

**AGENDA FOR THE ONE HUNDRED AND FIFTY-NINTH BOARD MEETING**

**Date:** Thursday 26 November 2020  
**Time:** 10.15am  
**Venue:** In response to the COVID-19 pandemic and public health protection measures, this meeting will be held remotely using Microsoft Teams

- 1. Chair's introductory remarks**
- 2. Apologies for absence**
- 3. Declarations of interest**
- 4. Minutes of the One Hundred and Fifty-Eighth Board Meeting** NES/20/112  
24 September 2020 for approval
- 5. Matters arising from the Minutes and notification of Any Other Business**
- 6. Actions from previous Board Meetings** NES/20/113  
For review
- 7. Chair and Chief Executive reports**
  - a. Chair's Report
  - b. Chief Executive's Report NES/20/114
- 8. Governance Items**
  - a. Significant issues to report from Standing Committees:
    - Educational & Research Governance Committee held 17 September 2020 (D. Hutchens, verbal update)
    - Audit & Risk Committee held 3 November 2020 (D. Steele, verbal update)
    - Staff Governance Committee held 5 November 2020 (L. Dunion, verbal update)
  - b. Committee Terms of Reference: Generic components NES/20/115  
for approval (D. Thomas)

## 9. Annual Items

- |   |            |
|---|------------|
| a. Progress against NES 2019-24 Strategic Outcomes for approval (D. Cameron)                  | NES/20/116 |
| b. Medical/Dental/Pharmacy Recruitment Update for approval (R. Parks, D. Felix and A. Watson) | NES/20/117 |

## 10. Performance Items

- |  |            |
|--|------------|
| a. Digital Progress Report for discussion and approval (A. McColl, G. Huggins and C. Wroath) | NES/20/118 |
| b. Financial Report for assurance and approval (A. McColl)                                   | NES/20/119 |
| c. Risk Register Report for assurance and approval (S. Irvine)                               | NES/20/120 |

## 11. Items for Noting

### Standing Committee Minutes

- |   |            |
|---|------------|
| a. Audit and Risk Committee 11 June 2020 and 16 July 2020 | NES/20/121 |
| b. Staff Governance Committee 6 August 2020               | NES/20/122 |

### Other items for noting

- |  |            |
|--|------------|
| c. NES Remobilisation Plan (1 August 2020 – 31 March 2021)                   | NES/20/123 |
| d. Virtual/e-Learning Training & Development Opportunities for Board Members | NES/20/124 |
| e. Board Standing Orders – Implementation Action Plan                        | NES/20/125 |

## 12. Any Other Business

## 13. Date and Time of Next Meeting

11 February 2021 at 10.15 a.m.

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NHS Education for Scotland (NES)  
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## NHS Education for Scotland

### DRAFT MINUTES OF THE ONE HUNDRED AND FIFTY-EIGHTH BOARD MEETING HELD ON THURSDAY 24 SEPTEMBER 2020

\*\*\*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 (joined meeting at item 2)  
Mrs Jean Ford (JF), Non-Executive Director (joined meeting at 11.28am during item 8a)  
Ms Lynnette Grieve (LG), Non-Executive Director/Employee Director  
Ms Gillian Mawdsley (GM), Non-Executive Director/Whistleblowing Champion  
Prof Stewart Irvine (DSI), Acting Chief Executive  
Ms Audrey McColl (AMcC), Director of Finance  
Prof Rowan Parks (RP), Acting Director of Medicine  
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 (joined meeting at 10.30am during item 7a)  
Mr Colin Brown (CB), Head of Strategic Development, Chair's Office  
Mr Donald Cameron (DC), Director of Planning & Corporate Resources  
Dr David Felix (DF), Postgraduate Dental Dean  
Mr Geoff Huggins (GH), Director of NDS  
Mr John MacEachen (JMacE), Head of Communications  
Ms Della Thomas (DT), Board Secretary & Principal Lead – Corporate Governance  
Ms Lizzie Turner (LT), Principal Lead – Finance (joined meeting at 12.16pm to observe item 11a)  
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. Further to a discussion at the previous public Board meeting on 30 July, he advised that future Board meetings may be held via Zoom to enable members of the public to join the meeting.

#### 2. Apologies for absence

2.1. Apologies for absence were received from Douglas Hutchens (Non-Executive Director) and Vicki Nairn (Non-Executive Director). Jean Ford had advised the Chair beforehand that she would be joining the meeting slightly late due to her attendance at an Integrated Joint Board meeting.

### **3. Declarations of interest**

- 3.1. In her role as Vice-Chair of the Board, Doreen Steele declared an interest in item 9a (Vice-Chair – biennial review of office). No other declarations of interests were made.

### **4. Minutes of the One Hundred and Fifty-Seventh Board Meeting** (NES/20/94)

- 4.1. The minutes of the Board meeting held on 30 July 2020 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/20/95)

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

- 6.2. The following point was discussed:

- a. In relation to the action from the 30 July meeting regarding the implementation of the Board Standing Orders Action Plan, the Chair asked that a date is confirmed for when the action plan will be circulated to Board members for approval.

**Action: DT**

- 6.3. The Action list was agreed.

### **7. Chair & Chief Executive Updates**

#### **Chair's Report**

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

- a. The Chair has convened, and is Chair of, a project team to take forward the Active Governance (AG) model in NHS Scotland, with representatives from NES, Healthcare Improvement Scotland (HIS), the Scottish Ambulance Service (SAS) and NHS Lanarkshire. The project will initially focus on territorial Boards and a pilot Board will be identified to trial the AG model. The AG data set requirements for National Boards will be reviewed at a later date.
- b. The Chair is involved in the recruitment process for the new Chief Executive of NHS Scotland and Director-General Health and Social Care at Scottish Government and has attended recent meetings in relation to that.
- c. The Chair updated the Board on the progress of appointing a permanent Chief Executive in NES. Interviews for this role have begun and will conclude by 2 October.
- d. As Chair of the NHSS Board Chairs Group, the Chair has met with his Vice-Chair and the Chief Executive/Vice Chair of the NHSS Board Chief Executives Group. There has been an improvement in the flow of information between the two groups and Scottish Government, particularly in relation to Directors Letters (DLs).
- e. Since the July Board, the Chair has attended three meetings of the Mobilisation Recovery Group chaired by the Cabinet Secretary for Health and Sport. Recent meetings have discussed patient engagement, reform of the Urgent Care model and the challenges of standing up of secondary stage within the COVID-19 pandemic.

- f. The Chair attended a Healthcare Support Worker (HCSW) webinar run by NES and gave an introductory speech emphasising the importance of the HCSW role. This event was very successful, with over 1800 HCSWs joining the virtual meeting.
- g. The Chair attended a virtual demonstration of the Safety Huddle Turas Care Management tool, which was launched by the Cabinet Secretary for Health and Sport on 14 August. The tool was developed by the Scottish Government (SG) in collaboration with the Care Inspectorate, Scottish Care and NES. The Cabinet Secretary was very impressed by the system, and the Chair asked Christopher Wroath to pass on his thanks to colleagues in the NES Digital team who were involved in the tool's development and implementation.
- h. The Chair, along with the other national Board Chairs, has met with Joe Fitzpatrick (Minister for Public Health, Sport and Wellbeing) to discuss current issues and opportunities. Items for discussion have included the need for a consistent approach to enable staff to access flu vaccinations safely, the work of the Global Citizenship Group and the Access Collaborative.
- i. The Chair met with Caroline Lamb (Director of Digital Reform and Service Engagement for Health and Social Care at SG) to discuss the current digital environment in NHS Scotland. These discussions relate specifically to the paper submitted under item 8 of this Board agenda.

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

- a. In response to a question from Linda Dunion regarding NHS staff flu vaccinations, Stewart Irvine advised that the flu vaccination programme is not due to go live until early October. Board members highlighted anecdotal evidence of challenges in accessing public flu vaccination services and Geoff Huggins noted that delivery of the vaccine varies across Scotland. NES is not involved in the pre-delivery/administration of the flu vaccine, however the NES Digital Service (NDS)/NES Digital teams have been asked by SG to collaborate with other organisations to build a digital support service that captures and checks data at the point of vaccination as part of the wider SG vaccination programme.

7.3. The Chair advised the Board he had a number of verbal governance-related updates to provide and that these would be given under item 9. The Chair then thanked Board members for their discussion and moved onto the next item on the agenda.

b. Chief Executive's Report (NES/20/96)

7.4. Stewart Irvine introduced this report and began by highlighting the ongoing challenges of the COVID-19 pandemic and the recent rises in COVID-19 cases and hospital admissions. NHS Boards are working with Scottish Government to prepare for any possible future surges. He highlighted the potential implications for NES as a result of this, particularly in relation to NES's Remobilisation Plan (1 August 2020 – 31 March 2021).

7.5. Stewart Irvine then highlighted the following items within the report:

- a. The NES Annual Review is scheduled to take place on 18 November and will be overseen by the Minister for Mental Health. This meeting is likely to be held virtually due to the ongoing COVID-19 pandemic.
- b. NES Digital have been working with directorates and the Corporate Communications team to refresh the content and look of the NES corporate website ([www.nes.scot.nhs.uk](http://www.nes.scot.nhs.uk)). The updated website will go live at the end of September.
- c. NES directorates are continuing to increase their use of digital products to deliver education and training. Dental have run 75 webinars between April and August, with over 24,000 attendees.

- d. Within Medicine, a GMC (General Medical Council) Task and Finish group has recently provided positive feedback on a proposed Credential in Remote and Rural Health. A colleague in NHS Shetland will lead on the delivery of this credential in consultation with Professor Alan Denison (NES Postgraduate Dean).
- e. Alongside the HCSW conference that the Chair outlined his involvement in as part of the previous agenda item, NMAHP have provided a significant amount of support HCSWs during COVID-19 including social media campaigns, webinars and Turas Learn educational resources.
- f. NES staff are continuing to work from home, in accordance with Scottish Government policy. A risk management process has been established to support the small number of staff whose roles, or extenuating personal circumstances, mean they need to work in NES or other non-home facilities.
- g. The remaining COVID-19 Accelerated Recruitment Portal (CARP) pre-employment checks are on track for completion by the end of September. Stewart Irvine formally paid tribute to the work of Workforce, NES Digital and redeployed NES staff who have been involved in the portal since the early months of the pandemic.

7.6. During discussion, the following points were raised:

- a. Anne Currie praised NES for its effective internal communications strategy during COVID-19 and asked if it has been shared with other Boards. Stewart Irvine confirmed that NES has shared its comms approach as part of a wider lessons learned activity within the NHS Board Chief Executives group.
- b. In response to a query from Anne Currie regarding plans for Dental to charge a modest fee for certain future virtual training events, David Felix confirmed that stakeholders are generally content with this approach and that charging for events is something the Dental directorate have done previously.
- c. Anne Currie also welcomed the positive feedback that has been received on the digital Coaching for Wellbeing service that was launched by NES in May to support all health and care staff. Tracey Ashworth-Davies confirmed Workforce colleagues are in discussion with Scottish Government to secure additional funding for this initiative.
- d. Sandra Walker thanked those involved with the 'Ask the ET' (Executive Team) webinar sessions, as she felt they worked very well and emphasised NES's commitment to staff wellbeing during COVID-19.
- e. In relation to the paragraph 5.4b and the impact of COVID-19 on Medical Trainee progression, Sandra Walker asked if derogations applied by the GMC now will be carried forward to future years. Rowan Parks confirmed that discussions in this area are ongoing and highlighted the current challenges faced by trainees in building their ARCP portfolios.
- f. In response to a further query from Sandra Walker about the impact of COVID-19 on undergraduate medical clinical placements. Rowan Parks advised that Medical Schools have modified undergraduate clinical placements, including reduction of the size of student groups and utilising longer clinical days. Tracey Ashworth-Davies also highlighted that work is underway in NES to develop technology solutions to address the current impact on postgraduate training. This work is work is being led by Professor Adam Hill (NES Postgraduate Dean). Stewart Irvine emphasised the importance of Technology Enabled Learning (TEL) going forward and the potential opportunities for NES in this area with regards to the delivery of future education and training. A cross-directorate Short-Life Working Group has been set up to discuss the TEL initiative going forward.
- g. Karen Wilson shared the impact of COVID-19 on NMAHP placements. Nursing and Midwifery students are currently working to a reduced placement schedule, however AHP student placements have still to restart. Discussions are taking place across the UK as to how TEL solutions may help AHP students to complete their placements in an alternative way.

- h. Gillian Mawdsley also raised a question regarding Medical Trainee progression and asked if there could be any potential issues regarding medical students returning to universities. Rowan Parks noted that a Medical recruitment update will be submitted to the November Board meeting, however currently only 1% of Medical trainees will be held back a year as a result of COVID-19.

7.7. The Chair thanked Stewart Irvine for his report and the Board moved onto the next agenda item.

## **8. Strategic Items**

a. Progress Report: Digital Initiatives during the COVID-19 period (NES/20/97)

8.1. As the Executive Lead of the Digital & Information Standing Committee, Audrey McColl introduced a progress report on the continued delivery of NES's strategic digital objectives, as well as the additional digital contributions made during the COVID-19 period, for the Board's information and approval.

8.2. Audrey McColl began by highlighting that the Scottish Government's Programme for Government 2020-21 (published on 1 September 2020), states that the SG Digital Health and Care Strategy will be refreshed. As a result of this announcement, the paper recommends the temporary suspension of the Digital and Information Committee until future national policy direction is agreed. The paper proposes interim arrangements that will be place until the Committee can be stood back up, with the establishment of a Digital Executive Group (DEG), to be chaired by Audrey McColl. The Chair of the DEG will report to the NES Chief Executive as Accountable Officer, and ensure that relevant reports are submitted to the Board for assurance.

8.3. Audrey McColl concluded by noting that this progress report acts as a baseline for Digital work in NES going forward. Future papers submitted to the Board will include information relating to Digital financials and risk. Christopher Wroath and Geoff Huggins were then invited to speak about the work of NES Digital and NDS respectively.

8.4. Christopher Wroath welcomed the establishment of the DEG and the opportunity for the Board to have ongoing sight of the work of NES Digital. He noted the complexities of the current environment in relation to delivering NES's strategic objectives whilst also managing and delivering separate commissioning requests from SG during COVID-19.

8.5. Geoff Huggins noted the commitment of the NDS team during COVID-19 and the challenges of developing digital products within constantly changing timescales and requirements. NDS have delivered support services that would have traditionally taken 2-3 years to develop, but during COVID-19 have been delivered in a month.

8.6. The Board welcomed the Digital initiatives progress report. During discussion, the following points were raised:

- a. Christopher Wroath confirmed that the Turas Learn platform will be developed and enhanced to keep pace with the increased need for remote learning opportunities. The NES Executive Team are in regular discussions regarding future Turas Learn requirements.
- b. In response to a question from the Board Chair, Christopher Wroath acknowledged that user feedback has been received regarding the need to improve the accessibility of Turas Learn, particularly in relation to finding relevant information. User groups will be set up to enable further feedback to be gathered.
- c. Anne Currie asked for an update on NES's planned development of an integrated careers and recruitment portal (Target 0003171/page 8). The report indicates that COVID-19 has delayed the approval of an unconfirmed funding bid. Christopher

Wroath confirmed that NES are in discussion with SG to deliver this system and a workplan is currently being developed.

- d. In response to a query from Doreen Steele regarding the need for Turas Learn to include a single learning record for NHS employees, Christopher Wroath advised that this has now been developed, however the formal rollout has been delayed by COVID-19. Karen Wilson noted that the Education and Quality Committee will receive updates on Turas Learn developments, particularly in relation to employee completion of learning programmes and return on investment. Audrey McColl also advised that benefits realisation would be included in future Digital reports to the Board. **Action: KW/AMcC**

- e. The Chair queried the diagram on page 9 of the paper, which sets out the governance arrangements for NHS Scotland digital work going forward. This diagram was produced by Scottish Government and the Chair confirmed he will provide feedback to relevant SG colleagues regarding the digital governance arrangements. **Action: DG**

8.7. Jean Ford joined the meeting at 11.28am, during the discussion of the Digital progress report. The Chair welcomed Jean to the meeting.

