re-start corporate governance with agreed changes where appropriate. **Action Owners**: Della Thomas and Donald Cameron **13/10/20 Update**: A review of NES Board standing committees and management groups has been completed and new arrangements (taking the best practice from wave 1 of COVID-19) were implemented in October 2020. **20/1/21 Update:** In response to COVID-19 third wave and Scottish Government directives, the NES Board have adopted a Governance Light approach effective from 5 January 2021 – 31 March 2021.	
15.	**Planning and Corporate Resources**	Current NES properties and facilities will not be fit for purpose in the 'post COVID-19' world in terms of training, meeting and office space **Risk Owner (Lead Director):** Donald Cameron	• NES will be unable to provide training, mee ting and office facilities which comply with the requirements (still to be formulated) of a post COVID-19 world.	• Ability to deliver NES activities, in line with our current modes of business delivery and workplace utilisation, is compromised.	**Primary 1 4 x 5**	**House-keeping 2 x 3**	**Control (1)** The ability to work remotely using cloud-based systems and communications technology is already in place **Control (2)** The ability to reconfigure NES facilities in line with new guidance while NES staff continue to work remotely. **Action (1)** Maintain all NES property transactions 'on hold' and put in place a short-term extension to the Phase 1 lease at CfHS to coincide with the Phase 2 lease expiry. This is to give us time to consider post-COVID property requirements and ensure our total property needs in Inverness are considered together when it becomes clearer (post COVID-19**).** **Action Owner**: Nicola Todd **Action Due Date**: 30/9/21 **Action (2)** Compile common standards for all NES sites in line with post COVID-19 national guidance/policy and for locally managed sites, PFM will support their reconfiguration as required working with local facilities management colleagues in dental and medical so that NES sites are prepared and signed off as COVID-19 secure in line with a Facilities Recovery Plan. **Action Owner**: various –PFM, local site Facilities Managers (Medicine and Dentistry) and staff side. **Action Due Date**: 30/11/20 – Complete, and sites to be maintained as COVID-19 secure in line with available national guidance.	**AVERSE** **(Score Range 1 – 3)**

Accountability/Governance Risks/ (cont'd over)

Accountability/Governance Risks

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

17. **Cont'd)**	Workforce Directorate	Failure to comply with legislative and statutory requirements. **Risk Owner (Lead Director):** Tracey Ashworth-Davies		• Failure to deliver the Directorate's operational plan.	**Primary 2 4 x 3**	**Contingency 3 x 3**	Involved in decisions which affect them: continued strong working in partnership. Ensuring Directors and line managers have regular two-way communication across teams. Staff survey to collate feedback from staff on impact of Covid19 on work life. Dignity and respect: promotion of NES values across all communications. HR support to any formal and informal grievance or dignity at work issues. Health, safety and wellbeing: updated policies to reflect new working arrangements, including refreshed risk assessments. Clear statements on responsibilities (employee, line manager, employer, placement). Healthy Working Lives Strategy Group Campaigns. **Control (5**) Manage any compliance risk, by publishing a brief report by the statutory date of 30 April 2021 which describes equality progress; equality outcomes; workforce KPIs; workforce data statistics, including occupational segregation analysis; overview of existing equal pay statement, and plans for equality outcomes and equal pay statement review in the following year. **Control (6**) Regular review and updating of progress against the operational plan, flagging any areas not being progressed for a further risk assessment.	**AVERSE** **(Score Range 1 - 3)**

Closed Risks - Summary

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

NHS Education for Scotland **NES/21/87**
Item 8b
23 September 2021

Board Paper

1. Title of Paper

Finance Report as at 31st August 2021

2. Author(s) of Paper

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

3. Purpose of Paper

The purpose of this paper is to:

a) present the financial results for the first five months of the year to 31st August and to report the current forecast outturn as at 31st March 2022 which reflects an underspend of £279k.

b) update members on the anticipated costs of the NES response to the COVID-19 pandemic; and

c) update the board on additional SG funding received for Medical ACT.

4. Background

4.1 The NES annual budget was approved by the Board in March 2021 based on the financial plan submitted to Scottish Government (SG) to accompany the Board's third Remobilisation Plan (RMP3). At that time the NES recurring baseline was expected to be £482M. The plan included the carry-forward of £0.5M to 2022/23 (0.1% of the baseline) in respect of the investment anticipated for TEL.

4.2 In 2018/19 NES, agreed to contribute £2.5M to the National Boards Savings target of £15M. However, the overall target was not met, and SG removed a further £1.5M from the NES Baseline. The Financial Plan for 2021/22 assumed that these funds would be returned on a recurring basis but retained a non-recurrent £1.5M pressure within Provisions. SG have since confirmed that the £1.5M will be available to NES on a recurring basis from 2022/23.

4.3 The Financial Plan included an estimate of £3.0M in respect of Net additional costs of COVID-19.

4.4 Since the Financial plan was agreed, the business Case for the NHS Scotland Academy (NHSSA) has been approved by Scottish Government. The Academy is jointly governed by NHS Education for Scotland and NHS Golden Jubilee and governance arrangements have specified that detailed financial scrutiny has been delegated to the Strategic Portfolio Governance Committee within NHS Golden Jubilee, with top level financial reports presented to the NHSSA Joint Strategic Programme Board. It has been agreed through both the NHSSA's Joint Strategic Programme Board and Executive Programme Group, that NHSSA funding allocations will be split across the two parent boards and treated as "ring-fenced" within the financial reporting of each board.

5. Assessment/Key Issues (including strategic risk)

Funding Overview

5.1 At the end of June, we reported additional recurring allocations bringing the total recurring budget to £482.6m. During July we were notified by SG that the allocation for SCI Diabetes (£0.8m) was to be non- recurring. This was originally agreed as recurring, and remains the subject of review with SG, we will update when resolved.

5.2 As shown in Table 1 below, we are now reflecting recurring allocations of £481.8M and £94.1M in Non- recurring and Earmarked allocations, including £5.2M in relation to COVID-19. These are built into directorates budgets as reported within Table 2. We have recognised funding allocations of £575.9M as at the end of August of which we have received £485.5M, leaving a balance of £90.4M outstanding. These allocations are built into directorates budgets as reported within Table 2 and further details can be found in Appendix 1, Table A1. We are still in discussions with SG for non-recurring allocations as per our financial plan. Once outcomes and funding are agreed they will be incorporated into the budget.

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

Area	Recurrent	Earmarked	Non Recurrent	Total	Total split by:	
					Received	Outstanding
Original budget	**481,814**	**0**	**0**	**481,814**	**474,054**	**7,760**
National Boards	0	0	(1,500)	(1,500)	0	(1,500)
TEL Carried Forward	0	0	(500)	(500)	0	(500)
COVID-19 - main allocation	0	0	1,765	1,765	1,765	0
COVID-19 - Specific Allocations	103	0	3,344	3,448	0	3,448
Other	758	9,133	80,957	90,847	9,638	81,209
Sci Diabetes	(854)	0	854	0	0	0
Total in-Year allocations	**8**	**9,133**	**84,920**	**94,060**	**11,403**	**82,657**
Total Revenue Allocation	**481,822**	**9,133**	**84,920**	**575,874**	**485,457**	**90,417**

All figures are in £000's

5.3 The £1.8M allocation received to date for COVID-19 was based on 50% of the anticipated gross COVID costs we provided in March. During July it was confirmed that we would receive additional specific COVID-19 allocations totalling £3.5M to cover Turas CARE; the Turas Vaccination Management Tool and National Clinical Data Store; and funding to support dental schools to employ additional Teaching staff for undergraduate teaching. Our current COVID-19 forecast reflects total net costs of £4.3M, (see Appendix 3, Table B1), however, this figure is subject to change as the impact of COVID-19 continues to be unpredictable by its very nature and will move during the year. We will continue to monitor this keep our colleagues at SG up to date.

5.4 Historically we have faced a recurrent funding gap on medical training grades which is underwritten by Scottish Government. We now have visibility of the full year forecast as at the end of August as the current round of trainee placements have been confirmed. Currently the forecast is reflecting an underspend of £64k, as forecast costs have reduced by £473k since June. However, due to the volatility of the factors influencing medical training grade costs, there is a possibility that the gap will re-emerge. A final reconciliation will take place at the end of the year after the February 2022 intake to determine the value of the funding required. (see Table 2 below).

5.5 The pay award for Doctors and Dentists has now been announced at 3%, this is in line with budget assumptions. We await the balance of the allocation from SG.

Forecast Outturn

5.6 As shown in Table 2 below, the Year to Date (YTD) financial position for all of NES as at the end of August reflects an overall underspend of £1.98M. This is comprised of an overspend against Medical Training Grade Salaries (MTGS) of £22k, offset by a £2M underspend across the rest of NES.

5.7 The year-end overall NES position is forecast to be underspent by £279k. This includes a MTGS funding underspend position of £64k and a NES – Non MTG Salaries of £215k. This represents an improved position against June of £88k. Directorate analysis is provided in Appendix 2.

Table 2: Corporate Summary Financial Position

Financial Position as at month Ended August 2021				Period 5				
	Year to Date			Full Year				
Directorate	Current Budget	Outturn	Variance	Current Budget	Outturn	Non Covid Variance	Movement in variance	General Covid savings/ (costs)
Training Programme Management - MTG Salaries	114,584	114,611	(22)	288,916	288,852	64	473	(85)
NES - Non MTG Salaries	102,705	100,703	2,002	286,958	286,743	215	(89)	(776)
TOTAL NES	**217,289**	**215,314**	**1,980**	**575,874**	**575,595**	**279**	**384**	**(861)**
MTG Historic Funding Gap anticipated from SG				(64)	0	(64)	(473)	0
Forecast Year end and Total NES	**217,289**	**215,314**	**1,980**	**575,810**	**575,595**	**215**	**(89)**	**(861)**

All figures are in £000's
** All costs and savings related to the COVID-19 response are included within the YTD and outturn forecast figures31st August. A corresponding budget entry has also been included within the full year budget meaning there is no impact on each directorate's outturn as a result.*

5.8 The Extended Executive Team members will bring forward proposals to utilise the underspend which align to our strategic objectives and provide Value for Money.

Medical Training Grades Baseline Funding

5.9 Medical Training Grade salary costs are showing a YTD overspend of £22k. The Full-Year (FY) forecast reflects an underspend of £64k for non-COVID-19 activity. There is an £85k anticipated cost of COVID driven by extensions to Training in Foundation Year 1.

Table 3: Medical Training Grades Baseline Funding Gap

Financial Position as at month Ended August 2021				Period 5				
	Year to Date			Full Year				
Directorate	Current Budget	Outturn	Variance	Current Budget	Outturn	Non Covid Variance	Movement in variance	General Covid savings/ (costs)
Training Programme Management - MTG Salaries	114,584	114,611	(22)	**288,916**	288,852	64	473	(85)

All figures are in £000's

5.10 The in-year impact of the historic recurrent gap in Medical Training Grades will move throughout the year as the cost drivers are not in NES' control. The position as at the end of August is indicating a non-COVID-19 final underspend position of £64k. Although there are fewer vacancies in the system due to the successful recruitment rounds, we are also seeing increased numbers of Trainees working Less Than Full time (LTFT) and taking career breaks. We will continue to monitor this position and a full reconciliation will be carried out at the year-end which will reflect the full year position including the February 2022 intake. There is a risk that the funding required for the 2021/22 pay award will increase this gap, however now that Doctor and Dentist pay awards have been agreed at 3% and this is line with budget assumptions this is less likely. We will continue to update the Scottish Government on a regular basis with respect to funding requirements however it was agreed that the drawdown figure will be confirmed at year-end and that the SG will cover any emerging funding gap. See Appendix 2, Table A5

Financial Planning

5.11 The RMP3 and Financial plan submitted to SG in March have been approved and signed off. The RMP3 continues to be the base line against which Boards' performance is measured. As COVID-19 continues to impact on Boards' performance and financial outturn the SG are moving on with the RMP4 and Boards are required to submit the final version at the end of September. The financial plan will also be reviewed at this time and the Quarter 2 Financial Performance Review financial plan will also be due. We will work closely with directorate colleagues and the SG to ensure that the risk of insufficient funding being allocated is minimised.

COVID-19 funding

5.12 The COVID-19 funding allocations notified to date total £5.2M (£3.4M specific and £1.8M general). We are now forecasting the net impact of COVID-19 to be £4.3M as savings across directorates of £2.7M are set off against gross costs of £6.9M, comprising £3.4M of specific commissions (relating to Turas CARE; the Turas Vaccination Management Tool and National Clinical Data Store; and funding to support Dental schools to employ additional Teaching staff for undergraduates); and general COVID-19 costs across directorates of £3.5M. However, these forecasts are likely to move during the year as there continues to be significant uncertainty about the impact of COVID-19 by its very nature on both financial and performance out comes. There is a risk that future costs will not match allocations. We will continue to work with colleagues in SG to ensure that the appropriate level of funding for net COVID-19 costs is received. Further detail can be found in Appendix 3, Tables B1 and B2

Vacancy Lag Recovery

5.13 We have currently forecast a vacancy lag recovery of £2.4m. This is £400k more than the original budget but forecast against the current YTD saving of £1.2M. Taking the year to date and historic savings over the last four years into account it is reasonable to expect that we can achieve the forecast. The risk remains the impact of COVID-19. As we move out of the COVID-19 restrictions there is the potential that vacancies will be filled quicker than before. Indeed, every effort is being taken to facilitate this, the Workforce Directorate are reviewing plans to implement measures, approved by the Staff Governance Committee, to reduce the length of time it takes to employ a member of staff following their acceptance of a position

Digital Infrastructure Costs Review

5.14 In 20/21 there was a reliance on contractors to Support and deliver key digital products such as Turas Training Programme Management (TPM) and Turas People. When setting the budget for 21/22, funding was set aside to support the creation of permanent roles. A proposal to create 8 new Agenda for Change (permanent) roles was approved by the EET which will allow Digital to deliver on the agreed deliverables for core products. We will update on progress in the coming months.

NDS Funding

5.15 We have now received confirmation that Scottish Government will provide 3-year funding of £4.0M for NDS from financial year 2021/22. This no longer represents a budget pressure. £4.094M was received in July which is sufficient funding to meet NDS's costs for the year.

NHS National Academy

5.16 Requests for specific allocations have not yet been submitted to SG as at the end of August 2021. However, recruitment is underway for the Head of Programme role and Senior Educator role. As at the end of August, NES has incurred no direct costs. Once allocations and costs are identified, we shall report NHSSA separately within future financial reports.

Additional Funding for Medical ACT

5.17 Within the NES budget approved in March 21, £89.8M related to Medical ACT which is distributed to Boards to support Medical Undergraduate Teaching. We have received confirmation that SG will provide £0.845M to fund 65 additional student places - 10 places for Widening access and 55 for deferrals from Academic Year 2021/22. This funding will be distributed to the Boards following the principles of the Medical ACT allocation model which follows student activity.

5.18 We will work with SG colleagues to identify any further movement in the Student intake numbers to ensure that appropriate funding is passed to Boards, and if necessary, explore the potential to carry-forward funding to 22/23 to allow Boards' time to identify and cost the necessary changes to teaching provision.

6. Recommendation for Decision

The Board is invited to:

- note the financial results for the first 5 months of the year to 31st August 2021.
- note the anticipated costs of the NES response to the COVID-19 pandemic.
- note the additional funding received for Medical ACT which will be distributed to Boards.

---

a) Have Educational implications been considered?

☒ Yes
☐ No

b) Is there a budget allocated for this work?

☒ Yes
☐ No

c) Alignment with NES Strategy 2019-2024

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

d) Have key risks and mitigation measures been identified?

- ☒ Yes
- ☐ No

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

- ☒ Yes
- ☐ No

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

- ☒ Yes
- ☐ No

MR /JS
September 2021
NES

APPENDIX 1: ANTICIPATED FUNDING

Table A1: Total Anticipated Revenue Funding

Area	Recurrent	Earmarked	Non Recurrent	Total	Total split by:	
					Received	Outstanding
Baseline budget	461,740			461,740	461,740	0
National Boards	1,500	0	0	1,500	0	1,500
Training grades	3,000			3,000	3,000	0
Project lift	383			383	383	0
PD post	45			45	45	0
Data Group	250			250	250	0
Sci Diabetes	854			854	854	0
Pay inflation above 1%	7,116			7,116	856	6,260
Inflation @1.5% baseline uplift	6,926	0	0	6,926	6,926	0
Original budget	**481,814**	**0**	**0**	**481,814**	**474,054**	**7,760**
National Boards - Return non-recurrently	0	0	(1,500)	(1,500)	0	(1,500)
TEL Carried Forward	0	0	(500)	(500)	0	(500)
COVID Main	0	0	1,765	1,765	1,765	0
COVID Dental	0	0	795	795	0	795
COVID Care	0	0	660	660	0	660
COVID Vax	103	0	1,889	1,992	0	1,992
NDS	0	0	4,603	4,603	3,269	1,334
NDS SCI Diabetes	(854)	0	854	0	0	0
Aberdeen Dental School	0	0	3,113	3,113	0	3,113
Dental Overseas levy	0	0	(486)	(486)	0	(486)
HCS Funding (Technologist Training)	0	0	0	0	0	0
Medical Training Grade Expansions	0	0	15,576	15,576	0	15,576
ACT additional funding	0	0	9,024	9,024	0	9,024
MEP funding gap	0	0	9,603	9,603	0	9,603
IST & IMT Funding	0	0	1,039	1,039	0	1,039
Medical Study Leave	0	1,000	0	1,000	1,000	0
Primary Care Fund National Boards	0	0	6,265	6,265	0	6,265
Primary Care Other	0	0	0	0	0	0
Distinction Awards	0	0	0	0	0	0
Psychology CAMHS and PT	0	0	15,389	15,389	0	15,389
Psychology Mental Health	0	0	4,732	4,732	0	4,732
Pharmacy AEIPC and GMS	0	0	1,712	1,712	0	1,712
Pharmacy PRPS	0	7,679	0	7,679	0	7,679
Project LIFT	0	0	0	0	0	0
Outcome Framework-CNOD Bundle (NMAHP only)	0	0	4,901	4,901	2,927	1,973
BSc Paramedic Programme	361	0	0	361	0	361
Depreciation	0	0	0	0	0	0
WF Tech enable workforce	0	0	582	582	0	582
Provisions Afc balance	385	0	0	385	385	0
Digital funding NDS Tie in?	0	0	650	650	650	0
Digital funding PharmPress	0	0	382	382	0	382
Annual leave additional accrual	0	0	0	0	0	0
Other allocations (under £300k)	13	453	3,871	4,337	1,407	2,930
Total in-Year allocations	**8**	**9,133**	**84,920**	**94,060**	**11,403**	**82,657**
Total Revenue Allocation	**481,822**	**9,133**	**84,920**	**575,874**	**485,457**	**90,417**

All figures are in £000's

APPENDIX 2: DIRECTORATE ANALYSIS

Table A2 below details the financial position of NES (excluding MTGS) by Directorate. The net financial impact of COVID-19 is included in the annual budget and is shown for information. Table A3 then breaks down the COVID-19 impact between increased costs and anticipated savings as well as showing the cost incurred to date.

Significant costs, savings, and variances for both COVID-19 and non- COVID-19 related budgets are explained at a directorate level below. (All figures are in £'000s)

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

Financial Position as at month Ended August 2021				Period 5				
	Year to Date			Full Year				
Directorate	Current Budget	Outturn	Variance	Current Budget	Outturn	Non Covid Variance	Movement in variance	General Covid savings/ (costs)
Quality Management	35,723	35,719	4	**96,557**	96,552	5	29	35
Strategic Planning and Directorate Support	2,752	2,512	240	**6,199**	6,194	5	(4)	171
Training Programme Management Excl Training Grades	8,234	7,811	423	**20,563**	20,499	64	68	142
Professional Development	2,583	1,933	650	**7,356**	7,434	(78)	23	665
Pharmacy	4,130	4,303	(173)	**15,867**	15,909	(42)	61	(829)
Medical Total	**53,422**	**52,278**	**1,144**	**146,542**	**146,588**	**(46)**	**177**	**184**
Digital	5,709	6,324	(615)	**15,424**	15,716	(292)	77	(855)
NDS	2,085	2,012	73	**5,929**	5,927	2	(45)	(535)
NES Technology	**7,794**	**8,336**	**(542)**	**21,353**	**21,643**	**(290)**	**32**	**(1,390)**
Dental	19,505	19,194	311	**46,784**	46,532	252	149	621
NMAHP	2,753	2,797	(44)	**16,311**	16,153	158	31	(89)
Psychology	10,278	9,797	481	**32,996**	32,776	220	(15)	(153)
Healthcare Sciences	1,483	1,437	46	**3,593**	3,579	14	14	48
Optometry	485	446	39	**1,339**	1,347	(8)	(8)	31
Workforce	2,383	2,332	51	**6,334**	6,304	30	(97)	(4)
Finance	1,129	1,103	26	**2,828**	2,834	(6)	(4)	0
Planning & Corporate Resources	2,516	2,390	126	**6,113**	6,097	16	(8)	(24)
Net Provisions	957	593	364	**2,765**	2,890	(125)	(360)	0
NES Total (exc MTG)	**102,705**	**100,703**	**2,002**	**286,958**	**286,743**	**215**	**(89)**	**(776)**

** All costs and savings related to the COVID-19 response are included within the YTD and outturn forecast figures as appropriate. A corresponding budget entry has also been included within the full year budget meaning there is no impact on each directorate's forecast variance as a result of these figures.*

** Specific COVID allocations received are all forecast to break even*

Table A3: COVID-19 Costs and savings by Directorate

COVID General Non-Specific Allocations	Year to Date			Full Year				TOTAL FY COVID IMPACT		
Directorate	COVID YTD Costs	COVID YTD Savings	COVID YTD Net	COVID FY Costs	COVID FY Savings	COVID FY Net	Specific COVID Allocations	COSTS	SAVINGS	NET
Quality Management	0	10	10	0	35	35		0	35	35
Strategic Planning and Directorate Support	(8)	169	161	(9)	180	171		(9)	180	171
Training Programme Management Excl Training Grades	(15)	151	136	(86)	228	142		(86)	228	142
Professional Development	0	476	476	(29)	694	665		(29)	694	665
Pharmacy	(127)	0	(127)	(829)	0	(829)		(829)	0	(829)
Medical Total	**(150)**	**806**	**656**	**(953)**	**1,137**	**184**		**(953)**	**1,137**	**184**
Digital	(327)	0	(327)	(855)	0	(855)	(2,652)	(3,507)	0	(3,507)
NDS	(240)	0	(240)	(535)	0	(535)		(535)	0	(535)
	(567)	**0**	**(567)**	**(1,390)**	**0**	**(1,390)**	**(2,652)**	**(4,042)**	**0**	**(4,042)**
Dental	(162)	254	92	(573)	1,194	621	(795)	(1,368)	1,194	(174)
NMAHP	(41)	0	(41)	(137)	48	(89)		(137)	48	(89)
Psychology	(107)	41	(66)	(207)	54	(153)		(207)	54	(153)
Healthcare Sciences	0	22	22	(19)	67	48		(19)	67	48
Optometry	0	8	8	0	31	31		0	31	31
Workforce	(15)	0	(15)	(40)	36	(4)		(40)	36	(4)
Finance	0	0	0	0	0	0		0	0	0
Planning & Corporate Resources	(7)	37	30	(82)	58	(24)		(82)	58	(24)
Net Provisions	0	0	0	0	0	0		0	0	0
NES Total (exc Medical Training Grades)	**(1,049)**	**1,168**	**119**	**(3,401)**	**2,625**	**(776)**	**(3,447)**	**(6,848)**	**2,625**	**(4,223)**
Medical training Grades	(29)	34	5	(115)	30	(85)		(115)	30	(85)
NES Total	**(1,078)**	**1,202**	**124**	**(3,516)**	**2,655**	**(861)**	**(3,447)**	**(6,963)**	**2,655**	**(4,308)**

Additional costs are shown red and in brackets, savings shown in black

1. Medical

Medical recorded a year to date underspend of £1,144k with underspends within Strategic Planning and Directorate Support £240k, Training Programme Management Excl. Training Grades £423k and Professional Development £650k, offset by a Pharmacy overspend of £173k.
As we move forward. We can see the full year forecast increase to an overspend £46k driven by overspends in Professional Development of £78k and Pharmacy of £42k. The net COVID-19 impact on the Directorate is a net underspend in expenditure of £184k .

1.1 Strategic Planning and Directorate Support

Of the £240k YTD underspend, £162k relates to COVID-19 largely due to holding the Medical conference online saving £111k. COVID-19 savings have also arisen against T&S £47k, as well as catering and other incidentals £12k.
The non-COVID-19 underspend of £78k is largely as a result of appointments below and above budget generating net pay savings of £50k, and non-pay underspend of £22k due to phasing of project budget.

The year-end forecast for COVID-19 is £171k underspend as a result og the Medical Conference being online £111k, lower staff travel £61k and lower catering costs £9k. Partly offset by £10k pay overspend for additional hours on contact tracing and trainee support.
The non- COVID-19 forecast underspend of £6k is pay related being appointment below budget £110k, offset by appointment above budget £104k.

1.2 Training Programme Management Excl. Training Grades

Of the £423k YTD underspend, £136k relates to COVID-19 largely from reduced recruitment costs as we moved to virtual recruitment processes with no venue costs or actor fees incurred. Other COVID-19 related savings of £11k from reduced travel and meeting costs, with small

costs of £15k in additional Trainee Support as more trainees seek assistance in the current working environment.

The Non COVID-19 YTD underspend of £287k is mainly driven by an underspend of £114k against Study Leave due to the budget phasing and submission of claims not being aligned; and £71k underspend on Internal Medicine Training (IMT) Bootcamp and Skills courses being moved to September when originally budgeted for August. Training Programme Director (TPD) and Foundation Programme Director (FPD) sessional costs are £48k underspent as SG have not yet announced new pay rates but budget contains forecast 3% uplift. Further underspends on pay from NES staff appointed below budget account for £13k. There are also 2 WTE vacancies for Scottish Clinical Research Excellence Development Scheme (SCREDS) Fellows generating a £48k underspend. Offsetting these is a net overspend of £7k across all other activities due to budget phasing.

The full year budget reflects a reduction of £142k in relation to COVID-19 implications. This comprises an underspend of £164k as a result lower recruitment reflected in the YTD position, a full year £36k reduction in NES staff travel and meeting costs and the movement of some GP trainee support courses to online delivery has reduced future costs by £28k. The COVID related overspend on Trainee Support is expected to increase to £86k. This includes the cost of £22k to produce an animation video as part of Scottish Doctors Wellbeing project to support mental health during COVID-19.

The non-COVID-19 FY TPM forecast is reflecting a £64k underspend. We are anticipating a full year £113k underspend on Fellows mainly from SCREDS vacancies, and £22k underspend on NES staff pay from appointments below budget. Further interviews are planned for the SCREDS and if suitable candidates emerge then later start dates will be offered, with costs of this included in forecast. This is partly offset by an overspend of £73k in relation to the costs for GP Trainer

1.3 Professional Development.

Of the £650k YTD underspend, £476k relates to COVID-19 and reflects the impact between April and July from the decision not to recruit Fellows in 2020/21 (£438k). Other COVID-19 related savings of £28k from changes to training delivery and £10k from CPD course programmes due to partial vacancy have been reported.

Non COVID-19 YTD savings of £174k, as a result of underspends of £198k mainly due to phasing and timing of 18 projects, combined with uncertainty around the delivery of training. These were offset by overspends £24k, mainly Stay in Practice Scheme (SIPS) of £10k being backdated payments and SILP £11k due to phasing.

The Non COVID-19 forecast position is reflecting an overspend of £77k, an adverse movement of £24k since last month. The overspend of £77k is due to Fellows £36k, SIPS backdated payments £10k and movement in forecast pay £32k (being the net effect of TEL funding being added to the budget £69k offset by additional forecast pay costs £40k.
We are also forecasting break-even against several projects assuming that activity can be moved to later in the year and will report progress in future months.

1.4 Pharmacy

Of the £173k YTD overspend, £127k relates to COVID-19 and comprises £81k in respect of salary, and support costs for trainees who were unable to successfully complete Registration after the exams due to take place in 2020 were delayed, and a further £46k to support this year's trainees to remain with their current employer until they receive their results.

The non-COVID £46k overspend is due to £18k pay costs as agency cover is required for sick leave, and £35k savings required when the Operational Plan was submitted, not being achieved.

The full-year budget has been increased by £829k to reflect the additional costs of COVID-19. £667k is in relation to "double-running" costs for pre-Registration trainees who were unable to successfully complete Registration after the exams due to take place in 2020 were delayed and is the cost for the first half of the year. The new intake will arrive at the end of September and this cost is included within the budget and so represents no additional cost to the FY position. We also record the Pro reg support costs of £22k and extensions cost of £46k for this years' PRPS trainees to allow them to stay with their employer while they await exam results.

The Non COVID £42k overspend is and adverse movement of £55k to reflect the additional costs of agency cover. £35k relates to the YTD efficiency savings not achievable, £12k sick leave, partly offset by appointments below budget of £4k. £27k additional funding to cover Mat leave was released from provisions.

2. Dental

The YTD underspend is £311k. £92k relates to COVID-19 and reflects the net position of overspends due to additional costs of fixed term posts working on COVID-19 guidance and recording the impact on the wider dental workforce (£51k); a reduction of £100k in portal course income; a £50k reduction in vocational Training Grades due to the one-year extension of training being lower than the budgeted trainee level and £193k underspend from reduced training and recruitment costs, including venue hire, catering, and travel for trainees, staff and trainers.

The non-COVID YTD underspend of £218k is a result of a Training Grade underspend of £129k from 3 fewer core and speciality trainees and 5 fewer therapist vocational trainees due to early leavers, £49k from staff vacancies and appointments below budget and £40k from the timing of training delivery and income received.

The full year budget includes the impact of COVID-19 implications which see underspends from Training Grades offset by significant costs anticipated over the second half of the year. We are currently reflecting training grade savings of £1.19M from the extension of the current vocational training cohort for a year (savings due to the lower than budgeted trainee volume and no incoming cohort) and the extension of therapist training to November (resulting in savings from December to March as there will be no active cohort for this period). The £1.19M also includes reduced costs from the delivery of training support across several workstreams via remote platforms and the reduction of face-to-face venue and travel costs.

Offsetting these savings, we have estimated COVID costs of £574k which include the £167k training package for the Aberdeen Dental School graduates, £87k additional outreach training and reduced income of £184k for face-to-face training and a further £95k for the cost of fixed term posts working on COVID-19 guidance and recording the impact on the wider dental workforce. The start date for training arrangements for the Aberdeen graduates has been confirmed as February, one month later than anticipated.

The non-COVID full year underspend of £252k has increased by £103k as recruitment to the September cohort of Core & Specialty training posts is proving significantly more difficult than usual, partly due to the one-year extension to vocational training which has reduced the applicant pool to Dental Core training. Alternative training routes have been devised to combat some of the difficulty in filling these posts and we monitor this position as we move through the year and gain more clarity on the evolving position.

3. NMAHP

Of the year to date £44k overspend, £41k relates to COVID-19 being overtime and salary costs as staff continue to support the COVID vaccination programme. The remaining non-COVID-19 YTD £3k overspend includes costs not yet covered by the CNOD "bundle" of £75k for Dementia Champions, offset by underspends across other areas. Discussions are still ongoing with CNOD with regards to confirming the full approval of the Bundle.

The full year budget reflects an additional £89k for the forecast impact of COVID-19. This could potentially increase in future as the two additional Public Health staff may have their contracts extended to the end of December to cover the future workload within that team. Additional COVID-19 pressures of £34k are expected from the delayed start of the 2021/22 AHP Fellowship programme as well as delays to other Training programmes for which costs of £28k are also reflected. These costs are offset by projected £48k savings from face-to-face events not taking place.

The non-COVID-19 yearend underspend of £158k, is driven largely due to appointments below budget and budget adjustments, offset by small overspends in other areas.

Discussions are still ongoing with CNOD to confirm the remainder of the CNOD Bundle funding. Currently all the funding for PEFs, CHEFs and PELs has been agreed, along with the funding for Ministerial Commissions and Routine Business. Now that this funding has been agreed, we are working on finalising the budget phasing for the remainder of the year.

4. Psychology

Within the £481k YTD underspend in Psychology, a £66k overspend relates to COVID-19 and reflects additional £107k of costs in relation to extensions to training for 7 trainees unable to complete placements and additional Solihull licence costs to allow the software to be used for another year; these are offset by savings of £41k against Trainee expenses as more training was completed remotely. The non- COVID underspend of £547k is primarily driven by budget phasing of SG funding and underspends of £98k from not being able to fill vacancies in Older Adult and Children's Services in two Boards.

The full-year budget includes £153k for additional COVID-19 costs to cover the full year impact of the measures above: Trainee extensions (£112k), Solihull licence costs (£95k) and savings of £54k.

The £220k non-COVID-19 underspend reflected is due to the underspends of £98k from not being able to fill vacancies in Older Adult and Children's Services in two Boards, £47k from staff costs savings such as appointments below budget, £48k from the mis-phasing of SLA costs and £27k of other underspends across other areas.

Psychology will undertake a review of their activity and budget requirements with SG for the remainder of the year which may result in less funding being required than currently anticipated. The outcome of these discussions will not be known until October and will be reported to the board at that time.

5. NES Technology

5.1 NDS

The NDS YTD position is an underspend of £73k which comprises a COVID-19 overspend of £241k and a non-COVID-19 underspend of £314k.

The COVID-19 overspend of £241k has 3 main drivers: Azure & AWS hosting charges to support Vaccinations/NCDS, Proximity and Shielding products £159k; consultancy fees of £44k to support remedial work on Proximity App to ensure it is compliant as a medical device; and £36k for SMS Text messaging costs.

The non-COVID-19 underspend of £314k is due to savings in payroll costs of £271k due to vacant posts, changes to hours worked and appointments below budget. £60k of the underspend relates to delays meeting milestones for the delivery of the Eyecare product, however it is expected that the full plan of work will be delivered by year-end. These are offset by an overspend of £17k due to Azure & AWS hosting costs.

The full-year budget includes £535k for the forecast full-year effect of the COVID-19 impacts: Azure & AWS hosting charges to support Vaccinations/NCDS, Proximity & Shielding products will increase to £307k, SMS Text messaging costs to £100k, Consultancy costs on Proximity App £90k. Other forecast costs total £38k mainly for Pen testing.

The non-COVID-19 nets to an underspend of £2k, however within this we are forecasting the Azure & AWS hosting costs to be overspent by £68k by the year end as platform hosting usage increases. This is offset by an underspend of £68k from vacant posts. The Payroll YTD vacancy savings have not flowed through to a full year saving. The plan is to redirect these savings to recruit additional resource in the year to deliver agreed outcomes, provided we can recruit appropriately trained staff or contractors.

5.2 Digital

The YTD position is an overspend of £615k, reflecting a COVID-19 overspend of £305k and a non-COVID-19 overspend of £310k.

The YTD COVID-19 overspend relates to Learn contractors (£171k), Azure hosting costs (£62k), O365 licences (£49k), overtime (£24k) and IT equipment of £24k. These costs have no recognised budget within the directorate but will be offset by SG allocation already received and held centrally in Provisions to cover all COVID consequentials.

The non-COVID YTD overspend of £310k is due to Azure hosting costs (£233k), FNP England (£46k), Knowledge, Management & Discovery (KMD) subscriptions (£28k), Workforce Planning contractor (£24k) and preliminary consultancy work on national payroll system as requested by SG. This is offset by an underspend of £45k due to budget phasing/timing issues. Azure costs are currently running over budget and are under investigation we will update at M6 .

The full-year COVID-19 costs are £855k is in relation to non-specific COVID-19 expenditure driven by Learn contractors £408k, Azure hosting costs £150k, O365 Licence costs £117k, IT software/hardware costs £100k, and forecast overtime costs of £80k.

The non-COVID-19 forecast overspend of £292k is largely driven by increased Azure hosting costs as mention above. The directorate will continue to look to identify areas of underspend that could be used to offset the full-year forecast overspend. There is the risk that recruitment of contractors and AfC staff may be delayed resulting in an underspend.

It has been recognised that there has been an over reliance on contractor resource due to the non- recurrent nature of the funding. Budget has been identified that will allow 8 contract staff to be replaced by permanent staff supporting NES core products .This has been approved by the EET.

5.3 Provisions

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

Corporate charges and savings include Depreciation charge £1.5M, the balance of savings from vacancy factor achieved £1.2M, the apprenticeship levy £0.3M; funding for staff on redeployment £0.2M; and TEL funding of £0.4M. Budget is also held for the general COVID allocation of £1.76M. This supports a COVID-19 cost base within the directorates of £0.8M leaving a balance of COVID £0.9M which will be reviewed as the year progresses.

The provisions budget line also holds the recurring funding set aside and agreed by the Board for the costs of creating a stable Digital Infrastructure £0.5M and £0.3M FTC 3-month underwriting.

The budget for these central costs is offset by the following credit budgets which anticipate income and savings from within directorates: Vacancy lag recovery target (£2.0M); Procurement savings (£0.3M); and 20% top-slicing of Income budgets (£0.3M).

We have currently forecast a vacancy lag recovery of £2.4M. This is some £400k more than the original budget and is forecast against the current YTD saving of £1.2Mm. This will be closely monitored and is the subject of monthly review.

6. Medical Training Grades Salary Costs

Table A4: MTGS Financial Position as at 31st August 21

Financial Position as at month Ended August 2021				Period 5				
	Year to Date			Full Year				
Directorate	Current Budget	Outturn	Variance	Current Budget	Outturn	Non Covid Variance	Movement in variance	General Covid savings/ (costs)
Training Programme Management - MTG Salaries	114,584	114,611	(22)	**288,916**	288,852	64	473	(85)

All figures are in £000's

Medical Training Grade salary costs are showing a YTD overspend of £22k at end of August, of which £5k underspend is COVID-19 impact from lower spend on GP trainee travel, accommodation partly offset by extensions to training for 10 FY1 trainees.

Non COVID-19 impact is £27k overspend where higher number of paid Expansion posts are offset by lower number of GP Practice trainees who have taken up GP Fellowships or on career breaks.

The full year forecast for MTGS is an overspend of £21k of which £85k relates to net COVID-19 costs, mainly for extensions to training in FY1.

The non Covid-19 underspend of £64k is driven by lower GP Practice trainees wte as more trainees taking career breaks, accepting GP Fellowship posts. This is partly offset by higher number of expansion posts being paid as higher fill rates have reduced vacant posts in hospital.

The year-end overspend has reduced by £330k since June 21. COVID-19 cost reduction is £157k mainly due to fewer Core/ST trainees requiring an extension to training this year following latest annual reviews. Non COVID-19 reduction of £173k due to higher number of ST3 trainees taking career breaks, partly offset by higher number of Expansion posts requiring to be paid as higher fill rates have reduced vacant posts in hospital.

Table A5: Current estimated funding position:

Medical Training Grades	SG Funding Gap
Opening Funding Gap as at 1st April 2021	**(67)**
Consolidated Movement April- March forecast	
Higher number of paid Expansion posts (9 wte)	(464)
Lower number of posts (65) paid at vacancy rate	(650)
Lower number of filled wte GP posts (13 wte)	749
Lower number of GP maternity and Remedial Posts (8 wte)	334
Fewer Foundation & C/ST paid Remedials, DR and Post CCT	140
Net of all other areas	22
Revised Requirement for additional funding (Exc Covid)	**64**

*All figures are in £000's * "Other" line relates to a range of small variances the most notable being a £92k increase within GPST3 mainly due to higher pay than anticipated. There are a range of other over and underspends of less than £40k each which net off against this*

We are now reflecting the impact of the Training Grade high fill rates post the August recruitment 21/22. The additional costs from fewer vacancies are offset by more Trainees working Less Than Full Time creating the forecast underspend situation of £64k, however this is likely to continue to change as we move through the year. We will carry out a final reconciliation at the year-end after the February 2022 intake.