8.8 After discussion, the Board noted the information contained in the progress report and approved the recommendation to suspend the Digital Information Committee *pro-tem*.

## 9. Governance Items

9.1. In advance of the formal agenda items under item 9, the Chair noted a number of governance updates for the public record.

### 9.2. Board Committee changes

The Board last met on 27 August, in formal private session, to approve the re-instatement of full NES Board Governance arrangements from 1 September 2020. For the public record, the following changes to Board Standing Committees were approved at the 27 August formal private meeting:

- a. The Audit Committee has been renamed the **Audit and Risk Committee**
- b. The Digital Committee has been renamed the **Digital and Information Committee**
- c. The Educational & Research Governance Committee (ERGC) has been renamed the **Education and Quality Committee**
- d. The **Staff Governance Committee** (SGC) has not been renamed. The **Remuneration Committee** continues to be a sub-Committee of the SGC as per the Scottish Government Staff Governance Standard.
- e. The Finance & Performance Management Committee (FPMC) has not been re-instated. The Audit and Risk Committee will take on a more in-depth role of the financial aspects of the current FPMC remit.
- f. The Board also agreed to the continued use of Microsoft Teams for Board and Committee purposes.

### 9.3. Board Committee membership changes for Board approval

As a consequence of the changes to the Board's Standing Committees noted above in paragraph 9.2, the Chair reviewed overall Committee membership and asked for the Board's approval for Jean Ford to become a member of the Audit and Risk Committee, as Jean is no longer a member of the FPMC. The Chair also sought the Board's approval for Gillian Mawdsley, who is currently a member of the SGC, to take on an additional membership role on the Education and Quality Committee.

9.4. The Board approved these changes in Committee membership.



## 9.5. **Board Development session**

For the public record the Chair also reminded the Board of the informal private development session held on 27 August. This session received a presentation and discussion around the 'NHS Business Systems Landscape'. In addition, there was a presentation and discussion on the 'Review of Risk'. The development session also planned to review and discuss Risk Appetite. Due to time constraints on the day, the Risk Appetite was deferred. A paper on NES's Risk Appetite has been submitted to this public Board meeting under item 10b.

### a. Vice-Chair – biennial review of office

9.6. The Chair set out the biennial requirement to review the Vice-Chair role on the Board and proposed that Doreen Steele should continue in this role until she demits office in August 2021.

9.7. The Chair asked for the Board's approval and both Sandra Walker and Anne Currie nodded their approval via Teams. The Board agreed that Doreen Steele should remain as Vice-Chair of the Board until August 2021.

## **Significant issues to report from Standing Committees**

### b. Staff Governance Committee held 6 August 2020

9.8. Linda Dunion gave a brief overview of the key issues discussed at the most recent meeting of the Staff Governance Committee (SGC):

- a. The Committee discussed the continuing impact of COVID-19 on NES staff, particularly in relation to the outputs of the June 2020 staff wellbeing survey and the importance of staff taking their annual leave.
- b. The Committee agreed that updates on the new NHS Scotland Whistleblowing Standards will be received at the November and February SGC meetings.
- c. The Committee agreed that a future Board Development session should consider Equality, Diversity and Human Rights in relation to new legislation.

### c. Education & Quality Committee held 17 September 2020

9.9. Douglas Hutchens had submitted his apologies so there was no update received under this item.

### d. November 2020 – March 2021 Board Schedule of Business (NES/20/98)

9.10. Della Thomas presented the November 2020 – March 2021 Board Schedule of Business to the Board for approval. The COVID-19 pandemic has meant the Board has received the 2020-21 schedule of business at two separate Board meetings.

9.11. The Board welcomed the presentation of the schedule, which had been updated as a result of feedback given at the May 2020 Board meeting. During discussion, the following points were raised:

- a. In response to a query from Doreen Steele, Della Thomas agreed that future versions of the schedule should include the standing items of the CEO and Board Chairs reports.
- b. In response to a comment from Gillian Mawdsley, the Board agreed that the schedule should include the annual Whistleblowing Report.

- c. In light of a comment from Jean Ford, Della Thomas will consider whether the schedule can be presented in agenda item order.
- d. Tracey Ashworth-Davies asked that the schedule is amended to indicate that the Equality and Diversity report and the Everyone Matters Pulse Survey will be submitted to the January and March Board meetings respectively.

9.12. After discussion, the Board approved the November 2020 – March 2021 Board Schedule of Business, whilst also noting that some flexibility around future items may be required. As per a request from Doreen Steele, the schedule will be sent out to Board members as a separate excel document in the future. **Action: DT/Board Services**

e. 2021/22 Board & Committee meeting dates (NES/20/99)

9.13. Della Thomas presented the 2021/22 Board & Committee meeting dates for approval.

9.14. Della Thomas began by highlighting the challenges of populating the 2021/22 dates in the context of changes to the Board Committee structure (as noted in minute 9.2), and the development of new Committee Terms of Reference. The Audit and Risk Committee is taking on a number of reports that were previously received by the FPMC and the sequencing of financial reporting is in the process of being agreed. The Board noted that some flexibility may be required in terms of currently approved 2020/21 Audit Committee and Board meeting dates.

9.15. Audrey McColl advised that she and Doreen Steele have had an initial discussion regarding the requirements for the Audit and Risk Committee. Given the Committee's expanded responsibilities an additional meeting may be required. There may be impacts on the current January Board meeting date and potentially other Board meeting dates. Audrey McColl and Doreen Steele will work with Della Thomas to resolve any potential date issues. **Action: AMcC/DS/DT**

9.16. During discussion, the Chair recognised the complexity of the current circumstances. The Board approved the 2021/22 Board and Committee meeting dates on the proviso that the Board Secretary brings them into alignment with the necessary Audit and Risk Committee requirements. It was also agreed that any future proposed dates should be circulated to Committee Chairs before they are formally confirmed. **Action: DT/Board Services**

## 10. Annual Items

a. Draft 2020 Annual Self-Assessment Document (NES/20/100)

10.1 Donald Cameron presented the Draft 2020 Self-Assessment Document to the Board for approval. This document will be submitted as part of NES's Annual Review on 18 November. Colleagues across all NES directorates have contributed to this report.

10.2 The Board welcomed the draft Self-Assessment Document. During discussion, the following point was raised:

- a. In response to a query from Sandra Walker, Donald Cameron agreed it would be helpful to include additional context around participation rates detailed in the report **Action: DC**
- b. Page 3 - Anne Currie asked for an update on the implementation of the Once for Scotland Workforce Policies portal. Stewart Irvine confirmed the portal is now live and that the development of Once for Scotland policies is continuing.

10.3 After discussion, the Board approved the draft Self-Assessment document and the Chair thanked those involved for their work.

b. Risk Appetite

(NES/20/101)

- 10.4 Audrey McColl presented the Risk Appetite to the Board for discussion and approval. Following on from the Board Development session on 27 August, the paper asks the Board to review the current levels of risk appetite as defined in the NES Risk Management Strategy.
- 10.5 The Board noted that Risk Appetite is reviewed on an annual basis. Audrey McColl reminded the Board that NES moved to a matrix risk approach in December 2017 in response to the current operating environment and asked the Board to consider whether this matrix approach is still appropriate. The recent KPMG risk review has categorised NES as 'risk mature' and further improvements are planned to help standardise the management of risk across the organisation.
- 10.6 The Board welcomed the paper and praised the clear presentation of NES's Risk Appetite and the organisation's overall risk management approach. In response to a suggestion from Jean Ford regarding the current operational environment and COVID-19, Audrey McColl agreed to amend the operational service delivery appetite to 'hungry'.
- Action: AMcC**
- 10.7 After discussion, the Board approved the NES Risk Appetite paper and agreed that NES should continue to follow a matrix risk approach.
- 10.8 In the interests of the public record, the Chair noted that the Risk Register paper (item 11b) would be taken immediately after item 10b. The minutes of the Board meeting are presented in agenda order.

**11. Performance Items**

a. Finance Report

(NES/20/102)

- 11.1. The Chair welcomed Lizzie Turner to the meeting for this item. Audrey McColl presented the financial results for the first five months of the year to 31 August 2020 and also provided an update on the anticipated costs of the NES response to the COVID-19 pandemic.
- 11.2. Audrey McColl highlighted a number of key points from the report:
- a. The current year-end forecast is an overspend of £1.1m, made up of a £1.9m overspend in Medical Training Grades offset by a £0.8m underspend across the rest of NES. The Board noted that the Medical Training Grade overspend is underwritten by SG.
  - b. The increase in underspend since the July Board meeting is primarily due to allocation confirmations for the NES Digital Data Group and NDS's Ophthalmology work.
  - c. It has been confirmed that the Medical and Dental Pay increase for 2020/21 will be 2.8%, which is higher than the 2.5% increase NES had originally budgeted.
  - d. The cost of NES's response to COVID-19 is currently forecasted at £14.3m. This figure is be offset by £4.5m savings from suspended activity, therefore giving a net spend of £9.8m.
- 11.3. During discussion, the following points were raised:
- a. Audrey McColl advised the Board that the NES Executive Team are considering how funds can be reallocated to support TEL solutions going forward (minute 7.6f).

- b. Discussions regarding NDS funding and the agreement of the final 2020-21 commission are ongoing. Audrey McColl and colleagues from NDS recently met with Caroline Lamb (SG) to discuss funding arrangements, with a view to reaching a final position shortly.

11.4 After discussion, the Board approved the financial results to 31 August 2020 and the Chair thanked Audrey McColl and her team for her work.

- b. Risk Register Report (NES/20/103)

11.5 Audrey McColl presented the NES Risk Register and associated COVID-19 Risk Annex as at September 2020 to the Board for assurance and approval. A number of updates have been made to the Risk Register and Annex as a result of feedback given at July Board meeting.

11.6. During discussion, the following points were raised:

- a. Audrey McColl confirmed that NES's work on the SG vaccinations programme would be added to the COVID-19 risk annex. **Action: AMcC**
- b. In response to a query from Jean Ford, Audrey McColl confirmed that the scoring of the NES Risk Register's risk appetite would be reviewed as part of the establishment of the Risk Management [Executive] Group to help ensure consistency across the organisation. **Action: AMcC**

11.7 After discussion the Board approved the updates to the NES Corporate Risk Register and COVID-19 Risk Annex.

## 12. Items for Noting

### Standing Committee Minutes

- a. Staff Governance Committee – 16 April 2020 (NES/20/104)

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

### Other Items for Noting

- b. Feedback, Comments, Concerns and Complaints report 2019-2020 (NES/20/105)

12.2. The Board received and noted the 2019-20 Feedback, Comments, Concerns and Complaints Annual Report, which was approved by Educational & Research Governance Committee on 17 September. The report will be submitted to Scottish Government and published on the NES website.

- c. COVID-19 NES Executive & Extended Executive Team Decisions Log (NES/20/106)

12.3. The Board received and noted the final version of the Strategic COVID-19 Decisions Log, which lists the COVID-19 strategic-related decisions taken by the NES Executive Team and the NES Extended Executive Team between 10 March 2020 and 31 July 2020.

- d. Training & Development Opportunities for Board Members (NES/20/107)

12.4. The Board received and noted this paper, which lists forthcoming and past virtual training events provided by NES for the Board's assurance. The paper also provides dates of future NES training events and external personal development opportunities that Board members may wish to attend.

12.5. The Chair noted that the paper included reference to training events run by external organisations that require paid attendance. He reminded the Board of the Non-Executive training modules that NES provide via the Turas Learn platform. He asked that future versions of the report do not include paid training events run by external organisations that duplicate those offered by NES. **Action: Chair & CE Office**

### **13. Any Other Business**

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

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

14.1 The next Public Board meeting will take place on Thursday 26 November at 10.15 a.m.

14.2 The Chair thanked everyone for their attendance and closed the meeting at 12.40pm.

NES  
October 2020  
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**Actions arising from Board meetings: Rolling list**

Minute	Title	Action	Responsibility	Date required	Status and date of completion
<b>Actions agreed at Board meeting on 24 September 2020</b>					
6.2	Rolling Action List	Confirm date of when Board Standing Orders action plan will be circulated to Board members for approval	Della Thomas	November 2020	<b>Complete</b> Draft Action Plan reviewed by Audit & Risk Committee on 3 Nov and then circulated to Board via correspondence on 5 Nov for Board approval. Action Plan on 26 Nov Board agenda for noting.
8.6c	Progress Report: Digital Initiatives during COVID-19	Submit Turas Learn development and Rol updates to future Education & Quality Committee meetings	Karen Wilson	December 2020	<b>Complete</b> To be a regular item on future Education & Quality Committee agendas
		Ensure that future Digital reports submitted the Board include benefits realisation	Audrey McColl	January 2021	<b>Complete</b> Benefits realisation included in 26 November Board agenda item 10a Digital Progress report.
8.6e		Provide feedback to Scottish Government regarding Digital governance arrangements	David Garbutt	October 2020	<b>In progress</b> The Chair has provided feedback to Scottish Government colleagues but has not received a response

Minute	Title	Action	Responsibility	Date required	Status and date of completion
					as yet. The Chair will raise the issue of Digital governance arrangements again in due course.
9.12	November 2020 – March 2021 Board Schedule of Business	Amend Board Schedule of Business as per Board minute: <ul style="list-style-type: none"> <li>a. Amend schedule to include the standing items of the CEO and Board Chairs reports</li> <li>b. Include the annual Whistleblowing Report in the schedule.</li> <li>c. Consider whether the schedule can be presented in agenda item order.</li> <li>d. Amend the schedule to reflect that the Equality and Diversity report and the Everyone Matters Pulse Survey will be submitted to the January and March Board meetings respectively.</li> <li>e. The schedule will be provided to Board members as an excel document in the future.</li> </ul>	Della Thomas / Board Services	October 2020	<b>Complete</b> <ul style="list-style-type: none"> <li>a. Included</li> <li>b. This will be included in the 2021/22 Board schedule</li> <li>c. This will be reflected in the 2021/22 Board schedule</li> <li>d. Added to 2020/21 Board schedule</li> <li>e. 2021/22 Board schedule will be circulated separately to Board members in the excel format</li> </ul>
9.15	2021/22 Board & Committee meeting dates	Resolve issues relating to 2020/21 Audit and Risk Committee / Board meeting dates.	Audrey McColl / Doreen Steele / Della Thomas	October 2020	<b>Complete</b> New dates agreed for early 2021 Audit & Risk Committee and Board meetings
9.16		Prepare and issue updated version of 2021/22 Board & Committee meetings dates in consultation with Board & Committee	Della Thomas / Board Services	October 2020	<b>Complete</b> Revised meeting dates circulated to Board members

Minute	Title	Action	Responsibility	Date required	Status and date of completion
		Chairs			on 12 November 2020.
10.2	Draft Self-Assessment Document	Include additional context around participation rates detailed in the report	Donald Cameron	November 2020	<b>Complete</b> Final version shared with the Executive Team
10.6	Risk Appetite	Amend operational service delivery risk appetite to 'hungry'.	Audrey McColl	November 2020	<b>In progress</b> Action point to be discussed at 26 November Board meeting.
12.5	Training & Development Opportunities for Board Members	Ensure that future versions of the report do not include reference to paid training events run by external organisations. Provide examples of Board member training events provided by NES	Chair & CE Office	November 2020	<b>Complete</b>
<b>Actions agreed at Board meeting on 30 July 2020</b>					
10.8	Board Standing Orders	Actions required as per Board approval of new NES Standing Orders: a. Incorporation of agreed changes/amends from Board and Audit Committee b. Development and circulation of implementation action plan for Board approval	Della Thomas / Board Services	August 2020	<b>Complete</b> Draft Action Plan reviewed by Audit & Risk Committee on 3 November and then circulated to Board via correspondence on 5 Nov.
10.12b	2019/20 Caldicott Guardian Annual Report	Prepare and circulate report to the Board confirming staff policy process to follow if devices are lost; how data is protected against access by unauthorised personnel	Christopher Wroath	September 2020	<b>Complete</b> Response shared with Board Chair on 19 November 2020.
<b>Actions agreed at Board meeting on 27 February 2020</b>					
7a	Financial Plan	Consider development of staff/stakeholder comms in relation to the 2020/21 Financial Plan e.g. perceived vs actual uplift	Audrey McColl	26 March 2020	<b>Action to be removed</b> Director of Finance confirmed on 19 November 2020 that this action can be removed as it is no longer applicable due to events and



Minute	Title	Action	Responsibility	Date required	Status and date of completion
					sequencing resulting from COVID-19.  <b>30 July update</b> <b>Paused</b> Due to COVID-19 crisis this date has not been met. This will be reviewed post COVID-19 as appropriate
<b>Actions agreed at Board meeting on 26<sup>th</sup> September 2019</b>					
10b	Corporate Parenting	Give consideration to co-opting a care-experienced young person onto a Board committee(s) and/or appointing one to a training position on the Board.	David Garbutt and Stewart Irvine	To be agreed post COVID-19	<b>Post 30 July</b> – In progress  <b>30 July update</b> <b>Paused</b> Some early exploratory discussions were undertaken with “Who Cares Scotland” pre-COVID-19, and the plan is to consider further through the Participation, Equality & Diversity Lead Network (PEDLN) group post COVID-19.



**CHIEF EXECUTIVE'S REPORT**

Professor Stewart Irvine, Acting Chief Executive

**November 2020**

## **1. INTRODUCTION**

- 1.1. The agenda for our November Board meeting recognises the continuing impact of the COVID-19 pandemic on the delivery of our strategic objectives and the ongoing requirement for new areas of work.
- 1.2. Following the September Board meeting, a progress report on the delivery of digital initiatives within NES is included on the agenda. The Board will continue to receive progress updates on digital delivery whilst the Digital and Information Committee continues to be stood down.
- 1.3. The Board are also receiving two Annual Items for discussion and approval. The progress report on the delivery of our 2019-24 strategic outcomes highlights specific areas of our work, including lessons learned and implications for the future. The Medical, Dental and Pharmacy Recruitment Update provides reports on the 2020 recruitment cycle to date and outlines key issues relating to recruitment and retention to these professions.
- 1.4. Governance items on the agenda include a paper on the generic components of the Board Committee Terms of Reference. Board members will be aware that Committee Chairs are working closely with Executive Leads and the Board Secretary to develop individual Committee Terms of Reference, with workshops having taken place. The Board will also receive a copy of the NES Phase 2 Remobilisation Plan for noting as part of the public record. The paper also includes a feedback letter from Scottish Government and an updated response from directorates on the areas highlighted within the letter for the Board's information.
- 1.5. The Board will wish to note that this is my last Board meeting in the role of acting Chief Executive. This has been an unexpected, interesting and challenging year, but ultimately a very rewarding one. It has been a privilege to lead the organisation in a time of national emergency, and I have been immensely grateful for the help and support I have received from colleagues across the organisation, in the executive team and on the Board. Having spent 44 years training and working in the NHS, the professionalism and commitment of staff - particularly under pressure - is unsurprising, but always humbling to see. I look forward to handing on the reins to a new CEO in the early part of next year.

## **2. ANNOUNCEMENTS**

### **2.1. NES Chief Executive**

- a. Karen Reid has been appointed as the new Chief Executive for NHS Education for Scotland (NES), with effect from 1 February 2021.
- b. Karen is currently the Chief Executive of Perth and Kinross Council and the SOLACE portfolio holder for education. Prior to this, Karen held the post of Chief Executive of the Care Inspectorate. During 2017, she also provided interim Chief Executive leadership of Education Scotland, leading both

these organisations. She also led the partnership with HIS which developed the new rights based National Care Standards for Health and Social care. During this period, she also worked with NHS NES to use the TURAS architecture for the basis of a new digital approach in the Care Inspectorate.

- c. Karen was until recently a member of the University Court at the University of Dundee, Chair of the University Audit Committee, member of the Scottish Education Council and Covid Education Recovery Group. During her tenure at the Care Inspectorate she sat on the General Medical Council Scotland Advisory Group. She is also a Fellow of the Royal Society of Arts. Karen is qualified in accountancy and communications /public relations and has formal certification in international regulation, coaching and mediation.
- d. We look forward to welcoming Karen into the organisation when she starts in February, with preparations already in hand to support her induction.

## 2.2 Heather Stronach.

Board members will already be aware that we tragically lost a colleague at the beginning of November. Heather worked in the Medical Directorate and was involved in a fatal accident on the afternoon of Tuesday 2<sup>nd</sup> November. Heather will be missed as a friend, colleague and valued member of NES. Her loss will be profoundly felt across the organisation and our deepest condolences remain with her husband Martyn, and with her family, friends and colleagues.

## 3. STRATEGIC UPDATES

- 3.1. The Board will be aware that we continue to operate in a very challenging environment, for society in general, and for the Health and Care system in particular. On 23<sup>rd</sup> October, the Scottish Government published their [strategic framework](#) approach to suppressing Coronavirus to the lowest possible level and keep it there, while we strive to return to a more normal life for as many people as possible. The [protection levels](#) across Scotland are now subject to weekly review.

### 3.2. NES Annual Review

The NES Annual Review took place on 18 November and was overseen by the Minister for Mental Health, Clare Haughey. The meeting took place virtually with David Garbutt, Stewart Irvine, Rowan Parks, Karen Wilson and Audrey McColl attending from NES. Alongside Ms Haughey, Stephen Lea-Ross (Deputy Director of Health Workforce) and Health Workforce directorate colleagues, Val Millie and Scott Wood, attended on behalf of Scottish Government.

- 3.3 Our presentation focused on three key areas:

- 1. 2019-20: Year in Review
- 2. The NES Response to COVID-19

### 3. 2020-21: Looking Forward

- 3.4 We had the opportunity to set out the wide range of activity undertaken by NES over the year under review, and particularly in response to the Covid-19 emergency, and to respond to several questions raised. The Minister conveyed her thanks to all staff in NES for the valuable work which we undertake, and especially for our contribution in responding to the pandemic, recognising the breadth and pace of our response.
- 3.5 I am grateful to colleagues in the Executive and Extended Executive Team for their support in gathering the information required for the Annual Review. We anticipate receiving a written note of the outcome of the review in due course.

## 4. MEDIA INTEREST & COMMUNICATIONS ACTIVITY

- 4.1. Over this period, we have continued a high volume of internal communications activity to keep staff apprised of the latest guidance and organisational developments. The weekly video update remains a popular vehicle, with 27 of these having been created since March, and 30-40% of staff viewing each one. To supplement this, and to make it easier for staff to find the key messages, and most important links we have recently reintroduced a 'key messages' document which is circulated weekly. In July we organised and hosted the second Executive Team webinar for staff to "Ask ET" about developments, and have plans for a further webinar before the end of the year.
- 4.2. The communications team is also actively involved in the various 'People', 'Facilities' and scenario planning groups, and we continue to use our Intranet news pages to cover latest developments in those and a range of other areas.
- 4.3. In terms of external communications, NES work has featured in coverage of education at the Louisa Jordan Hospital (the Mobile Skills Unit), and our work to develop or facilitate digital products such as the Protect Scotland App, launched on 10 September. We also facilitated a successful social media campaign to get material to the hard-to-reach Healthcare Support Worker group (see NMAHP 5.5 below).
- 4.4. As we pass the six-month mark for the pandemic, we have also been working on material to summarise where we are, and where the organisation (and education and training more generally) goes from here, through [NES Current](#).
- 4.5. As an organisation, we have also been working on an update of the NES website, to present and explain NES more effectively, to remove old learning content and redirect new learning content onto Turas, and to meet new accessibility requirements. This is scheduled to go live at the end of September, as an initial release, with revisions and updates as we move forward.
- 4.6. The pandemic has accelerated trends that we have been supporting for a long time already: moves to webinars, online modules, videos and other remote learning. The Design team are particularly busy in supporting the

organisational backlog of publications and products and advising on how best to configure these for the new environment. Training courses and conferences are also significantly impacted, and across Directorates, we have been adapting to a distanced working environment. To take just one team for example, the Allied Health Professional team has coordinated no fewer than 30 webinars over the last six months.

## 5. DIRECTORATE UPDATES

### 5.1 Dental/Optomety/HCS

#### a. **Pre-Registration Dental Nursing Training (Dental Care Professional (DCP) Workstream)**

Despite the challenges and delays faced due to COVID-19 pandemic, 62 Pre-registration Dental Nurse trainees have now successfully completed their pre-registration training. These trainees have achieved the Scottish Vocational Qualification (SVQ) & Professional Development Award (PDA) in Dental Nursing, awarded by the Scottish Qualifications Authority (SQA) and will now proceed to register with the General Dental Council (GDC). This achievement includes a total of 43 who also completed the Modern Apprenticeship in Dental Nursing, awarded by Skills Development Scotland (SDS).

b. A further 91 trainees are due to commence their pre-registration training and embark on the Modern Apprenticeship in Dental Nursing from November 2020. These trainees are all employed, working within a dental environment, and will complete a blended learning programme provided by the DCP Workstream within the Dental Directorate towards successful completion.

c. **Remobilisation of Dental Practices, and Dental Vocational Training**  
The commencement of Dental Vocational Training for the current cohort was delayed, from 1st August to 1st September, to reflect the fact that practices had only very recently resumed clinical care for patients and required time to re-establish working practices and adapt to new working patterns and standard operating procedures.

d. Between the beginning of September and end of October, NHS dental practices have provided emergency care only for patients, and only in restricted numbers. This has meant that trainees have been able to treat only emergency patients, and in greatly reduced numbers. While these experiences have been of value, Vocational Trainees have not, up to now, experienced either the range or volume of clinical cases which would have been available in previous years.

e. On 2nd November, NHS dental practices began once again to provide the full range of treatments for patients, although numbers of treatments identified in the recently published PCA remain lower than normal due to availability of PPE and fallow times/decontamination times between patients. It is likely that the average dentist in Scotland will deliver less

than half of the treatments which would have been expected a year ago. Similar reductions in activity can be expected for VDPs, although from November it is possible to increase the breadth of experiences for those in training. Clinical activity levels for trainees, as well as the range of treatments provided, are monitored regularly through the VT adviser group. It is likely that, in January 2021, it will be possible to assess with some reliability the likelihood of trainees being able to attain the required standards for Satisfactory Completion at 31st July, the normal end date of Vocational Training.

## 5.2 NES Digital

- a. The majority of NES Digital resource remains engaged in the development of Covid-19 responses commissioned from Scottish Government. These are:
- b. **Care Homes Safety Huddle** – daily collection of relative numbers of staff to residents and Covid-19 testing and outcomes for reporting to Care Homes, local government, HSCP, Health Boards and Scottish Government. Version 1 now has 100% take up by adult care homes across Scotland. Version 2 is in development to take account of user feedback and better downstream data flows for Test & Protect.
- c. **Covid-19 Vaccination Data Capture Tool** – NES Digital in collaboration with NHS GG&C are building the data capture tool for Covid-19 mass vaccination (currently expected to commence in early December 2020). This tool is being trialled in support of seasonal flu vaccination but is being designed with Covid-19 as the target delivery programme. The pilot of the tool commenced on Monday 9<sup>th</sup> November in two clinics in GG&C. The data captured will be passed to the National Clinical Data Store (NCDS) being developed by NDS. The NCDS is being built to underpin the Covid-19 mass vaccination but will also provide the clinical data services for all future, adult vaccinations.
- d. **Covid-19 Case Assessment Tool** – NES Digital have successfully implemented this tool across all setting in GG&C. The programme is now looking to roll it out across all NHSS territorial boards. Work is underway with NHS Lanarkshire and NHS Highland to prepare their Covid-19 Assessment Centres and some A&E departments.
- e. **National e-Rostering Programme** – NHSS Chief Executives at their 6<sup>th</sup> October meeting ratified the National e-Rostering Programme Full Business Case. This recommended completing the formal procurement process and award the national contract to Allocate Software. NSS Procurement have commenced contract negotiations with Allocate. Director of NES Digital is now in a formal handover process to close the procurement programme and support NSS Digital & Security to set up their National Implementation Plan.

### 5.3 NES Digital Service (NDS)

- a. NES has been asked by SG to support the work on COVID vaccination and NDS are working on cohort creation and the database for holding data for safety and for reporting (which will work around the use of the Turas app for clinical data capture).
- b. NDS continues to provide cloud hosting, compliance and other services for the Protect Scotland tracing app system.
- c. NDS was asked by the Scottish Government to use the Shielding SMS service to send out Vitamin D registration SMS messages to people on the list by Local Authority area. The SMS sign up has now gone live. We have also been working with Local Authorities to help people register with the service.
- d. We have been working with Healthcare Improvement Scotland on a digital Essential Anticipatory Care Plan that enables people to have planning and end-of-life conversations related to COVID-19. Testing has been completed and the EACP will go into production shortly.
- e. As part of our work on Ophthalmology, NDS continues to develop the 'Eyecare' product, bringing data onto the National Digital Platform. We are working to fulfil the Scottish Government's commitment of having "*A fully integrated ophthalmology EPR across at least one territorial Board's hospital eye service by end March 2021*". Using ToukanLabs Openeyes product, we are progressing this commitment through NHS Grampian as a template for a national approach and wider rollout.

### 5.4 Medicine

- a. **2021 Training post recruitment**  
The Cabinet Secretary has approved and agreed funding to support expansion to 2021 recruitment in the following specialties:
  - Internal Medicine Training - 42 posts to accommodate trainees returning to programme to complete the IMY3 year
  - Intensive Care Medicine - 13 posts to ensure that a total of 16 trainees can be recruited
  - Radiology - 10 posts to continue the fourth year of expansion of the programme
  - Public Health Medicine - 2 additional posts
  - Ophthalmology - 2 additional posts
  - Vascular Surgery - 2 additional posts
  - Medical Microbiology - 2 additional posts
  - Virology - 1 additional post
- b. All posts will be advertised to trainees in November for start dates between August and December 2021. A [press release](#) from Scottish



Government noting the expansion of these posts in response to the pandemic was released on Monday 9<sup>th</sup> November. In addition to the above, a further 51 foundation year 1 posts have been advertised to accommodate the increased numbers graduating from Medical Schools.