COVID-19 Costs and Savings

Table B1: COVID-19 Summary

Summary of COVID Funding		
Description	**COVID YTD Net**	**TOTAL FY COVID Net**
COSTS		
Specific Allocations	(825)	(3,447)
Other	(1,078)	(3,516)
Total Costs	(1,903)	(6,963)
Savings		
Total Savings	1,202	2,655
NET COVID Position	(701)	(4,308)
COVID Funding Allocations		
Specific Allocations		3,447
General Allocation		1,765
Total Allocations	0	5,212
Excess Funding as at SG as at August 2021	**-**	**904**

Specific COVID Allocations - inlcuded in Table 2	
Description	**TOTAL FY COVID Net**
Dental - Support to Universities	(795)
Digital - Vaccination	(1,992)
Digital - CARE Management	(660)
Total Specific COVID Allocations	**(3,447)**

All figures are in £000's

Table B2: COVID-19 Costs and savings by Directorate

COVID General Non-Specific Allocations	**Year to Date**			**Full Year**				**TOTAL FY COVID IMPACT**		
Directorate	**COVID YTD Costs**	**COVID YTD Savings**	**COVID YTD Net**	**COVID FY Costs**	**COVID FY Savings**	**COVID FY Net**	**Specific COVID Allocations**	**COSTS**	**SAVINGS**	**NET**
Quality Management	0	10	10	0	35	35		0	35	35
Strategic Planning and Directorate Support	(8)	169	161	(9)	180	171		(9)	180	171
Training Programme Management Excl Training Grades	(15)	151	136	(86)	228	142		(86)	228	142
Professional Development	0	476	476	(29)	694	665		(29)	694	665
Pharmacy	(127)	0	(127)	(829)	0	(829)		(829)	0	(829)
Medical Total	**(150)**	**806**	**656**	**(953)**	**1,137**	**184**		**(953)**	**1,137**	**184**
Digital	(327)	0	(327)	(855)	0	(855)	(2,652)	(3,507)	0	(3,507)
NDS	(240)	0	(240)	(535)	0	(535)		(535)	0	(535)
	(567)	**0**	**(567)**	**(1,390)**	**0**	**(1,390)**	**(2,652)**	**(4,042)**	**0**	**(4,042)**
Dental	(162)	254	92	(573)	1,194	621	(795)	(1,368)	1,194	(174)
NMAHP	(41)	0	(41)	(137)	48	(89)		(137)	48	(89)
Psychology	(107)	41	(66)	(207)	54	(153)		(207)	54	(153)
Healthcare Sciences	0	22	22	(19)	67	48		(19)	67	48
Optometry	0	8	8	0	31	31		0	31	31
Workforce	(15)	0	(15)	(40)	36	(4)		(40)	36	(4)
Finance	0	0	0	0	0	0		0	0	0
Planning & Corporate Resources	(7)	37	30	(82)	58	(24)		(82)	58	(24)
Net Provisions	0	0	0	0	0	0		0	0	0
NES Total (exc Medical Training Grades)	**(1,049)**	**1,168**	**119**	**(3,401)**	**2,625**	**(776)**	**(3,447)**	**(6,848)**	**2,625**	**(4,223)**
Medical training Grades	(29)	34	5	(115)	30	(85)		(115)	30	(85)
NES Total	**(1,078)**	**1,202**	**124**	**(3,516)**	**2,655**	**(861)**	**(3,447)**	**(6,963)**	**2,655**	**(4,308)**

All figures are in £000's

NHS Education for Scotland **NES/21/88**
Item 8c
23 September 2021

Board Paper

1. Title of Paper

2021/22 Quarter 1 Performance Report

2. Author(s) of Paper

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

3. Situation/Purpose of paper

This paper provides a summary of performance using RAG exception reporting against the NES Phase 3 Re-mobilisation Plan (RMP3) for Quarter 1 of 2021/22 and is submitted to the Board for assurance and approval.

4. Background

4.1 Performance is reported quarterly to the NES Board using RAG exception reporting for the activities, outcomes and targets which underpin the NES phase 3 COVID 19 Re-mobilisation Plan (RMP3). This report covers quarter 1 to 30th June 2021.

4.2 In response to feedback from our external auditors and the NES Board we have started work to develop a performance framework to include strategic Key Performance Indicators (KPIs) to be reported to the NES Board through a 'Balanced Scorecard' KPI dashboard incorporated into the quarterly corporate performance report. The new KPIs will cover four key business areas:

(1) Education and Quality
(2) Digital
(3) Audit and Risk
(4) Staff Governance.

It is anticipated that this enhanced performance framework will be introduced in 2022/23.

5. Assessment/Key Issues

RMP3 contains 577 targets, of which 16 are red, 47 are amber, and 514 are green. Of the 55 priority targets, 4 are red, 1 is amber and 50 are green.

6. Recommendations

The Board is asked to approve Quarter 1 performance against the NES RMP3.

Author to complete

a) Have Educational implications been considered?

☒Yes
☐No

b) Is there a budget allocated for this work?

☐Yes
☒No

c) Alignment with NES Strategy 2019-2024

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

d) Have key risks and mitigation measures been identified?

☒Yes
☐No

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

☒Yes
☐No

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

☐Yes
☒No

Karen Howe
September 2021
NES

NHS Education for Scotland – 2021/22 Quarter 1 Performance Report

1. Enhancing Performance Reporting – Balanced Scorecard

1.1 During 2021/22 we are starting to look at our strategic vision and future operating model. This will include improvements to our corporate performance framework by developing a 'Balanced Scorecard' dashboard within the Corporate Insights area of the TURAS Data Intelligence platform based on new strategic key performance indicators (KPIs) for; (1) Education and Quality; (2) Digital; (3) Audit and Risk and (4) Staff Governance.

1.2 The outcome of this work when completed will be improved performance reporting and assurance through a single overarching view of the key areas of NES's performance in relation to strategic priorities as well as detailed performance reporting against the activities, outcomes and targets which underpin NES operational plans. While the 'Balanced Scorecard' is designed to improve performance reporting, this existing report does give an overview of performance (Red, Amber and Green) in relation to the NES strategic themes to identify key areas which might require additional focus. (see 'Targets by Strategic Theme' in Diagrams 1 and 2)

1.3 To date, a People and OD Dashboard for (4) Staff Governance is in place to support the NES Strategy 2019-24 (See the *'NES a Higher Performing Organisation'* strategic outcomes) and the NES People & OD Strategy. The NES People and OD Dashboard KPIs will also be reviewed as part of this work, and the current Power BI dashboard will function as the model for the three dashboards yet to be developed (Education and Quality, Audit and Risk and Digital) and the overarching 'Balanced Scorecard' dashboard for reporting to the Board.

1.4 Initial scoping work has identified that without a consistent delivery model across the organisation, demonstrating impact on the NES strategic themes and outcomes through KPIs is complex and although some performance data does exist, it is often fragmented and held in multiple places. In addition, achievement of the project objectives and outcomes is dependent on internal capacity for KPI development as well as digital expertise for data capture and Power BI design at a time when COVID recovery remains a priority. Feedback from the Education and Quality Committee in early July 2021 on initial proposals resulted in a rethink and we are currently considering commissioning external expertise to support the review of our strategic vision and operating model which will in turn support the development of a new performance framework and strategic KPIs.

2. Summary of Performance

2.1 This report covers 2021/22 quarter 1 performance against RMP3. There are 577 targets, of which 55 (10%) are priority targets. Diagram 1 shows the performance across the priority targets and diagram 2 outlines performance across all targets. Performance is measured using RAG (Red, Amber, Green) ratings, definitions of which are set out below:

- **Red** – progress has not been satisfactory. The target is more than 10% off the stated goal and/or delayed by more than 3 months.
- **Amber** – progress against this target/outcome has not been fully satisfactory. The target is up to 10% off the stated goal AND/OR is delayed by up to (and including) 3 months.

- **Green** – progress against this target/outcome has been satisfactory, with 100% of the target achieved or exceeded AND meeting all time deadlines.

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

2.2 This report also covers the final status of the 86 2020/21 targets that had an amber rating at the year-end (Table 7.5).

3. Corporate Dashboard

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

Note: this requires a TURAS user sign in.

4. Priority Targets

4.1 Of the 55 priority targets, 4 are red, 1 is amber and 50 are green (see Diagram 1). All priority target updates were reviewed to ensure they accurately reflected the content of the target and that the RAG rating was correct. Two targets were followed up for further clarification, with one target changing from green to red.

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

4.3 A spreadsheet with all 55 priority targets along with their quarter 1 updates and RAG status can be found here - further details of the red and amber priority targets are outlined in Tables 7.1 and 7.2 below.

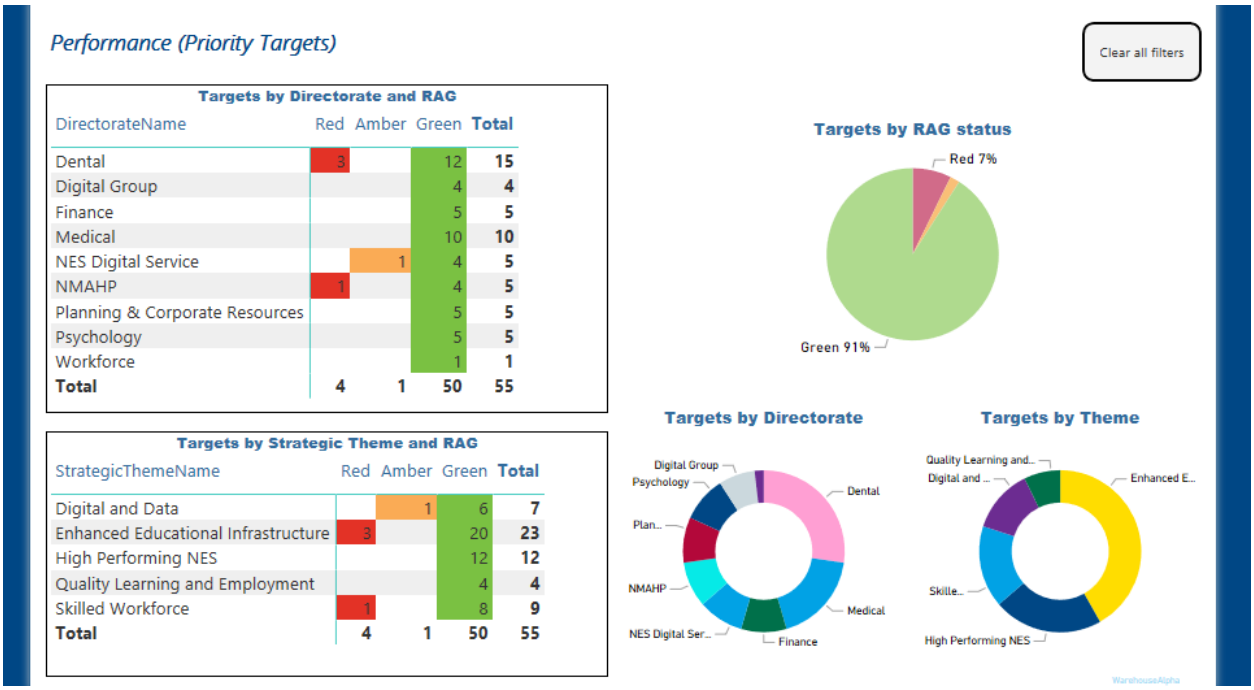


Diagram 1 – Summary of performance for <u>priority</u> targets (Q1, 2021/22, n=55)

5. All Targets

5.1 Overall, there are 577 targets, of which 16 are red, 47 are amber, and 514 are green (see Diagram 2). As part of quality control, the red and amber targets were reviewed and 10% (n=50) of the green targets were selected to ensure the update accurately reflected the content of the target and that the RAG rating was correct. Following review, one target was checked further, but no changes were made to the RAG status.

5.2 The red non-priority targets are outlined in Table 7.3 *(Note: priority targets have been excluded from Table 7.3 to avoid duplication).*

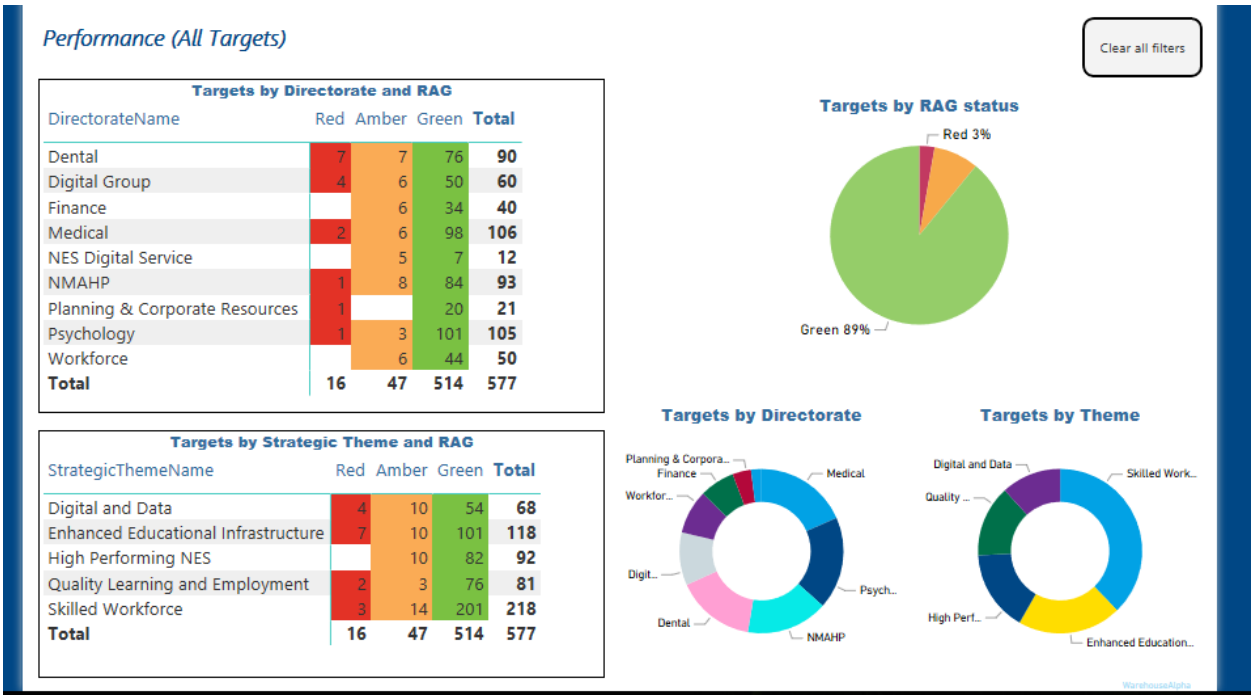


Diagram 2 – Summary of performance for <u>all</u> targets (Q1, 2021/22, n= 577)

6. 2020/21 (Prior Year) Q4 Amber Targets

6.1 Of the 86 2021/22 targets which were rated amber at Q4, 38 moved to red (25 of which were for COVID-related reasons), 13 remained amber (i.e. up to 10% under target, rather than up to 3 months delayed), and 35 moved to green. Table 7.5 shows the 38 targets that moved from amber to red.

7. Tables

7.1 Red Priority Targets Q1
7.2 Amber Priority Targets Q1
7.3 Red Non-Priority Targets Q1
7.4 All non-priority amber targets Q1
7.5 2020/21 (prior year-end) amber targets not achieved by end of Q1

Table 7.1 – Red priority targets Q1 2021/22 (COVID 19 impacted targets highlighted in BLUE).

Priority Target	Update
Dental - In-service competitive training grant (bursary) support 35-40 specialist Healthcare Science practitioners, Clinical Scientists and Higher Specialist Practitioners with common core attributes to ensure the ongoing supply of postgraduate Healthcare Science staff. (TAR0004009)	28 bursaries have been awarded. Satisfied with out-turn. This is less than target due to lack of available funding and due to the nature of the applications received.
Dental (Optometry) - To support a minimum of 45 Optometrists through the Ocular Therapeutics course at Glasgow Caledonian University (GCU) beginning in Q2. Measured by enrolment in September 2021 Module 1 and continuing support to complete Modules 2 and 3 by Q4. (TAR0003993)	COVID 19 - We have a backlog of placement requests. To prevent any further bottleneck of placements 30 places have been agreed to be funded.
Dental - To provide up to 163 training posts for Dental Vocational Training (DVT) in order to match the final output of the Scottish Dental Schools by July 2021. (TAR0004129)	COVID Impact - Target will not be me as there will be no Scottish Dental School output in July 2021.
NMAHP - We will develop a digital capability self-assessment tool by March 2022. We will also support the Nursing, Midwifery & Allied Health Professions' contribution of the implementation of the Technology Enhanced Learning (TEL) Trainer/Facilitator Short Life Working Group recommendations by March 2022. (TAR0004527)	1. Digital Self-Assessment Tool - Discussions progressed with Health Education England (HEE) regarding the use of the Digital Literacy Self-Assessment Diagnostic Tool. It is probable that the tool will not meet the needs of educators in NES. Further discussions regarding a suitable tool is in progress. 2. A 2-year funding proposal to embed Technology Enhanced Learning (TEL) in NES has been submitted to the NES Executive Team on behalf of the TEL Governance Group. Progress will be delayed until funding has been confirmed. TEL resources are available on intranet and Turas Learn site and a regular TEL meet up is provided for all NES staff.

Table 7.2 – Amber priority targets Q1 2021/22 (COVID 19 impacted targets highlighted in BLUE).

Priority Target	Update
NDS - Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) version 2 will deploy in Forth Valley Royal Hospital in Q4 2020-21. During Q1 2021-22 it will be rolled out across primary, secondary, and unscheduled care services in NHS Forth Valley and that work will continue into Q2. Subject to finalising agreements in Q2 2021-22, ReSPECT will be deployed within NHS Borders, utilising an initial delivery site and then wider roll out across all relevant services. During 2021-22 the next board for delivery will be identified, preparatory work undertaken and the timetable for delivery agreed. During 2021-22 the NDS Respect team will continue to support and iterate deployed technology. (TAR0004024)	Product deployed in live running in Forth Valley, but has not yet been rolled out. Engagement ongoing with additional sites to develop spread and scale of product to other sites. Work initiated through the Health and Social Care Alliance to explore citizen/patient/family view of ReSPECT data.

Table 7.3 – Red non-priority targets Q1 2021/22 (COVID 19 impacted targets highlighted in BLUE)

Target	Update
Dental - To provide a preparatory Train the Trainer programme (START) for 100% of new Therapist Vocational Trainers appointed for academic year 2021-22. (TAR0004134)	COVID - No new therapy trainers will be recruited for 2021/22 as a result of delayed output from some universities and no Therapist Vocational Trainees being recruited.
Dental - To provide educational activities for Vocational Dental Practitioners for academic year 2021-22, equivalent to 25 study days for each of the 16 schemes for 10-12 VTs per scheme. (TAR0004127)	COVID - Due to VT being extended until July 2022 rather beginning a new training cohort, study days are likely to total 35-37 across the 2-year training period.
Dental -To provide up to 20 training posts for Therapist Vocational Training (TVT) by July 2021. (TAR0004132)	COVID - No recruitment to Therapist Vocational Training will be provided for the 2021-22 training year due to extension of current TVTs being provided until November 2021.
Dental - 100% of Vocational Dental Practitioners (VDP) to be considered for satisfactory completion of training at the National Review Panel (NRP) in June/July 2021, or through pre-screening processes. (NB Date is flexible due to expected impact of COVID 19). (TAR0004131)	COVID - All VDPs have been offered training extension, and no requests have so far been made for NRP assessment. Panels have been convened for those in additional training posts, and all those VDPs will complete training by July 2021. Panels will be convened at appropriate intervals throughout the year as required.
Psychology - Psychology Trainee survey - continue work on presenting a review of the survey's first year of implementation (after delays due to Covid-19) and agree a process for the publication of survey results from year 2 onwards. (TAR0004378)	COVID - COVID adaptations in Clinical Practice and in NHS services have taken precedence. No progress from Digital on Reporting.

Target	Update
Planning & Corporate Resources - By March 2022, all scheduled education programmes are subject to rigorous Educational Governance scrutiny. (TAR0004553)	This target is no longer relevant following a review of Educational Governance arrangements. The agreed Quality Assurance model will no longer involve scrutiny of individual programmes (except where they are subject to external regulation). Target to be closed.
Medical - In partnership with territorial and special NHS Boards jointly fund a key workforce member to commence academic training in Human Factors and Ergonomics by March 2022. Looking for funding (88k) to support each Board to identify a key workforce member to undertake academic training in Human Factors over 1-2 years at an accredited university and NES safety, skills and improvement research collaborative to undertake related evaluation. (TAR0004227)	This objective/target has been ongoing for several years but has not attracted appropriate funding. As such, it has therefore been decided to remove this target until such funding is identified.
Medical - Complete the pilot and evaluate a multi-disciplinary LaMP programme for clinical staff by November 2021. Provide an evaluation report for the L&M Forum by December 2021. (TAR0004242)	COVID - This target is on hold at present due to COVID restrictions, re-prioritising of our workload and whilst we wait for a clearer direction of travel from the leadership and management forum as they reconnect with the NES Executive team.
Digital Group - Subject to Directorate Funding. Deliver efficiencies and improve accessibility to appraiser training by introducing remote learning and online applications. (TAR0004262)	No funding received, so work cannot go ahead. Target to be closed.
Digital Group - Subject to Directorate Funding. By March 2022 improve the reporting of the current quality of Education Providers by extending Turas Quality Management reports (currently used by NES Pharmacy) to cover all NES Directorates. (TAR0004260)	No funding received, so work cannot go ahead. Target to be closed.
Digital Group - Develop link between Turas Learn and Turas Appraisal allowing learning record to be viewed and created as part of the Personal Development Plan (PDP). (TAR0004261)	COVID - As the mandatory learning modules have still to be agreed and developed, we cannot automatically populate the PDP for a staff member.
Digital Group - Subject to funding. By March 2022 improve the quality of education by extending Turas Quality Management (currently used by NES Pharmacy) to cover other NES Directorates. (TAR0004257)	No funding available. Work will not be completed - target to be closed

Table 7.4 – All non-priority amber targets Q1 (COVID 19 impacted targets highlighted in BLUE)

Target	Update
Dental - Evaluate at least one QI initiative in relation to a guidance topic (Reduction in Antibiotic prescribing / (Medication-related Osteonecrosis of the Jaw (MRONJ)) / Oral Health Assessment and Review (OHAR)) by March 2022. (TAR0004184)	Analysis of data from the national antibiotic audit has been paused due to the challenges in extracting and entering quantitative data when home working.
Dental - To provide educational activities equivalent to 12 days training for 100% of Vocational Dental Therapists for academic year 2021-22. (TAR0004133)	COVID - As there will be no recruitment to Vocational Dental Therapists, educational events will be provided for therapy graduates from end of November 2021 to July 2022. Number and content not yet established with new Therapy adviser.
Dental - To have 3 tutors to be enrolled on Scottish Improvement Foundation Skills (SIFS) or The Scottish Coaching and Leading for Improvement programme (SCLIP) accreditation by the end of Q4. (TAR0004003)	COVID - Three tutors prepared to be engaged with the programme. However, programme currently not being delivered due to COVID 19.
Dental - Host an educational event to mark 10 years of Caring for Smiles and relaunch of programme. Support all boards involved in Caring for Smiles training with blended delivery, including exploring options for remote assessment. (TAR0004139)	COVID - In conjunction with our key partners, the decision has been made to cancel the planned educational event to mark 10 years of Caring for Smiles. This decision has been taken due to the impact of COVID 19 specifically on the care home sector. 17 learners attended foundation training with 1 completing this to date with the remainder pending certification. In partnership with the Care Inspectorate, have produced a quality illustration for the delivery of oral care in a care home which is to be used during inspections of care homes in all health board and local authorities.
Workforce - Continue to support Directorates in improving their compliance rates for Personal Development Planning & Review and Essential Learning through design and delivery of an effective and timely programme of learning and peer support for new and current managers ensuring 60% of new line managers participate in programme. (TAR0004636)	New reporting arrangements in place and additional learning support now available. Line manager programme is progressing but has been limited due to capacity issues. The Workforce Directorate Content Owners Group is now established and, by the end of Q2, will have agreed analytic metrics to measure this objective.
Workforce - Subject to funding, source and implement an online matching platform for a National Health and Social Care coaching and mentoring collaborative, recruiting up to 50 coaches from partnering organisations. (TAR0004081)	Discussions with SG around the feasibility of developing a bespoke online platform for coaching to be established
Workforce - By March 2022 A) carry out the development phase to produce a foundation level leadership & management development resource, and B) Pilot on-line materials and methods with two multidisciplinary groups across the Health & Care System. (TAR0004086)	The development of the resource has been paused while discussions take place at a senior level regarding strategic direction and resourcing.

Target	Update
Workforce - Establish baseline metrics for our online Turas apps, learning zones and resources and look to increase average levels of access by 25% in year 2. (TAR0004098)	Developments have continued on existing sites together with the creation of further new sites to support the Digitally Enabled Workforce. Maintenance of existing sites continues on a regular basis. Governance and management of the sites is under the remit.
Workforce - Support the development of a community of change agents from health and social care organisations, hosting 4 community events and providing support to 20 paired learning partners. Offer 20 places on OD development programme. (TAR0004074)	Continuing pressure on the capacity of partner organisations and NES ODLL has paused progress on setting up the planned engagement sessions. We have allocated 13 of the 20 available OD Essential programme spaces.
Workforce - Continue to influence the development and range of appropriate Apprenticeship frameworks in collaboration with Scottish Government, NHS Boards, Skills Development Scotland Support, College Development Network and contribute to 4 recruitment campaigns promoting career opportunities in health and social care. (TAR0004094)	Ongoing support for national Employability & Apprenticeships Network. Working closely with SG, SDS and DWP on a range of issues. Work has also started in connection with NHS Scotland Academy.
Psychology - Support 50 further completions of the eModule on supervising psychological interventions. Review content in line with the ongoing updates to 'The Matrix (2015): A Guide for Delivering Evidence based Psychological Therapies' and new training programmes (e.g. Enhance Practitioner training programme) that may influence the supervision of psychological therapies. (TAR0004443)	8 staff members completed the Supervision of Psychological Interventions E-learning module in Q1.
Psychology - Monitor recruitment and employment diversity data for the NES funded Psychology Training programmes and provide regular robust data to inform individual training programme activities. Annual reports produced in response to recruitment for 6 Training Programmes. Monthly trainee activity reports collated to monitor changes in Trainee training circumstances. (TAR0004361)	Monitoring of recruitment and employment diversity data for psychology training programmes has continued however there has been some impact on data collection processes as a result of challenges with staff resource/capacity. Delayed.
Psychology - Subject to SG confirmation of funding, offer a minimum of 2 training events (120 places in total) on each of the advanced Training in Psychological Skills - Paediatric Healthcare (TIPS PH) training on: "Improving Adherence/Concordance; Advanced Communication and MI Skills"; "Significant Conversations, Life Limiting Conditions and Palliative care" and "Understanding Persistent Physical Symptoms in Paediatric Healthcare" to paediatric healthcare staff across Scotland. (TAR0004409)	COVID - No training events in advanced modules offered or arranged as yet. Modules to be transformed for remote delivery and promoted for delivery among local trainers. (COVID-related delay as modules have to be adapted for remote delivery).
NMAHP -Subject to funding, in response to COVID-19, design and deliver online coaching skills to a minimum of 30 allied health professionals by March 2022. With a focus on remote consultations, this aims to further	Funding has yet to be agreed to support the development of the proposed Coaching facilitated learning sessions for Allied Health Professionals. A design and delivery plan is currently being considered.

Target	Update
develop skills to deliver clinical and therapeutic interventions which empower and enable parents and others. (TAR0004350)	
NMAHP - By March 2022, working in partnership with Scottish Government national lead and subject to funding we will complete one Scoping and one Learning Needs Analysis of Allied Health Professions undertaking new roles in Primary Care settings. We will develop a business case to support these learning needs. (TAR0004535)	Awaiting confirmation of funding to progress this work. Preliminary conversation has been had with Scottish Government Allied Health Professions Lead for Primary Care and we will explore the possibility that this work will focus on Occupational Therapy in Primary Care, linking to the National Occupational Therapy in Primary Care group.
NMAHP - By March 2022, in collaboration with cross-directorate NHS Education for Scotland Medical and Ophthalmic colleagues we will scope service and education needs for adoption of the Ophthalmic Practitioner Training in Scotland. (TAR0004513)	NES Strategic Leads and Scottish Government agreed programme on hold.
NMAHP - Aligned to the Health and Care Professions Council recommendations, by March 2022 we will: (1) publish the national guidance to support Allied Health Professions' return-to-practice placements online, (2) design one e-resource to facilitate learners to arrange supervised practice placements in Boards and social care settings through the Practice Education Leads' Network, and (3) develop a business case to establish a national approach to cover the pre-requisites for prospective Allied Health Professions' returners to practice. (TAR0004540)	There have been initial discussions with Health Education England regarding formalising role of NES supporting Allied Health Professions Return to Practice. A student is currently reviewing the potential use of Quality Standards for Practice Learning to support returnees.
NMAHP - Subject to Funding - By March 2022, continuing professional development (CPD) will be designed and delivered to a minimum of 75 School Nurses. CPD content will focus on the 2019 learning needs analysis and be in collaboration with the National School Nurse Implementation Group. Blended learning approaches including digital technologies will be utilised to maximise engagement. (TAR0004341)	Funding has yet to be agreed to support the Continuing Professional Development design and delivery for School Nursing.
NMAHP - Subject to funding, by March 2022, we will address clinical skills learning needs of AHPs for COVID-related redeployment and the Framework for Recovery and Rehabilitation after COVID-19 through: development of 2 e-resources; recruitment of a minimum of 3 Clinical Skills Simulation Faculty Members; and delivery of 8 simulation sessions to 64 AHPs and 3 webinars to a total 240 people. (TAR0004529)	Initial discussion being organised to link internal NES Allied Health Professions Team with Clinical Skills Managed Education Network colleagues to consider how best to address clinical skills learning needs of Allied Health Professionals for COVID-related redeployment and the Framework for Recovery and Rehabilitation after COVID-19.
NMAHP - By March 2022 and subject to funding, scoping exercise will be undertaken to identify the needs and gaps in formal accredited education for support workers within specific allied health professions and a report	On hold until new Practice Educator Coordinator (PEC) comes into post in mid-July by which time hope to have confirmation of funding. PEC to oversee 2 expressions of interest: one to explore foundation, modern and graduate apprenticeships; and one to

Target	Update
published describing recommendations for sustainable approaches to delivery. (TAR0004505)	explore pre-registration articulation routes. Both expressions of interest will initially focus on radiography to align with AHP Transforming Roles work.
NMAHP - By March 2022, we will initiate the development of a national midwifery career framework and education framework working in collaboration with key stakeholders. (TAR0004640)	Awaiting funding to support educator secondment to lead the development of midwifery career framework, which is the reason this target is defined at Amber at this stage. Discussions are in progress.
NDS - Subject to final agreement with the SG, NDS will develop and deploy a media store on the NDP to create a national data store for unstructured information (such as image files or PDFs). The first use case will be determined by the Scottish Government, but is likely to be to support GP workflow. The store will require the use of a range of platform capabilities, including those identified above for RBAC and CHI). The likely 'go live' date for the first use case is likely to by the end of Quarter 2 2020-21, with further development work across the year. Resources required will be fully scoped as part of the commissioning process (to determine whether with the time constraints it is reasonable to contain the work within the existing team. (TAR0004019)	Policy decisions on this remain outstanding.
NDS - During 2020-21 NDS will deliver services to support Role Based Access Control and CHI linkage for ReSPECT (Recommended Summary Plan for Emergency Care and Treatment) and Eyecare (open-source electronic patient record for Opthalmology called 'OpenEyes'), together with integration with other systems including the National Integration Hub (which has supported various COVID related programmes of work). In 2021-22 this will be extended to support Treatment Summaries and other deliverables, as well as supporting the roll out to other Boards of the Respect and Eyecare work; subject to final agreements being in place NDS will also implement and operationalise on the NDS AWS (Amazon Web Services) environment a version of the Nextgate EMPI (Enterprise Master Patient Index) to provide particular support for the vaccination programme. (TAR0004020)	Close working with NES colleagues to understand how work on TURAS can be re-used to support objectives in this area, particularly for treatment summaries.
NDS - Cancer treatment data is captured via integration with board systems and structured forms, held on the platform and then presented through a range of interfaces for secondary care users, primary care users and people with cancer. Scope of this commission is delivery in head and neck cancer in NHS Lothian and prostate cancer in NHS GG&C, with plans for wider scale-up developed alongside delivery. (TAR0004023)	Private-beta product to be delivered by the end of July 2021. Close working at strategic and operational levels across a complex, multi-stakeholder delivery programme.

Target	Update
NDS - Work is being scoped during Quarter 4 of 2021-22 to determine the business requirements for a pre-diabetes service similar to SCI-D and the likely work required to deliver the digital and data componentry. While this has a high policy priority any work will only go forward in 2021-22 if the SG identifies additional resources to support the work. (TAR0004616)	Policy decisions on this remain outstanding.
Medical - Review the experience of Training Practices hosting GP Returners from a support and workload perspective to inform future development of the programme. (TAR0004236)	Plans for the project are dependent on appointment of GP Education Fellows from August 21. Further planning will take place following this.
Medical - To help ensure our training courses are run efficiently and safely in COVID (and post-COVID) era, we will hold regular reviews with our tutor panel (at annual conference) and Appraisal Leads (at national meetings) to discuss user feedback and improve course content. The New Appraiser course will continue delivery in 2021/2022; and the Refresher Appraiser courses will be reviewed and piloted. We will conclude the review on Refresher courses before July 2021 and run 9x Refresher events before March 2022. (TAR0004203)	COVID - due to health issues with key personnel, the Refresher programme has been delayed by one month from September to October. However, with the new format we should be running more than the 9 refreshers previously planned. Monthly review meetings have been set up between Postgraduate Deans and Associate Postgraduate Deans and Training Manager to review progress of training courses and other activities.
Medical - By July 2021, develop and pilot a formal evaluation process for the new Recognition of Trainers (RoT) process. The formal evaluation will be conducted between July and December 2021 and a report prepared for MDET by the end of March 2022. (TAR0004240)	Our RoT Manager is currently on long-term sick leave and at this stage we are unsure when they will be fit to return to work. Their day-to-day RoT duties are being picked up by the team however this additional piece on work is likely to be delayed.
Medical - Complete the redesign and move to an automated request and approval process in partnership with lead employer for LTFT (Less Than Full-time Training) and continued monitoring of existing LTFT working arrangements. To develop an online OOP (Out of Programme) request process. (TAR0004041)	Due to backlog of bids vs resources this work has not been possible for Digital to carry out. Discussion to take place on the development of a generic functionality that would support this in current financial year. As part of Trainee Wellbeing and Support Project policy review taking place and agreement reached on Board approvals and when required for renewal. Work to be done in Q2 on use of MS Forms as an interim solution.
Medical - Ensure successful recruitment of agreed number of GP Fellows (Rural, Health Inequalities, Education, Academic and Paediatric) using resources available including UK systems and provde resource for payment/employment of Fellows. GP Fellow MAX numbers: 0.5x12 wte rural fellows, x4 0.5 wte medical education, health inequality - x1 1 wte west, 0.5 wte in SE and 0.5 wte in east, Academic 4.0 wte. (TAR0004221)	Recruitment to the GP Fellows is under way. All Medical Education fellowships have been appointed. 8 out of the 10 Remote and Rural fellowships have been appointed and despite a second advert, we have been unable to fill the remaining two posts. Two out of the three health inequality posts have been filled and the third post is being interviewed for shortly. Paediatric Scholarships were postponed for 2020 and 2021 as the cohort from 2019 have been unable to complete their last module and clinic attachments. Recruitment to the scholarships will resume for the 2022 intake.

Target	Update
Medical - Grow the Practice-Based Small Group Learning (PBSGL) programme membership by 2.5% and / or to at least 420 groups and increase multi-professional membership to at least 35%. GP = 70%, GPN = 15%, Pharmacy = 14%, Other = 1% (GP 70% / Other professionals 30%). (TAR0004199)	COVID - Grow the PBSGL programme membership by 2.5% and / or to at least 420 groups and increase multi-professional membership to at least 35%. GP = 70%, GPN = 15%, Pharmacy = 14%, Other = 1% (GP 70% / Other professionals 30%) Overall membership baseline at 31st March 2021: • 3505 active members • 522 active groups Current figures as at 31st May 2021 are: • 3437 active members (-1.94%) • 516 active groups (-1.15%) Membership breakdown baseline as at 31st March 2021 GP members: 1747 GPST members: 992 Nursing members: 369 Pharmacy members: 360 Current figures as at 31st May 2021 are: GP members: 1722 (-1.43%) GPST members: 999 (+0.71%) Nursing members: 354 (-4.1%) Pharmacy members: 340 (-5.5%) Non GPST membership is dropping a little each month, we think due to the continued pressures on primary care from the pandemic. We are mitigating this by engaging with all lapsed and pending members to try and encourage them back to active membership, and an improvement project will be taken forward during 2021 to boost numbers back to pre-pandemic levels. However, please note that numbers do fluctuate each month depending on when members fees are due and how quickly they settle their account. PBSGL is normally a peer led activity which is held face to face. At the moment, meetings are virtual which may not suit everyone's learning styles. The fact that numbers have held so well during the year is testament to the value members see in their meetings.
Finance - Scope the potential for using the NES Corporate Dashboard for internal financial reporting. (TAR0004070)	Once Key Performance Indicators have been agreed at a corporate level, this activity will be progressed.
Finance - Budget letters detailing 3-year budgets are issued by end of June 2022. (TAR0004125)	The budget letters have not yet been issued due to the focus on preparing the Annual accounts. The budget letters are in currently draft form and will be issued by the end of July.