- c. It has been agreed that there will be no face to face interviews for 2021 recruitment, several delivery methods have been agreed; for specialties using interviews as part of their recruitment process these will be delivered virtually via MS Teams. Delivery by this method will take longer than a traditional face to face interview, therefore, to enable the national recruitment teams enough time to deliver all interviews the timeline for Round 1 of recruitment has been extended and the deadline for final acceptance of posts is 4<sup>th</sup> May 2021. The window for Round 2 recruitment has also been extended, it will open for applications on 23<sup>rd</sup> November and the deadline for final acceptance of posts is 14<sup>th</sup> May 2021. A decision is currently awaited regarding whether it is feasible to run a Round 1 re-advert due to the extension to Round 1 and Round 2 recruitment rounds.
- d. **Redeployment of doctors in training**  
A [redeployment consensus document](#) has been produced with input from Directors of Medical Education and doctors in training to detail the principles around how doctors in training should be redeployed in response to the second surge of the pandemic. This aligns with the [BMA-MSG guidance](#) that any redeployment of trainees as a consequence of Covid-19, will be with agreement with the Postgraduate Dean and in consultation with the relevant trainees. A series of webinars have been held with Training Programme Directors and trainees and a list of frequently asked questions has been updated to reflect the new guidance document.
- e. **Development of On-line Learning Materials**  
The majority of areas within Medicine Directorate have adapted their face-to-face training to on-line. This includes:
- f. Professional Development
- Medical Appraisal
  - Quality Improvement
  - Clinical Skills Managed Education Network
  - CPD Connect
  - SAS
  - Bereavement
  - GPN and Practice Managers Programmes
- g. Pharmacy
- Developed 10 Turas Learn pages to support those returning or being redeployed (>10,000 views since March)
  - Delivered 4 national webinars (~300-450 per webinar)

- 2 x NHS Pharmacy First Scotland service
  - NHS Near Me
  - Lyme disease in Scotland
  - Transferred all postponed local face to face events to regional online deliver
- h. All of the changes have taken place rapidly to ensure 'business as usual' without detriment to those that we are training and educating. Reduced numbers are being taken on for some of the programmes as remote training can take slightly longer, this has been compensated by an increase in the number of courses provided. There are reduced costs in terms of venue, catering and travel but facilitators report the difficulty in reading body language and the level of engagement of participants. Positive delegate feedback has been received on the format, relevance, accessibility and appreciation for support over the pandemic. Future delivery will be a mix of blended learning – pre-course work, pre and post session activities, on-line information and handbooks redesigned to support the new ways of delivery.

## 5.5 NMAHP

- a. **Rapid Action Placement Oversight Group (RAPOG)**  
 A Rapid Action Placement Oversight Group (RAPOG) was convened in September following the publication of the Scottish Government commissioned 'Provision of Nursing, Midwifery and Allied Health Professions (NMAHP) placements in the 2020-21 Academic Session' Report (NHS education for Scotland 2020). RAPOG is Chaired by Karen Wilson, Executive Director of NMAHP and includes representation from strategic partners such as Scottish Government, Council of Deans Health Scotland, NES, College Development Network Scotland, and other stakeholders. The primary purpose of RAPOG is to provide oversight in taking forward the recommendations from the NES report, take a strategic view on responding to further action required throughout the academic year, co-ordinate discussions taking place across Scotland on placement issues relating to NMAHP courses and advise Scottish Government on mitigating actions that can be taken to support NMAHP placement capacity management. The group provides leadership and facilitates a consistent approach to the management of placement capacity for NMAHP students across Scotland during the COVID-19 pandemic.
- b. More information about RAPOG can be found at <https://www.nes.scot.nhs.uk/our-work/rapid-action-placement-oversight-group-rapog/>
- c. **NMAHP Supervision: Case Study**  
 Within Scotland the Chief Nursing Officer has made a commitment that by 2030 'all nurses, regardless of grade or setting, will be receiving supervision appropriate to their roles' (CNOD/Scottish Government 2017).

While a joint statement from the Allied Health Professions (AHPs) in Scotland/NHS Education for Scotland (2018) provides guidance that 'all AHP practitioners, irrespective of their level of practice or experience, should have access to, and be prepared to make constructive use of supervision.' Supervision is therefore a priority workstream in the NES Nursing, Midwifery and Allied Health Professions (NMAHP) Practice Education Team's workplan.

- d. The professions are at different stages of implementation and have different models of supervision practice. Consequently, the Team explored which areas could be undertaken collaboratively and which areas needed a profession-specific approach.
- e. During 2019-20 the Team members worked together to update the current TURAS NMAHP clinical supervision modules. These have been refreshed to allow each professional group to select a version which has been adapted for their particular model of supervision. This updated resource will be launched on TURAS in winter 2020. As part of the refresh there will be a suite of short films which have been created to highlight key messages for professions and cover the practical aspects of supervision sessions.
- f. While clinical supervision is embedded in some NHS Boards and care areas in some fields of nursing and midwifery practice, in other health and care areas and some fields of practice it is at a more embryonic stage. In order to support growth, in late 2019/early 2020 the Nursing and Midwifery Practice Education Team members delivered clinical supervision 2-day face-to-face masterclasses resulting in 75 nursing and midwifery staff across Scotland developing clinical supervision skills with the aim of embedding these skills in practice areas.
- g. Meanwhile, the AHP practice education team members convened a national working group and developed and delivered a one-day supervisory skills session which was tested in four board areas, with 94 staff engaging in this. The working group are supporting the AHP practice education infrastructure develop a flexible and sustainable model of supervision education, across health and care.
- h. At the start of lockdown, the key message for the workforce was that supervision was crucial, even more so during the COVID-19 pandemic period where people were displaced, taking on new and more challenging roles and requiring additional support to remain resilient. The AHP Team members delivered a webinar highlighting these key messages which was attended by 717 participants with a further 430 viewing the recording of the session. During the webinar participants were signposted to various resources which have been developed to support their practice and can be accessed on the [AHP learning site](#).

- i. Allied Health Professions in Scotland (2018) Scotland's Position Statement on Supervision for Allied Health Professions. NHS Education for Scotland, Edinburgh.
- j. Chief Nursing Officer Department (CNOD)/Scottish Government (2017) Nursing 2030 Vision. Scottish Government, Edinburgh.
- k. **NMAHP Public Health Programme**  
In close partnership with Public Health Scotland the NMAHP Public Health Programme is actively supporting the COVID national response in the following areas:
  - l. COVID-19 vaccination programme  
Head of Programme (joint post PHS/NES) is leading the workforce education workstream of this rapidly evolving and complex vaccination programme. This involves the development and implementation of national resources for a diverse vaccination workforce for subsequent onwards delivery and utilisation by NHS Boards. The materials will be made available via dedicated TURAS Learn pages. In order to aid capacity for this critical work NES staff have been seconded temporarily to PHS.
  - m. In order to support effective communication and engagement with stakeholders for this programme NES continues to facilitate the well-established Scottish Immunisation workforce education advisory group (which will provide educational governance) as well as an internal cross directorate immunisation group Chaired by an NMAHP Associate Director.
  - n. Contact Tracing  
The NES/PHS Head of Programme is leading the contact tracing workforce education workstream which aims to provide workforce education programmes and associated resources for both the national contact centre and NHS boards. NES staff were instrumental in developing the initial resources and remain engaged in the ongoing revision of these resources but additionally the facilitation of 'face-to-face' training for NHS Boards to support the surge capacity required for new contact tracer operational readiness.
  - o. Infection Prevention and Control  
Working closely with ARAHI Scotland colleagues, NES continues to develop and facilitate educational resources in relation to IPC this includes recently updated resources in relation to UK PPE guidance and respiratory protective equipment.

## 5.6 Workforce

- a. Between March and September 2020, NHS Education for Scotland (NES) processed pre-employment checks for candidates submitting an expression of interest through the Covid-19 Accelerated Recruitment Portal (CARP). Pre employment checks related to c.5600 student nurses and interim foundation doctors; 300 applicants reserved by NHS Boards, deployed to staff banks or offered fixed term contracts and a further 1450 who were forwarded by NES to the NHS Central Allocation Team for future potential deployment in the health and care sector. Of expressions of interest received, a further 2500 were for social care roles and referred to SSSC for processing. There were approximately 5500 withdrawals over the period. Learning reviews involving multiple parties were conducted on several aspects of the project and shared with relevant stakeholders. A small number of staff have been temporarily seconded to support contact tracing work managed either centrally or by NHS Boards.
- b. A significant amount of cross-directorate work is taking place in partnership to support NES staff during remobilisation and to plan for renewal. A Recovery and Renewal Governance Structure is overseeing processes to provide strong support for the health, safety and wellbeing of all staff. A wide range of support to all staff continues to be a key priority. Considerable attention is being placed on the feedback from staff relating to Covid-19 related homeworking. Focus groups have taken place to learn more about the experiences of staff in specific groups: parents and carers; Black, Asian and Minority Ethnic Staff; those with disabilities and long-term conditions. Scenario planning is underway to ensure that NES is on the front foot to deal with future potential Covid-19 related challenges.
- c. The national Everyone Matters Pulse Survey in September, had a response rate of 77% from NES non-training grade staff. The rate including doctors in training employed by NES was reduced to 59%. This reflects the much lower response rate of the latter group which is considered to be related to the high level of survey activity carried out within the profession.
- d. Funding to support project management of the Lead Employer programme is in place for the remainder of the current financial year and being pursued for 2021-22. A key priority is review of standard operating procedures (SOPs), with agreement to move to a 'Once for Scotland' approach to cover all four lead employers, rather than the current different SOPs for each employer. This aligns to the 'Once for Scotland' approach to policies. The timescale and process for extension of the Lead Employer model to 'dentists in training' is currently being scoped.

- e. Scottish Government has communicated changes in the requirements related to national workforce planning. Boards are requested to ensure that a 3yr Workforce Plan is developed no later than 31st March 2022, covering the period 1st April 2022 to 31st March 2025. A Short Life Working Group is being set up to determine the template for an interim plan.
- f. Value Based Recruitment (VBR) is one of the five dimensions of Project Lift. In June 2018, the Scottish Government issued Guidance on the VBR process to be used for Chief Executive and senior leader posts in the Scottish NHS. This Once for Scotland approach placed as much importance on the values of leaders, and how they relate to the values of NHS Scotland, as on their skills and experience. Since the launch of this guidance, recruitment to all executive posts within NES have followed this VBR approach.
- g. The annual **NES STARS Awards**, established to recognise the achievements of those staff nominated by their colleagues for going the extra mile in demonstrating NES values and behaviours across various categories, attracted 40 high quality nominations across 8 directorates. Winners were selected by a panel of representatives drawn from across NES and nominations judged based on agreed criteria. The event took place on-line, introduced by our Board Chair, and ably MC'd by our Director of Planning and Corporate Resources.

## **CALENDAR from 14 September – 18 November 2020**

This section of the report provides an overview of the meetings I have attended since 14 September 2020. I have followed a set structure, so rather than list every date individually, where possible meetings have been grouped and additional context provided.

### **NES [Extended] Executive Team**

Since the last updated provided in the September CE report to the Board, the Extended Executive Team Meetings have been once a week on a Friday, to share directorate updates and take any decisions as required.

### **NES Executive Team**

The core Executive Team now meet on a monthly basis to discuss strategic and governance issues in detail.

### **NHS National Board Chief Executives**

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

### **NHS Board Chief Executives + Scottish Government**

All Board CEs meet fortnightly with the senior team from Scottish Government to discuss the COVID-19 response.

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

The weekly Skype calls with the Chief Executives of the 4 Nation statutory Education and Training organisations now take place on a fortnightly basis. Discussions at these meetings co-ordinate our response to COVID-19, with a focus on our shared responsibilities for education and training in the UK.

## **Meetings since 14 September – 18 November 2020**

### **15 September - Stuart Fancey, Scottish Funding Council**

I had a meeting with Stuart Fancey to discuss the recruitment to the Chair of the Board for Academic Medicine (BfAM). The BfAM promotes collaboration between Scotland's five medical schools and the Scottish Government.

### **17 September – Gillian Russell and Stephen Lea-Ross, Scottish Government**

David Garbutt, Colin Brown and I had our monthly sponsor meeting with the Director and Deputy Director of the Health Workforce directorate. Items for discussion included NES workforce modelling, undergraduate clinical placements, the NES Remobilisation Plan, the Shape of Training and the Annual Review.

### **21 September – Defence Medical Academy**

Myself and Rowan Parks met with Colonel Ricky Bhabutta (Head of the Defence Medical Services Regulator) and Brigadier Toby Rowland (Military Dean and Head of the new Defence Medical Academy) to discuss NES-Military links and possible

future partnership opportunities to deliver better healthcare via the Defence Medical Academy.

**22 September - Jann Gardner, NHS Golden Jubilee**

I met with the Chief Executive of NHS Golden Jubilee to discuss the development of the NHS Scotland Academy.

**23 September – Charlie Massey, General Medical Council (GMC)**

I had a meeting with the Chief Executive of the GMC to discuss the continuing impact of COVID-19 on medical education and training.

**24 September – Robbie Pearson, Healthcare Improvement Scotland (HIS)**

I met with the Chief Executive of HIS to discuss Active Governance.

**6 October – NBC Programme Board**

Items for discussion at this meeting included the National Boards' continued contribution to recovery and renewal and the indirect health harms of COVID-19.

**7 October - Healthcare Students' Strategic Group**

I attended the first meeting of this group, whose membership includes the Chief Nursing Officer, the Director of the Health Workforce directorate and representatives from Higher Education, to discuss issues relating to undergraduate clinical placements as a result of the COVID-19 pandemic.

**8 October – Jann Gardner and Susan Douglas-Scott, NHS Golden Jubilee**

David Garbutt and I met with the Chair and Chief Executive of NHS Golden Jubilee to discuss the development of the NHS Scotland Academy.

**13 October**

**NES Executive Team Pandemic Planning**

The Executive Team met to discuss the next phase of the COVID-19 pandemic and the development of contingency plans for NES.

**National Health & Social Care Workforce Planning Programme Board**

Myself and Christopher Wroath represented NES at this meeting. Discussion at this meeting focused on a revised version of the National Health and Social Care Integrated Workforce Plan, which now includes the impact of the COVID-19 pandemic and agreement of new priorities.

**20 October - Review of Adult Social Care**

The NHS Board Chief Executives Group received a presentation from Derek Feely, Chair of the Review of Adult Social Care.

**21 October – Management Steering Group**

Items on the agenda for this meeting included updates on Agenda for Change and Medical Workforce staff policies.



### **28 October – Gillian Russell, Scottish Government**

David Garbutt, Colin Brown and I had our monthly sponsor meeting with various colleagues from the Health Workforce directorate. Items for discussion included Student Placement Capacity, winter Workforce Planning, the NES Annual Review, the NHS Scotland Academy, Apprenticeships and Medical Trainee recruitment.

### **29 October - NHS Scotland Academy Strategic Oversight Board**

David Garbutt and I met with colleagues from NHS Golden Jubilee to discuss the proposal for the NHS Scotland Academy, the draft Terms of Reference for the Strategic Oversight Board and the associated Governance Framework.

### **3 November – NES Annual Review planning meeting**

David Garbutt and I met with colleagues from the Health Workforce directorate to discuss the content of the NES Annual Review.

### **4 November – Healthcare Students Strategic Group**

I attended this monthly meeting which discusses undergraduate clinical placement issues. NES has worked directly with universities to collect data that sets out the impact of COVID-19 on clinical placements and this has been shared with colleagues in Scottish Government.

### **10 November**

#### **NBC Programme Board**

The agenda for this meeting included an item on the National Board's continued collaborative contribution, including supporting digital access to Primary Care and improved intelligence to improve public health. The group also discussed 2021-22 operational planning and the potential requirements for the National Boards.

#### **NHS BCEs Private Meeting**

The formal monthly BCE meetings have, for now, returned to their pre-pandemic format. Items relating to the COVID-19 response included updates on the redesign of Urgent Care, Test and Protect, vaccinations and winter planning. Other agenda items included a paper on capital investment and infrastructure and the role of Nurse Directors.

### **11 November**

#### **NHS BCEs Strategy Meeting**

At this meeting BCEs received presentations on the Mental Health Law Review and the Centre for Sustainable Delivery.

#### **NHS BCEs Business Meeting**

Substantive items on this agenda included a presentation on integrated planning for 2021 and beyond from Christine McLaughlin (Director of Planning, Health and Social Care Directorate at SG).

## **NHS Education for Scotland**

### **Board Paper**

#### **1. Title of Paper**

Committee Terms of Reference: Generic components

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

Della Thomas, Board Secretary & Principal Lead Corporate Governance

#### **3. Purpose of Paper**

3.1 The purpose of this paper is to seek Board approval for the generic components of the Board Committee ToRs.

#### **4. Background**

4.1 The Board approved the new NES Board Standing Orders at the 30 July 2020 Board meeting and noted that all Board Committees currently have "Remits". In line with the Board Standing Orders, each Board Committee is required to develop full Terms of Reference (ToR).

4.2 This development is in progress, led by the Committee Chair working closely with the lead Executive Director and the Board Secretary.

4.3 The final version of the Committees specific ToR will be brought to the respective formal Committee meeting for approval; scheduled as a pack through the Audit and Risk Committee for comment and then be brought to Board for final approval.

4.4 Following the Audit and Risk Committee workshop held on 26 August 2020, it was recognised that there were aspects of the ToRs that should be standardised across all Committees. The Board Secretary was invited to propose ToR standardised headings and generic text, to be used by all Committees. This appeared at the 3 November 2020 Audit and Risk Committee for discussion.

4.5 The Audit and Risk Committee approved the 12 standard Committee ToR headings of:

1. Constitution/context
2. Role
3. Membership

4. Quorum
5. Attendees
6. Private Member Meetings
7. Frequency of Meetings
8. Authority
9. Responsibilities and Duties
10. Reporting arrangements
11. Review
12. Conduct of Business

4.6 The Audit and Risk Committee reviewed the generic text to be used by all Committees for sections 4, 5, 6, 8, 10, 11 and 12 and requested some amendments.

4.7 Further to the Remuneration Committee Workshop held 12 November 2020, it was recognised that whilst all Committees will use this standard text, some Committees may be required to add to it. For example, the Remuneration Committee and other Committees may be required to add to generic section 5, "Attendees" and the Remuneration Committee may wish to add to section 12, "Conduct of Business"; to state that the Committees business will be conducted in the strictest of confidence. If this is necessary, then this will be added to the specific ToR for that Committee, to follow on from the generic standard text.

#### **4 Key Issues**

5.1 Section 4 "Quorate" has been amended as follows:

- Paragraph 4.2 has been added to specify the minimum number of non-executive director Committee members.
- Paragraph 4.4 has been amended to clarify the form of words taken from the NES Standing Orders "excluded from the meeting", in line with sections 5.8, 5.9 and 5.10 of the NES 2014 Code of Conduct which specifies the member must "withdraw from the meeting".

5.2 Section 5 "Attendees" has been amended as follows:

- Paragraph 5.1 has been added to, in order to define "others".

5.3 Section 6 "Private Member Meetings" has been amended as follows:

- 6.1 has been added to specify the matters a private member meeting might consider.

5.4 Section 8 "Authority" has been amended as follows:

- 8.1 has been amended to avoid any suggestion the Board Committees might have a role in operational matters.

5.5 Section 10 "Reporting Arrangements" has been amended as follows:

- 10.3, 10.4 and 10.5 have been added to, in order to highlight the different approach, the Remuneration Sub Committee will be required to take.

5.6 The Committee generic ToR text is included as Appendix I. All Committees will adopt this and develop Committee specific text.

## **5 Educational Implications**

6.1 The governance of the educational work of NES will be scheduled through the Education and Quality Committee.

## **6 Financial Implications**

7.1 There are no additional financial implications associated with this paper.

## **7 Which of the 5 Key Areas of Focus in the NES Strategy for 2019-24 does this align to?**

8.1 A High Performing Organisation

## **8 Impact on Quality Ambitions**

9.1 Board governance will be progressed in line with the NHS Corporate Governance Blueprint and the implementation of the NHS Board Standing Orders and aligned to the six NHS Scotland Quality ambitions.

## **9 Key Risks and Proposals to Mitigate the Risks**

10.1 Corporate risk number 14 has a mitigating action of “Standing committees responsible for each governance domain”. It is important that this is set out and agreed as part of the specific ToR work. There is a risk that each Standing Committee could make changes to the standardised sections of the ToR and that over time this leads to inconsistent governance approaches and practice across the NES Board. Developing an agreed standardised text and remitting the Audit and Risk Committee to review this annually will be a mitigating measure.

## **10 Equality and Diversity**

11.1 Equality and diversity remain a Board responsibility and are included within the influencing culture domain of the Boards role. This also embraces human rights.

## **12. Communications Plan**

12.1 Staff will be informed of the new Committee ToRs as part of internal communications, particularly those staff involved in preparing papers and regularly attending Committee meetings.

12.2 The final versions of the ToRs will be published on the external NES website.

### **13. Recommendations**

The Board is invited to:

- Approve the 12 standard ToR headings for all Board Committee ToRs (Appendix I).
- Approve the standard generic core text for all Board Committees, headings 4, 5, 6, 8, 10, 11, 12 (Appendix I).
- Note that Committees are currently developing their specific ToR text using the headings 1, 2, 3, 7 and 9.

DT  
November 2020

## **Terms of Reference: Standard headings for all Committees**

1. Constitution/context
2. Role
3. Membership
4. Quorum
5. Attendees
6. Private Member Meetings
7. Frequency of Meetings
8. Authority
9. Responsibilities and Duties
10. Reporting arrangements
11. Review
12. Conduct of Business

## **Generic Terms of Reference: applicable to all NES Committees**

### **4. Quorum**

- 4.1 Three Non-Executive members will constitute a quorum.
- 4.2 All Committees will have a membership of a minimum of four non-executives.
- 4.3 In determining whether a quorum is present the Committee Chair must consider the effect of any declared interests. This consideration shall be minuted.
- 4.4 If a member, or an associate of the member (i.e. family, friend or business associates), has any pecuniary or other interest, direct or indirect, in any contract, proposed contract or any other matter under consideration by the Committee, the member should declare that interest at the start of the meeting or at any other part of the meeting.
- 4.5 A 'conflict of interest' is considered to be any connection or association with a third party that is (or appears to be) against the best interests of NES, or which could enable the member reasonably to be suspected of using their position within NES to gain an unfair advantage for or from a third party.
- 4.6 This applies whether that interest is already recorded in the Board Members' Register of Interests. Following such a declaration, the member shall be excluded from the Committee meeting when the item is under consideration and will leave the meeting for that item. The member will not be counted as participating in that meeting for quorum or voting purposes.
- 4.7 When a quorum is not present, the only actions that can be taken are to either adjourn to another time or abandon the meeting altogether and call another one. The quorum should be monitored throughout the conduct of the meeting in

the event that a member leaves during a meeting, with no intention of returning.

## **5. Attendees**

- 5.1 Board members (non-executive or executive members) who are not members of the Committee may attend a Committee meeting and have access to the meeting papers. However, if the Committee elects to consider certain items as restricted business, then the meeting papers for those items will normally only be provided to members of that Committee. The person presiding at the Committee meeting may agree to share the meeting papers for restricted business papers with other Board members.
- 5.2 The Committee Secretary will attend meetings. The Board Secretary may attend, in agreement with the Committee Chair.

## **6. Private Member Meetings**

- 6.1 The Chair has the right to call a private meeting of Committee members to deal with matters that may arise from their Terms of Reference.

## **8. Authority**

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

## **10. Reporting Arrangements**

- 10.1 The names of members present at a meeting of the Board Committee, shall be recorded in the minute of the meeting. The names of other persons in attendance shall also be recorded.
- 10.2 The Board Secretary (or his/her authorised nominee) shall prepare the minutes of meetings of the Committee. The Committee shall review the draft minutes at the following meeting. Any amendments, as agreed by the Committee will be made and the person presiding at that meeting shall sign the final version of the approved minute.
- 10.3 The approved minute will be brought to the next public Board meeting for noting and be published on the Board's external website. The Remuneration Sub Committee will be the exception to this.

10.4 In the interim, a verbal report on relevant matters can be given by the Chair to the Board. Additional reports, as appropriate, will be provided to the Board as required to ensure it is informed of current issues.

10.5 The Standing Committee Chair will report to the Board, and will submit an Annual Report on its activities, outcomes and effectiveness to the Audit and Risk Committee. The Remuneration Sub Committee will submit their annual report through the Staff Governance Committee. It is then the responsibility of the Audit and Risk Committee to review and recommend approval to the Board. This will also give relevant assurance to the Board and Accountable Officer relating to the Governance Statement.

## **11. Review**

11.1 The Committee will review its Terms of Reference annually and these will be submitted as part of the corporate governance package to the Board for approval on an annual basis.

## **12. Conduct of Business**

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

**As per the Board Standing Orders**

Della Thomas, Board Secretary  
NES, November 2020



## NHS Education for Scotland

### Board Paper

#### 1. Title of Paper

Update on progress against the five strategic themes in the NHS Education for Scotland Strategy 2019-24

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

Stewart Irvine (Acting Chief Executive)  
Donald Cameron (Director of Planning and Corporate Resources)  
Helen Allbutt (Principal Lead)  
Rob Coward (Principal Educator)  
Simon Williams (Principal Educator)

#### 3. Purpose of Paper

To update the Board on progress against our five strategic themes for 2019-2024

#### 4. Key Items

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

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

#### 5. Educational Implications

This report includes the educational activity undertaken by NES over the period 1st April 2019 to 31st March 2020 in support of our five strategic themes. There are no additional educational implications associated with this report.

## **6. Financial Implications**

These activities are delivered within the financial plan agreed by the Board. There are no additional financial implications associated with this report.

## **7. Which of the 5 Key Areas of Focus in the NES Strategy for 2019-24 does this align to?**

This report covers all five of the Key Areas of Focus in the NES Strategy for 2019-24.

## **8. Impact on Quality Ambitions**

The work described in this report covers all the Quality Ambitions.

## **9. Key Risks and Proposals to Mitigate the Risks**

9.1 This report covers the breadth of work undertaken by NES – the key risks are detailed in the corporate risk register.

9.2 The year in question was impacted in part by the Covid-19 pandemic, and a separate risk register was developed to manage the risks arising.

## **10. Equality and Diversity**

This report covers the breadth of work undertaken by NES, and our response to the equality and diversity agenda is set out in our Operational Plan, and in separate reports to the Board.

## **11. Communications Plan**

### **11.1 Internal Communications**

The report has been produced with input from across NES. It will be published on the NES intranet.

### **11.2 External Communications**

The report will be published on the NES website.

## **12. Recommendations**

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

SW  
November 2020



**NHS Education for Scotland**  
**Strategy Annual Progress Report**  
**2019-2020**

November 2020

## 1. Introduction

1.1. The NHS Education for Scotland [Strategy 2019-2024](#) focusses on five strategic themes:

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

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

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

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

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

1.5. In response to the COVID 19 pandemic, in March 2020 the Scottish Government requested that NES conduct a review of all our programmes of work. As a result, and in the face of the pressure on frontline services, we suspended much of our education and training activity and embarked upon new areas of business. We will report on this work in our report on 2020-21.

## **2. Area of Focus 1: A High-Quality Learning and Employment Environment**

### **2.1. What this area of focus means**

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

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

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

### **2.3. Examples of good practice and where progress has been made**

- a. NMAHP has sustained, developed and enhanced the national practice education infrastructure ([Practice Education Facilitators](#), [Care Home Education Facilitators](#) and Practice Education Leads) within health and care settings. This was done by undertaking 31 annual board visits, biannual monitoring of PEF/ CHEF/ PEL compliance and delivery of 19 practice education meetings/ events.
- b. During 2019-20 the national practice education infrastructure was instrumental in the refreshing of the Quality Standards for Practice Learning (QSPL). The QSPL provide assurance that learners and those individuals and organisations who support them understand their responsibilities and expectations in relation to practice based learning. The Standards apply to any structured placement learning in NHS Scotland that is accessed by nurses, midwives and allied health professions and supported through an educational programme. Members of the [NMAHP practice education](#) infrastructure have also been involved in the redevelopment of the NES Facilitation of Learning Train the Trainers toolkit. This resource provides experienced facilitators with teaching resources and practical guidance to deliver a learning programme to those who facilitate learning in the workplace as part of their remit.
- c. Nursing & Midwifery and Allied Health Professions are at different stages of implementation of supervision and have different models of supervision practice. During 2019-20 the current TURAS NMAHP clinical supervision modules were

refreshed to allow each professional group to select a version which has been adapted for their model of supervision.

- d. In late 2019/early 2020 the nursing and midwifery practice education team members delivered clinical supervision 2-day face to face masterclasses resulting in 75 staff across Scotland developing clinical supervision skills with the aim of embedding in practice areas.
- e. A key role of the Scotland Deanery is ensuring that postgraduate medical training programmes meet the quality standards required by the GMC, to ensure that trained doctors meet the needs of patients. Although the advent of Covid-19 led to a curtailment of the normal schedule of visits, the Medical Quality Management programme undertook 81 visits to hospital sites, and 86 visits to General Practices as part of this process, which was set out in detail in the [Annual Deanery Quality Report for 2020](#).
- f. In conjunction with both Schools of Pharmacy in Scotland and key stakeholders, NES has developed experiential training across all Pharmacy sectors (Community/Hospital/GP Practice) with a programme of training and quality management in order to manage ACT on behalf of the Scottish Government. A total of 353 Pharmacist Facilitators across all three sectors of pharmacy practice (community, hospital and GP practice) have completed Preparation for Facilitation of Experiential Learning (PFEL) Training in 2019/20 with 22 events delivered across Scotland and via virtual online platform.
- g. During 2019-20 122 candidates attended an induction programme for people wishing to enter a pre-registration dental nurse course. In addition, 148 candidates undertook a pre-registration course for Dental Nurses, with 98 registered as Modern Apprentices.
- h. Part of ensuring that the learning and employment environment is of high quality is making sure that any complaints and whistleblowing are handled appropriately. Without going into details of complaints, we can report that all complaints are dealt with in a fair and transparent manner in compliance with the Model Complaints Handling Procedure provided by Scottish Government.

- i. We have worked with stakeholders to support national and Board equality priorities. New content has been provided on dual Gypsy/Traveller health, dyslexia awareness for managers, managing the menopause at work, coercive control and dual sensory impairment.

#### **2.4. Learning from challenges**

In 2018 NES Digital were asked to work in collaboration with NSS National Procurement to develop and deliver a national e-Rostering procurement process. Initial engagement with the NHSS Boards was difficult and constrained by “local priorities” being given prominence of the national programme outcomes. Significant and persistent engagement with Boards who had previously commenced e-Rostering solutions was necessary to draft and subsequently agree a core set of requirements for the national procurement invitation to tender. The NES team adopted the approach of taking local, existing requirements and merging them from three leading Boards. This promoted the sense of Board leadership and recognition. Over the course of the following 18 months the “buy in” from Boards, expanded from the three original lead Boards, increased as they correctly perceived that their local needs were being appreciated and taken account of. Eventually the team of Subject Matter Experts who undertook the national solution evaluation were drawn from these Boards. Learning to be taken is that any business change process that attempts to deliver a national outcome needs to be built from Boards upward, and not designed from a national perspective first.

#### **2.5. Case study 1: Improving surgical training (IST)**

The [Improving surgical training \(IST\)](#) pilot incorporates enhanced simulation training into the core training programme. The programme also involves boot camps, monthly teaching days and associated practical courses depending on year of trainee, plus an eoSim SurgTrac take home simulator for trainees to work their way through a basic course of six modules (physical tasks in the simulator) with online instructive videos. Using a tablet or phone the software can give metric scores of performance with target scores to achieve, whereupon a video is uploaded for one of the faculty to view remotely and score. There is opportunity for practice in groups in hospital skills clubs, and there is a face-to-face assessment before the end of the year and return of kit. Comprehensive evaluation data for two years of the programme plus feedback from trainees and trainers is available. In 2019/20 there were 46 CT1s and 48 CT2s.