Target	Update
Finance - Develop a suite of BOXI Reports which are available to Analysts and Finance Managers to support financial reporting to budget holders. (TAR0004068)	This activity has been delayed due to the vacant Head of MIS post. Alternative resources will be identified to enable completion by the end of the financial year.
Finance - Work with NDS and Scottish Government colleagues to agree a recurrent baseline budget position for NDS. (TAR0004113)	Although a 3-year funding agreement is in place - this is not baselined. Work continues with SG to agree a mechanism for all digital investment which recognises both the initial development expenditure and the ongoing recurrent 'tail' needed to host and maintain products.
Finance - Complete a review of reporting needs within Finance including Finance Business Partnering model. (TAR0004069)	This activity has been delayed due to the vacant Head of MIS post. Alternative resources will be identified to enable completion by the end of the financial year.
Finance - Review, update and monitor KPIs and update HoS (Heads of Service Group) dashboard on a regular basis, as dictated by demands of pandemic. (TAR0004049)	COVID - re-prioritisation of activities has meant this has not been a focus. A combined review for Finance and Procurement will be scheduled for Q3 to determine applicability of ongoing baseline detail (also links to latest board requirements).
Digital Group - Carry out 4 significant publicity campaigns around priority workstreams, as identified by ET/SOLG, (e.g. Year in Review, professional recruitment campaigns) including a range of appropriate communications channels, paid promotion, creation of marketing assets, internal communications, use of the corporate website, social media activity. Support other communications activity and projects as directed by the organisation, e.g. Smarter working, Coronavirus-related comms, careers and recruitment. (TAR0004328)	On hold pending work around NES strategic direction.
Digital Group - Ensure there is a suitable technical replacement to support Operational Planning when our SNOW license agreement ends. (TAR0004307)	COVID - This work has been deprioritised in part due to ServiceNOW licences being extended for 2 years in April 2021.
Digital Group - Enhance the updates of employee information related to employees joining or leaving NHS employment, or moving employment within the NHS. (TAR0004278)	Work has not started but will be prioritised with in the Turas Plaform team to commence after O365 integration is complete.
Digital Group - Extend the use of Payments within Turas Learn by extending functionality passed fixed rate fees. (TAR0004316)	Turas Learn can now accept fixed rate fee payment, which is being improved following user feedback. Work to extend this functionality to handle other fee structures to be planned into this financial year.
Digital Group - Develop a core data module in TURAS to store accurate info about NHS employees, thereby improving the employment experience through tailored employment support and advice. (TAR0004291)	Ties in with Joiner, mover, leavers work (TAR0004278), will be prioritised within the TURAS Platform team to commence after O365 integration is complete
Digital Group - Subject to Funding from potential carry over of remainder of Transformation Fund. Develop and operate a mechanism to integrate the e-Rostering data with SSTS. (TAR0004277)	Development work dependent on discovery work being carried out by national project team at NSS - project timelines have been refocused due to changing project priorities &

Target	Update
	decision to pull forward roll out of Allocate software. NES waiting on update from NSS of revised timelines.
Dental - 100% of Vocational Dental Therapists to be considered for satisfactory completion of training at the National Review Panel in June/July 2021. (TAR0004135)	COVID - This will be delayed until October 2021 in line with the offered training extension for Vocational Dental Therapists.
Dental - Develop and delivery of a half days training, on community eyecare to a GP audience (as part of the GP trainee half day ophthalmology training, with usual audience around 60 GPs), to support the expanding support offered by Optometric practice. To deliver to the west of Scotland trainee GPs in Q1 and Q3. (TAR0003998)	We have not been re-engaged with by the GP trainee team with regards to this running again.
Dental - Deliver a comprehensive programme of up to 250 CPD events across Scotland. Including up to 3 larger conference events (one being joint with Clinical Effectiveness) and offering up to 150 places at each conference with attendance of at least 90%. Delivery will be a balance of online, blended and face-to-face formats, depending on the COVID restrictions as the year progresses. 3-year target. (TAR0004187)	NES is still not able to commission in-practice training (approx 70 events per year) and therefore the target is 180. Detailed discussions within the CPD adviser group suggests that this target is unlikely to be met, given face-to-face training is not currently possible. It has been agreed to keep the target as it stands and not to submit a request to reduce this, given we have been able to evidence as to why this has not been achieved.

Table 7.5 - 2020/21 targets rated amber at year end not achieved by the end of Q1 (now rated red) (COVID 19 impacted targets highlighted in BLUE)

Target	Update
Dental - To provide an educational study day programme for Vocational Dental Practitioners for academic year 2020-21. 25 study days for each of the 17 schemes for 10-12 VTs per scheme. TAR0003526	COVID - Due to the impact of COVID and the extension of training until July 2022, 89% of the planned study days for 2020/21 have taken place to date. The extension of training will allow the remaining days to be delivered as part of the additional training year
Dental - Provide access to training and development for educator staff in Vocational Training to ensure they have the necessary up to date skills to continue to deliver learning activities. 19 educator staff for 3 events per year. TAR0003572	COVID - Introductory presentations on technology enhanced learning and GoTo training have now taken place. Topics for face to face or online development sessions have still to be identified for educator staff and are planned during 2021/22.
PRIORITY TARGET – Dental - To provide AWI training for dentists providing care to Priority Groups where consent is an issue in order that they may sign Incapacity certificates relating to dental treatment. Up to 30 places available over 2 courses with expected minimum uptake of 95%. (TAR0003545)	COVID - Due to continuing COVID restrictions on face to face delivery and availability of specialists to support the development of resources required for a blended format, a further delay in delivery has taken place which will hopefully recommence in Q2 of 2021/22.

Target	Update
Digital Group - 3 YEAR TARGET Deliver efficiencies and improve accessibility to appraiser training by introducing remote learning and online application form in the Scottish Online Appraisal Resource (SOAR) system - the on-line tool that supports the appraisal process for doctors working Scotland by December 2020. (TAR0003424)	COVID - Work continues to be delayed by COVID-19 priorities. Engagement with the SOAR team is required in Q2 to determine how this work will progress.
PRIORITY TARGET Digital Group - 3 YEAR TARGET Reduce time taken to triage Pharmacy Education Providers by 25% to identify which need support (activity) by providing a list of Education providers with approval status, RAG status - list to be available by June 2020, and reduction in triage time to be assessed by October 2020. (TAR0003405)	No further work planned on Turas Quality Management due to a lack of identified funding.
PRIORITY TARGET Digital Group - 3 YEAR TARGET Develop link between Turas Learn and Turas Appraisal allowing learning record to be viewed and created as part of the PDP by June 2020. (TAR0003423)	COVID - As the mandatory learning modules have still to be agreed and developed, we cannot automatically populate the PDP for a staff member.
PRIORITY TARGET Digital Group - 3 YEAR TARGET SUBJECT TO FUNDING Operate the solution which integrates the e-Rostering data with Scottish Single Timesheet System for NHS Lothian, Grampian, D&G and Tayside. (TAR0003426)	This work is delayed. National eRostering Programme Team is now in place to drive this work forward and are currently going through a discovery process to determine best way forward for the integration. We are now at a place where NES Digital have developed all they can until the programme moves on. Project has not moved on since last update. National eRostering Programme Team are evaluating ways to progress.
PRIORITY TARGET Digital Group - 3 YEAR TARGET Build business case to replace the functionality of Kenexa by the end of Q2 20/21. (TAR0003410	COVID - This work has been delayed by COVID. It is our understanding that Workforce / HR colleagues have identified an alternative solution within JobTrain
Finance - Produce internal and external timetables and guidance to the finance team and organisation before the Operational Planning window opens. (TAR0003311)	COVID- Timetables were issued on time but due to the impact of COVID on the availability of SG planning assumptions, key messages covering the wider op planning process were issued to Directorates, rather than specific finance guidance. No longer required. Replaced by related target in 21/22 TAR0004124
Finance - Department will provide a variety of training events for all staff to develop their skills and understanding of the role of the finance and procurement functions. This will be achieved in part from the I Want to Know More About (IWTKMA) sessions which will be held at least 8 times each year. (TAR0003332)	COVID- Due to working from home, the IWTKMA sessions have not happened as frequently as intended. However, Team meetings are still going ahead where staff receive regular updates. Additional team training events are also being delivered using Microsoft Teams, and Finance business Partnering Training has been completed alongside representatives from other Boards. Similar Target for 21/22. TAR0004106
PRIORITY TARGET Finance - Twice yearly formal budget review meetings with responsible officer/s from Directorates. Meeting to be led by Head of FBP supported by the Head of Finance and/or Director of Finance. First meeting before Operational Planning and a second meeting in February. (TAR0003291)	COVID - Although the first meetings were held as planned due to COVID work pressures across NES the second meetings were de-prioritised and not held with every directorate. Instead, targeted conversations over specific significant variances were held. There is a similar Target for 21/22 (TAR0004109)

Target	Update
Finance - Support the review of ACT to ensure a framework and associated guidance is agreed by NES and territorial Boards. (TAR0003307)	COVID - work has slowed due to clinician availability but is still progressing and will be finalised in 21/22. TAR0004115 now applies.
Finance - Support directorates to compile appropriate activities, targets and budgets for upload into MiTracker during October. (TAR0003313)	COVID - This activity was completed in the first week of November due to annual leave and COVID related pressures in directorates and the finance team. No longer required. similar Target created for 21/22 TAR 0004121
Finance - Team managers will ensure that Handover notes continue to be maintained for all roles to support a smooth transition when new members join the teams. Induction pack to be enhanced to include expectations and key information requirements for each role. This information will supplement the Finance Induction Handbook. (TAR0003333)	The Finance Induction handbook is updated as appropriate. Handover notes continue to be updated with relevant handover notes in the Finance Business Partner team being reviewed in readiness for staffing changes expected Q1 21/22. Similar Target for 21/22 is TAR0004073.
Medical - Support the academic development (via distance learning) of a key individual in each NHS Board to enhance their Human Factors and Ergonomics skills and knowledge in a UK university accredited by the Chartered Institute of Human Factors (either University of Nottingham or Derby). A follow-up evaluation will focus on uptake at Board level and performance impact of those exposed to this education. (TAR0003865)	Progress limited due to the lack of funding. An alternative approach is being considered and NES is contributing to a Health Care Learning Pathway for Human Factors for the Care Workforce. This target will be removed for the 21/22 period.
Medical - Complete the pilot and evaluation of a multi-disciplinary LaMP programme for clinical staff working in NHS Dumfries and Galloway and provide a report for the NES Leadership & Management Forum by September 2020. In collaboration with the Leadership & Management Forum; by March 2021 a) carry out the development phase* to produce a foundation level leadership development resource; and b) pilot the materials and delivery methods with a multidisciplinary group in the North Region. *The development phase includes scoping, mapping of internal and external resources, stakeholder engagement and a learning needs analysis. (TAR0003807)	COVID - Work is ongoing to develop a multi-professional entry-level programme with core e-learning options being considered and a follow-up virtual session. Multi-professional LaMP has been paused due to COVID. The work is currently on hold awaiting direction from the Leadership and Management Forum. The target has been rolled over to 2021/22 (TAR0004242).
Medical - Delivery and evaluation of training for trainers at an entry and CPD level as determined by the FDSU course review and course feedback. (TAR0003809)	COVID - Reformatted Trainer Workshops are now being delivered and a good number of the backlog of prospective trainers have either completed training or have courses booked. SPESC has also been reformatted and one full cohort prospective have completed the course. There have been delays in the development of CPD for trainers and these courses will not be delivered in this financial year. Development of CPD for trainers ongoing therefore this target has been rolled over to 2021/22 (TAR 0004244).

Target	Update
Medical - Subject to funding from SG. Develop, pilot, roll-out and evaluate simulation-based training for years 1-3 of the Core Psychiatry Training programme. By August 2020, pilot a year 1 Apex course and develop resources for year 2 & 3 by March 2021. (TAR0003822)	COVID - A Psychiatric emergencies course was piloted in December 2020. A bid for funding for programme development and implementation has been sent to SG for consideration. This target has been rolled over to 2021/22 and dates reset (TAR0004246).
Medical - Provide quality improvement coaching support to NES organisational improvement projects over 2020/2021. This will include capacity building interventions for staff involved and will comprise of 2 foundation skills cohorts open to staff from all levels across the organisation, and 2 coaching and leading for improvement cohorts targeted at core managers. (TAR0003832)	COVID - One SCLIP cohort was completed within the financial year, and one cohort of the SIFS programme was completed. The postponed cohorts for both programmes are underway and being delivered in 2021/22.
Medical - The FDSU will carry out a strategic review of the training provided for medical trainers and report by June 2020. This report will influence further development of resources for the remainder of 20/21. (TAR0003808)	COVID - Due to the COVID-19 restrictions no face-to-face FDA courses have been delivered since March. A review of the Trainer Workshop content for virtual delivery has been completed and virtual courses are now being delivered. The SPESC course has also been revised for virtual delivery and one cohort of SPESC has now completed training. Work is ongoing to develop the Advanced Medical Educator Course and Supporting Trainees with Difficulties course content for virtual delivery. Other FDA courses and course development is on hold at present due to workload. Target not completed and rolled over to 2021/22 (TAR0004245).
Medical - Organise the evaluation, review and revision of course content for Part 2 and Update training by September 2020 and the development of new e-learning resources as required. (TAR0003821)	COVID - Due to COVID face-to-face teaching has been limited in the past year. Development of a virtual AMP Part 2 course is complete as is a virtual Update training course for Core & Capacity. Development of online modules for AMP Part 1 is in the final stages of development and development has started on a blended-learning programme for CAMHS and Forensic Update training. The progress of this work has been limited by the availability of expert input. The review of courses has been delayed by COVID and this target has been rolled over to 2021/22 (TAR0004245)
NDS - NDS will take forward development of a Cancer Treatment Summaries product and make actionable 'need to know' information available across care and geographic boundaries. (TAR0003921)	Work has been re-scoped to deliver a private-beta release by end July 2021. At that point, future scope will be re-briefed in partnership with the governance group for the work. Key future scope decisions to be made in Q2 of 2021/22.
PRIORITY TARGET NDS - By March 2021, NDS will work with the research community; Scottish Government; and NHS NSS to consider how it supports research use of data and will have in place a first version research strategy (with an NDS focus). (TAR0003204)	COVID - This work has been impacted by COVID, with resources diverted to operational support for vaccinations. A first-version research strategy is planned for delivery by Q2 of 2021-22.
NMAHP - By March 2021, we will establish the newly commissioned nurse endoscopy programme and recruit to funded places (one cohort of a minimum of 12 places). (TAR0003305)	COVID - From the original 8 in the 2019 cohort, 6 are signed off and practising autonomously, 1 is on extended leave and one awaits sign off via augmented JAG (Joint Advisory Group) approved derogation route. All have completed theory/ academic

Target	Update
	component and basic skills requirements. 1 final practitioner expected to complete By August 2021. Within the 2020 cohort: from the original 11 learners, 2 are on extended leave, one board with 2 learners (Lanarkshire) has suspended training; 2 are awaiting sign off via derogation. The remaining 5 are anticipated to complete not before end November 2021. All will require derogation to support final sign off and a retrospective basic skills place. One within this later group has recently returned to endoscopy from deployment in ICU. Delays in progression out with absences relate to COVID-related re-deployment and short fall in basic skills courses which is a national interdisciplinary issue.
NMAHP - We will continue to develop our Healthcare Support Worker (HCSW) Masterclass model, and trial virtual delivery with three health boards who are able to engage with us in the delivery of HCSW role development virtual workshops by March 2021. (TAR0003249)	COVID - We have been unable to meet our original target of three health boards, due to lack of capacity in NHS boards to engage with this work.
NMAHP - A strategic plan to increase workforce expertise in psychological interventions and therapies for mental health improvement, distress management and the prevention of suicide will be produced over 2021. (ref Psychology TAR0003826). (TAR0003257)	COVID - The Strategic plan to increase workforce expertise in psychological interventions and therapies for mental health improvement, distress management and the prevention of suicide has been paused due to Covid-19. An outline plan to be drafted in Q1 2021-22. The Strategic plan to increase workforce expertise in psychological interventions and therapies for mental health improvement, distress management and the prevention of suicide has been paused due to Covid-19. A draft plan to be drafted in Q2 2021-22.
Planning & Corporate Resources - By March 2021, all scheduled education programmes are subject to rigorous Educational Governance scrutiny. (TAR0003780)	Programmatic Quality Monitoring was discontinued from March 2020. The new Education and Quality approach is being implemented in 2021, so this work will not be completed as target.
Psychology - To deliver 1 Remotely delivered NES: Specialist Supervision Training for CBT across Scotland using our blended learning training and CTSr follow up emodule. 12 training spaces will be delivered and 20 completions of the CTRS e-module by March 2021. CBT supervision training event to be offered remotely for 15 staff to support skill implementation of the CTS-R. (TAR0003621)	13 staff attended in Q3 and 14 attended in Q4 (26.3.21). Total access rate = 27 for full year, 14 of which were Clinical Psychologists (GREEN). In Q4, 3 people completed the CTS-R module. In Q1-Q4, 8 people completed the CTS-R module (RED). 9 staff members attended the CTSr Training in Q3. Total for whole year = 9. (RED).
Psychology - Deliver 2 Psychological Interventions in Response to Stress and Distress (S&D) in Dementia coaching workshops to 30 health and social care staff by March 2021. The first coaching workshop will focus on the current cohort of Stress and Distress Trainers, i.e., just those trained in 2020/21, and the second workshop will target all Stress and Distress Trainers trained to date. Adjustments will be made if required to deliver remotely. (TAR0003679)	Delivered three remote delivery coaching workshops for existing S&D trainers on 2nd Mar, 9th Mar and 24th Mar to NHS Lothian, NHS Lanarkshire, NHS D&G and NHS Fife (15 staff across sites). (Two further coaching masterclasses will be delivered in Q1 of 21/22) Uptake was lower than anticipated.

Target	Update
Psychology - Coordinate and quality assure 1220 trainee placements, complete 1553 site visits and 1220 end of placement reviews by the end of March 2024 (subject to funding). In 20/21, coordinate and quality assure 405 placements, including intensive support for supervisors and trainees, liaising with local tutors (organisers of placements) in each health board area. Complete 517 site visits; complete 405 end of placement reviews to monitor trainee competence and to ensure validity and consistency of assessment and quality assurance of placement supervision. (TAR0003714)	COVID - ALL PROCESSES DELIVERED REMOTELY. Q1: Site visits =28; end of placement reviews = 145: Q2 site visit = 169 (197); end of placement review = 37 (182) (revised): Q3 site visit = 174 (368); end of placement review = 104 (296)(revised): Q4 site visit = 151 (519); end of placement reviews = 90 (386). Small number of end of placement reviews delayed due to placement adjustments in light of current pandemic.
Psychology - Consolidate use of existing Portfolio functionality across all four Applied Psychology Programmes. Work with Digital to continue development of functionality agreed at initial discovery phase, including 365 evaluation, curriculum mapping and recording Annual Learning Plans. (TAR0003718)	UoG trainees continue to use the resource routinely. Recent developments are being deployed as trainees reach relevant stage of placement. Outcomes from this ""real world"" testing is being feedback to Digital for necessary adjustments. Once resource has been tested through a full placement cycle, the resource will be rolled out to other Programmes. Further development has been suggested for 2021-22, however Digital have said they would not be able to engage until late summer 2021 at the earliest. The further developments suggested in the target have not been reached yet. Based on user feedback and changes made to the wider portfolio system by Digital, a significant amount of alteration to the existing resource has been required to ensure it meets trainee and supervisors need.
Psychology - Support 35 trainees in Psychological Therapies in Primary Care (PTPC) and 30 MSc trainees in Applied Psychology for Children and Young People (APCYP) to complete training by January/February 21. (TAR0003579)	31 PTPC trainees completed training by end of January 2021. A further trainee due to complete by end of March 2021. 26 APCYP trainees completed training by end of February 2021. A further 1 to complete by end of March 2021. 34 PTPC trainees and 28 APCYP trainees completed training by end of June 2021.
Psychology - Development of a justice-specific knowledge and skills framework for trauma informed practice in the justice setting by end of March 2021. (TAR0003910)	COVID - Delays to interviews due to impact of covid on justice system and consequent access to justice leaders and need to develop safe and ethical ways of interviewing or otherwise surveying traumatised victims and witnesses. Recruitment of staff to 0.6wte justice post that supports this work has also been delayed by maternity leave of appointee - due to start September 2021. In consultation with secretariat of the victims and witness's taskforce – knowledge and skills framework now due for delivery Sept 2021. Progress: Interviews with 16 justice leaders complete and draft report reviewed. 12 victims and witnesses recruited to interviews and 4 complete. Recruitment of interim staff on SLA basis to support literature reviewing is complete, and initial reviews scoped.

Target	Update
Psychology - Subject to funding, promote, via the CLC network, the supervision and implementation of the updated Essential CAMHS learning programme across health boards to qualified staff, and to promote the learning programme at a pre-registration level. To continue to work with digital colleagues within NES to improve and maximise reporting of the use of the resource including pre and post module feedback. (TAR0003692)	Awaiting input from digital colleagues on submitted specification for improved reporting on Essential CAMHS module completion. Still awaiting input from digital to help with better reporting around completion of ECAMHS. The promotion is ongoing and there is well established use of ECAMHS in the target areas.
Psychology - By March 2021 complete 143 annual review processes that involve employer and education provider in a comprehensive review of trainee development across all settings. (TAR0003715)	PROCESSES DELVERED REMOTELY. Q1 = 25; Q2 = 3 (28); Q3 = 73 (120) (revised): Q4 = 0 (124). Some of the University of Glasgow ILP's that were scheduled for March were deferred to May to manage workload planning and to ensure availability of University and Board staff.
PRIORITY TARGET Psychology - Support 62 clinical psychology trainees to complete pre-registration training by the end of March 2021. (TAR0003573)	COVID -59 clinical psychology trainees completed pre-registration training by end of June 2021. Extensions due to impacts of Covid-19 and other significant circumstances (e.g. maternity leave).
Psychology - A strategic plan to increase workforce expertise in psychological interventions and therapies for mental health improvement, distress management and the prevention of suicide will be produced over 2021. (NMAHP target ref TAR0003257) (TAR0003826)	COVID - The Strategic plan to increase workforce expertise in psychological interventions and therapies for mental health improvement, distress management and the prevention of suicide has been paused due to Covid-19. A draft plan to be drafted in Q2 2021-22.
Workforce - Subject to funding, support the development of an NHS Scotland Finance Academy, using agile development methods, Turas Learn and Project Lift to enable this as appropriate. (TAR0003802)	Discussions are ongoing at Director of Finance level with SG, but no clear plan has emerged.

NHS Education for Scotland **NES/21/89**
Item 9a
23 September 2021

Board Paper

1. Title of Paper

NES Annual Review Self-Assessment Document 2020-21

2. Author(s) of Paper

Lorraine Turner – Manager, Planning and Corporate Resources

3. Situation/Purpose of paper

The purpose of this paper is to present the 2020-21 NES Self-Assessment Document and At a Glance briefing to the Board for approval.

4. Background

The NES Self-Assessment Document and the At a Glance briefing are produced annually to support Scottish Government Annual Review requirements.

5. Assessment/Key Issues

5.1 The Self-Assessment Document provides an outline of deliverables and key achievements during 2020-21, informed by Directorate Self-Assessment/Annual Report submissions, and in addition, Executive Team and Board papers, NES Chief Executive reports, NES Strategic Framework 2019-24, NES Annual Operational Plan 2020-21, NES Remobilisation Plans and other published information.

5.2 The document incorporates feedback received from review by Directorates in July 2021.

6. Recommendations

The Board is invited to approve the 2020-21 Self-Assessment Document and At a Glance briefing in advance of submission to Scottish Government.

Author to complete

a) Have Educational implications been considered?

☒ Yes
☐ No

b) Is there a budget allocated for this work?

☐ Yes
☒ No

c) Alignment with NES Strategy 2019-2024

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

d) Have key risks and mitigation measures been identified?

- ☒ Yes
- ☐ No

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

- ☒ Yes
- ☐ No

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

- ☒ Yes
- ☐ No

LT
NES
September 2021

2021 Annual Review

Self-Assessment Document

August 2021

v1.0

Contents

2020-21 SELF ASSESSMENT: AT A GLANCE 1
Introduction from our Chair and Chief Executive 4
1. A HIGH-QUALITY LEARNING AND EMPLOYMENT ENVIRONMENT 7
1.1 LEAD EMPLOYER AND NATIONAL EMPLOYMENT POLICIES 7
1.1 QUALITY MANAGEMENT OF THE LEARNING ENVIRONMENT 8
1.2 REVALIDATION AND APPRAISAL 11
1.3 EDUCATIONAL SUPPORT ROLES AND NETWORKS 11
1.4 REMOTE AND RURAL EDUCATIONAL SUPPORT 18
2. NATIONAL INFRASTRUCTURE TO IMPROVE ATTRACTION, RECRUITMENT, TRAINING AND RETENTION 19
2.1 RECRUITMENT, CAREERS PROMOTION AND YOUTH EMPLOYMENT 20
2.2 PRE-REGISTRATION EDUCATION 22
2.3 ADDITIONAL COST OF TEACHING (ACT) 24
2.4 POSTGRADUATE TRAINING GRADES 25
2.5 POST-REGISTRATION NMAHP EDUCATION 31
2.6 POST-REGISTRATION DENTAL NURSES AND DENTAL CARE PROFESSIONALS 32
2.7 CAREER SUPPORT PROGRAMMES AND RESOURCES FOR RETURNERS 33
3. EDUCATION AND TRAINING FOR A SKILLED, ADAPTABLE AND COMPASSIONATE WORKFORCE 34
3.1 CONTINUING PROFESSIONAL DEVELOPMENT (CPD) FOR GENERAL MEDICAL PRACTICE, PHARMACY, DENTAL AND OPTOMETRY 34
3.2 ROLE DEVELOPMENT AND FRAMEWORKS FOR PRACTICE 38
3.3 PERSON-CENTRED CARE 40
3.4 MENTAL HEALTH (INC CAMHS, LEARNING DISABILITIES AND DEMENTIA) 42
3.5 MATERNAL AND CHILD HEALTH (INC YOUNG PEOPLE AND FAMILIES) 45
3.6 EQUALITY AND DIVERSITY 48
3.7 HEALTHCARE SUPPORT WORKERS 49
3.8 ORGANISATIONAL, LEADERSHIP AND MANAGEMENT DEVELOPMENT (EXTERNAL) 51
3.9 QUALITY IMPROVEMENT (QI) EDUCATION 53
3.10 PATIENT SAFETY, CLINICAL SKILLS AND PUBLIC HEALTH (INC HEALTH PROTECTION, HAI) 56
4. A NATIONAL DIGITAL PLATFORM, ANALYSIS, INTELLIGENCE AND MODELLING 60
4.1 THE NATIONAL DIGITAL PLATFORM FOR HEALTH AND SOCIAL CARE 61
4.2 THE TURAS DIGITAL PLATFORM 63
4.3 NATIONAL DIGITAL BUSINESS SYSTEMS 67
4.5 DATA ANALYSIS, INTELLIGENCE AND MODELLLING 67
4.4 DIGITAL SKILLS DEVELOPMENT (DIGITALLY ENABLED WORKFORCE) 69
5. A HIGH PERFORMING ORGANISATION 70
5.1 NES (INTERNAL) ORGANISATIONAL PERFORMANCE IMPROVEMENT 71
References 72

2020-21 SELF ASSESSMENT: AT A GLANCE

As a national health board, our role is delivery of education, training and workforce development to support a skilled, person-centred workforce which is well prepared to respond to the demands placed on our health and care services. During 2020-21 a key focus of our work was our recovery and remobilisation activities in response to the unprecedented challenges presented by the COVID-19 pandemic.

As well as directly supporting the NHS Scotland COVID-19 response, our activities contributed to national priorities and policy drivers including the **Digital Health and Care Strategy** and **health and social care integration**, underpinned by our strategic cross-cutting principles of partnership working, digital access and quality and innovation. An overview of some of our achievements, linked to our strategic outcomes, is presented below:

a. We maintained key areas of our core services in response to the pandemic alongside delivery of business-critical digital services support to Scottish Government and essential support to NHS Scotland frontline services with provision of COVID-19 educational materials. We managed significant disruption to training pathways and ensured focused support to learners and trainees already in the system. We transitioned the majority of our education and training to online/virtual format and our national TURAS Learn platform ensured access to health and care related learning for all NHS and care staff.

b. To support **more consistent, modern and flexible employment experiences**, we completed assimilation of 400 national programme trainees into NES employment, and implemented a national maternity leave service for all NES employed doctors in training. As part of the national response to COVID-19, we supported the onboarding of 575 foundation doctors; worked with key stakeholders to support the employment of approximately 4,800 final and second year nursing students in NHS Boards; and

became the employer of 387 final and second year nursing students working in non-NHS settings.

c. **To ensure high quality training programmes and training placements**, we delivered a range of activities including quality assurance of 405 applied psychology placements, 519 site visits, and 386 end of placement reviews. In medical education and training quality management we completed 39 panel visits to hospital departments and 56 visits to GP surgeries. Our Medical Appraiser training was refreshed and re-designed for remote delivery and 74 new appraisers were recommended to NHS boards to take up the role of medical appraiser upon completion of training.

d. **To ensure excellence in clinical practice** we established four new Common Clinical Conditions Teach and Treat Training Hubs across NHS Scotland; delivered 50 webinars on a range of Human Factors concepts and methods to over 2,000 Quality Improvement advisors and leaders; provided 47 online courses for dental in-practice Infection Control to 6,000 participants; developed a *Dental Practice Recovery Toolkit* to support NHS dental teams resume dental care; and led the implementation of an interim National Skills Education Hub at Louisa Jordan enabling delivery of multi-professional skills training for 7,748 participants.

e. **To support improved health and reduce health inequalities**: in partnership with Scottish Government we launched universal free access across Scotland to Solihull Approach Online courses with 10,073 learners registered during May 2020 - March 2021; developed Dementia Learning Bytes suitable for staff in any setting; produced a Health Literacy e-Learning module in partnership with Health Education England; worked with Dyslexia Scotland to develop a Dyslexia awareness module for managers; provided 86 family nurses with education in support of the Family Nurse Partnership; and developed and launched the Early Intervention Framework for Children and Young People's Mental Health and Wellbeing.

f. To support **a culture of continuous improvement:** we provided a portfolio of quality improvement programmes including online delivery of the Scottish Improvement Foundation Skills programme for 82 public sector staff; provided Shared Decision-Making learning to 590 participants; delivered 11 modules in the Value Management Collaborative programme to 142 attendees; and in the Scottish Improvement Leader (ScIL) programme provided training for 105 participants.

g. Our **ability to rapidly introduce and scale up new technologies based on consistent standards** was demonstrated by the development and delivery of national digital applications at pace including the Care Management Tool, COVID-19 Clinical Assessment App, Vaccine Management Tool, and COVID-19 Accelerated Recruitment Portal. **To improve patient care and experience** through the development of National Digital Platform products, we progressed the anticipatory care planning application ReSPECT to pilot stage, and successfully deployed an eyecare product to enable virtual consultations for Optometry Services patients.

h. To support **improved development for support workers and allied health professionals (AHPs):** we delivered dedicated support worker resources on the COVID-19 TURAS Learn site including five new learning packs and new learning for team leaders with targeted campaigns to promote the education resources; provided a webinar for 170 support workers in Primary Care teams; and delivered 48 webinars for 16,908 attendees, covering a range of topics identified to support AHP staff in practice.

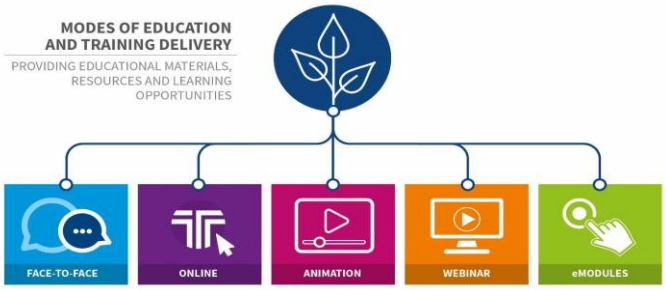
i. To support **greater awareness of career opportunities for young people and school-leavers,** we provided Meet the Expert careers sessions together with supporting careers guidance material and videos. We contributed to **improved promotion of career opportunities in health and care** with targeted careers information and promotional campaigns launched on the NHS Scotland Careers site, also hosting the Covid Accelerated Recruitment Portal, and received 607,724 visits to the website, an increase of 52% from 2019-20.

j. To support **access to leadership and management development,** a total of 236 places were provided on our collaborative, multi-professional leadership programmes. *Leading for the Future* was redesigned for online delivery and masterclasses delivered for Cohort 10. As part of *Project Lift*, Talent Management Career Conversations continued to be provided and evaluated; 40% of career conversation participants over the last two years have made career moves that support their aspirations with 27% moving to a promoted post. *Leadership Cubed* for aspiring Directors, re-designed for online delivery, was completed by Cohort 2 and activity was progressed for Cohorts 3 and 4. A *Coaching for Wellbeing* programme, established in response to the pandemic, was taken up by 1,200 staff across the health and social care workforce.

Introduction from our Chair and Chief Executive

NHS Education for Scotland (NES) is the national NHS Board with responsibility for education, training and workforce development. We work with key partners in the Scottish Government, NHS Boards, regions, social care, the academic sector and UK professional bodies and regulators across Scotland's diverse geography. Our published vision as the people and workforce organisation for NHS Scotland is *a skilled and sustainable workforce for a healthier Scotland*.

The focus of our mission is *enabling excellence in health and care through education, workforce development and support.* We directly fund and manage learners who comprise a significant element of the NHS Scotland patient-facing workforce. Although education, training and workforce development remain our core activities, our role has grown rapidly into new and different areas to meet the increasing challenges faced by health and social care.



As well as our stakeholder priorities and the quality ambitions of safe, effective and person-centred care[1], our work supports the National Board Collaborative Programme, regional planning, and the Cabinet Secretary's priorities on waiting times, integration, mental health, primary care, and healthcare associated infection. Through our work in mental health; children and young people; oral health improvement; support for people with care needs; and palliative and end of life care and bereavement we contribute to the National Performance Framework target to *Increase Healthy Life Expectancy.*

This document has been prepared for our 2021 Annual Review and reflects a selection of our achievements during 2020-21 with a focus on our recovery and remobilisation activities in addition to the key areas of core business which we maintained in response to the COVID-19 pandemic.

During March 2020 in response to the escalating pandemic and in line with the Scottish Government guidance[2], we completed a rapid review and reprioritisation of our organisational activities. Much of our core education and training activity was paused during the first phase of the pandemic. We focused on contingency planning to facilitate the progression of learners already in the education and training system and the recruitment of new entrants to maintain workforce supply pipelines. We also ensured appropriate arrangements were put in place to allow suspended activities to be resumed when adequately safe to do so.

In accordance with Scottish Government guidance, our Annual Operational Plan 2020-21, was replaced by Phase 1 and Phase 2 Remobilisation Plans. The activities within these Remobilisation Plans are aligned to our NES Strategic Framework for 2019-24 [3], which sets out five areas of strategic focus underpinned by cross-cutting principles and key outcomes. In addition to contributing to national priority areas, these themes and outcomes also support delivery of the National Clinical Strategy[4] and Realistic Medicine[5].

We identified and delivered new programmes of work and initiatives to meet service needs arising from the pandemic. This range of work included the development and delivery of educational materials, supporting new arrangements for learners and trainees, and redeployment of our staff externally to support clinical services, and internally to support new requirements.

Our achievements reflect a strong focus in working collaboratively and deploying our expertise, resources and digital leadership to support the Digital Health and Care Strategy[6], Health and Social Care Delivery Plan[7], and the triple aim of better health, better care and better value at a local, regional and national level. Our response to the COVID-19 pandemic involved a significant contribution to the Scotland-wide programme of work through the rapid deployment of national digital solutions and services.

With much of our core activity based on workplace learning, it is clear full recovery of this activity will be dependent on the impact of the pandemic on clinical capacity, waiting time backlogs and new models of care. Additional key dependencies that will have a bearing include the commissioned activity of higher and further education in

relation to workforce supply pipelines and decisions taken by UK professional bodies and regulators.

Looking ahead, as operational recovery and remobilisation activity from the COVID-19 pandemic continues across NHS Scotland, we remain well-placed to build on our successes to support broad-ranging requirements across health and social care, underlining our clear commitment to transformational change and new models of delivery which cross traditional public services boundaries.

David Garbutt
Chair

Karen Reid
Chief Executive

1. A HIGH-QUALITY LEARNING AND EMPLOYMENT ENVIRONMENT

Strategic Outcomes: NES Strategy 2019-24

- More consistent, modern and flexible employment experiences
- High quality training programmes and placement learning
- Meaningful career conversations, appraisal and educational portfolios
- Excellent support for workplace learning and development
- Improved opportunities to access learning
- More accessible and flexible resources for remote and rural learners
- Improved employee and trainee feedback, engagement, and health and well-being
- Best value national administrative systems which enable flexible working and release time
- More accessible employment and training services, resources and information

This section focuses on our work to ensure the quality of the learning and employment environment which we recruit to, and in which we manage and quality assure undergraduate, post-graduate and pre-registration training. This is a core part of our work which was maintained as far as possible during the pandemic, contributing to the supply of suitably skilled healthcare professions for the health service supported by educational governance, quality management, supervision and practice education support. In addition, we continued to support effective revalidation and appraisal systems, and provide educational support for the remote and rural workforce.

1.1 LEAD EMPLOYER AND NATIONAL EMPLOYMENT POLICIES

Onboarding and employment of doctors in training, including interim Foundation doctors continued during the pandemic. In addition, we undertook assimilation of 400 national programme trainees into NES employment, and delivery of a national maternity leave service for all NES employed doctors in training.

The **Lead Employer Programme for Doctors in Training** was refreshed to reflect adjustments to timelines and priorities in light of the pausing of work during the early stages of the pandemic. The focus of the Lead Employer project is now on extending the lead employer arrangements to dentists in training and preparatory work is underway to transition Dental Core and Specialty trainees to NES Lead Employer arrangements by September 2021.

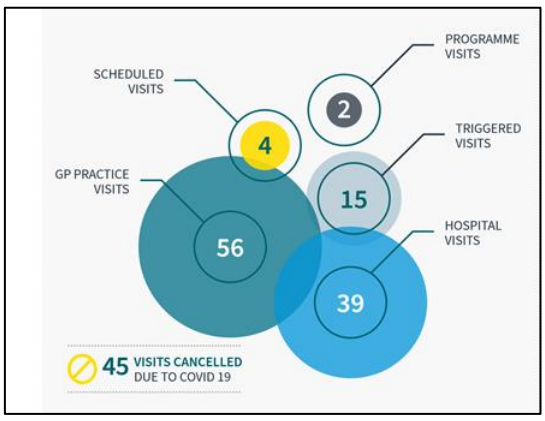
A high-quality **national PVG and Tier 2/skilled worker advice and processing service** was provided to NHS Scotland in liaison with the Scottish Government, Home Office, Disclosure Scotland, networks and NHS Boards. This supports our aim to

deliver a high-quality candidate experience maximising the attractiveness of Scotland as a place to work and train.

1.1 QUALITY MANAGEMENT OF THE LEARNING ENVIRONMENT

With increased use of digital technology, our medical education and training quality teams worked across the year to maintain quality management activities as far as possible. This included full review of training activities in **2,292 acute care and primary care sites throughout Scotland, 39 panel visits to hospital departments** and **56 visits to GP surgeries.**

Following a reduction in external quality management activities during March 2020 to September 2020, we recommenced the quality cycle, particularly in relation to patient safety matters and concerns around trainee dignity. Areas prioritised were those in known Enhanced Monitoring (EM) and at-risk sites where known or persistent issues required to be addressed. We completed the majority of the 2020 round of Quality Review Panel (QRP) meetings for all specialties. Using Scottish Training Survey data and local information, the expert QRPs assessed quality standards across each of the Scotland Deanery's eight specialty groupings, and the output and direction from QRPs was used to inform the forward work programme for each specialty area, based on risk and the greatest need for intervention.



We participated in the GMC's (General Medical Council) new annual Self-Assessment Process which was followed-up by a series of observational visits. The findings, published by the GMC in April 2021, concluded that no requirements or recommendations needed to be set for the Scotland Deanery, providing assurance that our quality management processes are robust and functioning well.

We continued to make improvements to our **quality management processes and operating procedures**. During 2020 we introduced new web pages setting out the Deanery visit process particularly from a trainee perspective. We also produced new question sets for visits, incorporating information obtained from pre-visit questionnaires where available, and improving the quality of questioning in certain areas, particularly around educational governance and patient safety. An evaluation of their use will be undertaken across the 2021-22 quality management cycle.

A new bank of requirements to improve consistency in the production of visit reports was introduced which will also be evaluated in the 2021-22 quality cycle. A range of new improvements is now being considered and worked upon including a new programme visits bundle and finalisation of a standard operating procedure for virtual visits. We are also piloting a GP-specific bank of requirements to achieve better consistently in our GP reports.

We continued to review and consider improvements to the collation and utilisation of data from various sources for our stakeholder groups including Specialty Training Boards, Specialty Quality Management Groups, Training Programme Directors, Directors of Medical Education and Sharing Intelligence for Health and Care Group (SIHCG). The focus of review includes making the most of the data we have available; ensuring questionnaires, data outputs and reports are user friendly; introducing greater quality control to encourage consistent decisions across the specialty groups; and the alignment of processes for the analysis of the Scottish Training Survey data with the GMC National Training Survey data. We will shortly introduce a first version of a Scottish Training Survey dashboard that includes longitudinal data and a new format for QRPs which is more user-friendly and easier to interpret.

We continued to work **to improve quality across learning environments, training experiences and evaluation processes for applied psychology trainees**. Arrangements for clinical placements were adjusted to help trainees obtain the required experience during COVID-19 pandemic, including remote working and digital delivery. Routine trainee placement visits and assessment were reduced or their format revised. We also provided additional supervisor training and support as required. We increased the number of placements and associated reviews/visits due to an increase in trainee intake numbers for doctorate programmes commencing in September/October 2020.

We completed 143 annual review processes which involved employers and education providers in a comprehensive review of applied psychology trainee development across all settings. We coordinated and quality assured 405 placements, including intensive support for supervisors and trainees, liaising with local tutors (organisers of placements) in each health board area. A total of 519 site visits and 386 end of placement reviews were completed to monitor trainee competence and to ensure validity and consistency of assessment and quality assurance of placement supervision. A relatively small number of end-of-placement reviews were delayed due to placement adjustments in light of COVID, though the vast majority (96%) proceeded as planned with processes efficiently adapted in Quarter 1 2020-21 to allow these to be conducted remotely.

Supervisor training was provided to supervisors of applied psychology trainees across all funded programmes - all adapted for remote delivery - which ensured a consistent level of support, opportunity, and evaluation for trainees. We exceeded target numbers by 29% overall in delivering: introductory supervisor training to 78 new supervisors; supervision Continuing Professional Development (CPD) training to 74 experienced supervisors; Cognitive Behavioural Therapy (CBT) supervision skills training to 19 clinical psychologists; and competence awareness sessions to four health psychology supervisors.

Due to the impact of COVID-19, work on the development phase of producing a foundation level leadership development resource, *Psychology Clinical Practice*, and pilot of the materials was delayed. However, a working group was formed to take forward *Leadership in practice Scotland* (LiPS), a vision was agreed, and the resource will build on the Leadership Foundations e-learning modules accessible via the Leadership and Management Zone in TURAS Learn.

In **healthcare scientist training**, as part of quality monitoring of training centres, **50 centres were self-assessed** and followed up with an audit of specific training quality domains. We consolidated the number of centres to reflect duplications and shared training delivery between units and mergers since our 2016 count. We published a summary of those centres completing self-assessment on The Knowledge Network.

We undertook our Annual Review of Competency Progression (ARCP) cycle for Healthcare Science trainees with a National Training Number. A 90% satisfactory response was recorded from a total of 194 trainees, with no significant concerns in

relation to their progression. Specific support was offered to a few trainees in respect of training extensions/out-of-programme due to shielding related to the pandemic. Overall, despite the pandemic, we are confident from the ARCP review that the state of training in terms of progression and training centre quality was assured for this cycle.

1.2 REVALIDATION AND APPRAISAL

NES is the mandated provider of appraiser training for doctors requiring appraisal and revalidation in Scotland. In line with CMO (Chief Medical Officer) guidance on appraisal activities, our appraisal training courses were postponed from March to September 2020. During this time we refreshed our ***New Medical Appraiser*** **training** content and redesigned the format for remote delivery. Coinciding with the restarting of appraisal activities on 1 October 2020, we delivered two courses in the new format in October 2020 and November 2020 respectively, with 15 new doctors recommended to take up the role of medical appraiser. Feedback was positive and amendments incorporated following participants' suggestions. A further eight *New Appraiser* courses were delivered during January to March 2021. In total, from the ten *New Appraiser* courses provided since October 2020, 74 new appraisers were recommended to NHS boards to take up the role of medical appraiser.

1.3 EDUCATIONAL SUPPORT ROLES AND NETWORKS

The Scottish Clinical Leadership Fellowship (SCLF), which aims to build specialist and leadership capacity in the medical workforce, continued to operate throughout the pandemic. Fellows were closely involved with key pandemic-related strategic and operational activity at a senior level within their host organisations. Examples include the ventilator procurement programme, shielding, and the Chief Medical Officer's annual report. The number of territorial Boards seeking to fund and host fellows more than doubled in the last year. Our bespoke leadership and management development programme for the SCLF programme was transferred to online delivery, and was very positively received. The SCLF has extended its multi-professional reach by inclusion of pharmacy and dental fellows.

We continued **to improve responses to survivors of trauma, through education and training of the wider workforce.** We disseminated practice level 1 (trauma informed) and practice level 2 (trauma skilled) training resources and surpassed

targets considerably: 1,003 workshop views and 184 facilitator notes downloads of the *Opening Doors* trauma lens resource; 526 workshop views and 283 facilitator notes downloads of the *Sowing Seeds* trauma lens resource; 5,815 participants completed the *Trauma Skilled* e-module (target of 300); and there were 1,1762 views of the *Trauma Informed* talking heads videos (target of 200).

Delivery of enhanced and specialist trauma training continued, which included adapting training for remote delivery. Two *Safety and Stabilisation* sessions were provided, with 34 attendees across both sessions; one train the trainer session for 15 existing trainers with the new online version of this training; delivery of *Survive and Thrive* training to 24 attendees; and two CBT for PTSD workshops, each with 30 participants. A technologically enabled *Trauma Informed* website was developed to support local planning and dissemination of best practice tools. This was launched in October 2020 with multiple engaging and interactive resources to support local training and planning, including a *Trauma Informed Lens Tool for Organisations*. Since launch, there have been 15,576 unique visitors to the site.

In almost all areas of Psychological Therapies Supervision, face-to-face training delivery was paused and work was undertaken to improve and adjust training to take account of the constraints of the pandemic on clinical service. This involved liaising closely with our networks to make sure we understood the changing needs of learners, development of podcasts, webinars, protocols for virtual supervision, eLearning modules, and regular newsletters.

We continued to effectively deliver NES *Generic Supervision Competences* (GSC) training in NHS Boards across Scotland using blended learning materials with trainers who have successfully completed the GSC Training for Trainers. A total of 115 people were trained across six NHS Boards. Specialist *Supervision Training* for CBT was provided for 28 staff across Scotland using blended learning training and eight of those completed the *CTS-R* (Cognitive Therapy Scale – Revised) follow up e-module.

We supported an increase in the number of staff within NHS Scotland who are trained to deliver **high quality evidence-based psychological care** safely and effectively at different levels of the tiered care system. In total 33 courses were provided to 430 multidisciplinary staff working in primary, secondary and specialist clinical settings across Scotland including: forensic mental health, substance misuse, adult mental health and older adults. All training was provided remotely with a resultant reduction of

training places at events to ensure that good quality interactive skills development workshops were provided.

A total of 33 staff were supported to undertake CBT education: eight Postgraduate Certificate and six Diploma at the University of West of Scotland; and 25 Postgraduate Certificate at NHS South of Scotland programme. (Some staff withdrew from the programme due to redeployment as a result of the COVID pandemic). We continued to implement plans to oversee and quality assure Psychological Therapies training in Scotland, and Quality Assurance Framework documents are available on the NES website. SQA accreditation is underway for the Enhanced Psychological Practitioner Programme and credit rating documents were submitted in February 2021.

We supported Primary Care innovations in **person-centred approaches to long-term conditions** and used digital technology to deliver training to 38 trainee Clinical Associates in Applied Psychology/qualified staff in primary care, to support the development of Physical Health Competencies. (The uptake was lower than expected due to reduced demand from staff in the context of COVID). We delivered *Reclaim Your Life* training to 23 staff and contributed to video and text content for a Diabetes UK web resource on wellbeing in diabetes. We also delivered a training webinar on managing wellbeing in the COVID context for 42 people with diabetes, organised by Diabetes Scotland.

We continued to monitor the use of the *Emotion Matters* Module and exceeded the access rate target considerably with 1,033 people accessing the e-module and 800 passes. We also delivered a remote *Trauma and Physical Health* masterclass on working with long-term conditions and critical care in the context of COVID to 47 delegates and delivered two *Compassion Focused Therapy* Masterclasses to a total of 40 delegates.

Astley Ainslie Psychological Skills and Education Training (AsSET) was delivered to 18 delegates. Trainers were encouraged to return data centrally in line with an implementation science approach, to inform decisions regarding further Train the Trainer programmes and models of future management of the trainer network.

We worked with key stakeholders, Leads within Psychological Therapy Services, and local board Psychological Therapy Training Co-ordinators to support the implementation of the **Autism Training Framework.** Although delivery of training was

impacted by COVID, 24 places in total were delivered including 12 training places for ADOS-2 (Autism Diagnostic Observation Schedule edition 2). A scoping day on DISCO (Diagnostic Interview for Social and Communication Disorders) saw 28 attendees from 12 NHS Boards, and a follow up questionnaire on neurodevelopmental assessment received 104 responses. A consultation to follow up on 3DI (Developmental, Dimensional and Diagnostic Interview) training was sent to 40 staff which informed training delivery going forward. Adapted CBT training was commissioned and delivered to 50 attendees from eight NHS board areas, and *BEAT-IT* training was delivered to 76 staff via webinar across nine NHS Board areas.

We continued to promote digital e-learning modules, such as the *Transitions and Change* module, across health, social care and third sector organisations and developed a neurodevelopmental site within TURAS Learn that was accessed by 50 staff across the wider public sector.

In response to Recommendation 21 of the Perinatal Mental Health (PNMH) Network Scotland report, an *Essential Perinatal and Infant Mental Health* online resource was developed, aimed at the Enhanced and Specialist levels, for those working in PNMH services. Completion numbers of each TURAS module were: Introduction 753; Keeping Baby in Mind 406; Stigma 356; Risk 205; Assessment 475; Intervention 204; and Pharmacology 121.

We improved skills and knowledge in the wider Scottish workforce in response to Recommendation 20 of the PNMH Network Scotland report, by developing a blended training programme for staff in universal services at the Informed and Skilled levels of the framework e.g. maternity staff, health visitors and primary care staff. The first cohort of 20 Health Visitor and Midwife PNMH Champions were trained in February 2021.

We demonstrated compliance with **Nursing and Midwifery Council regulatory requirements for practice placement provision** by engagement with the 16 NHS Boards, 11 universities, the College Development Network and third sector organisations through the hosting of the Rapid Action Placement Overview Group (RAPOG) which met on six occasions since establishment in September 2020.

We produced a Scottish Government commissioned report on the provision of NMAHP placements in the 2020-21 academic session. Ten workshops engaging Practice

Educators with a focus on re-starting placements were held and five workshops on peer enhanced e-placements (PEEP) were provided. We delivered six national webinars accessed by NHS Boards and universities to share good practice on delivery of a range of student placement models.

A new COVID-19 placement recovery webpage was developed on the AHP Practice Education Community of Practice site to enable all stakeholders to access resources, reports and guidance on placement models to support AHP placement recovery across Scotland. Online versions of a Peer Assisted Learning workshop and resources were developed as well as AHP Practice Educator preparation resources and student essential learning, which were all made available on TURAS. AHP Placement Agreements were amended and signed for paramedics across 14 NHS Boards.

Forty-eight AHP webinars were delivered to 16,908 attendees (26,700 registrants) covering a range of topics identified to support staff in practice (including Near Me, Digital, Placement Recovery, Children and Young People, Support and Supervision). Resources were also available to support delivery of webinars for business support staff and educators, aligning with our strategic principle of enhancing digital access. A total of £225,000 was disbursed to territorial boards to enable the purchase of IT equipment/materials (such as hardware and software licenses) to support boards in their student placement endeavours. This funding was prioritised for AHPs, with opportunities for Nursing and Midwifery to benefit jointly when possible.

Educational resources to support clinical supervision were produced with a total of seven support and supervision webinars for AHPs working across health and social care delivered to 2,796 staff. The sessions encompassed an introduction to supervision and guidance on how to structure supervision sessions. A total of 298 staff accessed the accompanying self-directed learning resources which were added to the AHP Learn site in March 2021. Face-to-face training, focusing on skills for effective supervision, was updated and tested for delivery as an online interactive session. This was delivered to 191 AHPs in 11 NHS Board areas and evaluation is underway.

Due to the pandemic, we were unable to deliver face-to-face CPD courses to Healthcare Science trainers and supervisors. However during 2020-21 we developed an online alternative to class-based trainer support. A blend of e-learning modules and webinar-type discussion groups was created and a pilot conducted in early 2021. Delivery of the new programmes is anticipated in mid-2021. The transition to online

delivery offers distinct advantages in terms of inclusion across Scotland and we anticipate retaining this online offering.

Throughout 2021, we supported **e-learning resource development for Healthcare Science staff** including for radiation safety, virtual reality developments, and COVID sample laboratory testing. We continued to promote TURAS Learn as the principal repository for material that has national application. On TURAS Learn we established Healthcare Science COVID-19 CPD signposting and specific support for virtual networking (styled 'i-Link-HCS'), using our Go-to-Meeting facility.

As part of our Healthcare Science national engagement activity, we delivered an online initiative comprising one week of events to support trainees and supervisors, replacing a one-day in-person event. Online attendance at these sessions numbered 50-120 participants daily during the week of sessions. This exceeded our original plan to hold two days of events.

We conducted surveys of Healthcare Science trainees and supervisors during 2020-21 comprising standard annual surveys (with a response rate of around 50%) and specific multi-professional COVID-19 impact surveys. We continued to engage with the Scottish Government Healthcare Science Leads network, policy officers and UK counterpart agencies, and with regulators. We also contributed to the Academy for Healthcare Science's quality monitoring report for the Health and Care Professions Council. This included a section outlining comprehensive and satisfactory progress in Scotland.

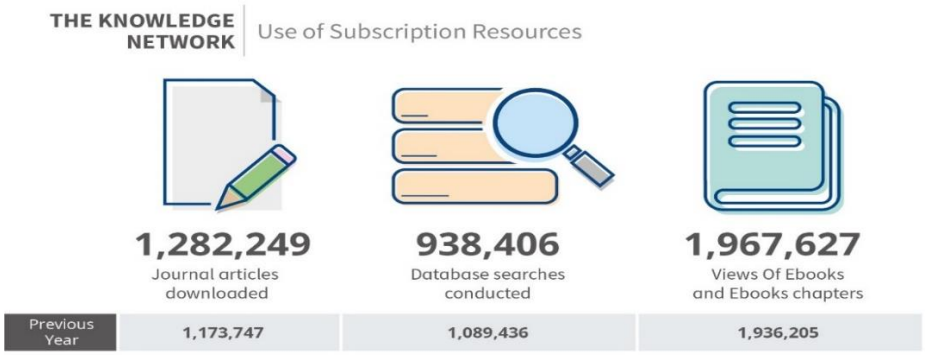
We continued to actively support our national **Organisational Development (OD) networks** to enable effective and sustainable delivery of national, regional and local educational and development priorities. We adapted to the challenges of the pandemic by delivering services online using, for example, MS Teams and SharePoint. These networks included: OD Leads, Learning & Development Leads, E-Learning Leads, Estates & Facilities Network, Business & Administration Network, and the Employability & Apprenticeships Network.

For each group, we established a programme of meetings and asynchronous activity in response to their needs and available capacity, to support networks operating with appropriate pace and focus. Outcomes also included the creation of spaces for

support and reflection as well as working space for curation and co-production of resources to support the move to online learning delivery.

During 2020-21 we continued to support educators with the use of evidence in practice in the development of learning resources. Our Knowledge Network platform, the national knowledge management platform for health and social care in Scotland, provides access to electronic resources and print collections in the NHS Scotland libraries. We annually fund the digital library collection of evidence summaries, journals, databases and e-books.

We continued to provide an excellent range of resources on the **Knowledge Network** for health and care staff with nearly 1.3 million journal articles downloaded, 938,000 database searches conducted, and nearly 2 million views of eBooks.



As a result of the pandemic, many of the services provided by the physical libraries in the NHS Boards were interrupted but the extent of the electronic library provision helped to reduce the impact during this challenging time. Many publishers made material relating to COVID-19 freely available for up to one year and we were able to add these to our collections to ensure everyone benefited.

There was a significant uptake of our information skills training to social care staff via the SSSC Open Badges platform with 433 participants in total from April 2020 to March 2021. Health Literacy webinars to support remote consultations continued to be popular with both health and social care staff - 11 webinars were provided with 219 participants. We also supported the use of Microsoft Teams across NHS Scotland providing tip sheets, videos and information management of resources on the websites.

1.4 REMOTE AND RURAL EDUCATIONAL SUPPORT

Within our wider delivery of **Pharmacy CPD**, we redesigned all face-to-face education to be delivered online, improving the reach to remote and rural practitioners. This included piloting new formats of webinar and online peer discussion. We iteratively evolved our live education to test local online peer discussion and MS Teams as a large group teaching format in response to participant feedback requesting enhanced interactivity for webinars. In total for 2020-21, 16,161 e-learning modules were completed.

Due to COVID-19, the launch of the new Community Pharmacy NHS Pharmacy First Scotland service was postponed until 29 July 2020. To support this, we delivered a second national webinar with 351 participants. This was recorded and hosted on TURAS Learn alongside the e-learning module and supporting resources. In addition, our team of Senior Specialist Tutors delivered a series of peer discussion events and post-launch Q&A events.

In support of the roll out of **NHS Near Me** to community pharmacies, we delivered a national webinar with 444 participants which was recorded and hosted on TURAS Learn. The implementation of NHS Near Me provides increased accessibility to clinical services for patients by enabling video consultations where appropriate.

We submitted a full proposal for a **GMC-regulated Credential in Rural and Remote Health** (Unscheduled and Urgent Care) which will be considered by the GMC Curriculum Advisory Group in June 2021. The purpose of the credential is to provide a training framework for General Practitioners and other non-training grade doctors, practising - or wishing to practise - in rural and remote contexts, to support unscheduled and urgent care in rural and remote hospitals and at the interface with the community. The credential proposal has support from stakeholders across the UK.

Our Remote and Rural Education Alliance (RRHEAL), designed and delivered a range of technology enhanced learning, educational programmes and resources to help ensure that remote, rural and island hospital workforce teams are trained and supported to deliver high quality care.

Education sessions were provided via the **RRHEAL VC Education Network** and our **Rural General Hospital VC Education Network** across a wide variety of topics specifically tailored to meet the needs of remote, rural and island practitioners.

We completed initial work on the development of the first Scottish multi-professional Rural Practitioner Advanced Level Education Programme in collaboration with the Scottish Rural Medical Collaborative. We also worked with partners to design a new Rural Hospital Practitioner High Dependency and Critical Care Accredited Programme.

We completed our work as part of the international Remote and Rural Recruitment and Retention Making it Work Project which has produced a Workforce Sustainability Framework and a range of practical tools. In addition we continued our work to design and develop the first Rural Health and Social Care TURAS Learn site aimed at Rural Health & Social Care Support Staff.

We continued to lead on the development of a proposal for a Centre of Excellence in Remote and Rural Training and Education with key partners across Scotland. We are providing leadership and support in developing this programme of work as part of our statutory responsibilities for NHS Scotland education and the coordination of remote and rural healthcare educational developments across Scotland. This programme of work will be developed in line with The Ritchie Report recommendations for a Centre of Excellence that will also foster future workforce for remote and rural areas throughout Scotland.

2. NATIONAL INFRASTRUCTURE TO IMPROVE ATTRACTION, RECRUITMENT, TRAINING AND RETENTION

Strategic Outcomes: NES Strategy 2019-24

- Improved promotion of career opportunities in health and care and easy access to information
- Greater awareness of career opportunities in health and care for young people and school leavers
- Higher education outcome agreements that meet the needs of health and care
- Widened access to higher education and improved recruitment in key areas
- Sufficient education and training capacity to meet future workforce needs
- High take up and fill rates in post-graduate training programmes
- Effective support for staff returning to work or retraining
- Initiatives to support succession planning

Supporting recruitment targets for postgraduate and pre-registration to ensure an adequate supply of well-trained staff is a key aspect of our work. In response to the

COVID-19 pandemic recruitment and selection processes were adapted to virtual delivery. We maintained a focus on improving the attractiveness of NHS Scotland as an employer, developing career pathways and widening access to opportunities to support improved waiting times. This section also includes examples of our work to promote careers in healthcare and help equip young people for jobs.

2.1 RECRUITMENT, CAREERS PROMOTION AND YOUTH EMPLOYMENT

As part of the national response to COVID-19, we supported the onboarding of 575 foundation doctors after their early graduation from medical schools; worked with key stakeholders to support the employment of approximately 4,800 final and second year nursing students within NHS Boards and became the employer of 387 final and second year students working within non-NHS settings.

We continued to provide expertise to trainee recruitment across professional groups as recruitment and selection to training programmes continued to be impacted by the pandemic resulting in, for example, online assessments and/or virtual interviews. Recruitment to the NHS Scotland Management Training Scheme, managed on behalf of all NHS Boards, was launched in March 2021 with similar process adaptations.

We supported **campaigns focused on attraction and retention**, including: *NoWrongPath* – to provide inspiration and reassurance to young people receiving their exam results; *Developing the Young Workforce* (DYW) – to raise awareness of keyworker roles during the pandemic; *Job Centre Plus* – a Scotland-wide campaign to raise awareness of roles in the NHS with links to vacancies; *Scottish Apprenticeship Week* – to raise awareness of NHS apprenticeships, sharing career stories and vacancies; *Healthcare Science Week* – to raise the profile of roles in Healthcare Science; and *Meet the Expert: My World of Work Live* – a schools engagement programme.

The NHS Careers Scotland website provided a focal point for information about careers in NHS Scotland and specific promotion campaigns such as Scottish Apprenticeship Week and Healthcare Science Week. The website target audience includes young people, parents and carers, teachers and careers advisors, career changers and the NHS Scotland workforce.

During 2020-21 a Careers website content audit was completed to identify opportunities for new job profile pages (including education/career pathways and skills); new case studies (videos, written, podcasts); animations (transferable skills, application process); blog posts (top tips / how to guides); and infographics – routes into the NHS.

The NHS Careers Scotland website was also used to host Scottish Government information in support of the national **Covid Accelerated Recruitment Portal** including an overview page, FAQs and links to the application process. As a result of campaign activity and through hosting the Covid Accelerated Recruitment Portal, there were 607,724 visits to the NHS Careers Scotland website (up 52.7% from the previous year) from 466,188 users (up 47.67% from the previous year).

In close collaboration with Scottish Government and the national Employability and Apprenticeships Networks, we facilitated a series of workshops with a focus on **priority employability campaigns**, e.g. the UK Government Kickstart Scheme. Our work supporting national apprenticeship framework development was paused for several months as a result of the pandemic impacting prioritisation of resource across the sector. There was a similar impact on work to support strategic workforce planning skills development although a programme supported by the CIPD was successfully delivered.

We established an Employability Task Group to increase our apprenticeship uptake and activity in NES as well as wider employability programmes. The Group will aim to meet the targets set out in the Youth Employment Strategy Priority, widen access to vacancies, and support the Scottish Government Young Person's Guarantee. Projects were initiated during 2020-21 including a review of entry level job descriptions and the extended use of 'Inclusive Recruiter' standards across all roles. This work will continue into 2021-22.

We progressed career promotion and recruitment resources for **Healthcare Support Workers** with a *Meet the Expert* careers session in conjunction with Skills Development Scotland, targeting school leavers and focusing on Healthcare Support Worker (HCSW) and Operating Department Practitioner (ODP) careers. Role profiles, HCSW careers guidance material and videos were produced to promote the HCSW role as a career. These resources were made available on TURAS Learn.

2.2 PRE-REGISTRATION EDUCATION

Due to COVID-19, Scottish **pharmacy pre-registration recruitment** processes were adapted and we worked collaboratively with HEE (Health Education England) and HEIW (Health Education and Improvement Wales), creating a single UK online pharmacy recruitment process. This resulted in an increase of 40% in applicant numbers for Scotland, to 350 applicants (2021-22 cohort). The recruitment cycle was delivered in line with original timescales, causing no disruption to service provision, with 211 trainees matched and recruited during 2020 to commence in 2021-22.

We continued to develop and deliver quality management systems to approve suitable pre-registration training sites for our pre-registration pharmacy trainees. In line with COVID-19 restrictions we used virtual discussions and trainee feedback mechanisms for approval throughout the year. Data was reviewed and uploaded to the TURAS Quality Management App and any relevant quality issues were followed up through Pharmacy governance processes.

In total 215 trainees (2020-21 Cohort) progressed through the pre-registration programme. Registration of the 2020-21 cohort was impacted by COVID due to a delay in the June 2020 General Pharmaceutical Council (GPhC) registration assessment. Provisional registration status was therefore introduced for those appropriate in this cohort. We provided educational support to this new group of provisionally registered pharmacists until the first online GPhC registration assessment took place in March 2021.

PHARMACY	Target	Actual	% Achieved
PRE-REGISTRATION PHARMACY	215	215	100%

We provided support for changes introduced by the GPhC to Pharmacy pre-registration with resources produced for publication: *NES Designated Supervisor's Guidance Resource Booklet* for 2021-22 and *NES Trainee Pharmacist's Guidance Resource Booklet* for 2021-22. These map existing performance standards to the new learning outcomes and provide advice on skills that should be demonstrated for each outcome. A number of planned online events for designated supervisors and regular peer review sessions will support this transition throughout the 2021-22 training year.

We continued to support the 2019 intake of 15 Healthcare Science Clinical Physiology trainees and these trainees were included in our wider quality monitoring. While no formal training programme was provided in 2020, the next intake was scheduled for September 2021 and we continued to promote this planned intake with the service.

We undertook annual performance management of **pre-registration nursing and midwifery** programmes. A 2020 Pre-registration Nursing and Midwifery Programmes Performance Management Report was submitted to Scottish Government at the end of October 2020. A quality improvement review of all processes aligned to performance was completed, with initial agreement to progress recommendations through the Nursing and Midwifery Programme Advisory Board. In addition, a Midwifery Workforce and Education review commissioned by the Chief Nursing Officer Directorate was submitted in February 2021, with 23 recommendations.

We continued to work in partnership with Scottish Ambulance Service (SAS) throughout 2020-21 and the contracted Higher Education Institutions (HEI) via the Scottish Collaboration of Paramedic Education (SCOPE) which we coordinate and chair. We funded 58 additional sessions of AHP PEL (Practice Education Lead) proportionately across NHS boards to provide placement support to identify settings and practice educators for first year paramedic students across non-SAS placements. Practice based learning agreements were also set up between each HEI, SAS and each health board, setting out the quality and governance arrangements.

An induction package was developed by the end of April 2020 and provided on TURAS Learn for **NMAHP returners to practice** during the COVID pandemic. We worked with key stakeholders to support the employment of final and second-year students within NHS Boards during the COVID-19 pandemic. We also employed final and second-year students working within non-NHS settings during the pandemic.

Education resources were developed by the end of April 2020 to support the upskilling of the NMAHP workforce during the pandemic including health care support workers, those caring for the deteriorating person/unwell child, bespoke resources for staff in community and social services in conjunction with SSSC, and accessible learning on infection prevention and control. These were made available on TURAS Learn and regularly reviewed and updated in line with new information and policy directives.

2.3 ADDITIONAL COST OF TEACHING (ACT)

We continued to manage the **Additional Cost of Teaching** (ACT) fund, the Scottish Government funding which meets the additional costs of teaching medical and dental undergraduate students when they are in hospital or GP Placements in NHS Boards. Medical ACT work is supported by an annual budget of £84.5 million. The management of Medical ACT funding includes the management of the Medical ACT Levy for Non-EEA Overseas Students (introduced by Scottish Government in 2016) which contributes towards the ongoing costs of the Medical Education Package, a widening access initiative which supports entry into the profession of more students from deprived backgrounds; and ScotGEM (Scottish Graduate Entry Medical Programme), a four year graduate entry medical programme with a focus on rural medicine and healthcare improvement to support recruitment and retention in remote and rural areas (introduced in 2018).

Following our 2019 review of ACT funding within Primary Care, in 2020-2021 we undertook a wide-ranging review of all other aspects of the Medical ACT funding processes through establishment of three short life working groups. This work will

culminate in the publication of a new Medical ACT Framework document, due to be published in Quarter 3/Quarter 4 of 2021, which will underpin our ongoing management of the distribution of the Medical ACT funding.

Pharmacy Additional Costs of Teaching (ACTp) funding provided by Scottish Government is aimed at experiential learning and clinical experience for all pharmacy undergraduate students in Scotland to support the increasing clinical roles of pharmacists particularly within the primary care setting. In 2020-21, 73% of experiential learning ACTp was delivered during the academic year across all areas of practice. In light of the pandemic, the two final years of study were prioritised for experiential learning funding by both Scottish Schools of Pharmacy. Virtual programmes were developed incorporating primary care and hospital for student pharmacists who were unable to attend face-to-face experiential learning or where sites were unable to host students due to social-distancing restrictions.

In preparation of experiential learning we trained a further 300 facilitators to support **Pharmacy experiential learning** delivery. A new PFEL fee structure was approved to incorporate further training for existing facilitators from April 2021. Facilitators will now be required to undertake further training every three years to remain on our approved list of experiential facilitators. ACTp experiential Learning plans for 2021-22 were co-produced and agreed by Pharmacy Oversight and Implementation stakeholder groups.

We continued to develop and deliver quality management systems to approve suitable sites to host Experiential Learning (EL) for students. Due to COVID-19, in line with social distancing protocols, we adapted this training from face-to-face to online in 2020 and continued delivery throughout the academic year. Quality management engagement meetings were conducted virtually with any triggered sites/training provider. Data was reviewed and uploaded to the TURAS Quality Management (TQM) App and any relevant issues were followed up directly via Pharmacy governance processes.

2.4 POSTGRADUATE TRAINING GRADES

During 2020-21 we participated in **four-nation working to agree new processes and protocols** to allow us to support the redeployment of doctors in training; manage and support derogation in Annual Review of Competency and Progression (ARCP) processes and recruitment; and play a significant role, through the Scottish

Foundation School, in the onboarding of foundation doctors after their early graduation from medical schools. As Foundation Year 1 doctors these students contributed to the increase in medical capacity in NHS Scotland at the time of the first wave of COVID-19 and received induction, training and support to take up their roles at this early first stage of their medical careers.

Despite the challenges and impact of the COVID-19 pandemic, through close working with partner organisations across the UK and with agreed mitigation strategies in place, we largely managed to maintain medical trainee progression and meet the demands of service.

Work was undertaken nationally in Scotland and across the four nations to ensure minimal disruption and virtual working for ARCP, ARCP Appeals, LTFT (Less Than Full Time) applications, IDT/IRT (Inter-deanery transfers/Inter-regional transfers), OOP (Out of Programme) applications, and Study Leave.

The four nations worked together to recruit junior doctors on a national basis using Oriel, the single online system. Oriel 2 was implemented in May 2020 and recruitment took place with virtual interviews instead of the usual assessment centres. We participated fully in UK recruitment, working with lead recruiting bodies across the UK and in supporting the management of applications. We provided the recruitment infrastructure in Scotland, and despite the pandemic, were able to continue to ensure the smooth provision of doctors in training in August 2020 and February 2021.

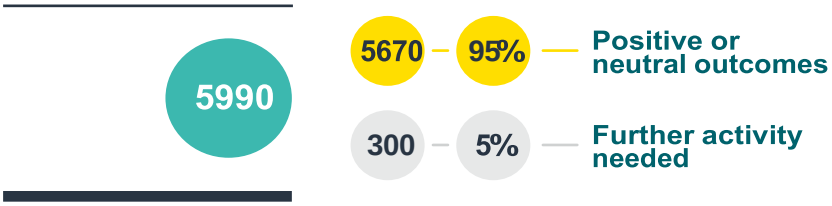
MEDICAL TRAINING GRADES	Posts Advertised	Posts Accepted	% Accepted	% Posts filled against establishment
RECRUITMENT TO FOUNDATION	848	842	99%	99%
RECRUITMENT TO CORE TRAINING	345	338	97%	99%
RECRUITMENT TO SPECIALTY TRAINING	743	705	95%	99%

In 2020 we advertised 848 Foundation year one places and filled 842 (99%) and advertised 345 core and 743 specialty posts, and filled 338 (97%) and 705 (95%) respectively.

Recruitment was successfully delivered in all areas with a fill rate of over 95% overall. There was an over 85% fill of vacant posts in each region against agreed national

standards. Some data on incoming starts was delayed due to the pandemic, this was mainly due to issues with trainees obtaining visas and slightly delayed recruitment rounds.

A total of **5990 Annual Reviews of Competency and Progression** were undertaken, 5,670 (95%) were positive or neutral outcomes and 300 (5%) were outcomes that indicated further activity was needed to reach the required standard. New ARCP outcomes which related to the impact of COVID were created and agreed which allowed trainees to have the delays and missed training opportunities recorded specifically with clear no detriment to the trainees.



ARCP Outcomes Recorded

In total we recruited to 131 **Dental Core and Specialty training posts** which constitutes, a 99% fill rate, the best for many years. Induction was delivered via TURAS Learn with the same process planned for 2021-22 trainees. Educational programmes for Dental Core Trainees were slightly reduced (nine events in total) with most events being delivered online. It was necessary to pause Quality management visits to training sites, but Core Training Advisers remained available should trainees have concerns to raise. Visits will resume in 2021-22.

DENTAL TRAINING GRADES	Target	Actual	% Achieved
RECRUITMENT TO DENTAL VOCATIONAL TRAINING	152	151	99%
RECRUITMENT TO DENTAL CORE AND SPECIALITY TRAINING	132	131	99%
PRE-REGISTRATION TRAINING FOR DENTAL NURSES	130	88	67%*
DENTAL HYGIENE/THERAPY TRAINEES	15	14	93%

** 130 training places were made available, however the uptake of places is demand-led and dependent on external recruitment of pre-registration dental nurse trainees in NHS boards and general dental practice.*

In the context of clinical dentistry, the continuing requirement for mitigation procedures, including social distancing and measures to prevent spread of infection via aerosols,

significantly reduced the volume of operative care being provided across the sector. On 1 September 2020 152 DVT Trainees were in post while three undertook additional training time. At the end of March 2021, 151.4 DVT trainees were in post. In response to the COVID-19 pandemic it was agreed in February 2021 that the current cohort of trainees would be offered an extension of training to July 2022. This will enable them to gain sufficient clinical experience and ensure that they obtain satisfactory completion of training.

Due to COVID-19 restrictions all face-to-face dental trainee training, with the exception of approved clinical sessions, was suspended. Each trainee was issued with a 'phantom head' training model at the start of the training year to allow simulated clinical practice to take place due to the reduced operating of the General Dental Service. The majority of study days were arranged utilising online platforms (e.g. GoTo) and were published via the TURAS course booking system. Clinical sessions took place where guidance has allowed. Further study days and delivery will be reviewed following further COVID-19 guidance. The Train the trainer programme (START) was completed for 2020-21 with all sessions delivered via an online platform.

Despite challenges faced during the pandemic,116 **pre-registration dental nurse** trainees successfully completed their pre-registration training during 2020-2021, of which 88 completed the Modern Apprenticeship in Dental Nursing. Utilising the digital technologies available, a range of robust and innovative methods were created to conduct assessments. Examples include using live video stream to conduct workplace observation assessment, and remote invigilation for closed book assessments. The trainees have proceeded to register with the General Dental Council (GDC) and are practising as dental nurses.

A further 88 new dental nurse pre-registration trainees were registered under the Modern Apprentice scheme, commencing training in November 2020. The Dental Nurse pre-registration Induction programme, a pre-requisite for acceptance to the pre-registration course, was transferred to an online platform with interactive PDF paperwork and is working well.

During the pandemic the delivery of the theoretical component of the pre-registration Orthodontic Therapy current programme was continued via an online platform. Following initial postponement, the summative examinations were conducted online in November 2020 and all seven trainees from the 2019-2020 cohort successfully

passed, achieving the RCSEd Diploma in Orthodontic Therapy. They have proceeded to register with the General Dental Council (GDC) as orthodontic therapists. The 2021-2022 blended learning programme commenced in May 2021 with nine trainees.

We continued to progress recruitment to meet target numbers for **applied psychology programmes**. Revised, remote recruitment for doctoral programmes took place in May 2020 and all trainees commenced in October 2020 as planned. Further revised recruitment for the next cohort of doctoral trainees was planned throughout the year. Clinical placements for all trainees were adjusted to support remote and digital delivery of supervised clinical practice to meet regulatory and professional standards. Overall, the majority of trainees completed training as planned – some trainees required short extensions to offset COVID impact during training.

In total, 57 clinical psychology trainees completed pre-registration training, with a small number of trainees requiring extensions due to the impacts of COVID and other significant circumstances; 71 clinical psychology trainees were recruited and commenced pre-registration training in September 2020; and 32 trainees in Psychological Therapies in Primary Care (PTPC) and 27 MSc trainees in Applied Psychology for Children and Young People (APCYP) completed training by March 2021. In addition, 40 PTPC trainees and 30 APCYP trainees were recruited to commence training in January/February 2021 and two trainee health psychologists completed training in May 2021. These activities will help ensure the NHS is provided with suitably trained professionals and fulfilment of the required numbers as guided by workforce planning.

APPLIED PSYCHOLOGY	Target	Actual	% Achieved
CLINICAL PSYCHOLOGIST TRAINEES' COMPLETION	62	57	92%
PSYCHOLOGICAL THERAPIES IN PRIMARY CARE	35	32	91%
APPLIED PSYCHOLOGY FOR CHILDREN AND YOUNG PEOPLE	30	27	90%
NEUROPSYCHOLOGY PROGRAMME	24	24	100%

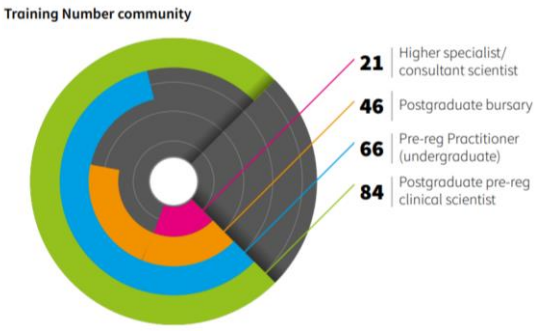
We continued to support the University of Glasgow neuropsychology course to ensure a consistent supply of appropriately trained neuropsychologists in the NHS Scotland workforce, whilst upskilling other disciplines in these approaches. We commissioned

and recruited three trainee health psychologists who commenced in February 2021, with a further trainee due to start in April 2021 – delays were due to visa implications in light of Brexit. We continued to support the current cohort of five Child and Adolescent Psychotherapy trainees through training, due to complete in September 2021. We also supported recruitment and selection from December 2020 for a new cohort scheduled to start in September 2021.

Within our **Pharmacy Vocational Foundation Training**, at March 2021, 237 pharmacists were actively participating in the two-year training programme. During 2020-21, 50 trainees successfully completed the training programme and progressed to the next stage.

A total of 66 pharmacy technicians commenced the Vocational Foundation programme, 48 from GP Practice and 18 from the Acute Sector. Due to COVID-19, the programme was redesigned and delivered online. Induction sessions/evidence workshops for tutors/trainees continued to be delivered remotely on an ad-hoc basis, in addition to regular peer review sessions. The assessment processes and all guidance documentation were completed in preparation for the first final assessments due to take place by Summer 2021.

Our **Healthcare scientist trainee cohort** includes supernumerary pre-registration Clinical Scientists and practitioner-level (graduate) staff undertaking advanced-practice scientist development. Training involves either the three-year Scientist Training Programme or an equivalent Masters level programme.



As at March 2021 we were supporting 84 clinical scientist trainees across 13 specialties, 14 clinical scientist trainees were on pathways using the Scientist Training programme. Specifically, in 2020 we were able to support an intake of 18 clinical

scientist trainee posts to meet a demand for 25 posts from services' expressions of interest.

We supported the recruitment of 21 clinical scientist trainees on three-year programmes. A total of 120 online recruitment interviews for these posts were supported. This year saw 1,675 applications, up by nearly 50% compared to the previous year. Recruitment to the clinical scientist posts ensures the ongoing supply of these Postgraduate Healthcare Science staff via our training-grade pathway.