## 2.6. Case study 2: Health Care Support Workers as Associate Practice Educators

- a. [Health Care Support Workers](#) (HCSWs) make up 28% of the nursing and midwifery and 18% of the allied health professions workforce, yet there is limited support for work-based learning for this group of 21,000 NHSScotland staff. During 2019-2020, NES funded a proof-of-concept pilot with two health boards through its AHP Career Fellowship Scheme. NHS Lothian and NHS Dumfries and Galloway each selected an experienced AHP HCSW to test the role of Associate Practice Educator across AHP services.
- b. Learning and networking opportunities were offered through the [AHP Career Fellowship](#) development scheme and shadowing best practice in NHS Grampian where six substantive Associate Practice Educators are now making a collective impact on the HCSW workforce. NES has commissioned a final report on the experience of the Associate Practice Educators and those who participated in the peer learning model.
- c. Introducing new posts from scratch takes time, therefore this pilot has clear limitations. Despite this it has strengthened the evidence base demonstrating these posts address many of the challenges expressed by HCSWs in the HCSW Learning Survey (2018) in a positive and creative way. HCSWs respond well to a peer learning model, it offers an alternative career pathway for experienced HCSWs and enhances the skill mix of practice education teams.
- d. NES has supported the instruction of a new Associate Practice Educator role, modelled on experience with registered NMAHPs, to support education and training. Working with colleagues in NHS Grampian, NES has piloted the new Practice Educator role for the following purposes:
  - providing on-the-job learning
  - creating a culture of organisational learning
  - nurturing team working and professionalism, and
  - developing leadership at all levels.
  - Following the successful NHS Grampian pilot, there has been significant interest from other Health Boards and NES is part funding further Associate Practice Educator posts in NHS Lothian and NHS Dumfries and Galloway.



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

#### **3.1. What this area of focus means**

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

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

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

#### **3.3. Examples of good practice and where progress has been made**

- a. During 2019-20, NES worked in partnership with key stakeholders to widen opportunities for young people in NHSScotland, increasing the number of young people entering the service and providing opportunities for under-represented groups. Two examples of this type of inclusive practice include: The Prince's Trust Get into Healthcare Programme Toolkit was completed and signed off; and NHS Ayrshire and Arran was supported with their first Get into Healthcare Programme with all young people on programme being offered permanent posts.
- b. The Attracting and Retaining Men in Nursing Group has been working on attracting men into nursing and midwifery and developing a commonly recognised pathway for access into nursing and midwifery education and careers. All the different routes and career pathways into nursing have been agreed, documented and developed digitally for use on My World of Work in collaboration with Skills Development Scotland.
- c. The [GP Returner and Enhanced Induction programmes](#) continue to generate interest with ongoing support provided by NES from initial enquiry through to scheme completion. Over 2019, 4 GP Returners have completed, 2 are currently in post with 4 more expected to join the scheme. Three Enhanced Induction doctors are currently in post with another two currently undertaking national assessments.
- d. NES continues to contribute to the planning of, and participate in, UK recruitment processes by attending national/UK oversight groups through the training year

and provision of assessment centres. We also participate in UK Medical and Dental Recruitment and Selection review activities to support benefits realisation for UK recruitment and to improve [Scottish recruitment processes](#). 2020 saw the best fill rates to vacancies since Scotland entered national UK recruitment in 2014, with a 92% fill rate (1042 of 1132 vacancies) across all core and specialty training programmes.

- e. In 2019-20 NES worked in partnership with [Return to Practice](#) (RtP) education providers to meet Scottish Government recruitment targets and specifically to support the development of education and support in line with new Nursing and Midwifery Council RtP standards and enhance access to education by addressing financial and practical barriers. Work has started with university partners and key stakeholders to develop and deliver the Once-for-Scotland Return to Practice module.
- f. [Immunisation](#) is considered to be one of the key public health interventions with approximately 6 million doses being delivered annually in Scotland across all age groups. A multidisciplinary workforce equipped with the required knowledge and skills is essential for the successful delivery of these programmes. During 2019/20 NES continued to support the work of the Scottish Government Immunisation Programme in a number of ways:
- Hosting quality assured [resources on TURAS Learn](#) and our website for all practitioners and trainers to access and utilise. These include
  - an introductory e-learning programme for new immunisers to help promote effective immunisation practice and vaccine specific resources relating to for example seasonal flu, pertussis, HPV and rotavirus
  - webinars
  - training slides
  - podcasts.
  - Facilitation and chairing of the National Scottish Immunisation Workforce Education Group which provides a forum for the multidisciplinary work to discuss and progress workforce education.
  - Participation in the Scottish Health Protection Network (SHPN), a network of professional organisations and networks in the health protection community across Scotland, which promotes, sustains, and coordinates good practice.

- g. The Dental Directorate has provided a number of development opportunities. Some examples include:
- 7 experienced dental nurses wishing to upskill as Orthodontic Therapists completed the training programme and were due to sit their exams in May 2020. However, this was cancelled as a result of the pandemic.
  - 152 training posts were matched and appointed to [Dental Vocational Training](#) (DVT) to commence 01 August 2019.
  - Five Mandatory Training courses were run for dentists wishing to work in Scotland, with participant numbers above the minimum capacity on every occasion.
  - 16 GDC registrants benefited from a support programme giving assistance with remediation. Support includes an initial meeting to help the registrant develop a PDP and thereafter signposting appropriate CPD and QI activity.
  - 89 [Dental Core Training](#) posts were filled in 2019-20.
- h. Approximately 1400 practitioners completed the first mandatory training exercise for optometrists and ophthalmic medical practitioners working in Scotland. This was designed, delivered and assessed by the NES [Optometry](#) team.

### 3.4. Learning from challenges

- a. The Health and Care Professions Council (HCPC) is the regulatory body for paramedics. The HCPC changed the threshold entry for Paramedics to degree level with effect from 1st of September 2021. In effect from that date any educational provider seeking to educate Paramedics would require the programme to meet the new threshold. Currently approved courses can continue to enrol students until 31st of August 2021.
- b. Within Scotland this means that from 1st of September 2021 the Scottish Ambulance Academy taught Diploma in Higher Education course which leads to Paramedic registration will fail to meet the legislative threshold.
- c. In May 2019, the Scottish paramedic business case was jointly approved by both the NES and SAS health boards. NES organised the tender process and invited HEIs across Scotland to bid for contracts to develop a paramedic science degree

programme across 6 different geographic locations in Scotland. In August 2019, Contracts for all 6 “lots” were awarded.

- d. Whilst this represents a fantastic opportunity for the professionalisation agenda of paramedic science, moving to this new way of preparing the future generation of paramedics is still a learning curve with challenges regarding appropriate placements to provide practice education, further opportunities for collaboration across Scotland required and confidence in meeting the workforce needs for paramedics across Scotland with SAS as main employer. All of these areas of ongoing concern will be addressed through the Scottish Collaborative Of Paramedic Education (SCOPE).

### **3.5. Case study 1: Pre-registration Pharmacist Scheme in Scotland (PRPS)**

#### **Recruitment**

- a. NES Pharmacy has been responsive to the challenge of increasing applicant numbers for the [Pre-registration Pharmacist Scheme](#) (PRPS) as and when Scottish Government increase the number of funded places available. Trainee numbers have increased from 170 to 200 with the 2018/19 cohort, to 216 with the 2020/2021 cohort and will further increase to 235 for the 2021/2022 cohort.
- b. To assist with these increased targets, NES Pharmacy has collaborated with the NES communications team to develop and implement a PRPS promotional strategy across the 2019 recruitment period with a targeted social media campaign to promote training in Scotland to Schools of Pharmacy in the rest of the UK. We chose to move our recruitment processes onto the Oriel Platform and NES recruitment dates started to align with HEE and HEIW recruitment to enable applicants to make concurrent applications including applying for posts in Scotland. This resulted in our achieving a 100% fill rate for the 215 posts in our 2019 cycle of recruitment for training posts which started in summer 2020.

### **3.6. Case study 2: Future Nurse and Midwife Programme**

- a. The [Future Nurse and Midwife Programme](#) is an example of effective stakeholder collaboration. Convened to provide strategic oversight, direction and governance to the implementation of the Nursing and Midwifery Council (NMC) Education Standards for nursing and midwifery, this group has overseen and supported an ambitious workplan to consider the future nurse and midwife role in its entirety in Scotland. Stakeholders from health & care practice provider

settings, universities, further education colleges, Scottish Government, Queen's Nursing Institute, Scottish Care, professional bodies, the NMC and NES alongside pre-nursing and midwifery students delivered on the workplan during the financial year 2019-20. One of the six key outcomes within the workplan was to develop a national model for under-graduate and post-graduate practice learning to prepare the workforce of practice supervisors, practice assessors and academic assessors who would support and supervise nursing and midwifery students when on placement from September 2020.

- b. A review of the supporting evidence to identify skills and knowledge required by practice supervisors, practice assessors and academic assessors to support undergraduate and postgraduate nurse and midwife learners was undertaken to identify best practice to underpin preparation of the new roles. A scoping of resources available to support preparation of these new roles was also completed. A national framework for identification, preparation and ongoing professional development of practice supervisors, practice assessors and academic assessors in Scotland and a practice learning handbook were also developed. To ensure consistency for those supervising and assessing nursing and midwifery students in practice, collaborative stakeholder working has seen the development of an e-resource to support the preparation of practice supervisors and practice assessors across Scotland.

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

##### **4.1. What this area of focus means**

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

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

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

##### **4.3. Examples of good practice and where progress has been made**

- a. During the reporting year, NES commissioned, quality assured or directly delivered education in a diverse range of formats for the full range of health and social care staff. Prior to the Covid-19 pandemic, this included numerous face-to-face workshops and other training events. The following examples illustrate some of the ways in which NES directorates have supported the maintenance and development of a skilled, adaptable and compassionate workforce through its education and training activities.
- b. In addition to delivering education and training, NES also undertakes research into educational best practice - developing new ideas to strengthen and enable Scotland's healthcare workforce and develop supportive learning environments in which people wish to work. The outputs from this work were summarised in our annual [research and innovation report](#).
- c. The [Psychology](#) team delivered 29 authorised practice support/supervision/coaching sessions to 67 multi-sector Early Years practitioners previously trained in either the Incredible Years or [Psychology of Parenting Project](#) (Triple P) programmes (including Incredible Years Peer Coaches in training) by March 2020.

- d. Other Psychology training delivered during the year included [Training in Psychological Skills](#) Modules to 209 additional staff across Scotland and a programme of continuing professional development (CPD) on the care of people with [Dementia](#). The CPD programme, aimed at practice staff as well as practice professionals, was successfully developed and implemented as a result of engagement with RNIB and Alzheimer's Scotland, and supported by the NES Dementia Team.
- e. Our [Dental](#) Directorate supported all staff involved in delivery of dental care throughout the year. A good example was the provision of the HND Module in Decontamination delivered by the Dental Care Professionals (DCP) workstream as part of the SVQ post-qualification delivery for DCP Education. This included two courses: each with 10 participants.
- f. The Dental Directorate also supported the launch of 'Open Wide', a training guide aimed at those responsible for the oral care of adults with additional support needs, developed in partnership with key stakeholders. Support the subsequent roll out of this guide with the aim of improving the oral health of this priority group. 36 people attended a follow up Open Wide local event on 6 March 2020 in Glasgow which included delegates from a variety of Health and Social Care and Third Sector organisations with the aim of identifying practical ways Open Wide training could be delivered to carers in the community.
- g. The Dental Directorate's Oral Health Improvement Team (OHIT) created an education and training programme for General Dental Practitioners as set out in the Oral Health Improvement Plan and Programme for Government, to enable them to be appointed as enhanced practitioners providing domiciliary care in care homes. The OHIT team ran two 7-day courses with a maximum capacity of 20 on each course. A total of 42 individuals were offered places with 34 participants commencing the training. By the end of March 2020, 28 had successfully completed the training.
- h. NES's [Optometry](#) team designed a programme of education and training to support the management of Ocular Hypertension and Glaucoma by Scottish Optometrists, which was delivered to first cohort of 22 staff. A notable feature of this initiative was the credit rating of the award by the Scottish Qualifications Authority at Scottish credit and Qualifications framework Level 11.

- i. NMAHP continued its support and funding for the enrolment of additional nurses to the Postgraduate Diploma in [Advanced Clinical Practice](#) with a view to 500 advanced nurse practitioners completing their training by 2021. By September 2019 155 additional nurses had completed the Postgraduate Diploma, with another 788 in progress.
  
- l. NMAHP supported the [perioperative](#) workforce through generic education for all perioperative teams and training specific to needs of staff dealing with waiting times and elective care. Both themes were aided by improved consistency of approach to career and development practice, as we seek to grow and retain this element of the workforce. Led by the service, NES commissioned and procured the new Operating Department Practitioner (ODP) Programme leading to the award of a Higher Education Diploma. This programme, delivered by the University of the West of Scotland, widens access by providing a diverse and important recruitment route for staff who previously may not have had opportunity to undertake professional development of this nature. The new Diploma ODPs are part of NHS Scotland's response to agreed workforce models within new Elective Care Centres supporting waiting times.
  
- j. Staff from NES's NMAHP and Psychology directorates have been working in partnership with Public Health Scotland to support implementation of 'Every Life Matters' Scotland's Suicide Prevention Strategy and wider Public Mental Health Improvement policies. The Mental Health Improvement and Self Harm and Suicide Prevention Knowledge and Skills Framework, alongside a workforce development plan, was published 2019. Aimed at those working across health and social care settings, and beyond, the framework identifies knowledge and skills required across 4 levels of practice: informed, skilled, enhanced and specialist. Subsequently we developed Informed Level Learning Animations. At the end of September 2020, these animations have been accessed by nearly 15,000 people on Vimeo and over 2,500 people via Turas Learn.
  
- k. The [Medical](#) Directorate was responsible for managing some 6,128 doctors in training across 221 different training programmes following GMC approved curricula. During the year, 6,044 doctors underwent an annual review of competence and progression ([ARCP](#)), and 661 gained their certificate of



completion of training (CCT). This work was set out in detail in the [Annual Report of the Scotland Deanery](#).

#### 4.4. Learning from challenges

- a. Given the large-scale of investment in learning and development managed by NES, there is a need to ensure this is making a real impact on services and represents good value for taxpayers. For this reason, we have put in place a range of measures to manage the quality of our products and services and evaluate their effectiveness. There are several examples where NES has demonstrated the effects of our work on professional development and performance in the workplace, as documented in previous Strategic Plan progress reports.
- b. Despite these examples, measuring impact remains an area of challenge for a number of NES products, programmes and services. This is often the result of the difficulties in obtaining useful data from learners, their employers and other organisations. The need to collaborate on impact evaluation and learn from our own and external good practice in this area has been recognised and widely discussed. This challenge will continue to receive attention in 2020-2021 and will be addressed by the Education and Quality Assurance Committee.

#### 4.5. Case Study 1: Oral Health Open Badges

- a. The Priority Groups workstream within the Dental Directorate became aware of Open Badges through the Scottish Social Services Council (SSSC) and identified an opportunity to support learning in oral health for a wider group of learners. Following approval by the Chief Dental Officer, we developed a suite of Open Badges in oral health in collaboration with colleagues in NES Digital and SSSC. The badges will be issued by NES Dental Priority Groups and hosted on the SSSC website with links from Turas Learn.
- b. Open Badges are digital records of achievement and skills that are tied to assessment and evidence. They can be collected as evidence of learning and grouped together in an electronic portfolio and can be shared with others, for example line managers. Portfolios detail the criteria against which the badge was issued, and any evidence provided as proof that the criteria were met, including feedback. They can also be downloaded as printable certificates.

- c. The Open Badges in oral health represent bite size chunks of manageable learning which can be accessed by anyone. The intention is to develop a suite of Open Badges on oral health and related topics which will be available to support and underpin the national oral health improvement initiatives aimed at priority groups. Individuals can choose topics which are relevant to their particular situation and build up a portfolio of evidence of learning. It is hoped that this may appeal to those from health, social care and third sector backgrounds who are involved in the oral health of priority groups but who have not previously considered undertaking any formal learning in the subject. At the very end of 2019-20 work commenced on the first Open Badge to support the COVID 19 crisis.