We supported 37 postgraduate bursaries to in-service staff, which was broadly in-line with previous years. For the first time in Scotland, as part of our postgraduate bursary scheme, we were able to offer support to a cohort of 21 in-service consultant scientist trainees to develop higher specialist scientific practice. This followed investment by the Scottish Government. These trainees are completing three to five year plans of development.

HEALTHCARE SCIENTISTS	Target	Actual	% Achieved
PRE-REGISTRATION CLINICAL SCIENTISTS	20	18	90%
POSTGRADUATE SCIENTISTS IN SERVICE	46	46	100%

2.5 POST-REGISTRATION NMAHP EDUCATION

During 2020 we launched the new **Graduate Diploma in Integrated Community Nursing**, working in partnership with Scottish Government, Queen Margaret University and the University of the West of Scotland. Designed for nurses working in a range of settings, the diploma enables participants to continue their studies at postgraduate level to qualify as specialist, advanced and consultant nurses. The innovative programme supports the wider transformational change agenda and equips participants with the range of skills and knowledge needed to work flexibly and to their full potential across the integrated community nursing team.

A total of 196 nurses from care homes, prisons, general practice and community nursing commenced the new Integrated Community Nursing Graduate Diploma and we also supported the development of the district nursing workforce by funding 129

places on the Postgraduate Diploma in District Nursing and 103 places for District Nurses to complete Non-medical Prescribing and Advanced Clinical Assessment modules.

In addition to the 103 places for District Nurses to complete non-medical prescribing, a further 121 nurses and allied health professionals whose roles support COVID-19 recovery were funded to qualify as Non-Medical Prescribers. In addition, 333 nurses completed the Postgraduate Diploma in Advanced Nurse Practice (ANP).

We also funded 159 places for **General Practice Nurses** (GPNs) on university accredited modules including ten modules commissioned specifically for GPN development in line with the Transforming Roles Programme. We provided 47 training posts for newly qualified nurses in General Practice and are already starting to see some of these becoming substantive posts.

Our CPD Connect courses and Problem-based Small Group Learning (PBSGL) were adapted for on-line delivery and to include COVID-19 related topics as required. A total of 1,357 general practice nurses attended courses and 212 joined PBSGL groups.

A service needs analysis identified the potential benefits of training Radiography Assistant Practitioners to authorise requests under guidelines and to undertake image appraisal of plain film. We supported the development of the draft content for work-based learning units which will build the knowledge and understanding required to authorise general radiography requests against local guidelines.

2.6 POST-REGISTRATION DENTAL NURSES AND DENTAL CARE PROFESSIONALS

The delivery of both the **Dental Managers** and **Dental and Medical Reception Skills Programmes** were initially paused during the pandemic. These programmes re-commenced in September 2020 via an online platform. The 2020-2021 cohort of Dental Practice Managers (23) completed the SQA Professional Development Award (SCQF Level 8) and the Dental and Medical Receptionists (24) completed the SQA Professional Development Award (SCQF Level 6). A new online blended learning programme for both awards commenced in April 2021

Post registration dental nurse training programmes were paused during the pandemic due to limited clinical activity and practical experience. Where appropriate, post registration programmes have commenced utilising a blended learning approach with robust assessment processes created, aligned to SQA guidance.

In September 2020 we recruited to 14 Vocational Dental Therapist (VDT) posts, 13 VDTs remained in post as at March 2021 (one resignation). Due to COVID-19, face-to-face training was suspended and all training took place via GoTo sessions. Of the 12 planned study days, ten were delivered with the remaining two on track to be completed by the end of Quarter 2, 2021. Train-the-trainer was completed for 2020-21 with all sessions delivered via an online platform.

2.7 CAREER SUPPORT PROGRAMMES AND RESOURCES FOR RETURNERS

We continued to support improvement in the **retention of GPs** through career advice, induction and returner programmes, a retainer scheme, and support for performance issues. Eight GPs are currently in placement (7 GP Returners and 1 GP Enhanced induction) and 8 successfully completed (3 GP Returners and 5 GP Enhanced Induction). This totals 17 doctors (one GP Returner was unsuccessful) who received this support compared to nine for 2019-20. Output has been greater than in any of the last five years. Despite the impact of COVID-19 we were able to place and support these doctors successfully.

We progressed **return to practice education support for former NMAHP staff** wishing to return to a career in health and social services. Following the successful commissioning of Nursing and Midwifery Return to Practice courses with Robert Gordon University and Glasgow Caledonian University, 86 returners matriculated, exceeding the target minimum of 60. In addition, work was undertaken to identify gaps and areas of good practice in NHS Board return to practice processes for AHPs. A first draft of national guidance was produced which addresses key findings of research conducted by the Health and Care Professionals Council.

We undertook to provide **access and support for dental registrants** to enter, remain and return to the workforce. A flexible and adaptive remediation programme for dental registrants, returners and remedial trainees, was delivered online on three occasions during 2020-21 with 82 participants in total. The course offers bespoke training and

support for dental registrants on a self-funding basis, including mandatory training for entry into the general Dental Service.

3. EDUCATION AND TRAINING FOR A SKILLED, ADAPTABLE AND COMPASSIONATE WORKFORCE

Strategic Outcomes: NES Strategy 2019-24

- Learner-centred continuing professional development which ensures practitioners keep up to date
- Enhanced roles to support an improved skill mix and service redesign
- Well-developed multi-disciplinary teams
- Improved development for support workers and allied health professionals
- Clear career progression routes for all roles
- A caring and compassionate workforce
- People developed with the right values and behaviours to operate across boundaries
- Access to leadership and management development at all levels
- A culture of continuous improvement embedded in everyday practice
- Excellence in clinical practice based on evidence and safe models of care
- Coherent approach to developing and sharing learning resources

This section highlights our continuing professional development (CPD) for primary care practitioners and enhanced roles for staff working in primary care teams which are key in attracting and retaining the workforce and underpin new models of community-based care which improve waiting times and integration across health and social care. Also illustrated are our workforce development activities to address health inequality, and our support for integration is reflected in role development for health and social care staff in areas such as dementia, end of life and bereavement care and mental health. We also contributed to improvements in patient safety with educational delivery and clinical skills training, and Quality Improvement through programmes and curricula supported by a national network of leads and practitioners.

3.1 CONTINUING PROFESSIONAL DEVELOPMENT (CPD) FOR GENERAL MEDICAL PRACTICE, PHARMACY, DENTAL AND OPTOMETRY

The **Practice Mangers Vocational Training Scheme** (PMVTS) and **Supervisory Management in General Practice** (SMGP) programme were redesigned to be delivered virtually. Cohort 15 of the PMVTS was paused during the first wave of the pandemic and recommenced in August 2020. Cohort 3 of the SMGP was also paused and re-scheduled to recommence virtually in June 2021. Recruitment for both programmes recommenced with programmes due to start from June 2021. Ten webinars were delivered to provide Practice Managers and the wider Primary Care team with regular updates, education and support. In addition, Local Coordinators continued to signpost Practice Managers to educational resources, organised virtual

networking events and meetings, and provided pastoral support to their local colleagues.

We continued to deliver education for **General Practice Nurses** virtually during 2020-21. We produced three webinars to support GPNs during the pandemic, comprising telephone triage, remote consulting for long-term conditions, and management review in asthma and cardiovascular disease. A total of 1,268 attendees were recorded from a target audience of not only GPNs in Scotland but GPs and other healthcare professionals from across the UK. Positive feedback was received, and further topics will include Diabetes & COPD, Anticipatory Care Planning and Supporting End of Life care.

CPD Connect courses were redesigned to enable them to be delivered virtually. A programme of webinars, *A Day in the Life of a Busy General Practice*, attracted over 500 attendees, representing a significant increase on previous face-to-face attendance rates. A programme of education specifically aimed at GPs in their first five years was also delivered and encompassed a number of clinical and non-clinical topics. A new learning programme, *Preparing for Partnership,* for new or aspiring GP Partners was piloted. This received positive feedback from attendees and we will now consider how this can be cascaded to a wider audience.

Practice-based Small Group Learning continued to be popular with only a very slight drop in membership over the year. Members reported that their group provided valuable peer support during the pandemic. Module development was progressed with ten new modules published during the year and facilitator training moved online. We continued to support peer review of video consultations for prospective educational supervisors.

We continued to support **CPD programmes for dentists and dental care professionals**. With the transition of CPD Education for General Dental Practice to an online platform, 216 events were delivered, amounting to over 618 hours of verifiable CPD and more than 27,922 delegates attended via the GoTo training platform.

We supported optometrists to provide safe, high quality care for patients with suspect glaucoma, treated and untreated ocular hypertension, and treated stable glaucoma. Sixteen **Independent Prescribing** (IP) **Community Optometrists** graduated from our programme of accredited education and training in glaucoma management. The

training programme aims to support the shift of appropriate eyecare from hospitals into the community, support service redesign and standardise and quality assure the care patients will receive in the community. Our **Glaucoma Award Training (NESGAT)** is an SQA-accredited qualification, providing an SCQF Level 11 Customised Award in glaucoma management. Funded by the Scottish Government, this qualification allows Independent Prescribing Optometrists in Scotland to manage discharged patients in the community.

We successfully delivered remotely SQA equivalent level 5 and level 7 Certificate in **Optical Care courses** with 14 optical assistants enrolled on Level 5 and eight on Level 7, all completing their courses. In addition, we provided educational support to optometrists to increase their scope of practice in the community by gaining their Therapeutics qualification, with 25 optometrists participating in the Ocular Therapeutics course at Glasgow Caledonian University.

Mandatory training was completed in-year by 1,489 optometrists practising under General Opthalmic Services (GOS). A digital learning resource on Clinical Leadership for inclusion in the 2021 mandatory training was designed and produced, and is now hosted on TURAS. A tender to deliver training for Dispensing in Optometry was successful with five half-day face to face/remote events delivered by the end of Quarter 4, 2020-21, engaging 144 practitioners. CET (Continuing Education and Training) points from the regulator were made available which supports optometrists' and dispensing opticians' revalidation.

Six training events in the Capacity to Consent workstream were delivered remotely with online discussion workshops taking place in Quarters 3 and 4 in 2020-21. Eight discussion workshops were delivered remotely in Quarter 3 to aid optometrists and the eye care team around safe delivery of eyecare in respect of COVID-19 and infection control.

A national optometry non-medical prescribers conference was hosted on-line in Quarter 2 of 2020-21, to support extended community eyecare. A total of 190 optometrists engaged with at least one element of the conference and CET points

were provided. A national conference to support community eyecare, with 275 eyecare professionals registering for at least one element, was delivered virtually in Quarter 3 of 2020-21. Experts were recruited to design and deliver CPD in line with professional needs, and an application was successfully made for accreditation of CET.

In addition to our existing Pharmacy webinar delivery, we redesigned all **Pharmacy face-to-face CPD education** to be delivered online in response to COVID-19. We provided six key webinar programmes (topic specific) and nine local/regional peer discussion events. Quantitative evaluation indicated interactive webinars were more popular and efficient than peer discussion events. Modules averaged 4.5 out 5 on satisfaction levels from those who provided feedback. Our provision of asynchronous e-learning remains popular equating to 16,161 modules completed in 2020-21.

At Pharmacy Foundation level we delivered 16 leadership skills sessions (249 participants) and at an Advanced level, 26 sessions (35 participants). Four Action Learning sessions were provided for seven Directors of Pharmacy with evaluation underway. We supported five Pharmacy Fellows from the 2019 cohort whose fellowship was interrupted due to COVID-19 and recruited four new 2020 cohort Fellows.

We launched a new resource on Heart Failure, developed with the support of specialist pharmacists, to support pharmacists in delivering effective pharmaceutical care to patients with heart failure. It is primarily aimed at General Practice Clinical Pharmacists (GPCPs), however pharmacists from other sectors as well as pre-registration pharmacists and pharmacy technicians may also benefit from completing this module. The new resource can be accessed via TURAS Learn.

3.2 ROLE DEVELOPMENT AND FRAMEWORKS FOR PRACTICE

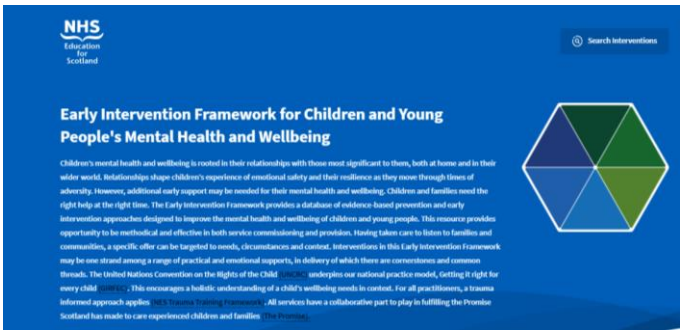
We led the workforce education workstream of the **COVID-19 Vaccination Programme**, in close collaboration with Public Health Scotland (PHS) and stakeholders. We provided learning resources to support new, returning, and experienced vaccinators. This included the existing core immunisation learning resource, Promoting Effective Immunisation Programme (PEIP) and the development of COVID-19 vaccine specific resources. A suite of resources was made accessible on the TURAS Learn COVID-19 Vaccination Programme pages.

A programme of 11 webinars was delivered to support the Vaccination programme and update colleagues on developments in the programme, including the introduction of the COVID-19 vaccines as they became available. The webinars received audiences of 11,300 people with attendee rates for these being approximately 65% of those registering for the events. Some of the webinars were repeated and delivered up to three times each. The webinar recordings were posted on TURAS following the events with the slides and resources for all practitioners to access. These webinars continue to be evaluated and constructive feedback taken into account for future webinar development.

In addition, an education programme to support an expanded workforce was developed. The programme supports the new COVID-19 Healthcare Support Worker (HCSW) vaccinator role without two years health and social care experience, commissioned by the Chief Nursing Officers Directorate and the Sustainable Workforce Group Scottish Government. The programme uses a blended approach with a mix of suggested self-directed online learning and work-based learning supported by a designated supervisor.

We developed **the Early Intervention Framework for Children and Young People's Mental Health and Wellbeing**. This web-based resource enables staff across sectors throughout Scotland to make fully informed investment decisions about early intervention or prevention approaches, and how these potential approaches align with their local contexts. This resource was developed in partnership with over 50 staff from across children's services and supports Recommendation 12 of the Children and Young People's Mental Health Task Force. It aims to support a methodical and effective approach to service commissioning and provision.

The Framework was launched in March 2021 with an accompanying webinar, which is available via the Early Intervention Framework for Children and Young People's Mental Health and Wellbeing website. Registrations for the event numbered 970 and over 550 attended the launch. All required functionality for the website was achieved and all phases in the development of the resource were completed. Plans for training and promotion of the resource are being developed for delivery during 2021-22.



Between April and October 2020, **we delivered over 40 webinars to support the AHP workforce, reaching an audience of 14,000.** The primary focus was on improving staff confidence in the use of NHS Near Me, MS Teams and delivering virtual patient groups. The Near Me series was offered to eight uni-professional groups and quality improvement methodology was used to refine webinar content and delivery. Recordings of the webinars received over 10,000 views.

Qualitative data gathered from use of Near Me and quantitative feedback* from attendees demonstrated that the webinars are an effective way to improve knowledge and skills among the 14 allied health professions. (* *British Journal of Healthcare Management*). An evaluation conducted after four weeks found that webinars offered an effective educational experience with increased knowledge, confidence and impact on service delivery. A total of 94% of respondents reported improved knowledge of Near Me as a result of attending the webinars and there was a 75.5% increase in staff using Near Me eight weeks after attending a webinar.

Due to COVID-19 we changed our delivery of the face-to-face training component of the **National learning pathway for General Practice Clinical Pharmacists** (GPCP) to virtual delivery. During 2020-21 a total of 90 GPCPs commenced the new virtual pathway in two cohorts, taking the total number of GPCPs undertaking the programme to 391 pharmacists. New resources were developed and added to TURAS Learn including eight videos, two e-learning modules, and evidence guidance which was

added to competency resources. We also delivered a GPCP portfolio upgrade, and following a national evaluation, we revised our GPCP Competency and Capability Framework. We accredited a further six GPCPs for Expert Professional Practice and Collaborative Working Relationships at Advanced Level 1.

We worked in conjunction with SQA, Skills Development Scotland (SDS), further education colleges and key stakeholders to ensure the new SVQ Pharmacy Services at SCQF Level 6 meets the requirement of the pharmacotherapy service and pharmacy support staff working in GP Practice. A review of **Modern Apprenticeship for Pharmacy Support Staff** was completed and proposal documents were submitted to Skills Development Scotland (SDS) for final approval in February 2021. New additional national occupational standards, for inclusion in the new SVQ Pharmacy Services at SCQF Level 6, will be developed to meet the requirements of the pharmacotherapy service pharmacy support workers. Work for this will commence in May/June 2021.

In support of the Scottish Government agenda for Primary Care transformation we developed an online learning pathway for **pharmacy technicians working in GP Practices** comprising six modules delivered via online directed learning, monthly two-hour workshops and optional directed continued development. Cohort 1 commenced in October 2020 with 24 participants, due to conclude in April 2021, and Cohort 2 commenced in March 2021 with 56 participants.

3.3 PERSON-CENTRED CARE

The principles of person-centred care are embedded throughout all undergraduate, postgraduate and CPD (continuing professional development) activities. During 2020-21 we provided a range of education, training and workforce development to support and enhance delivery of person-centred care.

We delivered educational interventions and support to improve health and social care professionals' preparedness for effective communication and practice aligned to **death, dying and bereavement care**. We shared information on this work through a variety of channels. The Support Around Death website continued to provide a platform for hosting our materials and other information on care around the time of/after a death. During 2020-21 there were over 33,000 users (from 142 countries)

with over 94,000 page views; a 68% and 83% increase respectively from the previous year.

We continued to develop a range of educational resources on topics related to bereavement and staff wellbeing including a new film *Coping with death and bereavement as a health and social care professional*. Figures show views of over 67,000 across our suite of films during 2020-21; a 76% increase from last year. In response to the COVID-19 pandemic, digital resources were developed including topics on visiting at end of life; spiritual care conversations; and bereavement in the workplace, and we also contributed to the Death and Bereavement page within the TURAS Learn COVID-19 site.

A monthly webinar programme was established, with eight sessions hosted and over 1,300 professionals registered. Topics included death certification and bereavement following substance use. We also built on the success of the inaugural NES Bereavement conference in 2019 by planning the programme for a second event which will now be held virtually in November 2021.

In support of the **Carers Strategy**, a webinar was delivered to 200 participants and shared via TURAS for additional learning. The ***Equal Partners in Care*** **resource** was successfully embedded into a range of professions' education including Dental and GP nurses via case studies, and an animation highlighting the role of staff in identifying and supporting family carers. The resource was developed in conjunction with the Scottish Social Services Council and a wide range of stakeholders, and supports collaborative working with carers across health and social care to help improve outcomes for carers and the people for whom they provide care.

Within the Health and Social Care Integration programme, the Personal Outcomes Network continued to grow membership and evaluated well in making a contribution to person-centred practice, focused on a personal outcome approach to service delivery.

We delivered a six-module Childsmile SQA training course between January and March 2021 using for the first time, a technology enhanced learning format. This training is aimed at supporting the implementation of **Childsmile** by NHS Boards and General Dental Practice. Five participants took up places, with demand lower as a result of staff redeployment in NHS Boards due to COVID.

In collaboration with our partners we produced remobilisation guidance for NHS Boards to facilitate reintroduction of the **Caring for Smiles programme** to care homes. We also worked with key partners to continue to support the *Open Wide* training guide aimed at those responsible for the oral care of adults with additional support needs, and an online event was delivered in December 2020 with 30 participants.

We launched our first Open Badge on Mouth Care. *The Importance of Mouthcare in the Care Home* covers how to deliver mouth care for dependent older adults, the importance of mouth care in palliative/end of life care, and PPE considerations. Open Badges are digital records of achievements and skills gained through learning, and assessed and evidenced in the form of reflective writing. The learning resource helps support the Caring for Smiles oral health improvement initiative and is the culmination of collaborative work with Scottish Social Services Council (SSSC).

Work was commenced to consolidate the different oral health learning and qualifications into an educational framework designed to be accessible to all. This will comprise a basic foundation level, based on Open Badges, relevant to those working with priority groups. The framework will build on this with modules relating to specific groups, some of which will form part of an SQA qualification at the differing SCQF levels. The intention is to develop a suite of Open Badges on oral health and related topics to support and underpin the national oral health improvement initiatives aimed at priority groups.

3.4 MENTAL HEALTH (INC CAMHS, LEARNING DISABILITIES AND DEMENTIA)

We continued to support the National Dementia Strategy through a number of interventions including: the Dementia Specialist Improvements Leads Programme, training for trainers, training in palliative and end of life care in dementia, and education and training in Psychological Interventions for dementia, to support timely and better quality care for people with dementia in Scotland leading to improved quality of life outcomes.

We delivered a range of interventions to increase the cross-sector reach of existing education and training in **Psychological Interventions for dementia**. We continued

to provide the *Essentials in Psychological Care - Dementia* training programme with a specific focus on Care at Home and the Acute sector in line with Scottish Government priorities, with adaptations for remote delivery.
A pilot of the *Essentials* practitioner training with 20 staff from care homes was completed and we gained agreement to pilot this training in ward settings in NHS Lothian in 2021-22. We also delivered two remote *Essentials* coaching workshops, with individual NHS Board/Health and Social Care Partnership follow up for 18 health and social care staff. There was a delay with delivery of *Essentials* Training for Trainers in light of pressure on care homes during COVID - a total of 38 health and social care staff attended remote sessions.

We continued to improve practice and add consistency to the process of Cognitive Rehabilitation in Dementia. Updated workshops were delivered to a total of 47 health and social care staff. *Psychological Interventions in Response to Stress and Distress in Dementia Training for Trainers* programme was provided to 15 health and social care staff. Uptake was lower due to the impact of COVID and pressures on care home staff. We continued to maintain and update the Stress and Distress Trainer register.

We also delivered two *Psychological Interventions in Response to Stress and Distress in Dementia* coaching workshops to 23 health and social care staff. In addition, *Cognitive Stimulation Therapy* (CST) workshops were delivered to 89 health and social care staff. Uptake was lower than expected due to the impact of COVID-19 on target audience staff groups. A series of nine videos were produced with external contributors from services in local NHS Boards, to promote the use of the *Fronto-temporal Dementia* (FTD) resource series across all settings and professions in health and social care.

We developed five Dementia Learning Bytes. The content is based on our *Essentials in Psychological Care – Dementia* training programme and our *Dementia Skilled Improving Practice* resource. The learning addresses key issues in relation to understanding dementia, supporting the needs of people with dementia, and protecting the human rights of people with dementia during COVID-19. The Learning Bytes are aimed at staff working in care homes but will also be a helpful resource for staff working in any setting that supports people living with dementia.

An initial pilot virtual training event was delivered for front line health and social care staff in palliative and end-of-life care for people with dementia. A total of 20 staff from

across health and social care attended three two-hour synchronous online sessions, and a bespoke online learning site was created on TURAS Learn. Evaluation of the training is underway.

We undertook a range of programmes to increase **CAMHS (Child and Adolescent Mental Health Services) knowledge and skills** in evidence-based assessments and interventions with the ultimate aim to reduce mental illness and improve psychological health in vulnerable children and young people. Backfill funding was provided to NHS Boards across Scotland which allowed release of staff for long therapy courses including: CBT (Cognitive Behavioural Therapy), IPT (Interpersonal Therapy) and Family Therapy.

We delivered the new to CAMHS one-year development plan and revised the content for remote delivery to allow the training programme to proceed – 30 clinicians were offered places. We also continued to offer *Essential CAMHS* supervisor training, attended by 29 across two sessions. CBT training was provided to certificate and diploma level: six certificate trainees completed training in December 2020 and three diploma trainees continued with studies as planned. Nine further certificate trainees started in January 2021.

We provided access to training in different levels of **Family Therapy**: three masters level trainees continued with two-year training as planned, and nine foundation Family Therapy trainees started year-long training in January 2021. We worked with a forensic reference group to develop an e-learning module for *New to Forensic CAMHS*: a resource for clinicians who work with children and young people who are at risk of harming others. This resource is now hosted on TURAS Learn.

We delivered education, training and supervision to maintain Multi Systemic Therapy in Scotland. We also worked closely NHS board leads to continue to develop a multi-sector workforce development plan to increase workforce capacity in CAMHS, and education and training was adapted for remote delivery where possible.

We supported specialist training in Family Based Therapy (FBT) for anorexia with nine participants completing training to practitioner level, and one achieving FBT supervisor level training. Trauma focused CBT was delivered to 20 clinicians and CBT training for eating disorders was attended by 15 clinicians. CBT supervision training was attended

by 17 clinicians and four CAMHS clinicians began Interpersonal Therapy (IPT) training in September 2020, adjusted for remote delivery.

Additional mental health and suicide prevention animations were co-produced in conjunction with Public Health Scotland (PHS). The animations will add to the knowledge and skills of those in health, social care and the wider public sectors who need to be informed about mental health, self-harm and suicide prevention in relation to children and young people. The educational resources are aligned with the Informed level of the Knowledge and Skills Framework for **Mental Health Improvement, Self-Harm and Suicide Prevention Framework**.

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

3.5 MATERNAL AND CHILD HEALTH (INC YOUNG PEOPLE AND FAMILIES)

We supported multi-professional staff in schools, FE and HE institutions as well as other community settings to deliver evidence-based/informed **psychological interventions** to children and young people who may not otherwise be able to access such support. We delivered education and implementation support of *Let's Introduce Anxiety Management* (LIAM) training and coaching to staff in children's services, exceeding target numbers considerably, with 308 delegates attending the LIAM 0.5 day training and 545 attending the LIAM two-day training.

Adapted Behavioural Activation training was delivered to 50 staff across children's services via a train the trainer model by March 2021. We also provided an implementation support day for 30 staff to progress the roll-out of LIAM into CAMHS. LIAM was then prioritised by NHS Boards for COVID related distress, and 51 clinicians were trained. In addition, we delivered the *Training in Psychological Skills* and *Trauma* modules to 59 staff across Scotland, with adjusted learning material for remote delivery.

We delivered three days of authorised *Triple P* training, exceeding our target with 49 practitioners in total receiving accredited training in Level 4 Group *Triple P* across the multi-professional workforce. We also provided six *Triple P* practice support/coaching

sessions with 43 attendees in total and 69 practitioners attended seven *Incredible Years* coaching sessions. In addition, six *Connecting with Parents' Motivations* (CWPM) training sessions were delivered to 85 practitioners in total and one CWPM Training for Trainers session was delivered to seven practitioners.

We considerably exceeded targets by providing eight two-day *Solihull Approach* foundation level training sessions for a total of 89 practitioners, and one *Solihull Approach* Foundation Level Train the Trainer for 38 practitioners via remote training. A total of 100 practitioners started the Warwick University Infant Mental Health online training. Eight supervision sessions in Video Interaction Guidance were provided to four practitioners and ten practitioners started the MSc in Therapeutic Skills working with Children and Young People.

In partnership with Scottish Government we supported the implementation of the *Solihull Approach Online* Resource. We launched free access across Scotland to the online courses within the Solihull Approach to support parents, practitioners and teenagers in light of the COVID-19 pandemic, with 10,073 learner registrations between May 2020 and March 2021. Our *Solihull Approach Online* Implementation Guide was updated to reflect new courses and the Guide was distributed widely across networks.

During 2020-21 training events in Motivational Interviewing (MI) were delivered. As these events were delivered in face-to-face format for hospital staff, places offered were limited to six due to social distancing restrictions. Therefore, overall there were 29 attendees. We maintained a network of trainers across all 11 NHS Boards, and developed and provided training and support in facilitating online/remote delivery of training - 38 places were taken up by trainers from across ten NHS Boards. We also commissioned two training events for this network in March 2021: a two-day session in *Compassion Focused Therapy* with Children and Young People with 31 trainers attending; and a half-day training in delivering paediatric therapeutic groups remotely with 22 trainers attending.

In support of the **Family Nurse Partnership**, 86 Family Nurses were provided with education in 2020-21, almost 50% above the target of 60. This increase was in response to clinical service needs. All modules within the Core Education Programme

were facilitated via e-learning which will inform a more blended approach as we transition back to face-to-face education. *Partners in Parenting Education* (PIPE) was fully facilitated via e-learning for 15 Family Nurses in February 2021 and evaluation feedback will provide insight into future course delivery. In total, 13 Family Nurse Supervisors engaged with education this year, which also exceeded the target.
A total of 36 school nurse students were recruited to School Nursing programmes in Scotland in 2020-21. Performance Enhancement Reviews were undertaken at the three HEI providers. The final and overarching Performance Enhancement Review Report was submitted to Scottish Government and commissioning contracts were confirmed for 2020-21.

By the end of March 2021, a total of 99 courses were delivered as part of the **Scottish Multiprofessional Maternity Development Programme (SMMDP)**. This included 81 face-to-face/blended learning courses and 18 online courses. Some face-to-face courses also included a small number facilitated virtually alongside face-to-face training. Despite restrictions due to room sizes we exceeded participant numbers with 900 attendees. *Examination of the Newborn* courses were provided for 21 undergraduate/return to practice students, to meet new NMC (Nursing and Midwifery Council) standards and to support Higher Education Institutions.

A total of 78 courses were delivered in NHS boards face-to-face to maintain essential maternity services education through core mandatory training. Whilst participants numbers were reduced due to COVID-19 restrictions, we exceeded target reaching over 650 practitioners. We also delivered essential update training by providing webinars to remote and rural practitioners.

As part of our national training initiative we commissioned the Institute of Health Visiting (iHV) to provide Perinatal Mental Health Champions training. Champions will support health visitors and midwives achieve the skills and knowledge of the Perinatal and Infant Mental Health Curricular Framework. The first group of 20 health visitors and midwives completed the two-day training in February 2021. A follow up session was held to plan the roll out. A further 40 health visitors and midwives will complete the Perinatal Mental health champion training in September 2021 and February 2022.

3.6 EQUALITY AND DIVERSITY

We completed the final year of our four-year equality and diversity outcomes and mainstreaming priorities plan. Our plan sets out eight equality outcomes in areas such as: developing interventions to address differential attainment in postgraduate medical education, delivering educational support to enable staff to address health inequalities, and supporting refugee and asylum-seeking doctors to access training and language support. We also identified the need to improve accessibility for disabled learners and trainees as a mainstreaming priority. In 2020-21 we undertook work across our portfolio to pursue these aims.

We developed a **Health Literacy e-Learning module** in partnership with Health Education England to raise awareness of health literacy and its impact on health and social care staff. The module provides an understanding of the benefits of health literacy to individuals and services, and the impact of health literacy on health choices. It includes information and guidance on health literacy tools and techniques. We also hosted webinars enabling participants to consolidate learning and share ideas about using the tools and techniques in the resource.

We further developed the **Equality, Diversity and Human Rights learning zone** on TURAS Learn, providing access to learning content for anyone working in or with the public sector in Scotland. We continue to work to develop awareness and capacity in relation to inclusive design and delivery approaches for education and training. Material on accessibility and inclusion has been incorporated into our Guidance for Educators resources on TURAS Learn and we worked with Dyslexia Scotland to develop a Dyslexia awareness module for managers. We enhanced our offerings on gender-based violence to include resources on coercive control. We also launched a new webinar series, *Current Issues in Equality*, with leading researchers on race equality, exploring the impact of systemic racism on health and effective approaches to race equality training.

Through the **Refugee Doctors Project**, in conjunction with partners, we continued to support medically trained and qualified refugees to achieve medical registration and contribute their skills to NHS Scotland, as well as offer a long-term package of support.

The project helps suitably qualified refugees to access training, language support, and professional mentoring to support them meet the standards for professional registration with the General Medical Council and practise medicine in Scotland. To date, 69 doctors have registered on the programme. In almost three years of delivery to date, 17 refugee doctors have attained GMC registration, 11 are working in NHS Scotland, and one in England, and numerous others have passed IELTS (International English Language Testing System) and PLAB (Professional and Linguistic Assessments Board) exams as part of their qualification.

We continued to deliver targeted educational support through the **Scottish Trainee Enhanced induction Programme (STEP) programme** to International Medical Graduates and their Educational Supervisors in General Practice, which addresses their specific educational needs and supports preparation for the Clinical Skills Assessment. During 2020-21 we successfully transformed the programme to a technology enhanced format for remote delivery during the COVID-19 pandemic. In Autumn 2020 we expanded STEP to Psychiatry trainees and their supervisors. STEP is featured on the General Medical Council's website as an example of good practice in tackling differential attainment and providing support for learners. In addition, we collaborated with the Royal College of Physicians and Surgeons Glasgow to deliver specific modules, such as culture and careers, to trainees via Microsoft Teams.

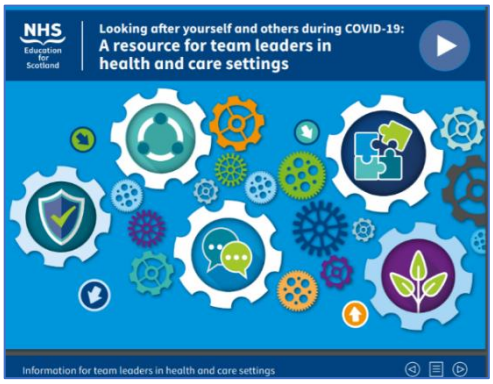
Our achievements also included making improvements to our online products to ensure conformance with the public sector web accessibility guidelines, and improving access to business systems, policies, and learning for disabled people.

We published our refreshed equality outcomes for 2021-2025 in our **Equality Outcomes and Mainstreaming Report, 2021-2025**. They set out the priorities we seek to address for the next four years and particularly reflect the increasing importance of digital pathways for health, care, learning and work, as well as inequalities exacerbated by the COVID-19 pandemic. Our statutory reports and outcomes can be accessed on the equality reports section of the NES website.

3.7 HEALTHCARE SUPPORT WORKERS

During 2020-21 we retained a focus on facilitating access to educational tools, resources and learning for healthcare support workers in support of the *Everyone Matters Implementation Plan* and to contribute to improved career development and

succession planning. The COVID-19 pandemic necessitated reassessment of how we engage with support workers and deliver services to meet their needs.
We developed the Support Worker page within the COVID-19 TURAS Learn site to facilitate HCSW (healthcare support worker) access to educational materials during the pandemic. Content included five new **learning packs for support workers in health and social care** covering topics of Delegation, Infection Prevention and Control, Keeping a record of care, Teamworking, and Recognising and responding when a person is deteriorating. A HCSW Newsletter (COVID-19 Special Edition) was developed to support the new resources, and a new learning pack, *Looking after yourself and others during COVID-19,* was provided for team leaders in health and social care. We also worked jointly with partners at SSSC, Care Inspectorate and COSLA to develop a **Social Care Workforce page within TURAS Learn.**



We delivered targeted campaigns between May and July 2020 to promote the COVID-19 education resources on TURAS Learn to HCSWs. The campaigns achieved engagement statistics exceeding industry averages, with 98% of engagement via mobile devices. A video featuring HCSW endorsement of the materials attracted over 7,000 views within the two-week campaign.

We conducted research with Heads of Midwifery to identify what would best support them and their teams to maximise HCSW roles within maternity and neonatal services. Further exploration of the HCSW Masterclass model is planned. Work was completed on the aligned NMAHP Career Framework and a stakeholder communication strategy was put in place to support new guidance.

In August 2020, a webinar for support workers in Primary Care teams was delivered for 190 participants. In addition, work was undertaken to transfer HCSW resources to a new site in TURAS Learn.

In response to the pandemic, many HCSWs in Business & Administration, and Estates & Facilities functions were redeployed into new roles and much of the learning and development was paused both as a consequence of the pandemic and given the challenges of delivery. We remain committed to ensuring that the learning needs for

this staff group are met in a way which maximises their contribution to the teams they work within and builds on the new skills and knowledge they may have gathered during the pandemic.

Research was commissioned, including a learning needs analysis, to provide an evidence base which will inform the education and learning that is offered to non-clinical HCSWs to support their skills development and career progression. A survey achieved 792 responses and the analysis stage of the project is underway.

3.8 ORGANISATIONAL, LEADERSHIP AND MANAGEMENT DEVELOPMENT (EXTERNAL)

During 2020-21, we continued to contribute to the implementation of the Everyone Matters:2020 Workforce Vision[8] and provide support for NHS Scotland leadership and management priorities, and national policy initiatives, including the Quality Strategy.

We worked closely with Scottish Government's Health and Social Care Workforce Directorate to continue to develop national strategy for leadership development and succession planning for health and social care with specific reference to the recommendations of the Independent Review of Adult Social Care.

We also continued to lead on the leadership and development component of Project Lift which has an explicit focus on collective and compassionate leadership.

In addition to Project Lift we offered a range of national multi-professional programmes:

a. **Project Lift:** *Leadership Cubed,* the current leadership development programme for aspiring directors, resumed delivery in August 2020 following re-design of the material for online delivery. Cohort 2 concluded their programme in November 2020 and evaluation data is now being gathered and analysed for this cohort. Activity for

Cohort 3 together with onboarding of Cohort 4 also resumed although formal learning events were suspended during January – March 2021 as many participants were unable to fully participate due to pandemic related work. Both current cohorts have now resumed development activity.

b. Due to the impact of COVID on NHS staff availability, a total of 28 **Career Conversations** (seven less than projected) were delivered by 1 April 2021. Each Career Conversation was evaluated, ensuring the quality and impact of the process. Feedback confirmed that all respondents would recommend a Career Conversation to their peers. Over the last two years, 40% of career conversation participants have made career moves that support their aspirations with 27% moving to a promoted post.

c. **Leadership Links**: In recognition of the importance of supporting people and teams to maintain their health and wellbeing during the pandemic, the Leadership Links Wellbeing Festival offered six online sessions sharing different approaches ranging from, psychological and physical wellbeing and resilience, to self-coaching. Just over 400 people attended the sessions.

d. **Leading for the Future,** the collaborative, multi-professional Adaptive Leadership programme for staff in health and social care and connected public sector organisations, was redesigned for online delivery and masterclasses resumed for Cohort 10. Recruitment for Cohort 11 is underway.

e. **Management Training Scheme (MTS):** Trainees from existing cohorts completed placements successfully with some re-assigned by their host boards to pandemic related work. Our early career leadership development programmes, *New Horizons* and *Peer Thinking*, were initially delayed while they were re-designed for online delivery and will be completed by June 2021. Recruitment for the September 2021 MTS cohort began in March 2021, successfully attracting 800 initial applications for six general trainee places and two finance trainee places across NHS Scotland. Recruitment will be complete by May 2021.

f. **Coaching for Wellbeing**: This programme was established in May 2020 in response to the pandemic to support all health and care staff. The emphasis is on maintaining individual health, wellbeing and resilience, and to support those with responsibility for the health and wellbeing of other staff. By end of March 2021, 1,200 staff across the health and social care workforce had received an average of two one-hour coaching sessions to support their wellbeing. Of the first 90 coachees completing coaching, 98% reported that the coaching had effectively/very effectively supported the issues they wanted to address. Scottish Government has provided funding for the service until March 2022.

g. **GP Coaching**: This service continued to be delivered via online sessions. A total of 50 GPs received coaching support.

h. **Scottish Clinical Leadership Fellows**: This programme was re-designed for online delivery and all elements were successfully completed for cohort 10. Recruitment for cohort 11 was also completed.

3.9 QUALITY IMPROVEMENT (QI) EDUCATION

We continued to deliver a range of QI activities to contribute to improving the delivery of safe, effective and person-centred care, and efficient health and care services.

The Scottish Improvement Leader (ScIL) programme enables public sector workers to design and lead improvement projects, lead change, and provide expert quality improvement support in the workplace. A total of 105 participants completed ScIL in 2020 from Scotland and Northern Ireland. Two cohorts commenced in Scotland in 2020, in addition to the first Welsh cohort commissioned by Public Health Wales. The impact of COVID in 2020 resulted in pausing of the commencement of two further cohorts in Scotland and one cohort in Northern Ireland, all of which will recommence in 2021. To date we have trained 625 improvement leaders through the ScIL programme.

The twelfth cohort of the Scottish Quality and Safety Fellowship was paused due to the impact of COVID. Despite this, the cohort met virtually on a regular basis for both informal networking and presentations from speakers across Scotland. The final residential workshop and graduation for this cohort are scheduled to take place in September 2021. The thirteenth cohort of SQS Fellowship will commence in October 2021.

The Scottish Improvement Foundation Skills programme supports individuals to develop the skills, knowledge and confidence to contribute to the improvement of local services. During 2020, 82 staff from across the public sector completed the programme, comprising seven virtual sessions using the GoToTraining platform. One additional cohort was paused due to COVID and will recommence in May 2021. In support of our aims to expand NES workforce capability to use quality improvement as a method to implement change, a total of 29 of our staff completed the programme during 2020.

The Scottish Coaching and Leading for Improvement Programme (SCLIP) was established in 2018 for a target audience of managers working within health and social care. It enables participants to develop leadership skills, gain knowledge and confidence in the core components of quality improvement whilst embedding a coaching approach to how teams are enabled and empowered. A key development for this programme has been the transfer to a virtual delivery format. Further testing is underway to enhance the synchronous and asynchronous balance of content.

Due to COVID-19, one cohort only of SCLIP was completed in 2020 to support our internal QI capability and capacity building. Three cohorts commissioned by the Chief Nursing Officer, aligned to the Excellence in Care programme, commenced in late 2020 and were completed by March 2021, each with 30 participants. To date 330 participants have completed the SCLIP programme.

Work is underway to devolve delivery of this programme to local NHS Boards. Those who have engaged with this approach to date include NHS Grampian, NHS Greater Glasgow & Clyde, NHS Dumfries & Galloway as well as NES. The programme has also been commissioned for external delivery to the Western and Southern Health and Social Care Trusts in Northern Ireland. However, this cohort was paused and is due to recommence later in 2021.

The QI Zone on TURAS Learn continued to provide a hub of information for quality improvers. Requests were received from other organisations to replicate and share content from the site. In addition to the tools and programme information on the site, there are five introductory eLearning modules which follow the Scottish Improvement journey. The number of modules completed and in progress, together with the cumulative total across the five QI topics is shown below.

QI Module	Completed	In Progress	Cumulative Total
Measurement for Improvement	923	401	2976
Understanding your system	805	127	2690
Developing your aims and change ideas	816	90	2319
Testing your change ideas	626	49	1985
Implementation and spread	544	38	1414

QI Modules data: 1 April 2020 – 31 March 2021

We continued our work as lead in the development of educational resources, provision of coaching, and training for the **Value Management Collaborative**. This partnership programme of work with Scottish Government and Healthcare Improvement Scotland (HIS) focuses on the use of quality improvement to improve performance, cost and capacity in microsystems. During 2020-21, we progressed work with 18 teams across six NHS Boards (activity was postponed March - August 2020). A total of 11 modules were delivered with 142 attendees in total. No modules were delivered during January – March 2021 due to the COVID second wave but coaching calls continued, with 34 NHS Board coaching calls taking place to support coaches in building capability.

Impact assessment of the programme reported an increase in the average score for coach confidence in key elements of value management implementation (based on a rating of 0 – 4), from 2.6 in 2019 to 3.4 in 2020.

Since 2018 our virtual programme, Scottish Improvement Foundation Skills has been provided to enable 'First 5' GPs to become involved in CPD activities to develop their skills, knowledge and confidence in quality improvement and actively contribute to supporting positive changes in primary care delivery. The programme is also available to GPs, as well as practice and cluster quality leads. A total of 89 participants completed the programme during 2020-21, including 52 'First' GPs; 10 GPs; 6 cluster quality leads; 8 practice quality leads and 13 primary care staff.

We created and launched two new eLearning modules in November 2020 on our dedicated Board Development learning platform within TURAS Learn. The site includes relevant education and support material on induction, integration, mentoring and coaching, committee information/skills, and CPD. There were 4,961 views in 2020-21 and 12,393 views since launch in August 2019 (the NHS Board Non-executive cohort is approximately 330).

The new induction approach combines local and national induction with new appraisal arrangements for Chairs and Non-Executive Board members. A **Boardroom mentoring programme** provides cross-Board mentoring for Non-Executive Board members. Mentors have increased by 54% from 13 to 24, and NHS Board participation has increased from six NHS Boards to 14 NHS Boards volunteering mentors. The range of NHS Boards with mentees expanded from seven to 13 NHS Boards. Mentoring partnerships increased by 43% from 9 to 21 of which 17 are currently active. Evaluations from those completing their mentoring partnerships illustrate the value of the mentoring experience as a mentee and mentor.

Realistic Medicine is an approach to healthcare that aims to put the patient at the centre of decisions made about their care. Our website on TURAS Learn supports this approach providing information, e-learning modules, guides, and frameworks aligned to the educational strategy for this programme of work. In support of the Realistic Medicine agenda, we continued to promote the **Shared Decision-Making e-learning** module. In 2020-21, 590 people completed the module, with 382 in progress. The cumulative total of all staff completing this module now stands at 1,461.

During the pandemic, between June and September 2020, we provided 25 sessions on how to facilitate online learning, providing training for up to 575 staff across NHS Scotland. The majority of participants (94%) agreed that the session would enable them to facilitate online learning sessions. Supporting videos and resources were added to the QI zone for those unable to access the live training events and have been accessed over 700 times.

A number of activities were undertaken to support quality improvement in the optometry profession. As part of the transition of the **Optometry Peer Assisted Learning (PAL) network** to online format, 18 facilitators were trained in the online delivery of peer discussion groups, building a faculty. There was also delivery of two online discussion groups working through case examples for the optometry pre-registration audience, and development of OPAL (optometry practice assisted learning) was progressed.

Delivery of two optometry webinars on Leadership and Quality Improvement took place in 2021 meeting the demand in numbers. Experts were recruited to design and deliver CPD in line with professional needs. An on-line discussion forum also took place. A paper for stakeholders detailing the planned delivery of leadership and QI training for the Optometry profession was submitted and accepted for publication, with publication due later in 2021.

3.10 PATIENT SAFETY, CLINICAL SKILLS AND PUBLIC HEALTH (INC HEALTH PROTECTION, HAI)

We developed practical guidance to help people working in the health and social care system capture valuable practice and improvements made during their response to COVID-19. We also produced guidance on the **human-centred design of work procedures** such as protocols, written instructions, checklists and flow charts. Work is underway with NHS Ayrshire and Arran and Public Health Scotland to undertake Human Factors based design analysis of vaccination facilities with a view to sharing this learning across Scotland and beyond.

In other initiatives we supported the design, development, usability testing and operation of new ventilators. A series of tools were developed in collaboration with Healthcare Improvement Scotland (HIS) and Public Health Scotland (PHS). These included a validated safety checklist, risk assessment tool, frequently asked questions, guidance on designing procedures and implementation examples.

Delivery of **Human Factors education** was adapted due to COVID-19 with all introductory level training provided through eLearning modules. To support higher level learning to increase impact, several other projects were delivered. We were awarded funding from the Health Foundation to explore and enhance the links between Human Factors and the Quality Improvement community. This involved testing and evaluation of a hybrid Human Factors and Quality Improvement method; delivery of over 20 one-hour webinars on Human Factors concepts and approaches; and the development of an online community of practice.

Our Human Factors education two-day masterclass materials and workshop were piloted with 24 patient safety leaders and advisors, and adapted for delivery in virtual environments in support of Scottish Government joint commission of NES and HIS as part of the national Safety, Openness and Learning Agenda. We also provided around 50 webinars on a range of Human Factors education concepts and methods to over 2,000 Quality Improvement and Safety advisors, and leaders in health and social care.

We developed three e-learning resources related to skills bundles required to deal with the pandemic, using quality assured processes: *COVID-19 Helping you in your role - Self-Protection*; *Assessment and Management*; and *Protecting your Workplace*. A further two units on *Procedural Skills* development and *Rehearsing Immersive Simulation* scenarios were also developed to support skills transition to the workplace. Due to the changing information of the disease, these were reviewed and updated weekly for the first two months of the pandemic. Over 40,000 people from NHS boards, HEI, Health and Social Care, and Local Authorities have used the resources.

With the aim of supporting clinical skills training contributing to better and safer patient care, the Mobile Skills Unit (MSU) facilitated the training of 99 people (96 NHS staff; 3 other) over five training sessions in the period from August 2020 to March 2021. Travel restrictions necessitated the cancellation of 25 MSU visits across ten NHS boards.

Our Clinical Skills Managed Education Network (CSMEN) led the implementation of an interim **National Skills Education Hub** at NHS Louisa Jordan when the facilities became available in May 2020. Quality assured processes were applied to delivering the skills education and there were four main pathways of learning comprising: standard induction for COVID-19; skills training for West of Scotland workforce; national skills training; and skills innovation trials.

The NHS Louisa Jordan training site allowed COVID safety measures such as physical distancing to be put in place and enabled the delivery of multi-professional skills training for 7,748 participants. The first European EyeSi simulator was piloted at the NHS Louisa Jordan initially to train optometrists, but with the incorporated feedback system it supported all those involved in eye care.

Resources to support Scottish Government's dental response to the COVID-19 pandemic and NHS dental teams' **resumption of the provision of dental care** were developed and published. These included guides for acute dental problems management and associated drug prescribing, a practice closure checklist, a dental practice recovery toolkit for Phase 2 and Phase 3 of NHS dentistry's remobilisation, and a review of evidence on aerosol generating procedures. This work was delivered and made available to dental practices across Scotland to aid the remobilisation of the practices.

We planned, implemented and delivered programmes of health behaviour change training to multi-professional groups using multiple media. We monitored use of the online module *Motivation, Action, Prompts and cues (MAP) of Behaviour Change* across a range of health and social care professionals in Scotland, with completions totalling 1,938. In addition, we developed, delivered, and evaluated 12 blended skills-

based workshops; training for trainers; and provide enhanced level training for trainers based on the MAP Programme – attended by 105 participants across all sessions.

We met our target and established four new **Pharmacy Teach and Treat Training Hubs for Common Clinical Conditions** in 2020-21, bringing the total to eight throughout NHS Scotland (one in each of NHS Ayrshire & Arran, NHS Highland, NHS Forth Valley, NHS Grampian, NHS Lothian, NHS Tayside and two in NHS Greater Glasgow & Clyde).

Our Pharmacist Clinical Skills training was impacted by COVID-19 restrictions resulting in delayed and reduced delivery of our commissioned face-to-face clinical skills training for Pharmacist Independent Prescribers. Overall in 2020-21, a reduced number of face-to-face courses were delivered, and all consultation skills training was transferred to online delivery resulting in a total of 147 Pharmacists receiving clinical skills training. Further dates (confirmed and filled) will be delivered in 2021-22 in line with the expected targets.

During 2020-21, 226 pharmacists commenced our funded **Independent Prescribing training**. Demand for places increased during 2020-21 and we expect that professional and regulatory changes will lead to an increased number of Pharmacist Independent prescribers in the future. We continued to work with the *Once for NES* policy to develop a new process which allows healthcare professionals including pharmacists to submit their consultations for peer review.

In conjunction with NHS National Services Scotland we commenced leadership of a new collaborative programme focused on **Digital Prescribing and Dispensing** across primary and secondary care in Scotland. The first phase will concentrate on the requirements to produce an electronic prescribing prototype to enable more sustainable processes across primary and secondary care. A series of targeted webinars will be held, initially involving selected users in primary and secondary care.

We continued to support the public health workforce in the delivery of key public health priorities. Nine webinars were held to support care homes on **Infection Prevention and Control** topics based on the Community Antimicrobial Resistance and Healthcare

Associated Infection (CARHAI) Manual and addendums. There were 3,000 attendees from across the care home sector. Two further webinars were held for 4,000 staff to support health and social care workers in *Infection Prevention and Control* during the COVID-19 pandemic.

To support priorities in oral healthcare, we delivered approximately 47 online courses for dental in-practice Infection Control during the pandemic to 6,000 participants. Delivery of in-practice Infection Control Training with the optional inclusion of content to support the reduction of antibiotic prescribing training was transferred to on-line delivery with materials hosted on TURAS. There were significant levels of attendance particularly as practices prepared to re-open to patients.

4. A NATIONAL DIGITAL PLATFORM, ANALYSIS, INTELLIGENCE AND MODELLING

Strategic Outcomes: NES Strategy 2019-24

- A national digital platform with a coherent architecture
- The ability to rapidly introduce and scale up new technologies based on consistent standards
- Products developed on the national platform that improve patient care and experience.
- Business, administrative and workforce systems that create time for care and improve the employment experience.
- Improved access to information, data analytics and intelligence
- Improved capability and capacity in our specialist digital workforce
- A workforce with up to date skills to deliver digitally enabled services
- Accessible, accurate and linked workforce data for planners and decision-makers

This section highlights our work to improve access to data and the development of modern digital systems which are key elements of new models of care to address Cabinet Secretary priorities and to support the delivery of the Digital Health and Care Strategy.

As well as the continued development of a national digital platform, we contributed significantly to the NHS Scotland response to COVID-19 through development and deployment of national digital applications commissioned by Scottish Government and the provision of a wide-range of COVID-19 educational materials for health and care. We transitioned many of our courses to TURAS Learn and continued our work to support development of a health and care workforce able to deliver digitally enabled services.

4.1 THE NATIONAL DIGITAL PLATFORM FOR HEALTH AND SOCIAL CARE

During COVID-19 we maintained progress on priority areas of work in relation to the development of a **National Digital Platform** (NDP), with adjustments to incorporate delivery of COVID-19 related activities. The single national data platform, a key deliverable of the Digital Health and Care Strategy, will enable the health and social care workforce, and citizens, to easily access and understand the information they need, where and when they need it.

We implemented a **COVID-19 Shielding Service** for more than 100,000 shielding households to access food, medication and information. This enabled the most at risk group known as the shielding group to have access to food and medication while they remained at home. The COVID-19 SMS Shielding service, integrated with local authority support hubs, the main supermarkets, and Public Health Scotland (PHS) was implemented in March 2020. From October 2020 the Shielding SMS service was also utilised to issue Vitamin D registration messages to people on the shielding list by local authority area in response to a request from Scottish Government and we worked with local authorities to help people register with the service.

In agreement with Scottish Government, we continued to broadcast COVID-19 updates by local authority area following the change in COVID-19 restriction levels. The service also resumed priority shopping for people who were shielding, as well as being used to broadcast COVID-19 vaccination updates. In total, 13,227,703 messages were sent via the SMS shielding service resulting in 933,000 food package deliveries, and the delivery of 71,365 free vitamin D orders. An evaluation report on the Shielding Service was published by Public Health Scotland which described the added value of the support offered and noted that there was clear evidence that the support provided by the Shielding SMS service had addressed real needs.

We took forward development of a **Cancer Treatment Summaries** product to make actionable 'need to know' information available across care and geographic boundaries. This work supports Scottish Government's 2016 Beating Cancer Strategy.

Treatment Summaries synthesize key information about an individual's treatment in secondary care which is shared with primary care and the individual, to support understanding of historic treatment and ongoing management. A key product delivery is due in July 2021.

We remobilised work with Scottish Government and NHS Tayside to manage the transition of **SCI (Scottish Care Information – Diabetes)** work. The SCI-Diabetes service and support team transferred to NES, recognising the programme as a key system that supports the Digital Health and Care Strategy.

We continued to progress our anticipatory care planning product, **Recommended Summary Plan for Emergency Care and Treatment (ReSPECT)** which was developed in conjunction with the Resuscitation Council. A small pilot was launched in NHS Forth Valley from April 2021 and we are now working towards deployment in all connected NHS Boards, with further products in development. By December 2022, ReSPECT will be available in all NHS Boards, with services accessible by NHS staff, non-NHS staff, and citizens.

The Scottish Government National Ophthalmology Workstream identified the urgent need for an **Ophthalmology Electronic Patient Record** (oEPR) as an enabler to reform eyecare services and to replace largely paper-based records. In conjunction with NHS Forth Valley and NHS Grampian we progressed the work to deploy an eyecare product on to the NDP to facilitate virtual consultations with patients and to share the information needed to treat patients between optometrists and ophthalmologists. The service went live in May 2020 and is already making a difference to optometry services in NHS Grampian and NHS Forth Valley.

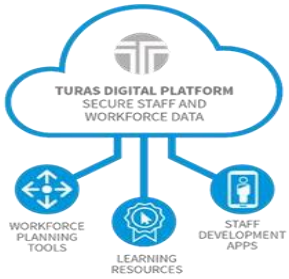
We provided cloud hosting, compliance and other services for the **Protect Scotland tracing app** system, ensuring all data is stored safely and securely. The app alerts individuals if they have been in close contact with another app user who tests positive

for COVID-19, helping to determine contacts that people may have otherwise missed whilst keeping their information private and anonymous. The app went live on 10 September 2020 and achieved over half a million downloads in its first day.

We were asked by the Scottish Government to collaborate with others to build a system for planning, scheduling, communication, and recording the early delivery of influenza and pneumococcal vaccinations in Scotland. We worked at pace to enable delivery from September 2020. This work was built on and extended to support the COVID-19 vaccine.

4.2 THE TURAS DIGITAL PLATFORM

To support the development of a skilled, adaptable and compassionate workforce, we continued to provide resources through TURAS, our national workforce platform free of licence costs for public sector organisations in Scotland.



Prior to the pandemic a broad range of work was planned to further develop workforce resources, tools and systems within the TURAS workforce platform. During 2020-21 we continued to maintain our key business as usual systems and applications but it was necessary to temporarily suspend development work on TURAS applications in order to provide vital digital support to the NHS Scotland response to COVID-19. This involved the rapid development and deployment of new digital technology and services which included the COVID-19 Case Assessment Application, the Care Management Tool and Vaccination Management Tool.

To enable rapid deployment and employment across Health and Social Care, we were commissioned to build a national **Health and Social Care COVID-19 Accelerated Recruitment Portal** to facilitate emergency registrants across professional groups to provide their details. The portal supported applications from returners and students to priority areas in health and social care across acute, primary, community and social

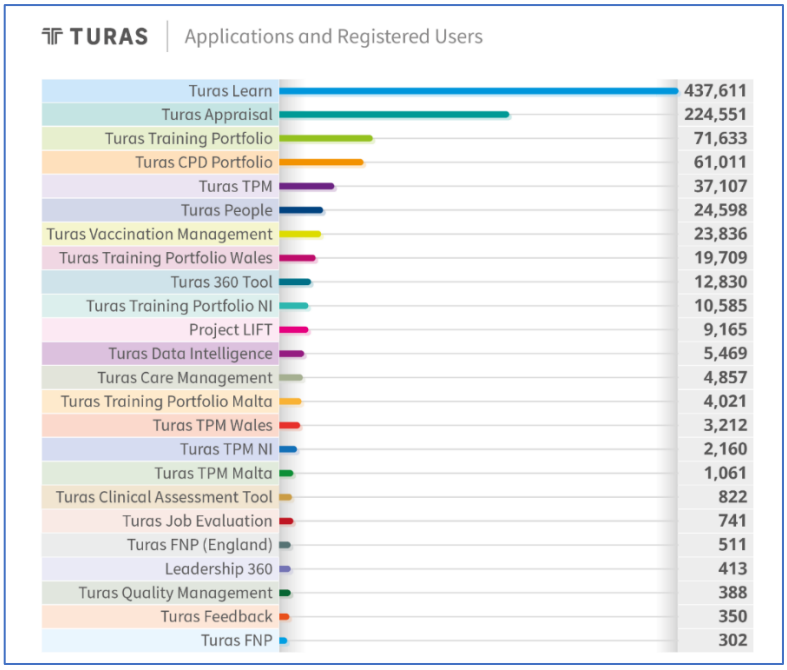
care settings. On 29 March 2020 the portal was launched on the NHS Scotland Careers website and on the first day alone 1,000 applicants provided information on their location, sector (health or social care), skills and any previous experience. In the region of 14,000 expressions of interest were shared with NHS Boards from those from those willing to return from Medicine, Nursing, Midwifery, Allied Health Professions, Pharmacy, Dentistry and Healthcare Science professions.

The pandemic fundamentally changed the scale and demand for remote/online learning. TURAS Learn continued to be developed as the NHS Scotland Learning Management System. It hosts a continually expanding range of health and care related learning resources and provides general and targeted functionality to deliver, promote, track and record learning for all NHS and care staff.

In response to the pandemic we rapidly developed a new site, TURAS Learn COVID-19 Learning Materials, dedicated to COVID-19 materials, hosting all the relevant resources aimed at a multi-disciplinary audience. This enabled all health and social care staff to quickly have access to the most up-to-date education, knowledge, and skills to help them do their job safely and with the knowledge required to deal with the unprecedented situation.

The resources include a suite of evidence-based psycho-social **mental health and wellbeing resources** which we designed, developed, and collated to support all health and social care staff to plan for their own wellbeing and for managers to support the wellbeing of their staff. The resources, underpinned by Psychological First Aid, also equip staff to support people experiencing distress including meeting the specific needs of children and their families, people with learning disabilities, dementia, autism, neurodiversity and sensory impairments.

In conjunction with Public Health Scotland and other stakeholders we created a range of educational resources and information to support vaccinators at all levels of experience and those involved in supporting the vaccination programme. The resources were made available on a new site, TURAS Learn COVID-19 Vaccination Programme site, which is continually updated with new resources and information as they become available.



All our developed and published learning and associated materials are now hosted and delivered through Learn. In the last year the number of users visiting TURAS Learn increased by 8.4 % from 403,787 to 437,611 users, and there is now a specific focus on further development of the platform in light of the scale and demand for remote/online learning.

We successfully collaborated with partners to develop the **TURAS COVID-19 Clinical Assessment App** within four weeks, progressing to pilot stage in May 2020 in Community Assessment Centres in NHS Greater Glasgow and Clyde. The app provides a structured format for NHS staff to assess patients in a standardised way and has proven to be extremely popular amongst frontline staff.

This tool has been used across paramedic, emergency department, specialist assessment and treatment areas and clinical assessment centre contexts to improve situational awareness, decision making, safety and handover. The app prompts clinicians to record specific symptoms, patient details, and clinical decisions through a mobile or desktop app. The information collected is saved onto a patient's medical file

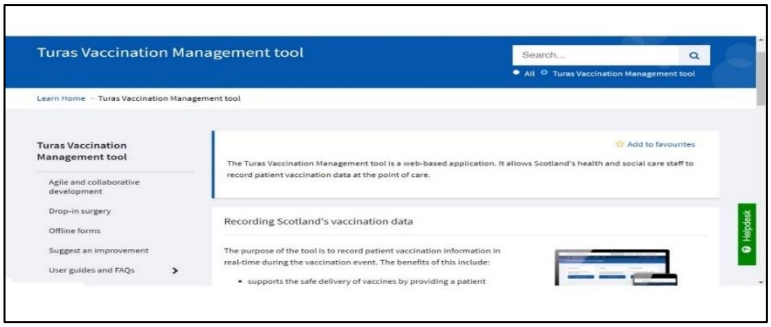
and is also shared with national partners to allow for further analysis to improve our understanding of the virus in the long term.

In collaboration with the Care Inspectorate and Scottish Care, we developed a new web-based care management tool to enable care homes to monitor COVID-19 trends, identify risks and take early action both during the pandemic and in the future. The **TURAS Care Management Tool** allows all private and public sector care homes across the country to record in one place information including COVID-19 infection rates, demand on services and staff testing.

This new approach to gathering data and information supports quality improvement and safe practice in the care home setting. Previously care homes were required to report in different formats and through many channels, which tied up resources and made trend tracking more difficult. The tool allows care home managers the functionality to load their workforce data (registered and unregistered staff) which is passed through to the vaccination National Clinical Data Store (NCDS). This was used to create cohorts for vaccination as part of the JCVI priority one group. The programme can schedule and monitor progress against this data set.

A new app was launched for health and care home staff carrying out coronavirus (COVID-19) vaccinations to provide rapid access to relevant patient information and collect data on how many people have received the vaccination. The **TURAS Vaccine Management Tool** was initially developed in conjunction with partners and piloted in NHS Greater Glasgow and Clyde and NHS Lothian to assist with the winter flu vaccination programme from which positive pilot feedback was received.

The tool collects essential data at the point of vaccination and enables vaccinators to immediately identify whether it is an individual's first or second dose and which vaccine has been administered. The app was built to deliver the captured vaccination event data to the National Clinical Data Store (NCDS) which is in development. Data can be sent to GP systems and, in time the information collected on the app will help demonstrate how effective each vaccine is by linking with testing data.



We continued to deliver new features to support the ongoing delivery of the Vaccination Programme including functionality to support the dual screener/vaccinator service delivery model, and product and dose check warnings to support the safe delivery of the second dose. Additional features include the creation of a new record management user role enabling this user to amend or delete incorrect vaccination episodes.

4.3 NATIONAL DIGITAL BUSINESS SYSTEMS

We have a key role to play in delivering the Digital Health and Care Strategy which identified the need for better data sharing and access, digital leadership, a national digital platform for service and business systems, and greater systems integration.

During 2020-21 we continued to support strategic management of NHS Scotland business systems. This programme of work, based on priorities identified in the National Boards' Collaborative Plan, has a focus on modernisation of NHS Scotland business and workforce systems. A key element of this is procurement of national rostering (eRostering) to improve the deployment of staff and the quality of workforce data, which in turn will contribute to reduction in waiting lists

The full business case for the **National e-Rostering Programme** was ratified by NHSS Chief Executives in October 2020. This included the award of the national contract. We undertook a formal handover process to close the procurement programme and support NHS National Services Scotland to set up the national implementation plan.

4.5 DATA ANALYSIS, INTELLIGENCE AND MODELLLING

Through data tools, data analysis and reporting platforms, and dashboards, we deliver support for workforce planning in dentistry, nursing and midwifery, optometry,

psychology, and medicine. Our role in workforce analysis, information and modelling activities supports the actions from the Everyone Matters: 2020 Workforce Vision Implementation Plan and the provision of statistical analysis and workforce data to support workforce planning in NHS Scotland.

Our TURAS Data Intelligence platform, which was successfully implemented in April 2019, brings together core workforce datasets across health and social care in a single cloud-based application. The platform can be used by workforce planning teams across the country to gain access to a range of information about labour market supply, demand and outcomes.

We began release of quarterly workforce publications in 2019 as part of the transition of the responsibility for NHSS workforce data, statistical and intelligence functions from ISD in alignment with the Health and Social Care Workforce Plan[8] which sets out an enhanced role for NES in workforce intelligence. During 2020-21 despite COVID-19 pressures, we successfully maintained the NHS Scotland Workforce National Statistics service.

We supported the impact assessment of funding (from Scottish Government and NES) on mental health services capacity and capability with quarterly official statistics released to time on TURAS Data Intelligence. New systems were developed utilising TURAS Data Intelligence and Power BI to assess the output from of all **Applied Psychology** training courses and employment destination of graduates. New publishing platform and data dashboards were completed and stakeholder feedback surveys carried out.

We supported the **Psychology of Parenting** projects through reporting of key data indicators including clinical outcomes, monitoring and analysis for the Solihull Approach, Early Years and Parenting Online. **Psychological Therapies** workforce data analysis and reporting, due to be finalised by NSS for publication, will be transitioned to NES following authorisation from NSS.

We continued to publish quarterly national statistics data on the NHS Scotland **CAMHS multi-disciplinary workforce**, the future workforce in training, and future workforce scenario modelling. These statistics are unique in the UK, and cover all of the professional disciplines working within CAMHS in NHS Scotland. The data is published in a series of interactive data dashboards, and used by NHS Boards, the

Scottish Government, NES and other key stakeholders to assess trends in the multi-disciplinary CAMHS workforce over time, and the impact of training and workforce capacity expansion.

We completed a 2020 **Workforce Report for Pharmacy** across Scotland, 2020 Community Pharmacy Workforce Report and 2020 Prescribing Report which were shared with Directors of Pharmacy Workforce Short Life Working Group for discussion on next steps with Directors of Pharmacy and Scottish Government.

We provided support to four NHS boards (NHS 24, NHS Ayrshire and Arran, NHS Dumfries and Galloway and the Scottish Ambulance Service) to develop **workforce data dashboards**. NHS24, NHS Ayrshire & Arran and Dumfries & Galloway are now live on the People data platform with their core employee dataset. Over the course of 2021-22 we will consider feeding in other data sets such as staff absence into the platform.

4.4 DIGITAL SKILLS DEVELOPMENT (DIGITALLY ENABLED WORKFORCE)

We continued our work to support development of a digitally enabled workforce across the health and care system in support of Digital Health and Care Strategy (Domain D).

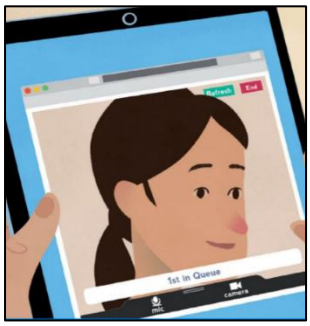
We worked with the Scottish Qualifications Authority in collaboration with cross-sector health, social care, housing and academic partners, to develop the **Professional Development Award in Technology Enabled Care SCQF Level 7**. The new award supports the development of a skilled health and social care workforce who are confident to work and help people in today's digital society. Funding was provided for 20 candidates from NHS24 and Health and Social Care, with 100 people applying for the ten Health and Social Care places. We are working to explore opportunities to bridge the demand and supply gap supporting wider-scale workforce adoption and addressing skills gaps.

We provided high priority training design and education support on remote monitoring pathways. A **Technology Enabled Care** (TEC) learning module (accessible via TURAS Learn) was integrated into the University of West of Scotland nursing undergraduate programme and also within the Honours module on eHealth, with 351 student nurses accessing the module in February 2021.

In partnership with stakeholders across the health and care sector a two-year programme of work was established to support improving digital capability of the health and social care workforce. The programme is supported by Scottish Government and is aimed at addressing immediate priorities identified across the sector based on experience during the pandemic. Recruitment of dedicated resource is underway. An agile and collaborative approach will be used to supplement existing capacity across key health, social care and third sector partner organisations.

In other initiatives we undertook work with the Scottish Government, Technology Enabled Care Programme, to support the **Remote Health Pathways (Remote Health Monitoring)** national rollout, including the development of national COVID-19 resources for citizens and clinicians. We continue to support further pathways including COPD, Heart Failure, Asthma and other pathways currently in development. A national Remote Health Pathway learning site is in development on TURAS.

We also worked with Scottish Government, Technology Enabled Care Programme to support the **Near Me (Remote Consulting)** national rollout. A national Remote Consulting learning site is in development on TURAS, and we continue to work with Scottish Government exploring further development opportunities to increase the digital skills and capacity of the health and social care workforce.



5. A HIGH PERFORMING ORGANISATION

Strategic Outcomes: NES Strategy 2019-24

- A positive and flexible employment experience for NES staff
- Improved training, organisational development and quality improvement capacity and capability
- A culture of innovation, improvement and shared responsibility
- A digitally enabled NES
- Effective accountability and governance and a sustainable NES

We continued to focus on development of a more integrated and efficient organisation through improvement initiatives, and the development of new and improved ways of working. This included process improvement, digital solutions and *Once for Scotland* activities, supporting the organisation to respond efficiently and effectively to increasing demands for education and training across the health and care workforce.

5.1 NES (INTERNAL) ORGANISATIONAL PERFORMANCE IMPROVEMENT

We continued to optimise technology and processes to enhance service delivery. Over the course of 2020-21 we introduced various **technology improvements for applicants and candidates** including the launch of the national recruitment system Jobtrain; support to the Scottish Government COVID-19 Accelerated Recruitment Portal; implementation of the eESS – ePayroll interface; and implementation of a new psychometric testing tool for the graduate Management Training Scheme.

We implemented Phase 1 of the **Once for Scotland Policies** project across our organisation, including awareness raising, helpdesk support, and management matters. Work included refreshing policy, developing processes, procedures and FAQs that support staff and manager health, wellbeing and ways of working through the recovery stages of the pandemic, ensuring alignment to Scottish Government guidance and circulars.

In line with existing guidance, we completed a benchmarking exercise against the refreshed Fair Work Framework. This informed our review of our internal employability practice, with the aim of increasing the use of **Modern Apprenticeships** within our workforce and addressing issues of digital exclusion in recruitment processes. We have also addressed the duties in our ongoing work to assess and address issues of digital exclusion and inequalities in technology enhanced learning and workforce digital capability development.

References

1. Quality Strategy (Scottish Government, May 2010) outlines three quality ambitions: Safe, Person-Centred and Effective (Link)

2. Scottish Government DL (2020)/3 issued on 12 March 2020: CORONAVIRUS (COVID19): NATIONAL ARRANGEMENTS FOR NHS SCOTLAND STAFF

3. NHS Education for Scotland Strategy 2019-204, (NHS Education for Scotland, 2019) (Link)

4. The National Clinical Strategy for Scotland (Scottish Government, February 2016) (Link)

5. Realistic Medicine: Chief Officer's Annual Report 2014-15 (Scottish Government, January 2016) (Link)

6. Scotland's Digital Health and Care Strategy (Scottish Government, April 2018) (Link)

7. Health and Social Care Delivery Plan (Scottish Government, December 2016) (Link)

8. The Everyone Matters: 2020 Workforce Vision has five priority areas: Healthy Organisational Culture; Sustainable Workforce; Capable Workforce; Integrated Workforce; and Effective Leadership and Management (Scottish Government, June 2013) (Link)

9. Health and Social Care : Integrated Workforce Plan (Scottish Government, December 2019) (Link)

NHS Education for Scotland **NES/21/90**
Item 10c
23 September 2021

Board Paper

1. Title of Paper

Board Assurance Framework

2. Author(s) of Paper

Rob Coward, Principal Educator, Planning & Corporate Governance

3. Situation/Purpose of paper

The Board is invited to approve the current Assurance Framework and action plan at Appendix 1, noting that this will be revised significantly in the future in line with external changes and guidance on assurance mapping from the Corporate Governance Blueprint Group.

4. Background

4.1 The NES Assurance Framework sets out the sources of assurance against each of the information systems required by the Scottish Government's Blueprint for Good Governance[1] and the Audit and Assurance Committee Handbook. It links these to the roles of the Board and Standing Committees as set out in the Board Standing Orders and Committee Terms of Reference.

4.2 It has been reviewed by the Audit and Risk Committee at their meeting held 3 August 2021.

4.3 The Assurance Framework will be updated to reflect ongoing developments in the Quality Management section. Following a change in governance focus to emphasise quality assurance of education, the Framework refers to Directorate Review and Thematic Review as planned sources of assurance. This section will be further developed to reflect other elements of the reporting framework as they develop.

4.4 The associated assurance action plan at Appendix 1 has been updated to reflect the current status of planned actions previously agreed by the Committee and Board.

5. Assessment/Key Issues

5.1 NES is entering a time of change with the advent of the NHS Recovery plan, COVID-19 Recovery Plan, NHS and Social Care Workforce Strategy and the Programme for Government. In response to this, we plan to set a new strategic vision and Target Operating Model for NES. This work will dovetail with the development of the strategic key performance Indicators; agreeing risk appetite, identifying strategic risks and developing an assurance framework.

5.2 The new NES assurance framework will be informed by the above-mentioned work. It will utilise the new guidance from the Corporate Governance Group and the Active

[1] Scottish Government, *Blueprint for Good Governance*, January 2019

Governance work in line with the recommendations made in May 2021 for implementing the active governance approach.

6. Recommendations

The Board is invited to approve the current Assurance Framework and action plan at Appendix 1, noting that this will be revised significantly in the future in line with external changes and guidance on assurance mapping from the Corporate Governance Blueprint Group.

Author to complete

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

Yes

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

Yes

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

A high performing organisation (NES)

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

Yes

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

Yes

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

No

Rob Coward
September 2021
NES

NHS Education for Scotland

Assurance Framework

August 2021

Document information

Consultation		**Executive Team** **NES Board** **Audit Committee**
Scope of Document		The sources of assurance used by the NES Board to obtain assurance on the delivery of the organisation's strategic, operational and financial plans
Objective		To enable the NES Executive Team and Board to assess the level of assurance provided in all corporate functions.
Linked Documentation		**-**
Document Sponsor	**Name**	**Janice Sinclair**
	Job Title	**Interim Director of Finance**
	Division	**Finance and Procurement**
Approved by/ & Date		
Author	**Name**	**Rob Coward**
	Job Title	**Principal Educator**

Amendment History

Date	Issue	Details of Change
11/09/19	**2**	New introductory text to explain the origins and purposes of the Assurance Framework
11/09/19	**2**	New content under Staff Governance on Whistleblowing
11/09/19	**2**	New content under several functional areas to reflect the distributed nature of risk management
04/10/19	**2**	Change Management – New text to indicate that Change Management Board Minutes are presented at Staff Governance Committee
14/02/20	**3**	Quality Management - New reference to sharing examples of good practice.
14/02/20	**3**	New information regarding directorate reporting on Equality & Diversity performance targets in Performance Management
14/02/20	**3**	Links to current Committee remits in introductory section

22/04/20	**3**	New source of assurance on Covid-19 risks in Risk Management
03/06/20	**4**	New source of assurance on Covid-19 related mobilisation plans in Change management
03/06/20	**4**	Amendment of text in Information Management to clarify sources of assurance for Cyber Security
03/06/20	**4**	Text change to reflect implementation of Disaster Recovery and Incident Management Plan.
27/10/20	**5**	New column to indicate committee/board responsible for obtaining and improving assurance.
27/10/20	**5**	Deletion of links to standing committee remits pending review
23/12/20	**6**	Inclusion of additional sources of assurance on Information Management relating to the Network and Information Systems (NIS) directive and regulations, 2018 and associated documentation, and review of a compliance framework checklist by the Digital Executive Group
23/12/20	**6**	Additional sources of assurance on Whistleblowing under Staff Governance.
19/01/21	**6**	Cross check with Committee ToRs
21/01/21	**7**	Addition of assurance information relating to Information Management and references to Digital & Information Committee remit

Introduction

The Scottish Government's Blueprint for Good Governance[1] set out the requirement for Health Boards to commission information systems to assist them in obtaining assurance on the delivery of the organisation's strategic, operational and financial plans. The Blueprint - a response to reviews of governance processes and practice in NHS Tayside and NHS Highland – indicated that assurance systems should provide frequent and informative performance and financial reports to assure the Board that it is delivering safe, accessible, quality, affordable and sustainable services.

The Blueprint reinforces the Scottish Government's requirements published in the revised Audit and Assurance Committee Handbook (April 2018) for health boards to develop an Assurance Framework. The purpose of the new Framework is to enable the Audit Committee and the Board to understand the levels and sources of assurance it receives in relation to work, systems and processes. This will enable identification of areas where current levels of assurance are considered excessive or where further assurance mechanisms need to be identified and implemented.

The Audit and Assurance Handbook specifies the following corporate functions where the Board will require assurance regarding management, quality and performance:

- **Performance in delivering Strategic Plans** – setting the organisation's strategic direction and monitoring and managing performance against related objectives.
- **Quality Management** – monitoring quality, making improvements and rectifying quality deficits
- **Financial Management** –the organisation's financial resources are managed effectively
- **Human Resources Management** – NES employees are recruited, developed and managed fairly and effectively
- **Change Management** – organisational and service change is efficient and effective
- **Risk Management** – NES's processes and practices for identifying and managing operational, strategic and other risks are effective.
- **Information Management** – the policies, processes and for collecting, holding, using and sharing information safely and effectively.