#### **4.6. Case study 2: Mobile Skills Unit**

- a. During 2019-2020 [NES's Mobile Skills Unit](#) (MSU) continued to make a significant contribution to the training of health care staff in remote and rural locations. More than 1,100 staff participated in 150 training sessions in 27 visits. This included Portfolio work with NES's BASICS Scotland team delivering 'pick 'n' mix' training options for pre-hospital emergency care. Another of our delivery units, Surgical Skills, University of Dundee delivered basic surgical skills course in Shetland and Campbeltown (which was featured by BBC and STV). This was the first time this type of training had been run either on the MSU or in Shetland and was extremely well received. Both of these examples demonstrate the connection between the training commissioned by NES and its delivery in remote and rural venues (by the MSU). We also piloted the first simulated SUDI course (Sudden Unexpected Death in Infancy) – which was multi-professional and multi-agency with the plan to roll-out to other areas that the MSU visits.

#### **4.7. Case study 3: Psychology of Parenting Project (PoPP)**

- a. Research in the field of Implementation Science demonstrates that training in evidence based interventions is more likely to be utilised, and changes to practice are more likely to be sustained, when practitioners have acquired the necessary competences to deliver the intervention, have the organisational systems and supports to undertake the work, and the backing of local leadership. The [Psychology of Parenting Project](#) (PoPP), which commenced in 2013, is aimed at improving the availability of high-quality evidence-based parenting interventions for families of 3-6-year-old children who have concerning levels of behaviour problems and incorporates an implementation science framework.

- b. An implementation plan is developed in partnership with each participating Community Planning Partnership which addresses the staff competencies, organisational resources and support and leadership necessary for the multi-sector wider children’s workforce to successfully deliver these strengths-based interventions to families. Practitioner competence is developed through accredited trainings in evidence-based parenting programmes, and practice support sessions (supervision, consultation and coaching), as well as resources to support fidelity monitoring. In 2019-20, PoPP trained 72 practitioners in either the Incredible Years Preschool or Level 4 Group Triple P programmes and provided 36 practice support sessions to 84 practitioners in total.
- c. Outcome data, in the form of parent responses on the Strengths and Difficulties Questionnaire (SDQ), that is routinely used at the start and end of the groups, continue to show encouraging reductions in behaviour problems for children whose parents attended the groups.
- d. Headline PoPP data (August 2013-March 2020)

Number of groups delivered in total	973
Number of groups delivered in 2019-20	88
Number of families enrolled in groups	6,181
Number of parents/caregivers enrolled in groups	7,111
Number children for whom pre- and post-group SDQs have been gathered	3,332
% of children in the clinical range at the start of groups who had moved out of this high-risk range when their parents finished attending a group	60%
Number of Community Planning Partnerships that have adopted the PoPP model	22
Number of multi-sector Early Years practitioners who have been fully trained, equipped and supported to deliver one of the interventions with fidelity	801

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

### 5.1. What this area of focus means

The current digital landscape across health and social care in Scotland is characterised by multiple systems which have developed over time. This has resulted in duplication and placed limitations on access to data and intelligence. There is now a pressing need for better data sharing and access, improved digital leadership, investment in infrastructure and systems integration. A key to the future sustainability of effective patient care in Scotland will be the ability of services to manage and use large volumes of digital information safely, securely and effectively. The [NES Digital Service](#) (NDS) has an important role in developing and implementing the infrastructure, products and services to support better health and care, and this work is well underway through a multi-disciplinary and growing team.

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

By 2024, patients and health and care staff will be routinely using NES developed systems and products to access and manage health and care services. Uptake and use of NES digital services will be reviewed frequently and managed using data analysis tools.

### 5.3. Examples of good practice and where progress has been made

- a. A new and evolving element of our work is the development of the Scottish National Digital Platform as proposed in the [Digital Health and Care Strategy 2018](#), which is to be refreshed in 2020-21. This is replacing the current model of multiple systems across the care sector to allow us to safely and securely deliver data to better support care, help research and facilitate innovation. Its core components include:
  - creating a clinical data repository to hold data in a cloud-based system.
  - enabling NHS and wider staff as well as the general public to access and use health care data and services.
  - building a master patient index to facilitate sorting and storing data linked to individuals, all located in one place.
  - creating standards for holding and moving data.
- b. Taking a partnership approach, we are working with eHealth leads, NHS Chief Executives, the Digital Health and Social Care Portfolio Board, the Transition

Group, Scottish Government, and professional and clinical groups to standardise the digital architecture required for the platform without risking service delivery, safety or public confidence. Work on the underpinning infrastructure of the platform includes development of the clinical data repository (CDR), integration with legacy systems, scoping work on integrating citizen access to platform products, technical work on staff authentication to the NDP, linkage to CHI and security and system reliability actions.

- c. During the year, we focused on developing ReSPECT (Recommended Summary Plan for Emergency Care and Treatment). ReSPECT plays a critical role as the first instance of an accessible and updatable electronic patient record on the NDP which will be available across geography and staff groups. This is one of the first products, services and applications for the national platform and will be built in phases – with the aim that core technical components (such as CDR) developed initially for ReSPECT can then be re-used in future products. ReSPECT seeks to enhance anticipatory care by providing professionals from both primary and secondary care, and in community services with digital access to patients' wishes regarding future management, that will be accessible for many staff groups from different settings (e.g., hospital, acute/emergency care, community and GP services, Out of Hours, SAS, and care home staff). Patients will also be able to update their ReSPECT form (by providing personal details, emergency contacts and care wishes) to ensure that information is accurate and available to the right people at the right time.
- d. We worked with Forth Valley Health Board to support the implementation and further development of ReSPECT, including putting in place the processes required to make the product available to other boards, increasing the range of people including citizens and hospices who can access ReSPECT, and using it as a template for the creation of new key information summary applications, such as Cancer Treatment Summaries.
- e. The work from Modern Outpatients, Access Collaborative, Elective Centres Programme and Primary Care Modernisation is generating demands for new digital solutions to manage demand and workflow more effectively. This was originally managed through small scale projects with working groups set up to secure resource to upscale the work, and a pilot virtual system for dermatology services has now been successfully migrated onto the NDP. The purpose of the

project is to develop an asynchronous digital appointment service for dermatology patients and clinicians in NHS Greater Glasgow and Clyde. The main aim is to reduce waiting times by using clinician time efficiently and to improve regular interactions between patients and health professionals. The new service offers the potential to be rolled out across more NHS Boards in the future. An initial product roadmap has been developed by NDS, to ensure alignment with Scottish Government priorities, as well as market appetite and partner engagement. We envisage that we will provide the underlying digital infrastructure and support to ensure appropriate user engagement, as well as collaborating on design and interfaces where there is benefit in having a consistent NHS house style and approach.

- f. The National Health and Social Care Workforce Plan Part One (2017) gave NES a key role in analysis, intelligence and modelling for the NHS Scotland workforce. We took over the responsibility for publishing [national workforce statistics](#) on 1<sup>st</sup> October 2019 which has involved the transfer of some data analytics staff to NES from NSS ISD. We are also working towards accreditation as a national statistics provider.
- g. During 2019 we produced workforce data publications for psychology and the CAMHS workforce, for core NHS Scotland staff, and provided detailed data analysis for the dental workforce, for newly qualified nurses and midwives and the medical workforce. Our new data intelligence team is working well and we are engaging with stakeholders to gather their requirements, update datasets and build in scenario planning to better support workforce planning.
- h. This new team will finalise the dataset for the [TURAS Data Intelligence](#) platform and provide data analytics services for workforce planning in order to better predict the impact of changes in policy, training capacity and supply on workforce availability. We will also seek to provide NHS boards with improved access to their own data and the ability to analyse it.

#### 5.4. Learning from challenges

- a. Whilst NES leads on the Scottish National Digital Platform, maximisation of its potential relies on our being able to successfully work with others to harness the capability of eHealth departments and clinical communities. Discussions with territorial and national boards confirm their willingness to play their part in

developing and implementing the platform but this enthusiasm must move beyond aspiration into action.

- b. We must ensure that data can be stored safely, indexed logically, with access for users (staff and the public) strictly controlled and based on role requirements. By making sure that permissions are managed correctly, we can control access to various elements of the platform based on the roles people are in, whether staff or citizen, and enable citizens to engage directly with their own healthcare in a way that doesn't jeopardise the privacy of their data. Over time, we will be able to host an ever-growing range of products, services and applications. Protocols on clinical safety and medical device safety have been developed in draft by clinical leads, drawing on best practice and advice from the Medical Device Unit in Glasgow. This approach will be tested and refined as part of the process of deploying technology in early adopter boards who will need to be satisfied that our technology is safe to use and conforms to clinical governance requirements.
- c. Our expanded role in workforce planning has required us to work closely with NHSS ISD to ensure transfer of staff and knowledge and skills to enable analysis and reporting of workforce information. A timetable has been put in place for NES to become an Official Statistics provider and a national data sharing agreement has been drawn up to facilitate the secondary transfer of information.

#### **5.5. Case study: Sharing data on genomics across Scotland: working with partners and demonstrating leadership**

- a. Responding to the Scottish Government's commitment to develop genomic medicine, we set out to support the Scottish Genomes Partnership in its objective to create a shared data repository. This is cloud based and will be available to all 4 national clinical genetics laboratories in Scotland beginning with defining minimal data storage and progressing to increasingly sophisticated workflow pipelines. We will shortly complete the data architecture report for the Genetics Laboratories Management Consortium, and we will then seek to secure agreements and move to implementing and alpha testing the data storage. NHS Tayside has asked that they be used as a pilot centre.
- b. Working collaboratively has afforded us the opportunity to be included in grant applications: a £45 million bid developed by University of Glasgow and NHS Greater Glasgow and Clyde to develop and deploy new genomic assays to NHS

Scotland and a University of Edinburgh initiative to assess the feasibility of a national roll-out of a new clinical genetics assay for severely ill children.



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

### **6.1. What this area of focus means**

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

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

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

### **6.3. Examples of good practice and where progress has been made**

- a. In recognition of the increasing importance of NES's digital infrastructure, an induction guide was produced by the Digital Service Desk to include an overview of key tools and applications, and a 'how to' guide. Following initial development, the induction guide was updated to reflect the change in operating system from Windows 7 to Windows 10. The updated document is currently in review.
- b. The Digital Directorate commenced work with other NES to review and redevelop the corporate website, ensuring that it is modern and fit for purpose. This work involved gathering statistics to get feedback on website use, with reference to the 'bounce rate' (the percentage of visitors leaving the site after viewing one page). Agreement was reached with the NES Communications team on a way forward and a prototype of the new NES website has been presented to the Business Owners Group and was received well. Conversations are now ongoing with different directorates and group representatives around the organisation to consider content migration and adjustment of the prototype.
- c. Work was undertaken by the Digital Directorate to establish a reliable and consistent network infrastructure and support service to ensure there are minimal unplanned outages or inconsistencies in service. A Service Level Agreement was developed specifying the target of 99 per cent 'uptime' for the corporate digital network. There were no further outages during the year, although a switch

replacement programme is currently planned. This was expected to result in short, scheduled outage periods.

- d. NES's Digital Directorate has participated in and demonstrated leadership of strategic development priorities of importance to NES and linked to the wider work of NHSScotland. Work has begun on improving the clarity of the connection between the NES strategy and our people, technologies and products/services. The first outcome will be an assessment of our current state and a plan of action as to how we can improve.
- e. In recognition of the importance of the accessibility of the Turas platform and the quality of the user experience, a Turas Style Guide was implemented and made live in January 2020. This has been used to implement new designs across all applications. The Digital team will continuously add to and improve the Style Guide to ensure consistency of experience and accessibility on the platform. The number of Turas applications developed in line with the new Style Guide implemented should increase on a rolling basis.
- f. In developing and upgrading digital Workforce applications our Digital Directorate has moved from reactive to proactive user experience (UX) design. This involved meeting services users in their own environment, working with them, testing out new ideas and analysing statistical data on use. Another round of user testing was completed on the Workforce Policies website (desktop version) in locations around Scotland, focussing on understanding of how users access content. A System Usability rating of 85 was recorded; significantly exceeding the target rating of 71.1.
- g. The Workforce Directorate continued to embed and roll out values-based recruitment (VBR) based on NES Ways of Working and 'Our Way'. During the year, VBR pilot feedback was collated and used to inform the initial roll out of refreshed recruitment and selection training, aligned to the roll out of the JobTrain recruitment and selection application in December. Content is being finalised for a digital Hiring Managers toolkit to support managers following the training and for future recruitment. Work is also being progressed to brief candidates on values-based recruitment in NES and how this relates to our ways of working and selection process.

- h. The Workforce Team is using existing and new funding streams to establish a range of development opportunities that enable appropriate skills transfer into NES's priority work areas. The purpose of this initiative was to maximise workforce potential and support career transitions. Workforce has successfully provided Prince2Agile project management training for 1 cohort of staff although the planned sessions for cohorts 2 and 3 have been postponed due to Covid-19 restrictions. Four regional learning events were held in February and March to introduce Our Way in Action, including an overview of Active Bystander training and how to have courageous conversations. Further intensive training is planned using the Flexible Workforce Development Fund during 20/21.
- i. During the year our Workforce team-initiated workforce analytics projects to provide several improvements in workforce capability (e.g., appraisal, engagement and retention analytics) and people processes (e.g., recruitment, learning management and succession planning). This was achieved by developing and deploying usable interactive dashboards that provide managers and others with data to generate insight and act.

#### **6.4. Learning from challenges**

- a. While our organisation level indicators such as iMatter and our Stress Survey continue to suggest that the quality of people management in NES is relatively high, we are also aware that there are continuing challenges around completion of key corporate activities such as Personal Review & Planning and Essential Learning. We have considered that lower levels of compliance in these areas may reflect gaps in line managers' capability and/or confidence. We designated 2020 as the Year of the Manager in NES and set out to review the effectiveness of our leadership and management development programmes in NES.
- b. From a series of semi-structured interviews with managers from across NES directorates, we learned that managers were looking for more support around the key challenging aspects of management, particularly around HR policy and the need for clearer support for the implementation of these. We are now to revisiting our catalogue of training and support for managers ensuring a consistent starting point for all managers which defines values, responsibilities and expectations and offers clear signposting to support when issues or challenges occur. Our newly developed digital interactive sign-posting resource

is the first step in creating a manager's portal offering essential guidance and support for managers.

- c. In addition, our 'first 90 days' project has now re-started and moved at pace with a soft launch of the new process in December, providing new starters with all the information they will need over their first 90 days including completion of their Essential Learning (first 30 days (Learn), first 60 days (Discover) and first 90 days (Grow)).

#### **6.5. Case study 1: NES People and OD Dashboard**

- a. During the year we maximised the use of the emerging People and OD Dashboard as a tool for HR Business Partners, working with management teams to interpret data and inform decision making. The November Staff Governance Committee received the second report on insights from the HR and OD team. These reports seek to identify areas where performance can be improved across the organisation, based on the data and intelligence held by the team through regular interactions with managers and employees across Directorates. The Staff Governance Committee agreed with the recommendation that good practice be modelled and continuous improvement achieved through early intervention and linking in with ongoing programmes of work already being progressed across the organisation (e.g. SMARTER working, improving candidate experience, Once for Scotland policies). It was agreed that manager development should be a key area of focus for the HR and OD teams. The Committee also received an update on the stress survey results and how these would feed into programmes of work across the organisation, specifically SMARTER working. The October Partnership Forum received an update on the Once for Scotland policies implementation plan, with agreement of next stages to be delivered in partnership.