[1] Scottish Government, *Blueprint for Good Governance*, January 2019

What are we seeking assurance on?	First line (from front line operational areas)	Second line (oversight, effective management information)	Third line (independent and more objective assurance	Responsible Committee/ Officer/ Frequency of reporting	Executive Assurance Role	Board Governance Assurance Role
Performance in delivering Strategic Plans **(Making sure that our plans deliver against our strategy and that we deliver against our plans)**	Development of the NES Strategy in consultation with internal and external stakeholders Operational Planning processes – ensuring strategic alignment	Board workshop and sign-off of consultation draft and final NES Strategy Annual Operational Plan, includes plans to progress delivery of key strategic outcomes.	Consultation feedback on NES Strategy and Scottish Government feedback Internal Audit Reports on Performance Management, and Staff Governance	NES Board (Director of Planning) **Quinquennial process** NES Board (Director of Planning) Audit & Risk ToR 9.1.5 (Director of Finance) **Annual**	Managing the process to develop the Strategic Plan and Financial Plan for approval by the Board. Ensuring systems and processes at a local directorate level support high performance. Executive Team oversight of performance indicators, financial indicators and staffing indicators.	Setting the Direction (Approval of Strategic Plan and Financial Plan) Holding to Account (Receiving quarterly performance reports and challenging areas of poor performance) Assessing Risk (Achieving balance between ambition and realistic assessment of

What are we seeking assurance on?	First line (from front line operational areas)	Second line (oversight, effective management information)	Third line (independent and more objective assurance	Responsible Committee/ Officer/ Frequency of reporting		Executive Assurance Role	Board Governance Assurance Role
Performance in delivering Strategic Plans (continued)	Corporate Performance Management Dashboard and quality control process Financial Plan aligns with Operational plan All staff have objectives that relate to delivery of key targets	Performance Reports with detail of actual performance against targets. Strategic Outcomes progress report to Board Reports to Staff Governance Committee on personal objectives and Staff Governance Standard	External Audit review of Performance in Annual Report and Accounts - Scottish Governance monitoring of Staff Governance Standard	NES Board (Director of Planning) **Quarterly** NES Board (Director of Planning) **Annual** Staff Governance ToR 9.1 & 9.1.1 & 9.1.4 (Director of Workforce) **Annual**			what is achievable given resources, environment etc (Board, standing committees)) Engaging Stakeholders (obtaining assurance that stakeholders have been involved in the setting of Strategy and in understanding annual operational plans).

What are we seeking assurance on?	First line (from front line operational areas)	Second line (oversight, effective management information)	Third line (independent and more objective assurance	Responsible Committee/ Officer/ Frequency of reporting	Executive Assurance Role	Board Governance Assurance Role
Performance in delivering Strategic Plans (continued)	Performance against targets considered at Directorate meetings – measures taken to remedy areas of poor performance	-	-	(All NES Directors) Quarterly	Executive Team has oversight of progress against equality and diversity targets.	Influencing Culture (oversight of Staff Governance indicators)
	Staff management – ensuring staff are managed in accordance with the Staff Governance Standard and NES policies to be high performing.	Performance reports	-	Staff Governance ToR 9.1.3 & 9.1.4 (Director of Workforce) **Biannual**		
	Equality and diversity targets developed annually in operational planning	Directorate updates on prioritised E&D targets	-	Education & Quality ToR 9.6 Staff Gov. ToR 9.2.4 (Equality Advisor) **Biannual**		

What are we seeking assurance on?	First line (from front line operational areas)	Second line (oversight, effective management information)	Third line (independent and more objective assurance	Responsible Committee/ Officer/ Frequency of reporting		Executive Assurance Role	Board Governance Assurance Role
	Feedback, complaints handling and participation processes implemented by directorates and corporate Complaints Handling team Engagement with stakeholders	Feedback, Comments, Concerns and Complaints (FCCC) report Stakeholder Map and Communication Strategy	Scottish Government and Scottish Public Services Ombudsman reviews FCCC report and provides feedback -	NES Board Education & Quality ToR 9.9 & 9.10 (Director of Planning) **Annual** NES Board (Head of Comms) **As required**			

What are we seeking assurance on?	First line (from front line operational areas)	Second line (oversight, effective management information)	Third line (independent and more objective assurance	Responsible Committee/ Officer/ Frequency of reporting	Executive Assurance Role	Board Governance Assurance Role
Quality Management **(Making sure that what we deliver – in all areas, is of a high quality, and fit for purpose)**	Local processes in place to ensure quality and 'fitness for purpose' of educational programmes, resources. Sharing of practice through the Educational Leadership Group and Thematic Review Feedback collected from service users and stakeholder organisations and reviewed to identify quality issues	Education & Quality processes including Directorate Review and Thematic Review EQC review of Thematic Review reports Feedback, Comments, Concerns and Complaints (FCCC) Report	Internal Audit reviews. Formal Review by the GMC (every 5 years) of Medical Education in Scotland. - -	Education & Quality ToR 9.10 (Directors of education directorates) **Thematic and Directorate Reviews biannual** Education & Quality ToR 9.4 (Education & Quality Exec Lead) Education & Quality ToR 9.4 (Director of Planning) **Annual**	Managing local operational processes to assure, control and improve quality. Ensuring appropriate stakeholder engagement in development of new products/review of existing programmes. Executive Team oversight of draft Educational Governance processes	Setting the Direction (approval of the Educational Governance Framework) Holding to account (reviewing educational governance reports, Annual FCCC report, Equalities Outcomes progress reports)

What are we seeking assurance on?	First line (from front line operational areas)	Second line (oversight, effective management information)	Third line (independent and more objective assurance	Responsible Committee/ Officer/ Frequency of reporting	Executive Assurance Role	Board Governance Assurance Role
Quality management (continued)	Complaints management process (including follow-up on complaints related recommendations) and annual review Annual review of standing committee business to check performance against approved remits Development of standing committee annual workplans	Review of local quality management outcomes, including those from trainee surveys. Annual review of Board committee reports confirming adherence to approved remits Standing committee annual workplans approved	Scottish Government review of Feedback, Comments, Concerns and Complaints report - -	Education & Quality ToR 9.12 (Director of Planning) **Annual** Audit & Risk ToR 9.1.6 & 9.1.7 (Executive Leads) **Annual** Audit & Risk ToR 9.1.6 & 9.1.7 9.1.8 (Executive Leads) **Annual**	Executive Team approval of complaints handling processes	Assessing Risk (Identifying risks to receiving assurance related to performance and quality including compliance with statutory and policy duties (Board, standing committees)) Engaging Stakeholders (oversight of appropriate stakeholder/lay involvement in educational and digital developments)

What are we seeking assurance on?	First line (from front line operational areas)	Second line (oversight, effective management information)	Third line (independent and more objective assurance	Responsible Committee/ Officer/ Frequency of reporting	Executive Assurance Role	Board Governance Assurance Role
Quality management (continued)	Compliance with equality related statutory duties Application of local quality management processes to digital developments	Approval and monitoring of: Equality Outcomes and Mainstreaming Priorities Equality Impact Assessments Fairer Scotland Duties -	Review of Equality Outcomes and associated reports by Equality & Human Rights Commission -	Education & Quality ToR 9.5 Staff Governance ToR 9.2.4 (Equality Adviser) **Biannual** Education & Quality ToR 19.6 (Directors of education directorates) **As required**	Executive Team oversight of draft Equality Outcomes, Mainstreaming Priorities and FCCC reports	Influencing Culture (advocating for proper oversight of learning environment at all NHS Boards)

What are we seeking assurance on?	First line (from front line operational areas)	Second line (oversight, effective management information)	Third line (independent and more objective assurance	Responsible Committee/ Officer/ Frequency of reporting	Executive Assurance Role	Board Governance Assurance Role
	Application of local research governance process aligned with NES Research Framework	Approval of NES Research Governance Framework (aligned with UK Research Standards) and Research Governance annual report	Internal audit of research governance	Education & Quality ToR 9.7 (Research Governance Lead) **As required** **Annual**		

What are we seeking assurance on?	First line (from front line operational areas)	Second line (oversight, effective management information)	Third line (independent and more objective assurance	Responsible Committee/ Officer/ Frequency of reporting	Executive Assurance Role	Board Governance Assurance Role
Financial Management **(Making sure that our resources are properly applied to deliver our Strategic Plans and that we do not breach our financial limits)**	Budget setting process aligned to Operational Planning which aligns to Strategic Plan Operational level challenge to budget setting process Regular and accurate reporting of actual against budget and forecast	Full details of process of developing an annual budget Regular Financial reporting	Internal Audit (e.g. Budget Management, Fraud prevention, Procurement) External Audit of Annual Accounts Scottish Government scrutiny of Financial Reporting submissions	Audit and Risk ToR 9.2, 9.3, 9.4 NES Board (Director of Finance) **Annual** (Director of Finance) **Annual** Audit and Risk /NES Board (Director of Finance) **Quarterly**	Detailed controls on expenditure at a Directorate level. Adherence to delegated authorities Regular review of Finance monitoring reports	Ensures effective financial stewardship through considering value for money, financial control and financial planning and strategy through the following: Setting the Direction (Approval of Strategic Plan and Financial Plan)

What are we seeking assurance on?	First line (from front line operational areas)	Second line (oversight, effective management information)	Third line (independent and more objective assurance	Responsible Committee/ Officer/ Frequency of reporting		Executive Assurance Role	Board Governance Assurance Role
Financial Management (continued)	Production of Annual Accounts and sign-off by Accountable officer Annual Best Value review Regular review of in-year financial performance at Directorate level Development and adherence to Standing Financial Instructions setting out limits of financial delegation	Review of annual accounts Directors' assurance provided to the CEO to support signing of the Governance Statement.	Auditor General for Scotland and the Scottish Government Health and Social Care Directorate review and provide feedback on Annual Accounts Internal Audit Review as part of Controls Framework review.	Audit & Risk ToR 9.3.4 – 9.3.9 (Director of Finance) **Annual** A&R ToR 9.4 (Director of Finance) **Ongoing**			Holding to Account (Receiving monthly Finance Report) Assessing Risk (Understanding key areas of budget risk) Engaging Stakeholders (Ensuring that stakeholders understand the budget) Influencing Culture (Setting a strong tone in relation to the proper use of public money)

What are we seeking assurance on?	First line (from front line operational areas)	Second line (oversight, effective management information)	Third line (independent and more objective assurance	Responsible Committee/ Officer/ Frequency of reporting		Executive Assurance Role	Board Governance Assurance Role
Financial Management (continued)	Development and implementation of procurement controls	Monitoring of Procurement including performance of the compliance with Procurement Duty (through Procurement Annual Report)	Internal Audit Review as part of Controls Framework review.	A&R ToR 9.6 (Director of Finance) **Annual**			
	Development and implementation of financial controls and reconciliations Savings plans and measurement of delivery		Internal Audit Review as part of Controls Framework review.	Audit & Risk ToR Controls 9.2 9.2.2 & 9.2.4 (Director of Finance) **Ongoing**			
	Management and reporting of finance risks	Review of Corporate and local risk registers	Internal Audit	Board/ Audit & Risk ToR does not detail A&R role with financial risks (DoF) **All meetings**			

What are we seeking assurance on?	First line (from front line operational areas)	Second line (oversight, effective management information)	Third line (independent and more objective assurance	Responsible Committee/ Officer/ Frequency of reporting		Executive Assurance Role	Board Governance Assurance Role
Human Resource Management **(Making sure that NES recruits, develops, manages and retains its staff fairly, efficiently and effectively)**	People and OD Strategy including Key Performance Indicators (including relevant workforce metrics) Reports on Staff Governance Standard	Approval of People and OD Strategy (including KPIs) Review of progress against agreed KPIs (through quarterly review of metrics and dashboard with KPIs) and reports on Staff Governance Standard	Internal audit External audit Scottish Government reviews Staff Governance Monitoring data and provides feedback	Staff Governance ToR – role re. risk 9.2.3 (Director of Workforce) **Triennial** Staff Governance ToR does not appear to include specifics on progress reports re KPIs (Director of Workforce) **Quarterly**		ET ensures alignment of human resources with strategic priorities and operational needs ET reviews performance against People and OD Strategy KPIs ET reviews reports on Staff Governance Standard ET reviews iMatter reports and initiates change where required	Setting the Direction (Approving the People and OD Strategy and Workforce Plan) Holding to account (Reviewing reports on Staff Governance, the Workforce Plan, iMatter, performance against KPIs) Assessing Risk (Identifying key risks relating to Human Resource Management and ensuring

What are we seeking assurance on?	First line (from front line operational areas)	Second line (oversight, effective management information)	Third line (independent and more objective assurance	Responsible Committee/ Officer/ Frequency of reporting		Executive Assurance Role	Board Governance Assurance Role
Human Resource Management (continued)	Use of feedback on staff satisfaction and team working through iMatter to identify issues and affect improvements Monitoring quality of staff performance objectives and personal development plans to ensure alignment with directorate and NES objectives	Review of NES and national iMatter reports Report on outcomes from quality assurance of performance objectives and PDPs	Publication of iMatter comparative data by Scottish Government and thematic review Internal audit	Staff Governance ToR does not explicitly cover staff related feedback and conclusions e.g. iMatter Staff Governance Committee (Director of Workforce) **Annual** Staff Governance ToR 9.2.4 (Director of Workforce) **Annual**		ET considers Establishment Control recommendations at each meeting Equalities performance data reviewed by SMLT	these are managed effectively Engaging stakeholders (Ensuring that People, OD and policy application is developed in partnership) Influencing Culture and standards of people management across the organisation (SGC)

What are we seeking assurance on?	First line (from front line operational areas)	Second line (oversight, effective management information)	Third line (independent and more objective assurance	Responsible Committee/ Officer/ Frequency of reporting		Executive Assurance Role	Board Governance Assurance Role
Human Resource Management (continued)	Compliance with the specific statutory duties under Equality and Fairer Scotland legislation	Approval of Equality Outcomes and Mainstreaming Priorities and monitors progress reports Monitor compliance and improvement in relation to specific equality duties through review of Equal Pay statement and workforce equality data (presented in Workforce Plan) and Fairer Scotland related reports.	Equality and Human Rights Commission scrutiny Scottish Government reviews Workforce Plan	Board Staff Governance ToR 9.1.7 (Director of Workforce) **Quadrennial** Staff Governance Committee (Director of Workforce) **Quadrennial**			

What are we seeking assurance on?	First line (from front line operational areas)	Second line (oversight, effective management information)	Third line (independent and more objective assurance	Responsible Committee/ Officer/ Frequency of reporting	Executive Assurance Role	Board Governance Assurance Role
Human Resource Management (continued)	Ensure fair remuneration of senior staff Ensure fair access to development opportunities and training progression for staff and employed trainees through 'Differential Attainment' actions	Remuneration Committee considers pay levels and performance of senior staff. Considers reports on Differential Attainment initiatives and information.	National Performance Evaluation Committee reviews performance ratings and provides feedback. -	Remuneration ToR 9.1 (Director of Workforce) **Annual** Education & Quality ToR 9.12 (Directors of education directorates) **As required**	[*Assurance arrangements in development]*	Holding to account for whistleblowing policies and practice. Assessing risks identified in whistleblowing concerns Influencing the culture to encourage staff and others to report public interest concerns

What are we seeking assurance on?	First line (from front line operational areas)	Second line (oversight, effective management information)	Third line (independent and more objective assurance	Responsible Committee/ Officer/ Frequency of reporting	Executive Assurance Role	Board Governance Assurance Role
	Whistleblowing Policy and processes to encourage staff and others to raise public interest concerns and ensure these are investigated and reported effectively Maintenance of risk registers relating to human resources	Quarterly updates on the whistleblowing portfolio provided to Staff Governance Committee Annual report on handling of whistleblowing concerns Non-Executive Whistleblowing Champion appointed Review of corporate and directorate risk registers relating to NES workforce	Independent external review of Whistleblowing concerns referred to the Independent National Whistleblowing Officer. Internal audit	Staff Governance Whistleblowing ToR 9.2.1 (Director of Planning) **Quarterly** Staff Governance Risk ToR 9.2.3 Board (Director of Workforce) **Quarterly**		

What are we seeking assurance on?	First line (from front line operational areas)	Second line (oversight, effective management information)	Third line (independent and more objective assurance	Responsible Committee/ Officer/ Frequency of reporting		Executive Assurance Role	Board Governance Assurance Role
Change Management **(Making sure that NES manages significant service change and any consequential organisational change)** **Change Management (continued)**	Business cases and plans for service re-design and change (including explicit information on impact and efficiency and Stakeholder Engagement Plan) Organisational Change Policy and Procedures Change Management Programme Board authorises and monitors organisational change processes	Plans for service re-design and progress reports Organisational Change Policy and Procedures approved Change Programme risk register reviewed Minutes of Change Management Programme Board meetings	Internal audit External audit - -	Staff Governance ToR does not include a specific role for SGC in relation to organisational change (Director of Workforce) **Locus and frequency of reporting to be established**		ET reviews and authorises business cases and plans for service re-design and change Change Management Programme Board authorises and monitors organisational change processes	Setting the direction (Approving the Organisational Change Policy) Holding to account Assessing risk Engaging stakeholders (Ensuring NES follows consultation and engagement processes (Board)) Influencing culture (Ensuring NES is focused on improvement in

What are we seeking assurance on?	First line (from front line operational areas)	Second line (oversight, effective management information)	Third line (independent and more objective assurance	Responsible Committee/ Officer/ Frequency of reporting		Executive Assurance Role	Board Governance Assurance Role
	Organisational Perf. Imp. Programme processes Covid-19 Recovery Plan articulates strategic and operational responses to Covid-19 pandemic Decision Log from Executive team daily meetings	Quarterly report from the OPIP team. Covid-19 Response subject to scrutiny by NES Board	Covid-19 Mobilisation Plan submitted to Scottish Government	Staff Governance ToR does not include a specific role for SGC in relation to organisational change (Director of Workforce) Board (Director of Planning) **Approx. Biannual** Board **Board Secretary** Board meetings			all aspects of its work

What are we seeking assurance on?	First line (from front line operational areas)	Second line (oversight, effective management information)	Third line (independent and more objective assurance	Responsible Committee/ Officer/ Frequency of reporting	Executive Assurance Role	Board Governance Assurance Role
Risk Management **(Making sure that NES identifies and manages key risks to its services, stakeholders and the organisation)**	ET review of NES Risk Strategy and Risk Management Framework. Development and local review of corporate and directorate risk registers. Recording and monitoring of directorate and project risks using Risk Management System (MiTracker).	Review and approval of Risk Strategy and Management Framework Annual review of risk appetite Regular review of the Corporate Risk Register Review of the most significant (Primary rated) Directorate risks	Internal audit reviews External audit Internal audit Internal audit Internal audit	Audit & Risk (ToR 9.2) (Director of Finance) **As required** Board (Director of Finance) **Annual** Board (Director of Finance) **All Board meetings** All standing committees (A&R Committee ToR does not mention specific role in	ET reviews reports on risk registers ET advises on Risk Strategy and Risk Management Framework	Setting the Direction (Approving the Risk Strategy and Management Framework, determining NES's risk appetite) Holding to account (Reviewing corporate and directorate risk registers to check key risks are identified and managed effectively) Assessing risk (Identifying key risks to NES business)

What are we seeking assurance on?	First line (from front line operational areas)	Second line (oversight, effective management information)	Third line (independent and more objective assurance	Responsible Committee/ Officer/ Frequency of reporting		Executive Assurance Role	Board Governance Assurance Role
Risk Management (continued)	Quarterly Risk Register Review Process in directorates. Reports to Exec Team on directorate risk registers Cross-directorate Covid-19 risk register	Reports on Standing Committees' review, handling and identification of risks Review of Audit Scotland reports Review of Covid-19 risk register		monitoring financial risks) (Executive Lead Officers) **Quarterly** (Director of Finance) **Quarterly** Audit & Risk (ToR does not mention this responsibility) NES Board (Director of Finance) **All Board meetings**			

What are we seeking assurance on?	First line (from front line operational areas)	Second line (oversight, effective management information)	Third line (independent and more objective assurance	Responsible Committee/ Officer/ Frequency of reporting	Executive Assurance Role	Board Governance Assurance Role
Information Management **(Making sure that NES only collects the data it needs, the data is kept securely and is only accessed by the correct people)**	Development and implementation of Information Management Strategy Policies, plans and processes for information governance, cyber security, records management, Freedom of Information and intellectual property.	Review of Caldicott Guardian annual report Annual Information Governance & Security report reviewed	Internal audit External audit The Digital Health & Care Strategic Portfolio Board reviews and provides feedback on regular reports from the NES Digital Service	Board (Director of Digital) **Annual** Digital and Information Committee (ToR 9.4) (Director of Digital) **Annual**	Executive Team approves organisational policies, plans and processes for information management. Executive Team monitors Information Management through reports in areas such as Freedom of Information and data protection.	Setting the direction (Approve strategy Holding to account (Review and challenge progress reports from Digital. Review Data incident reports) Assessing risk (Understand the kind of information risks NES could be exposed to and seek assurance on how these are addressed)

What are we seeking assurance on?	First line (from front line operational areas)	Second line (oversight, effective management information)	Third line (independent and more objective assurance	Responsible Committee/ Officer/ Frequency of reporting		Executive Assurance Role	Board Governance Assurance Role
Information Management (continued)	Information management policies, plans and processes (including cyber security arrangements) aligned with relevant legislation, international quality standards and Scottish Government policy/strategies Role-based access to information systems and dashboards		Internal Audit. A specific IT Risk Universe conducted to target internal audit resource towards the areas assessed as most high risk. Internal Audit	Digital and Information Committee (ToR 9.1) (Director of Digital) **As required** Digital and Information Committee (ToR 9.1) (Director of Digital) **As required**			(Digital Sub-Committee) Engaging stakeholders (how do we communicate how we use the data we hold) Influencing culture

What are we seeking assurance on?	First line (from front line operational areas)	Second line (oversight, effective management information)	Third line (independent and more objective assurance	Responsible Committee/ Officer/ Frequency of reporting	Executive Assurance Role	Board Governance Assurance Role
Information Management (continued)	Development, implementation and audit of Information Security Management System Information Asset Register and Data Protection Impact Assessment Register Business continuity/disaster recovery systems and processes	The Executive Team has reviewed and commented on the iterative development of NES Business Continuity plans. Plans implemented due to COVID.	Internal audit	Digital and Information Committee (ToR 9.1) (Director of Digital) **As required** Digital and Information Committee (ToR 9.4) (Director of Digital) **As required** Digital and Information Committee (ToR 9.1) (Director of Digital) **As required**		

What are we seeking assurance on?	First line (from front line operational areas)	Second line (oversight, effective management information)	Third line (independent and more objective assurance	Responsible Committee/ Officer/ Frequency of reporting	Executive Assurance Role	Board Governance Assurance Role
Information Management (continued)	Provision of cloud-based information management systems for safe data storage, retrieval and sharing Cyber security based on agreed processes for authentication and registration of system users and investment in firewall technologies Mandatory training of all NES staff on Information Governance.	 Scrutiny of training data		Digital and Information Committee (ToR 9.4) (Director of Digital) **As required** Digital and Information Committee (ToR 9.4) (Director of Digital) **As required** Staff Governance (ToR 9.2.4) (Director of Workforce) **As required**		

What are we seeking assurance on?	First line (from front line operational areas)	Second line (oversight, effective management information)	Third line (independent and more objective assurance	Responsible Committee/ Officer/ Frequency of reporting		Executive Assurance Role	Board Governance Assurance Role
Information Management (continued)	Assessment and management of risks relating to data management	Review of NDS Risk Register	Annual Scottish Government audit of Information Governance and Information (Cyber) Security policies and procedures	Digital and Information Committee (ToR 9.1) (Director of Digital) **Quarterly**			
	Development of Information Governance and Information Security documentation to evidence compliance with Scottish Government Network and Information Systems (NIS) directive and regulations, 2018	Review of Digital Progress report		NES Board (Director of Digital) **As required**			

Appendix 1 - Action plan for further enhancement of assurance

Functional area	Identified Enhancement	Proposed action	Progress summary	Responsible officer(s)/ Estimated completion date
Performance management	Enhance assurance on engagement with stakeholders	To seek comment on Stakeholder map as part of development of new Communications Strategy.	Preparatory work for stakeholder survey completed. The survey results will inform a refreshed corporate Comms Strategy to be presented to the Board for approval. **Work currently suspended.**	John McEachern
Quality management	Supplement Second Line Assurance relating to quality of education workstreams	To be addressed in Educational Governance risk profiling process to ensure a higher proportion of educational workstreams are subject to E&RGC reports.	Assurance on Educational Quality to be addressed by revised Education and Quality reporting processes and Key Performance Indicators, which are currently in development.	Karen Wilson July 2021 and ongoing

Functional area	Identified Enhancement	Proposed action	Progress summary	Responsible officer(s)/ Estimated completion date
Risk Management	There is an opportunity to review and benchmark the identification of risks against other similar organisations	Risk management strategy, processes and practices will be reviewed by NES's internal auditors using their Global Risk Maturity Assessment Tool. This includes benchmarking against risk management practices and outcomes in similar organisations.	Global Risk Maturity Assessment completed and report presented to Audit Committee. Report recommendations to be addressed by Risk Management Group (RMG). The Extended Executive Team has now agreed the RMG terms of reference and it is expected to meet in Sept 2021	Director of Finance September 2021
Risk Management	Ensure that risk assessment and risk management are consistently embedded across the organisation and used as a management tool to support sustainable service delivery.	Workshops are planned for NES Risk Champions, senior managers and Board members to assist with the standardisation of judgements in risk identification and prioritisation.	KPMG preparatory work on developmental workshops paused. This will be reactivated in later in 2021 in consultation with the new RMG	Director of Finance December 2021

Approved by the Digital and Information Committee on Monday 13 September

DIGITAL AND INFORMATION COMMITTEE

NES/DI/21/09
Minutes of the First NES Digital and Information Committee held on Monday 28 June 2021 via Microsoft Teams.

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

In attendance: Jenn Allison, Senior Admin Officer, Board / CEO Office
Tracey Ashworth-Davies, Director of Workforce (from 11:00)
Colin Brown, Head of Strategic Development, CEO Office
David Felix, NES Caldicott Guardian
Audrey McColl, Director of Finance and Deputy Chief Executive
Karen Reid, NES CEO
Della Thomas, Board Secretary
Marisa Wedderspoon, Manager, Digital
Christopher Wroath, Director of Digital

1. Welcome and introductions

1.1 The Chair welcomed everyone to the first meeting of the Digital and Information Committee and provided a background of the history of the Committee:

1.1.1 The Digital Sub-Committee was set up in September 2018 to support work of the newly established NES Digital Service (NDS) Directorate which was anticipated to become a National Body.

1.1.2 The sub-committee became a formal Committee of the Board in 2020 and the Digital Committee held its inaugural meeting on 02 March 2020. This included several co-opted members from various NHS Scotland Boards.

1.1.3 Due to COVID-19 governance arrangements the Digital Committee was stood down in April 2020 with matters being deferred to the NES Board and/or to the Executive Gold Command.

1.1.4 The minutes of the Digital Committee were approved via correspondence in May 2020 and submitted to the Board in July 2020.

1.1.5 The Board agreed to changes to the NES Board Committee structure in August 2021, renaming the Digital Committee the Digital and Information Committee.

1.1.6 Geoff Huggins' secondment to NES as Director of NDS ended in January 2021 and Scottish Government asked NES to combine NDS and NES Digital into one Directorate.

1.1.7 The Digital and Information Committee was reinstated by the Board on 26 March 2021. Membership of the Committee was revised to reduce the number of co-opted members to one.

1.2 The Chair extended his thanks to Director of Finance Audrey McColl, who was attending her last Committee of the NES Board. He wished her well in her new role and thanked her for all her work as NES Director of Finance, particularly for her support in relation to Digital and as Executive Lead of the Digital Committee.

2. Apologies for absence

2.1 Apologies were received from Tracey Ashworth-Davies who joined the meeting at 11:00.

3. Declarations of interest

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

4. Notification of Any other business

4.1 There was no other business raised for discussion.

5. Executive Lead Officer's Report (NES/DI/21/02)

5.1 Christopher Wroath introduced the paper to provide the Committee with an overview of progress on delivery, an update on the status of commissions from Scottish Government, highlight key areas of risk and provide a summary of expenditure to date and a current forecast of the end of year anticipated position.

5.2 Since taking on responsibility of NES Digital Service (NDS) on 01st February 2021, Christopher has focussed on understanding how NDS is structured and operates, the programme of work, and how it is placed within the strategic objectives of NES and Scottish Government.

5.3 Christopher emphasised that the scale and variety of current work across NES Digital and NDS is extremely complex and informed the Committee that the Digital senior team are working to develop a clear picture of, and structure for, product delivery, including reviewing current and future priorities and identifying resource requirements and gaps.

5.4 Members discussed the volume and multiplicity of Scottish Government commissions, particularly in relation to resource capacity. Karen Reid assured the Committee that she is working closely with the Scottish Government sponsor team to review the strategic landscape, define roles and responsibilities and discuss resource requirements for current and future work.

5.5 Members discussed the risks highlighted in the paper, noting it was helpful to see risks at all levels, however it was suggested that it may be helpful to review strategic risks in relation to Digital work, including alignment with Scottish Government risks. It was noted that the Executive Risk Management Group will be conducting a review of all NES risks. Christopher Wroath assured the Committee that bringing together NES Digital and NDS has greatly reduced strategic risk and agreed to submit a report regarding strategic risk to the next meeting. **Action: CW**

5.6 Discussion took place regarding the associated costs of the ongoing programmes of work in relation to the COVID19 response and it was agreed that financial information of COVID19 costs, including costs netted against any potential savings, would be included in future reports to the Committee. **Action: CW**

5.7 Members raised potential financial and security implications regarding processes in place around identity management. Christopher explained that this work is part of the phase 3 of the Microsoft Cloud Computing Programme led by NSS and agreed to submit a short presentation regarding this work to the next meeting. **Action: CW**

6. Technical Environment Overview (NES/DI/21/03)

6.1 Christopher Wroath highlighted the importance of Digital and Information Committee members being familiar with technical terms and references to assist them in discharging their responsibilities.

6.2 Christopher intended to give a presentation to provide an overview of the current technical environment in which Digital are operating, however discussion took place regarding the roles and responsibilities of the Committee in relation to Information Governance and Information Security. This discussion is recorded under item 8, draft Digital and Information Committee Terms of Reference.

6.3 The Committee will receive the Technical Environment Overview presentation at the next meeting. **Action: CW**

7. Draft Digital Road Map (NES/DI/21/04)

7.1 Christopher Wroath introduced the paper to present to the Committee the work being undertaken to create a single view NES Digital Roadmap.

7.2 Christopher explained that for NES to manage the significant complexity of having both Digital Groups working in alignment, it is important to have a simple, coordinated plan for all digitally based outcomes against which

performance can be measured. The Committee noted that the road map will help to provide transparency to the Digital and Information Committee, NES Board and Extended Executive Team as well as the Scottish Government and the wider community of stakeholders across the Health and Care Sector in Scotland.

7.3 The Committee noted that the road map has helped to display the level of complexities across NES Digital and that performance reporting against key areas of the plan including a summary of cost, quality, timescales and risk, will help to provide the Digital and Information Committee with the assurance required. Members were particularly interested in being alerted to where the resource issues may be and a member also requested that information, explaining how delivery meets the needs of end users, be included in future reporting as well as the impact of delivery on the Health and Care sector in Scotland.

7.4 Discussion took place regarding commissioning and the importance of maintaining focus on the correct priorities for Scotland. Christopher assured the Committee that as well as working closely with the Scottish Government regarding commissions, a key outcome is also to engage more effectively with the service to ensure delivery is fit for purpose and beneficial.

7.5 The Committee noted the five Operational Domains which performance will be reported against: Health; Care; Training and Education; Workforce; and Core Support Services.

8. Draft Digital and Information Committee ToRs (NES/DI/21/06)

8.1 Della Thomas introduced the draft Digital and Information Committee Terms of Reference (ToRs) which had been distributed to the Committee for feedback via correspondence earlier in June.

8.2 The Committee were invited to consider if they agreed to Information Governance being under the remit of the Audit and Risk Committee, with the Digital and Information Committee retaining responsibility for Information Security. Feedback had been received from two members via correspondence, one agreed to this proposal and the other advised against it.

8.3 Christopher explained that Information Governance is about the processes in place to manage information and includes General Data Protection Regulation (GDPR). Because Information Governance has a wider remit than technology it has been aligned with the responsibilities of the Audit and Risk Committee. Information Security is about the technology in place to support these

processes and has therefore been aligned with the Digital and Information Committee.

8.4 Further discussion took place and although some concerns were raised regarding reporting intrinsically connected areas to two separate Committees, members agreed to the proposal with the proviso that communication between the two Committee's remains robust. Christopher assured the Committee that operationally Information Governance and Information Security are managed and reported by the same team. It was agreed that a paper would be submitted to the both the Digital and Information Committee and Audit and Risk Committee to further define these reporting structures. **Action: CW**

8.5 It was noted that an Internal Audit on Information Governance has been planned by Internal Auditor's during financial year 2021/22.

8.6 The Digital and Information Committee agreed the governance proposal for Information Governance and Information Security and approved the draft Committee Terms of Reference. The Terms of Reference will be submitted the Audit and Risk Committee in July and the Board in August. **Action: DT**

9. Draft 2021/22 Schedule of Business
(NES/DI/21/07)

9.1 Della Thomas introduced the draft 2021/22 Schedule of Business which has been produced to align with the draft Terms of Reference. It was noted that a degree of flexibility would be required to be taken due to the Committee being in its infancy.

9.2 The Digital and Information Committee approved the Schedule of Business agreed that the Digital Road Map should be submitted to the next meeting.
Action: CW/DT

10. NES Corporate Assurance Framework (NES/DI/21/08)

10.1 Audrey McColl advised that the Digital and Information Committee had been noted as the 'Responsible Committee' in relation to Information Management sections of the NES Assurance Framework.

10.2 The Committee noted that the Assurance Framework will be further updated, following the conversation held regarding the Digital and Information Terms of Reference and the role of the Digital and Information Committee and Audit and Risk Committee in relation to Information Security and Information Governance, respectively.

10.3 The Committee noted that Information Management aspects of the Assurance Framework will be further aligned with the Digital and Information Committee's terms of reference and will be submitted to the next meeting for review and approval. **Action: CE Office**

11. Identification of any new risk emerging from this meeting

11.1 No new risks were identified from the items discussed at the meeting.

12. Any Other Business

12.1 No other business was discussed.

13. Date and time of next meeting

13.1 The next meeting of the Digital and Information Committee will be held on Monday 13th September 2021 via Microsoft Teams.

NES
July 2021
JA//CW/DG

NHS Education for Scotland

EDUCATION & QUALITY COMMITTEE

Approved minutes of the third meeting of the Educational & Quality Committee (which is the forty-second meeting of the Educational and Research Governance Committee) held on Thursday 01 July 2021 via Microsoft Teams

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

In attendance: David Garbutt, Chair of NES Board
Karen Reid, Chief Executive
Karen Wilson, Director of Nursing Midwifery & AHPs/Executive Lead
Della Thomas, Board Secretary/Principal Lead Corporate Governance
Rob Coward, Principal Educator/Executive Secretary
Laura Allison, Associate Director
Alastair McLellan, Postgraduate Dean (For Item 07)
Kevin Brennan, Project Lead - TEL (From the start to Item 10)
Chris Duffy, Senior Admin Officer/Committee Secretary

1. Welcome and introductions

1.1 Douglas Hutchens welcomed all to the meeting. Laura Allison was introduced to the Committee and is attending this meeting as an observer. Kevin Brennan was also introduced to the Committee; Kevin Brennan is the Project Lead for TEL and will produce the TEL updates which the Committee receive as a standing item.

1.2 The Committee requested that the Director of Medicine and the Director of NHS Academy are formally recognised as regular attendees of this Committee and therefore their absence should be recorded in the apologies.

2. Apologies for absence

2.1 Apologies were received from Stewart Irvine, Director of Medicine and Kevin Kelman, Director of NHS Academy.

3. Notification of any other business

3.1 There were no notifications of any other business.

4. Declarations of interest

4.1 David Garbutt raised a declaration of interest in relation to Item 10 on the agenda which contains a presentation with links to Edinburgh Napier University. David Garbutt is a Member of the Doctoral Alumni at Edinburgh Napier University.

5. Minutes of the meeting held on 4th March 2021

5.1 David Garbutt suggested that an action should be attributed to the discussion on how leadership should be reported to the Committee under Item 09 Schedule of Business. Committee members agreed with this important point and so a retrospective action will be placed onto the Action Status Report.

Action: Chris Duffy

6. Action Status Report

6.1 Karen Reid provided a verbal update on the action relating to how external funding is reported through governance processes. The Committee were reassured that there are robust procurement and commissioning processes in place and that contract management is an operational issue. Karen Reid will look further at the scheme of delegation and the strategic risk and will provide a further update at the next Committee meeting on 19th August.

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

7. Education & Quality Executive Lead Report

7.1 The Committee thanked Karen Wilson and Rob Coward for their continued work on this report, noting that the report is very readable and succinct.

7.2 The Committee then had a lengthy discussion on the Enhanced Monitoring Annexe and the following key points were noted;

- The Enhanced Monitoring update was improved, and the narrative was welcomed. Having Alastair McLellan present at the meeting to answer detailed questions was also welcomed by the Committee.
- Alastair McLellan highlighted that the update provided is still being revamped and work is ongoing to improve the narrative further and so feedback is welcomed.
- The Committee members and attendees requested that future updates contain professional advice in respect of NES responsibilities and commitments.
- Focussing on the information in the current report the Committee asked if there is anything more the Board need to reflect on and if the Board has a responsibility for doing anything more. Karen Reid confirmed that for those rated red, assurance has been sought on progress and actions taken. Karen Reid will speak further with Stewart Irvine to establish if any further escalation is required and if so, this could result in the setup of a NES Board Chair to respective Board Chair discussion.
- Gillian Mawdsley commented that it may be appropriate to raise Whistleblowing as part of NES responsibilities.

Action: Karen Reid

7.3 In respect of the main body of the executive Lead report, Sandra Walker noted that under 5.3 Dissemination and sharing of innovative practice illustrations, it was good to see this included in the report but the example

given didn't give the assurance the Committee are looking for. Going forward it would be beneficial for the Committee to see evidence of the dissemination, the spread of good practice and the impact.

Action: Karen Wilson/Rob Coward

7.4 David Garbutt will raise a number of points directly with Karen Wilson offline but did comment on 5.2 Launch of the Early Intervention Framework for Children and Young People's Mental Health and Wellbeing, congratulating those involved for a good piece of work. David Garbutt also raised Leadership and Project Lift, there should be some sort of evaluation. The Committee recognises the importance of Project Lift and would like to see this on the risk register, with mitigations detailed against the risk. Karen Reid is meeting with Scottish Government to discuss Project Lift and will clarify some of the concerns raised by the Committee. Rob Coward will include Project Lift in the Education and Quality Risk Register. A paper on Leadership will come to the next Committee.

Actions: David Garbutt, Karen Reid & Rob Coward

7.5 The Committee touched on catering and rest facilities for doctors in training. This topic has been raised at previous committee meetings and a conversation took place between Karen Wilson, Vicki Nairn and Rowan Parks to provide some reassurance on the subject. Doctors in training are not complaining about these facilities at the moment and there is evidence of facility improvement throughout COVID-19 and a greater emphasis on Health and Wellbeing. David Garbutt reminded members and attendees of the UK wide review of doctors and medical students wellbeing that provides a template for what should be happening.

8. Committee Strategic KPIs

8.1 Rob Coward introduced this paper which aims to set strategic KPIs for the Committee that are meaningful. Committee members were asked for their feedback on the KPI paper.

8.2 Committee members provided the following feedback;

- The example given in fig1 is an operational example and the Committee are looking for strategic examples.
- The dashboard needs to triangulate without falling into operative measures.
- When setting KPIs the purpose of the indicator should be considered.
- Has the educational programme been delivered?
- Has a 2-year assessment been completed?
- Have Quality Improvement and Human Factors been considered?
- Is the evaluation data available?
- Progress should be monitored and improvement identified.
- Four areas of focus for all NES programmes should be, Policies, Strategies, Governance of Education and Training and Stakeholder Engagement.

8.3 Karen Reid responded to the comments stating that a KPI measurement framework is required and this links to a bigger piece of work that has started on an overall organisation approach. Karen Reid is already in conversation with Donald Cameron, Director of Planning to create a balanced approach which provides the right level of assurance, evidence and impact to the right audience (Board, Committee, Executive Team etc).

8.4 The Committee will receive a progress update on this piece of work at the December meeting.

Action: Karen Reid/Donald Cameron

9. NHS Scotland Academy

9.1 Karen Wilson provided a summary of the NHS Scotland Academy paper which detailed the approval of the NHS Academy business case which was approved by the Scottish Government Health & Social Care Management Board. This allows the NHS Academy to now recruit to various posts.

9.2 The Committee asked a question in relation to a recent course that will be run as a in service NHS Golden Jubilee programme rather than a NHS Academy programme. It was asked What NES' role is in the selection of programmes and who will decide what programmes are offered?

9.3 Karen Wilson responded to say Educational Governance is NES primacy, quality assurance processes, an approval process and commissioning process are all underway. Karen Reid is confident in the process being setup and confirmed that Commissioning is a standing item at all NHS Academy meetings.

9.4 Gillian Mawdsley reported to the Committee that a meeting has taken place with the Non-Executive Whistleblowing Champion from NHS Golden Jubilee regarding opportunities for Whistleblowing and the NHS Scotland Academy. Karen Reid stated that she would welcome an opportunity to discuss this further with Gillian Mawdsley.

Action: Karen Reid/Gillian Mawdsley

10. Technology Enhanced Learning – Update and Proposed Key Performance Indicators

10.1 Kevin Brennan provided a summary of the proposed KPIs for Technology Enhanced Learning and Committee members and attendees were asked for their feedback.

10.2 Committee members provided the following feedback;

- Reference was made to the 80% target frequently used throughout the paper, there are some concerns that 20% of people could be slipping through the net.
- The Committee would still like to see the impact TEL is having on service.
- The KPIs should look at strategic indicators and not be too operational.

10.3 Overall, the Committee questioned the usefulness of the KPIs for this project as part of the governance processes for this Committee. It was recognised that strategic organisational KPI work is underway and this needs to take place first before any KPIs for TEL can be agreed. As referenced under item 8 the Committee will receive an update on the organisational KPI work at the December meeting. The Committee would still like to see regular TEL updates.

10.4 The Committee closed this item by reflecting on the excellent work that has taken place on TEL to date and thanked Kevin for his valuable contribution.

11. NMAHP Education QA Process – Report of Stage 1

11.1 Rob Coward provided a summary of this paper, which has been brought to the Committee as an example of good practice. NMAHP has made significant progress in cataloguing its extensive product estate. The purpose of this cataloguing is to develop s dashboard which can be reviewed annually.

11.2 Committee members commended this excellent piece of work, noting that when other directorates come into alignment this will be a very effective tool.

11.3 As previously agreed and notified, Vicki Nairn left the meeting.

12. Internal Audit Report – TURAS Learn

12.1 The Committee welcomed sight of this report and asked if the timescales are achievable. It was confirmed that work is ongoing, and a short update will come to the March meeting of the Committee to provide assurance.

Action: Rob Coward

13. Risk Report and identification of any new risks emerging from this meeting

13.1 The Committee took this paper as read and the Chair opened the meeting to questions.

13.2 The Committee recommended that it would be useful to see movement in the table, in narrative. It was suggested that updates could be made in a different colour.

13.2 The Committee suggested the following areas should be considered as risks;

- NHS Academy
- Leadership/Project Lift (reputational damage, failure to deliver)
- TEL
- Digitally Enabled Workforce
- Externally owned resources – no control

Rob Coward will work on the suggestions from the Committee when producing the risk paper for next Committee meeting.

Action: Rob Coward

13. Equality Outcomes and Mainstreaming Progress Report

13.1 This item was approved by correspondence in February 2021 and the Committee noted the report.

Review of Effectiveness of Meeting

The Chair invited any reflections from members on the effectiveness of the meeting. It was confirmed that the meeting had received assurance in a number of areas and clarified where action was required. The improving quality of papers was noted.

The Committee held a brief discussion on the amount of time dedicated to Enhanced Monitoring, the views of Committee members were split between keeping the current amount of time or reducing the amount of time. It was noted that the Enhanced Monitoring update should include professional advice and it was highlighted a deep dive into Enhanced Monitoring will come to the December Committee meeting. The Committee Chair and Executive Lead will hold a de-brief to try and come to agreement for how to move forward with the reporting of Enhanced Monitoring to the Committee.

Post-Meeting Note:

The Committee Chair and Executive Lead met to debrief on this Committee meeting and to set the agenda for the upcoming meeting on 19 August. The two key points for Committee members to note are listed below,

- Enhanced Monitoring will be removed from the Lead Executive Report and will become a standalone item on the agenda.
- TEL update will no longer be a standalone item on the agenda and will be incorporated into the Lead Executive Report, with a yearly full report.

14. Consultations Log

14.1 Committee members noted the consultation log and asked if links to the responses could be added to the log.

Action: Chris Duffy

15. Scottish Government and NES Educational policies

15.1 There were no new policies to report.

16. Any other business

14.1 There were no other items of business.

17. Date and time of next meeting

15.1 The next meeting of the Education and Quality Committee will be held on Thursday 19th August 2021, 10:15 a.m.

CD/DH/KW
July 2021
V.03

NHS Education for Scotland **NES/21/93**
Item 11c
23 September 2021

Board Paper

1. Title of Paper

Feedback, Comments, Concerns and Complaints annual report 2020-21

2. Author(s) of Paper

Rob Coward - Principal Educator, Planning & Corporate Governance

3. Situation/Purpose of paper

3.1 Feedback, comments, concerns and complaints are considered by the Scottish Government as an important performance indicator, and a mechanism for driving continuous improvement. This is reflected in the requirement for all NHS Boards to publish an annual Feedback, Comments, Concerns and Complaints (FCCC) report as specified by the 2017 Patient Rights (Feedback, Comments, Concerns and Complaints (Scotland)) Directions and national complaints guidance. This states that relevant NHS bodies should prepare an annual report a summarising action taken as a result of feedback, comments and concerns received. NHS Boards are also required to provide an annual return to NHS National Services Scotland (NSS) confirming complaints figures which are included the NHS Complaints Statistics publication.

3.2 The Education & Quality Committee approved the 2020-21 FCCC report at its meeting on 19 August 2021. The Board is asked to note the report prior to publication on the NES website and submission to the Scottish Public Services ombudsman and Scottish Government. The report is due to by published by 30 September 2021.

4. Background

The report provides a summary of the feedback and complaints reported via our directorates, or directly received by our Planning and Corporate Governance team. It also outlines how we have used complaints and feedback to evaluate and improve our programmes and services and is based on information supplied by each directorate. This report will be available on our website by the end of September 2021 and will also be submitted to the Scottish Government and the Scottish Public Services Ombudsman (SPSONHS).

5. Assessment/Key Issues

5.1 Complaints received

NES continues to receive very few complaints requiring investigation using the agreed corporate complaints handling process. There were only eight such complaints received during the year (up from seven in 2019-20), plus two expressions of concern which were investigated by the Complaints Team. Of these complaints, six were upheld and a further one partially upheld. Only one was not upheld. None of the complaints received were whistleblowing cases.

5.2 **Feedback and comment**

The report includes information on the different ways in which we encourage feedback and comment from our service users and partners in our work. This is designed to provide assurance that our education and training is informed by a range of important perspectives including those of end service users, trainees and other learners and service partners. A range of different case studies has been used to illustrate the different approaches to engagement and feedback collection methods used by our directorates.

The draft report emphasises that partnership working with stakeholders and service users is a key feature of all our developments and that the collection and use of learner feedback is a vital aspect of educational governance arrangements for all directorates and programme teams.

5.3 **Positive feedback**

In response to a request from the Education and Quality Committee the report includes a new section on positive comments received. While NES receives a significant amount of positive comment and feedback, we currently have no systems for collating this information at a directorate or corporate level. The report therefore presents a range of commendations in Part 3 as provided by directorate colleagues.

6. Recommendations

The Board is asked to note the annual FCCC report before it is published on the NES website and submitted to the Scottish Government and SPSO.

Author to complete

a) Have Educational implications been considered?

☐ Yes
☒ No

b) Is there a budget allocated for this work?

☐ Yes
☒ No

c) Alignment with NES Strategy 2019-2024

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

d) Have key risks and mitigation measures been identified?

☐ Yes
☒ No

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

☒ Yes
☐ No

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

☐ Yes
☒ No

Rob Coward
September 2021
NES

NHS Education for Scotland

Feedback, Comments, Concerns and Complaints Annual Report 2020-2021

September 2021

We are a national special NHS Board responsible for supporting health and social care services in Scotland by providing education, training and workforce development. NES also supports health and care providers through the development and maintenance of digital infrastructure. The summary table below precedes the full Feedback, Comments, Concerns and Complaints report and provides brief details of the complaints and expressions of concern we received between 1 April 2020 and 31 March 2021.

Table 1: Summary of complaints received and outcome 2020-21

Subject of complaint	Outcome of Complaint	Lessons learned
1. Delays to recruitment process	Not upheld	No significant issues raised
2. Dental trainee not adhering to social distancing	Upheld	Apology given and issue addressed.
3. Poor communication & support from NES Finance	Upheld	Training provided to improve customer service focus. Technical glitches resolved so that email senders will know if an email hasn't been delivered.
4. Poor communication between NES and trainers	Partially upheld	Improved communication and managing expectations at an earlier stage.
5. Failure to change contact details administratively caused delays in payment	Upheld	Apology given. Offered BACS transfer instead of cheque. Contact details updated.
6. SCOTGEM Bursary	Upheld	Apology and review of entire process
7. Tone of emails from medical sponsorship team	Upheld	Apology given and wording of emails improved. Working with Digital to review the frequency and timing of automated emails.
8. Insensitive handling of the uplift of NES equipment and poor communication	Upheld	• Improve communication with our courier companies. • Staff briefing on communication skills • Review process for the return of personal property • Improve Death in Service guidance for staff.

CONCERN: Data Protection on CARP (COVID Recruitment Portal)	Not applicable	Apology given and issue resolved.
CONCERN: Poor placement experience whilst employed by NES	Not applicable	NMAHP to work with existing practice education networks to raise awareness of the two different routes for students to raise concerns; work with HEIs to develop communication for students to clarify position; NMAHP to seek additional assurance around the suitability of placement site, Should this employment situation arise again, Workforce and NMAHP will consider the most effective communication channel to reach students.

Contents

Introduction

Part 1. Feedback, Comments and Concerns

1. Methods for gathering and using feedback

2. Engaging with equalities groups

3. Supporting service users in providing feedback

4. Systems for collecting and using feedback, comments and concerns

5. Using feedback alongside other information to identify opportunities for improvement.

Part 2. Managing and using complaints

1. Learning from complaints (Indicator 1)

2. Complaint process experience (Indicator 2)

3. Staff awareness and training (Indicator 3)

4. Complaint outcomes (Indicators 4, 5, 6, 7, 8 and 9)

5. Accountability and governance

Part 3. Positive feedback and compliments

Further information

Introduction

Welcome to our annual report on feedback, comments, concerns and complaints for 2020-2021. The report is a requirement of the 2017 Patient Rights (Feedback, Comments, Concerns and Complaints (Scotland)) Directions which specifies that relevant NHS bodies should prepare an annual report at the end of each year summarising action taken as a result of feedback, comments and concerns received in that year.

The first part of the report provides summaries of our progress in collecting and using feedback from our service users. The summaries include case study materials to illustrate our diverse approaches to feedback collection and the difference this information has made to our work. Part 2 includes a summary of the complaints and concerns expressed by our service users during the year. It also provides brief information regarding our progress in handling and learning from complaints in accordance with the nine indicators set out in the Scottish Government's guidance to health boards.

In a departure from previous Feedback, Comments, Concerns and Complaints reports, this year we have included brief details on the positive feedback and comments received from our service users – including trainees and other health service staff.

Part 1. Feedback, Comments and Concerns

1. Methods for gathering and using feedback

All our services are planned, developed and reviewed in partnership with stakeholders, including health care professionals in training and other health and care staff who rely on NES educational support to provide excellent patient care. Our approach to collecting feedback focuses on the 'user experience' of our diverse training programmes and products, ensuring they are accessible and fit for purpose. We are aware that feedback provides a key metric for the engagement of learners, which provides valuable predictive insight into the impact of our educational programmes and resources. Learner feedback is also essential in enabling us to improve the accessibility and quality of our training. The case studies featured in this report provide some examples of how feedback has been used to identify opportunities for improvement. The collection and use of learner feedback is a key focus for our quality management activities, which are monitored at senior levels within the organisation.

Feedback from health care professionals in training forms an essential component of our approach to quality management at NES. This feedback is invaluable in enabling us to evaluate educational quality, identify opportunities to improve learner experiences, and provide stakeholders with vital assurance that Scotland's significant investment in training for healthcare is effective. We organise regular feedback activities, such as the annual Scottish Training Survey in postgraduate medical education, or support UK surveys including the General Medical Council's annual Training Survey and the General Dental Council's annual surveys of Dental Foundation/Vocational Training and Dental Specialty Training. As described in section 5 below, the data collected through these trainee surveys is analysed closely and forms an important part of a rich dataset used to improve education quality.

In addition to our Educational Governance processes, a *Contact Us* page on our website provides an online form for feedback (positive or negative) about any aspect of our work. Further information, including examples of these processes and how we use feedback is provided below.

Case study 1: Family Nurse Partnership

The Family Nurse Partnership is a strategically important programme designed to support young women during the early years of motherhood. We use the following methods to encourage feedback from participating Family Nurses and any significant developments in the use of feedback during the year

- We invite participants on the FNP Education Programme to provide feedback both during and after each session. When face to face, this is undertaken by providing an opportunity for participants to anonymously share their thoughts on What they liked about the day? How they are feeling about the day? What was their lightbulb moment and what are they taking away?
- The Education Programme invites individuals to state their hopes and expectations (on a luggage tag) on the first day of any residential education which they place on a tree of knowledge. At the end of the education if their hopes and expectations have not been met, they remove their luggage tag and place it as "fallen fruit" below the tree. This is then used to inform developments to the programme if required, to address learning needs.

- Anonymous Questback evaluation is sent out to every participant following education. The average return rate is 60% and this feedback is used to develop the education programme
- Online evaluations have had specific questions added to gain a sense of the experience of e-learning which we have required to adapt to over the past year.
- In the virtual learning environment, each nurse has been appointed a link educator with the potential of building a therapeutic relationship. It is recognised that building a relationship can support transparency, promote trust and psychological safety for the learner and so aid feedback and feed-forward processes.

1.1 Our approaches to gathering and using feedback, including how we publicise opportunities for providing comments

Our service users play an important part in reviewing and improving education initiatives by providing informed feedback. In this respect learners and trainees are uniquely placed to provide expert insight into their experience. The development, commissioning and quality management of education and training is informed by stakeholder participation in consultation exercises, focus groups, reference groups, steering groups, programme boards, and the valuable feedback we elicit from learners, Health Boards and others. The importance we attach to this aspect of our work is reflected in our efforts to publicise and encourage feedback from learners and others involved in our work.

Across our extensive portfolio of education activities there are numerous examples of service users or learners participating in the ongoing review and enhancement of our programmes. This includes the following:

- Recruitment of doctors in training to assist in our Quality Management of training programmes
- Scottish Training Survey – an opportunity for doctors in training to reflect on their training experience at the end of each posting.
- Notification of concern process for doctors in training - Managed by the Deanery, this is process by which doctors in training, trainers or other staff can report concerns outwith the usual survey processes.
- Quality Management pre-visit questionnaires for trainers and doctors in training - Coordinated by the Postgraduate Medical Deanery within the six weeks before a quality management visit is conducted.
- Dental Care Professionals (DCP) – Collection of feedback data from participants and employers following induction, study days and at the end of the programme.
- Pharmacy – The use of focus groups to gather user insights on new e-learning modules and ‘exit questionnaires’ for learners completing education programmes. In addition to these feedback sources, the Pharmacy team embeds feedback tools on each e-learning resource to gather user views on completion.

Case study: NES Covid-19 Survey

In July 2020, NES introduced a multidisciplinary survey to collect information from health professionals in training. This was designed to collect information about their experiences of working during the Covid-19 pandemic, with a view to identifying pressure points and offering new types of support.

For doctors in training, the Covid-19 survey had a response rate of 71% for GPs and 72% for hospital trainees with 4,671 trainees providing feedback. The survey outcomes enabled NES and training providers to gain important intelligence about the challenges faced by trainees during the pandemic, enabling new support arrangements to be put in place. The survey indicated that 91% of trainees were not shielding. Of the shielding trainees, 67% were able to work from home. 66% of trainees worked in a COVID ward with 40% of our trainees were redeployed into a different specialty. Almost half (48%) of the out-of-programme trainees suspended their training to support service. Around 20% of trainees reported sickness since April 2020. Of this cohort, 17% had tested positive for COVID with 57% indicating possible COVID symptoms. Almost a third (31%) of trainees reported feelings of burn-out on a weekly or more frequent basis.

The findings of the Covid-19 survey match those of the GMC's National Training Survey and have been shared with Directors of Medical Education in each Health Board, where they are being addressed.

1.2 How we publicise opportunities for providing comments

Given the importance of feedback for our work, we use a range of methods to encourage comment from trainees and other learners. These range from targeted communications for training grades in Medicine, to the provision of an open comments mailbox for Health Care Science trainees and the use of social media to invite feedback from Pharmacists. In eliciting feedback, we observe the key principles of preserving the anonymity of individuals submitting comments and being prompt to act on specific suggestions. Where possible we provide named contacts for communications, but also offer generic contact email addresses.

Case study: Optometry 'Feedback Fridays'

Our Optometry team have embraced the potential of social media to communicate with their learners to encourage feedback. This is evident in the promotion of 'Feedback Fridays' to encourage comment on NES's Continuing Professional Development initiatives. A recent Feedback Friday example involved the use of social media to distribute links to short videos of learners giving their feedback on our mandatory training leadership module. The Optometry team also used this format to disseminate feedback quotes from optometrists recently completing the NES Glaucoma Award Training programme.

2. Engaging with equalities groups

We actively collect feedback on equality, diversity and inclusion, at directorate level through a variety of mechanisms, including engagement with stakeholder groups, educational delivery and participation in project steering groups.

The findings are reviewed by our Participation, Equality and Diversity Lead Network (PEDLN), which comprises representatives from each of our directorates, as part of an annual review of performance. Findings are used to identify priorities for action, including our operational planning targets and longer-term equality targets and mainstreaming priorities.

The case studies throughout this report illustrate how we engage with diverse stakeholders when developing our educational programmes and resources. The extent and impact of the diversity of this engagement is a focus of the PEDLN meetings and reviews, which seek to share intelligence and learning from programme and directorate-level feedback and engagement.

Our complaints log enables us to code complaints and concerns thematically as being relevant to equality and diversity at both directorate and corporate level. Complaints and concerns are reviewed annually by PEDLN within the context of our equalities review, providing another source of data which can be triangulated to inform policy and strategy development and to measure our progress delivering our equality outcomes and equality mainstreaming priorities.

Directorates review feedback on accessibility and inclusion as part of their educational governance processes. Accessibility and inclusion are part of educational governance review for workstreams and at whole directorate level; this supports learning and improvement.

Case study 1: Developments to enhance staff feedback opportunities

In 2020-21 we carried out focus groups with specific staff populations to gather feedback on their experiences working at NES, with a particular focus on working through the pandemic and the lockdown. Focus groups were held with the following groups of our office-based staff: parents and carers, Black, Asian and minority ethnic staff; disabled staff, including staff living with long-term conditions. We also carried out a webinar focus group with Black, Asian and minority ethnic trainee doctors who we employ on training placements. Following these focus groups, we developed a series of staff networks for each group to enable ongoing feedback and engagement and launched a new LGBTQ+ staff network. These networks are providing feedback and input to workstreams on a continuing basis, which will enable us to identify specific aspects of staff experience for improvement and to codesign solutions with staff.

Case study 2: Dental Reducing Inequalities workstream

The Dental Reducing Inequalities workstream (formerly Priority Groups) has regularly engaged with focus groups to get feedback on our educational activities and initiatives. One current example is our work with partners to update the Smile4Life training guide aimed at improving the oral health of the homeless. Included in this is consulting with those with lived experience of homelessness. Another example is working with the Care Inspectorate and Care Home management and staff to review the educational input to care homes related to oral health.

3. Supporting service users in providing feedback

Given the high value that we place on our service-user feedback, we encourage comment in a variety of ways (as described at 1.2 above). While there are no formal mechanisms for supporting the provision of feedback, we offer a wide range of access points for comment. These include generic mailboxes to provide named or anonymous feedback, online questionnaires or named contacts within each of our programme teams. We advertise the opportunity to provide comments on our products and services in our learning resources and websites, including the 'Contact Us' webpage on the NES corporate website. For all our trainee surveys, regular reminders are circulated to emphasise the importance of providing feedback. This is reflected in the high response rates from trainees.

4. Systems for collecting and using feedback, comments and concerns

NES employs a range of systems and processes for collecting and using feedback and comment from our service users as described in the case studies below. Following the move to technology enhanced modes of delivery during the Covid-19 pandemic, these systems often relate to the collection of feedback using online tools including Questback questionnaires and Microsoft Forms. These tools enable us to easily share examples and good practice between directorates and programme teams.

Case study 1 – Psychology and psychological therapies training
Participant feedback is gathered routinely and used to improve the quality of education delivery and content across the Directorate. Trainees participate in anonymous feedback surveys as well as through various other formal and informal communication channels. Feedback from multi -professional short courses includes pre and post learner ratings of knowledge and skill as well as satisfaction ratings. Themes from the participant evaluations are shared at Senior Strategy Group and Directorate review days.

Case study 2 – Optometry Continuing Professional Development
Our Optometry team currently seek feedback request following each CPD event, using an online questionnaire. We have reviewed our feedback questionnaires with the support of the corporate Planning and Corporate Governance team to ensure they provide us with useful insight into the impact of our work. The questionnaires elicit an overall 'satisfaction' rating but also uses engagement measures such as willingness to recommend, as well as markers for confidence to apply learning, and indeed how much learning was new. Finally, we always ask for what other things the audience would like to see covered in our CPD delivery. With some projects we attempt to get information on previous development in the topic, and to gauge what 'next steps could look like.

Case study 3 - Dental Continuing Professional Development
In its role as statutory regulator for dentistry, the General Dental Council requires that participants in continuing professional development (CPD) activities are given the opportunity to provide feedback. This is in order that we can issue certification of their completion of verifiable CPD. Our online Questback survey tool is mainly used to achieve this and attendees are strongly encouraged to complete an evaluation form after each event. The standard evaluation form was modified when Enhanced CPD was introduced in January 2018 and it now contains reflective prompts to aid the attendee's CPD

planning. The evaluation forms are normally open for two weeks after each event, and once they close, our CPD Adviser reviews the report and will share the feedback with the speaker as part of the quality assurance of CPD and with other CPD Adviser colleagues.

5. Using feedback alongside other information to identify opportunities for improvement.

Feedback from trainees and other learners is one of many elements that contribute to quality improvement at NES. On occasions this feedback is a trigger for further investigation, as with the data from our trainee surveys. In other contexts, feedback is used as part of wider evaluations encompassing use of analytic data, peer review, site visits (now in virtual formats) etc. In our Dental and Medical directorates, feedback forms an important component Quality Management Framework and the annual process of reviewing all sources of data for Training Programmes as part of the monitoring process and to support decision making on any required Quality Management activities such as a Training Programme enquiry, training location visit etc.

Case study 1 – Dental Care Professions programme

The Dental Care Professional (DCP) workstream has responsibility for the delivery of pre- and post-registration educational opportunities for DCPs. In addition, the workstream provides training programmes for Dental Administrators/Receptionists and Dental Practice Managers to work towards achieving a formal qualification in their occupational field.

Learner feedback is collected from participants to ensure our educational support is valued, and subject to continuous improvement. Feedback from participants and employers, and reflection from workstream team is reviewed by local and national teams including a DCP Quality Management Group, and areas for improvement identified and actioned. We use feedback from QA visits – SQA External Verification, SDS Annual Quality Reports, GDC Programme Inspections and share such reports with DCP Quality Management Group for review and action, and across workstream.

Case study 2 – Clinical Psychology training

Psychology Clinical Practice teams are employed by NES and affiliated to University Programme partners. Their primary function is to support, manage and quality assure the practice placement element of Clinical psychology Training. Key tasks include the accreditation, monitoring and evaluation of practice placements and educators; identification of new placement opportunities; planning and supporting the clinical competence development of trainees; evaluating trainee progress both directly through examination of course work, placement documentation and reflective reports and indirectly through placement educator report; management of placement difficulties including supporting the development of supervision skills in placement educators. A number of these activities involve improving the quality of placements and placement supervision on an ongoing basis. These include gathering and collating trainee evaluations and providing feedback to supervisors and their line managers about the quality of supervision and the placement environment and overseeing programmes of remediation where necessary.

Part 2. Complaints Performance Indicators

1. Learning from complaints (Indicator 1)

NES received very few complaints or expressions of concern during the year, but each one was used as an opportunity to learn and improve. Information about each complaint or expression of concern is held centrally by our Planning and Corporate Resources Team. Summaries of complaints received, timescales for investigation and outcomes are presented in Tables 1 and 2.

Table 1 above sets out the specific learning points and improvements made in response to complaints handled by the corporate Complaints Team in the Planning & Corporate Resources department. The table contains brief information about the responses to complaints, which range from reviews of process, to staff training and enhancements of communications practice. Enhancements or reviews were conducted following complaints, including several where the complaint was not fully upheld, or NES had no locus of responsibility. The outcomes of each complaint were reported to senior managers in the directorates subject to complaints with the expectation that recommendations would be taken forward.

A total of eight complaints were handled by the corporate Complaints Team, with several further expressions of concern considered. These concerns were fully investigated and led to an apology or corrective action where NES was found to be at fault. Investigations of concerns do not lead to a final judgement.

2. Complaint process experience (Indicator 2)

Individuals and organisations dissatisfied with NES services or staff can communicate with us through a variety of routes. These include the Feedback, Comments, Concerns and Complaints mailbox on the NES corporate website, directly to the NES Chief Executive or Director of Planning by email or through local directorate staff, such as educational supervisors or quality management staff. The Medical Directorate also reviews expressions of concerns from medical trainees through its Notification of Concerns process. In addition to these processes, NES reviews the Care Opinion website, which is used by service users to comment and complain about health and care services. Although education and training was mentioned in some of these posts, there were no specific references to NES warranting investigation and response.

NES has a clear two-stage process for receiving and investigating complaints as set out in our Complaints Procedure, which may be accessed on the website. This explains our standards for investigating complaints, including the timescales for investigation and the support available to complainants. A report is produced for each complaint investigated by the corporate Complaints Team, which is presented on an agreed template. The report summarises the complaint and sets out the evidence reviewed. It concludes with the final judgement which is supported by the investigating team's reasoning for its conclusions. Complainants are encouraged to provide feedback on their experience of the NES complaints investigation process, although no one took advantage of this opportunity during the year.

The request for feedback from complaint investigations invites complainants to comment on issues such as the time taken to conduct the investigation, the thoroughness of the investigation process, support provided by the Complaints Team and the clarity of the final report.

3. Staff awareness and training (Indicator 3)

Staff involved in complaints handling are trained in the principles and practice of effective complaints handling (including learning from complaints). Several NES staff have completed NES's own Complaints Handling online learning, which was developed to support the health and social care sectors in Scotland. All four members of our corporate Complaints Handling team (plus the Director of Planning and Corporate Resources who has executive responsibility for complaints) hold the Level 5 Professional Award in Complaints Handling and Investigations awarded by Pearson.

Members of the corporate Complaints Team maintain their development and awareness of current practice in this aspect of their work through attendance at occasional events and reading reports from the Scottish Public Services Ombudsman and other authoritative sources of guidance.

4. Outcomes from complaints investigations (Indicators 4, 5, 6, 7, 8 and 9)

The outcomes from each of the complaint investigations conducted in 2020-2021 are summarised in Tables 2 to 5 below. This indicates that eight complaints were received during the year, plus a further two expressions of concern, which were investigated. None of the complaints received were whistle blowing cases.

Of the eight complaints received, six were upheld, one was partially upheld and only one was not upheld.

Most complaint handling was conducted in accordance with the NHSS National Standards, including the timescales for acknowledging complaints, investigating complaints and reporting back to complainants with the complaint investigation outcomes. In one case an extension to the timescale for responding to a complaint was required in order to complete the investigation. Such extensions are usually required to schedule meetings with complainants and other individuals involved in the case.

Tables 3 to 5 refer to Stage One and Stage Two complaints. Stage One complaints are those that are resolved locally. Stage Two complaints are referred (or 'escalated') to the corporate Complaints Team.

Table 2. Feedback, Comments, Concerns and Complaints Register[1] - Year to 31 March 2021

Source (1)	Summary (2)	File Ref (3)	Is complaint suitable for frontline resolution?	Receipt Date	Acknowledged (A) and Response (R) Dates	Outcome (4)	Was complainant satisfied with frontline resolution?	Lessons Learned/Improvements (5)
Doctor in Training	Delays to recruitment process	20200605 FY1 Recruitment	Yes	06/05/20	(A) 06/05/20 (R) 07/05/20	Not upheld	Yes	Resolved – no lessons learned.
CONCERN Social care staff	Data Protection on CARP (COVID Recruitment Portal)	2020-06-03 Recruitment Portal Data	Yes	03/06/20	(A) 03/06/20 (R) 10/06/20	n/a	Yes	Apology given and issue resolved.
Member of public	Dental trainee not adhering to social distancing	20200610 Receipt social distancing	Yes	16/06/20	(A) 16/06/20 (R) 16/06/20	Upheld	Yes	Apology given and issue addressed.
Dentist in training	Poor communication & support from NES Finance	202008 Pension Refund	No	15/08/20	(A) 17/08/20 (R) 14/09/20	Upheld	Yes	Training provided to improve customer service focus. Technical glitches resolved so that email senders will know if an email hasn't been delivered.
NHS Staff	Poor comm - unication between NES and trainers	Dental Directorate File	Yes	25/08/20	(A) 26/08/20 (R) 26/08/20	Partially upheld	Yes	Improved communication and managing expectations at an earlier stage.
Doctor in Training	Failure to change contact details administratively caused delays in payment	20200924 Medical address	Yes	24/09/20	(A) 24/09/20 (R) 28/09/20	Upheld	Yes	Apology given. Offered BACS transfer instead of cheque. Contact details updated.

[1] None of the complaints or concerns summarised in Table 2 relates to whistleblowing concerns, which are handled using a separate process.

CONCERN Student Nurse	Poor placement experience whilst employed by NES	20201014 Student Nurse CARP	No	14/01/21	15/01/21 02/03/21	n/a	Yes	NMAHP to work with existing practice education networks to raise awareness of the two different routes for students to raise concerns; work with HEIs to develop communication for students to clarify position; NMAHP to seek additional assurance around a placement site's suitability; should this employment situation arise again, Workforce and NMAHP will consider the most effective communication channel to reach students.
NHS Staff	SCOTGEM Bursary	Medical Directorate File	Yes	11/02/21	(A) 11/02/21 (R) 24/02/21	Upheld	Yes	Apology and review of entire process
Doctor in Training	Tone of emails from medical sponsorship team	20210223 Medical sponsorship emails	Yes	23/02/21	(A) 23/02/21 (R) 24/02/21	Upheld	Yes	Apology given and wording of emails improved. Working with Digital to review the frequency and timing of automated emails.
Bereaved family	Insensitive handling of the uplift of NES equipment and poor communication	2021-03 Death in service	No	02/03/21	(A) 02/03/21 (R) 02/03/21	Upheld	Yes	• Improve communication with our courier companies. Any request marked as 'sensitive' must follow collection instructions in detail. • All staff involved in communicating with families must remember the need for sensitivity and to be mindful that the

								approach taken may need to be flexible, as different families will have different needs and preferences. • Consider, where possible, that a member of staff collects items to help reduce the impersonal nature of this role. • We are still in the process of reviewing and improving our Death in Service guidance for staff. This will include adding in some of the elements above and including reference to us providing packing materials, if necessary. We will also strengthen the guidance around the sensitivity needed when families come to collect any personal items from NES offices.

NHS National Services Scotland (NSS) Guidance Notes for table:

(1) Source: Indicate the status of the person e.g. “FYI Trainee”, “External Contractors”, “Educational Institution”, “and Professional Organisation”. For the purposes of logging, returns should be anonymous with the proviso that further information may be sought as necessary.

(2) Summary: Provide a brief outline covering the core substance of the feedback indicating whether it is a comment, a concern or a complaint.

(3) File Reference: Use your local identifier such that each case can be found as necessary.

(4) Outcome: Indicate current status if the issue has not been resolved, or indicate, in the case of complaints, whether it has been upheld, partially upheld or rejected and the grounds for that outcome.

(5) Improvements: Outline learning opportunities or improvements identified as a result of issue raised, either locally or corporately.

Table 3: Total number of complaints closed by NES during the period[2]

Number of complaints closed by the NHS Board	Number	As a % of all NHS Board complaints closed (not contractors)
Stage One	6	75.0
Stage two – non escalated	2	25.0
Stage two - escalated	-	-
Total complaints closed by NHS Board	8	100

[2] Does not include expressions of concern.

Table 4. Stage One complaints by outcome

	Number	As a % of all complaints closed by NHS Board at stage one
Number of complaints upheld at stage one	6	75.0
Number of complaints not upheld at stage one	1	12.5
Number of complaints partially upheld at stage one	1	12.5
Total stage one complaints outcomes	8	100

Table 5. Stage Two complaints by outcome (non-escalated)

Non-escalated complaints	Number	As a % of all complaints closed by NHS Boards at stage two
Number of non-escalated complaints upheld at stage two	2	100
Number of non-escalated complaints not upheld at stage two	-	-
Number of non-escalated complaints partially upheld at stage two	-	-
Total stage two, non-escalated complaints outcomes	2	100

Table 6. Stage Two complaints by outcome (escalated)

Escalated complaints	Number	As a % of all escalated complaints closed by NHS Boards at stage two
Number of escalated complaints upheld at stage two	-	-
Number of escalated complaints not upheld at stage two	-	-
Number of escalated complaints partially upheld at stage two	-	-
Total stage two escalated complaints outcomes	-	-

5. Accountability and Governance

This draft annual FCCC report is submitted to our Executive Team for comment and to the Education and Quality Committee for comment and approval. Recommendations arising from complaints are followed up by our corporate Complaints Team. The annual report is

published on our website each year and sent to the Scottish Government and the Scottish Public Services Ombudsman (SPSO).

During the 1 April 2020 – 31 March 2021 period, the Educational and Research Governance Committee (E&RGC) and subsequently the Education & Quality Committee (EQC) met regularly to monitor and quality assure our educational services and to record recommendations made as a result of feedback. A formal minute of E&RGC and EQC meetings was reported to the Board as a routine and regular agenda item.

Part 3. Positive feedback and compliments praise

While NES has no corporate or local systems specifically designed to elicit and report positive feedback and compliments from our service users. Despite this, we regularly receive endorsements of our work from a range of individuals and organisations. These are usually received through our processes for collecting feedback from learners and others, or through other quality management activities. On occasions we have received unprompted commendations as described in the case studies below. During the reporting period, a common theme in these positive comments was NES's proactive work in supporting the response to the Covid-19 pandemic, including the significant achievements in adapting face-to-face learning to technology enhanced formats.

Case study 1 - Equality & Diversity team

We collect feedback on our equality and diversity learning resources through our Turas Learn platform. Participants have the opportunity to provide feedback when engaging with any of our materials, which are reviewed regularly to assure the quality and relevance of the offerings and to inform future developments.

This also provides a way to identify examples of positive engagement and compliments for this work. Recent examples of this positive feedback on our new offerings include.

Deafblind awareness '*Very interactive and some useful learning points, especially about practical things we can do to make our health centres more user friendly'*.

Dyslexia awareness for managers ***'Clear, concise and incredibly informative. Will definitely signpost this as a tool for education in our clinical area'.***

Menopause awareness ***'Delighted that this resource is available, raising the profile and significance of menopause. Very good helpful information'.***

Transgender awareness '*Thank you so much for this very well made training, I shall be adding it to the useful resources in the lecture I am presenting to student midwives'!*

Equality Impact Assessment ***'I really like this and have had feedback from a few colleagues who had used it and they thought it was really helpful too. I can see this being rolled out widely in my area'.***

Systemic Racism and Healthcare ***'I've found this incredibly informative and thought provoking, thank you. Many lessons here for wider health and social education/training too'***.

Approaches to Race Equality Training ‘*This is fabulous! Challenging existing assumptions about what "works" is the first step towards achieving meaningful and embedded change. Really glad I've dialled in to this’*.

Case study 2: Online Pharmacy Continuing Professional Development

In response to COVID-19 all Pharmacy face-to-face CPD events were cancelled and education was delivered via e-learning, Turas Learn or webinar. The population of learners most affected by this were the community pharmacy teams, which represented 80-90% of the attendees at traditional face to face events. In response to a new, dynamic and interactive webinars, on topics relating to Common Clinical Conditions, we received numerous emails to thank NES Pharmacy for running such events. This was outwith the normal channels for providing feedback on learning.

Unprompted positive compliments of this nature are unprecedented from this group of learners, many of whom are senior and influential pharmacists, and new to webinars. An example of these compliments is as follows:

'*Excellent webinar last night. Very well presented and hugely informative. The IT worked smoothly, so all in all, a very worthwhile exercise as we prepare for Pharmacy First Plus.*'

Continuing this change of approach to e-learning the Pharmacy Professional Development (PD) team adapted education to webinar format and there were 1698 attendees over 7 webinars. A 'Common Clinical Conditions' series was exceptionally well received and several Community Pharmacists, who traditionally attended face to face events, proactively contacted the NES Principal Lead to compliment NES on this format which was new to them. One example of many was:

'*I just want to feedback on how much I enjoyed the webinar...I thought the format was excellent with the participation from attendees in suggesting condition and treatment before answer given a great way of learning. I would have happily spent another couple of hours at it. I truly hope there will be more webinars to enjoy soon.*

Case study 3 – Family Nurse Partnership

The following positive feedback about our Family Nurse Partnership programme was taken from the programme evaluation data:

“Heartfelt thanks to each and every one of you I have met on the way and for all your kind words and wisdom. Particular thanks for the kindness and understanding shown during my distress relating to eLearning IT challenge”

“I have never experienced training like FNP in my career to date, despite being online it did not hinder my experience at all although it would have been nice to be together. Thank you to all the trainers for your hard work- and dedication, for mirroring the FNP role so well consistently and for inspiring me in my FNP journey. One day I would love to join your team and inspire the next generation of Family Nurses. THANK YOU! “

The greatest strengths of education was….. “Relaxed atmosphere with trainers who were familiar and friendly. This made learning easier, the group was wanting to learn which was also a strength.”

“I think we are so privileged to have been given this learning opportunity, and I am excited about the prospect of using this in practice and what this will mean for the future of our client's children’s outcomes”.

“Really enjoyed the training. I have a much better understanding of what PIPE (Partners in Parenting Education) is and why it is used and brought a PIPE to my visit today and the baby and mother loved it-thank you for all your support in learning this very important method of partnership working.”

Further information

For further information about NHS Education for Scotland’s processes and performance in collecting feedback and handling complaints please contact:

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To make a specific complaint or comment about any of our products and services please contact our corporate Complaints Team at: complaints@nhs.scot or use our Complaints Mailbox.