#### **6.6. Case study 2: SMARTER Working project**

- a. Donald Cameron led the 'Once for NES' project, looking at how the organisation can make best use of its people and facilities, while ensuring our staff can maintain a healthy balance between their home and working lives. Digital colleagues used agile methods to support the generation of ideas that will enable the whole of NES to become more efficient and collaborative, whilst ensuring everyone has the right tools to do their job effectively, wherever they are. In late 2019, Smarter Working Workshops took place, and were well attended, across

our Aberdeen, Dundee, Edinburgh, Glasgow and Inverness offices - with Donald Cameron and Christopher Wroath in attendance to set the scene.

- b. A plan for implementing some of the ideas was created, centred around some key themes that emerged, including:
- training
  - support for line managers and teams
  - clear guidance/policies
  - flexible working
- c. Although the Smarter Working project was interrupted by the Covid-19 pandemic, it successfully established the organisation's readiness for new ways of working. These new ways of working, based on NES's digital infrastructure, have proved to be invaluable during the lockdown, enabling the maintenance of vital services and helping the organisation to participate fully in Scotland's response to the pandemic crisis.

## **NHS Education for Scotland**

### **Board Paper**

#### **1. Title of Paper**

Annual Medical / Dental / Pharmacy Recruitment Update

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

Prof Rowan Parks, Acting Director of Medicine  
Dr David Felix, Postgraduate Dental Dean  
Prof Anne Watson, Postgraduate Pharmacy Dean

#### **3. Purpose of Paper**

- 3.1 This paper provides Board members with an overview of recruitment to postgraduate medical, dental and pharmacy education and training, reports on the 2020 recruitment cycle to date and outlines key issues relating to recruitment and retention to these professions.
- 3.2 The Board will wish to note that the format of this paper is different compared to previous years. A Pharmacy recruitment update is included for the first time. The paper also sets out the impact of the COVID-19 pandemic on postgraduate medical, dental and pharmacy education and training.

#### **4. Background**

- 4.1 In previous years the Board has received separate updates on Medical and Dental recruitment. The COVID-19 pandemic has delayed the production of these update reports and a decision was taken to submit both professions' updates together, along with an update from Pharmacy, given the significant role NES plays in the quality assurance and management of the national Pre-Registration Pharmacist Scheme (PRPS) in Scotland.
- 4.2 The recent changes that the Board approved in relation to the structure of its Standing Committees and the development of new Committee Terms of Reference (ToRs). This has in turn, provided the opportunity to review the governance role of the Board and the Committees and the assurance information appropriate for each to receive.
- 4.3 It is therefore proposed that the Education and Quality Committee will receive the future Annual Medical / Dental / Pharmacy Recruitment Report. The Annual Medical / Dental Trainee Progress Outturn and modelling paper and Medical Revalidation reports are scheduled to come to February 2021 Board. It is proposed that these would come through the Education and Quality Committee.

## **5. Key Issues**

### **5.1 Medicine**

The overall vacancy fill rates in Medicine have improved in 2020 and this year saw the best fill rates since we entered UK National Recruitment. However, it remains the case that some specialties are more popular than others, and some geographies are more popular than others.

### **5.2 Dental**

The overall vacancy fill rate for Dental posts remain very high in 2020. Notably there has been a significant improvement in fill rate of DCT posts.

### **5.3 Pharmacy**

The overall vacancy fill rates in Pharmacy for the national PRPS training remains high and to date has been higher than England and Wales. This will be monitored for our current 2020 recruitment round now that we have aligned with England and Wales through the Oriol system using online assessment processes. This will also be under pressure as the numbers required for the scheme are increasing with Scottish Government funding for at least the next four years.

## **6. Educational Implications**

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

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

## **7. Financial Implications**

7.1 Although there are no direct financial implications associated with this paper, the Board will be aware that NES receives recurrent funding for the majority of Medical / Dental / Pharmacy postgraduate posts.

## **8. Which of the 5 Key Areas of Focus in the NES Strategy for 2019-24 does this align to?**

8.1 A high-quality learning and employment environment  
National infrastructure to improve attraction, recruitment, training and retention  
Education and training for a skilled and compassionate workforce

## **9. Impact on Quality Ambitions**

9.1 Recruitment of trainees into high quality training programmes at all levels will have a positive impact on all the quality ambitions – safe, effective and person-centred care.

## **10. Key Risks and Proposals to Mitigate the Risks**

### **10.1 Medical**

The process of medical education and training is regulated by the General Medical Council, which determines and approves the curricula to be followed by doctors in training, and approves all locations at which training can take place. They also quality

assure both undergraduate and postgraduate training. The approval of training posts in individual units depends fundamentally on the extent to which a given unit can (a) meet the GMC standards and (b) deliver all or part of an approved curriculum.

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

#### 10.3 Dental

The process of dental education and training is regulated by the General Dental Council (GDC), which determines and approves specialty curricula to be followed by dentists in training. They also quality assure both undergraduate and some elements of postgraduate training. The approval of training posts in individual units is essentially the responsibility NES and depends fundamentally on the extent to which a given unit can (a) meet the GDC standards and (b) deliver all or part of an approved curriculum.

#### 10.4 Pharmacy

The process of pharmacy education and training is regulated by the General Pharmaceutical Council (GPhC), who determine and set the standards for the initial education and training of pharmacists. NES are responsible for the quality assurance and management of the national Pre-Registration Pharmacist Scheme (PRPS) in Scotland. This involves approval of training posts in individual training sites which depends fundamentally on the extent to which a training site can (a) meet the GPhC standards which includes a suitably trained Tutor and (b) deliver training against the training programme.

### 11. Equality and Diversity

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

11.2 Through the MDRS Governance structure, the Recruitment Operational Group Executive is developing a schedule to carry out Equality Impact Assessments across all specialties. The Postgraduate Dental Dean in his role as Chair of COPDEND sits on the MDRS Programme Board and MDRS Recruitment Sub Group.

11.3 Equality Impact Assessments for Pharmacy will be included once the necessary data is received.

### 12. Communications Plan

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

Fill rate data for dental posts is made available to the Chief Dental Officer and also communicated to key stakeholders via the NES Dental Committee.

Fill rate data for Pharmacy is notified to Scottish Government and joint communications are produced for the service.



### **13. Recommendations**

The Board is invited to:

- Note the Annual Medical / Dental / Pharmacy Recruitment update
- Consider and approve the proposal to submit future Annual Medical / Dental / Pharmacy Recruitment updates and the annual Medical / Dental Trainee Progress Outturn and modelling papers and Medical Revalidation reports to the Education and Quality Committee.

RP/DF/AW  
November 2020

# Post Graduate Medical, Dental and Pharmacy Education & Training (PGMET) 2020 Recruitment and impact of COVID-19

## 1. Purpose

- 1.1 This paper has been prepared to provide Board members with a brief overview of recruitment to postgraduate medical, dental and pharmacy education and training, to report on the 2020 recruitment cycle to date and to outline key issues relating to recruitment and retention to these professions.
- 1.2 The background to UK national recruitment under the governance of the Medical & Dental Recruitment Service (MDRS) is outlined in **Appendix 1**.

## 2. Background

### 2.1 Medicine

- 2.1.1 Doctors in training account for a significant proportion of the medical workforce in Scotland – according to ISD, in September 2019, there were about 5,217 consultants, 868 SAS doctors (both WTE), 4,453 general practitioners (HC) and approximately 5,691 doctors in training (WTE, 5,954) in Scotland.
- 2.1.2 Although doctors in training make a very significant contribution to service delivery – particularly in secondary care – the size of the training grade workforce does not reflect the number of doctors in training that the service would wish to have to deliver care.
- 2.1.3 Rather, advice to ministers on the size of the training grade workforce has been determined – first under the ‘reshaping medical workforce’ project, and currently by the ‘Scottish Shape of Training Transitions Group’ – based on the numbers of doctors in training needed to provide the required output of trained doctors, whether consultants or general practitioners. On this basis, the training grade workforce is 6,070 training posts, but as the Board is aware, we have secure recurrent funding for 5,548 posts with 216 posts funded by either Health Boards or Universities.
- 2.1.4 Over the past 6 years, Scottish Government have approved an increase of the medical training grade establishment by 244 posts which are funded on a nonrecurrent basis and 62 posts which are funded by NES via recycling cost efficiencies achieved as a result of the application of the Business & Payment rules.
- 2.1.5 The process of medical education and training is regulated by the General Medical Council, which determines and approves the curricula to be followed by doctors in training, and approves all locations at which training can take place. The GMC also quality assure both undergraduate and postgraduate training. The approval of training posts in individual units depends fundamentally on the extent to which a given unit can (a) meet the GMC standards and (b) deliver all or part of an approved curriculum.
- 2.1.6 Additional background information regarding the context of medical workforce issues is documented in **Appendix 2**.

## 2.2 Dentistry

2.2.1 The process of dental education and training is regulated by the General Dental Council, which determines and approves specialty curricula to be followed by dentists in training. They also quality assure both undergraduate and some elements of postgraduate training. The approval of training posts in individual units is essentially the responsibility of NHS Education for Scotland and depends fundamentally on the extent to which a given unit can (a) meet the GDC standards and (b) deliver all or part of an approved curriculum.

2.2.2 The number of dentists in NHS Scotland is a subset of those registered with the GDC. In Scotland NHS dentists are classified as working in the General Dental Service (GDS), Public Dental Service (PDS) or Hospital Dental Service (HDS). Dentists may provide treatment in one or more of these services.

2.2.3 In April 2013 the Salaried GDS and the Community Dental Service (CDS) combined to form the PDS. This change affected the way dental workforce data were classified. Before April 2013 the GDS consisted of the salaried and non-salaried GDS. After April 2013 the GDS consisted of only the non-salaried GDS. To ensure a consistent time series, the non-salaried GDS, the salaried GDS and the CDS were combined before April 2013 and the non-salaried GDS and the PDS were combined after April 2013. This consistent time series is referred to as the GDS-PDS.

2.2.4 Additional background information on dental schools intake, oral health science, dental vocational training and vocational training for dental therapists can be found in **Appendix 3**.

### 2.2.5 Pharmacy

2.3.1 The process of pharmacy education and training is regulated by the General Pharmaceutical Council (GPhC), who determine and set the standards for the initial education and training of pharmacists. This includes accreditation of Higher Education Institutions to provide a quality assured four-year MPharm programme as well as overseeing that the standards and assessment are met within the one-year pharmacist pre-registration training programme. NHS Education for Scotland are responsible for the quality assurance and management of the national Pre-Registration Pharmacist Scheme (PRPS) in Scotland. This involves approval of training posts in individual training sites which depends fundamentally on the extent to which a training site can (a) meet the GPhC standards which includes a suitably trained Tutor and (b) deliver training against the training programme.

2.2.6 In Scotland, Pharmacists are classified as working within NHS Scotland when they are employed by an NHS Board (hospital and/or GP practice setting) or working within the community pharmacy sector. Pharmacists can move between sectors of practice and can be employed across them. Since 2018, there has seen a shift in pace around the introduction of 'Pharmacotherapy' services in GP Practice settings resulting in significant numbers of experienced staff being recruited from community and secondary care pharmacy teams. New pharmacy technician and pharmacy support worker roles within Pharmacotherapy services are now also being explored in Primary Care.

2.2.7 The additional demand for pharmaceutical services in GP practice settings has led to a Scottish Government commitment to increase the number of pre-registration pharmacist training places in Scotland over the next four years (an additional 120 pharmacists to be trained).

2.2.8 Additional background information regarding the context of pharmacy workforce issues is documented in **Appendix 4**.

### **3. Impact of the COVID-19 Pandemic on 2020 Recruitment**

#### **3.1 Medicine**

3.1.1 Medical recruitment takes place during several rounds, including Foundation, Round 1 (for CT1/ST1) and Round 2 (for specialty ST3/ST4). Recruitment for Foundation and interviews for specialties recruiting in Round 1 completed in early March 2020 with offers being released shortly afterwards, before the lock down restrictions due to the pandemic came into place.

3.1.2 Round 1 Re-advert and Round 2 were both delayed and impacted by the COVID-19 pandemic. A decision was taken by the MDRS Programme Board to cancel all face-to-face interviews and look at other ways of delivering specialty recruitment. A Task and Finish Group was constituted to review and approve specialty recruitment contingency processes. The group consisted of senior clinical representatives from across the 4 nations and junior doctor representatives from the BMA JDC and AoMRC Trainees Committee, supported by the MDRS team.

3.1.3 The group agreed to proceed with recruitment for August 2020 starts, to make offers to full training programmes (NTNs) rather than LAT appointments, and that selection processes were to be undertaken without an interview process.

3.1.4 An external review was undertaken and has confirmed no undue bias but the formal report and detailed analysis is awaited.

#### **3.2 Dentistry**

3.2.1 National recruitment to both **core** and **specialty** training posts took place in May 2020. All face to face interviews were cancelled. A Task and Finish Group was established to review and approve core and specialty recruitment contingency processes. Core training used a situational judgement test and specialty recruitment used a validated self-assessment. Neither recruitment exercise involved an interview process.

#### **3.3 Pharmacy**

3.3.1 In 2020 as a result of the COVID-19 pandemic, NES Pharmacy worked jointly with colleagues in HEE and HEIW who run the national recruitment for Pre-registration training posts in England and Wales to utilise their established online assessment methods for candidates. This allowed the recruitment process to continue as per scheduled timelines with the aim to fill training posts for 2021/22 by the end of November 2020. NES Pharmacy is currently liaising with stakeholders to suggest recruitment in 2021 for 2022/2023 cohort, is carried out again in conjunction with HEE and HEIW online.

## 4. 2020 Recruitment Fill Rates

### 4.1 Medicine

#### A. Foundation

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

4.1.2 The UK Foundation Programme Office (UKFPO) oversees the recruitment of students into Foundation Schools through Oriel. Scotland is the largest UK Foundation School. Students rank their preferences in Oriel and most are offered their first or second choice. Within Scotland students can further preference the specific Programme they wish to join depending on the region or the specialties offered by the Programme. **Fill rates for foundation training in 2020 are set out below** (Data correct as at 04/08/20).

NES East			NES North			NES SE			NES West		
Posts	Accepts	Fill %	Posts	Accepts	Fill %	Posts	Accepts	Fill %	Posts	Accepts	Fill %
96	94	98%	141	133	94%	198	198	100%	414	409	99%

#### B. Core and Specialty Training

4.1.3 NES Medical Directorate works closely with SGHSC Workforce colleagues throughout the training and recruitment year to an agreed timeline on publication of data from a Scottish and rest of UK context. This ensures consistency of approach and enables the Workforce team to provide timely briefings to the Cabinet Secretary and other officials.

4.1.4 Appendices 5 - 7 contain fill rates from each recruitment round, by specialty and region, together with UK data comparisons. Recruitment takes place over a sequence of 'rounds' of recruitment. **Round 1** is for posts at ST1 level in Core and Run-Through programmes, **Round 2** is for ST3 or ST4 and above programmes in un-coupled specialties. Any vacant posts are then mopped up in a **Round 1 Re-Advert**, and finally **Round 2 Re-Advert** is for vacant posts with a February start date.

- **Appendix 5** shows the fill rates for all vacant posts in Scotland at the end of the main recruitment cycle (Round 1 + Round 2 + Round 1 Re-Advert), separated by training level, and compared to whole UK data.
- **Appendix 6** shows the fill rates for all vacant posts in Scotland at the end of the main recruitment cycle (Round 1 + Round 2 + Round 1 Re-Advert), broken down by region. Some programmes with smaller numbers are managed and so reported as 'national' (all-

Scotland) and some are 'East Coast' (North + East + South East).

- **Appendix 7** shows the fill rate for the full **2019** recruitment cycle (Round 1 + Round 2 + Round 1 Re-Advert + Round 2 Re-Advert), which allows reporting by establishment. This illustrates that while we filled 92% of vacant posts in that cycle, the fill of all established training posts was 98%.

## 4.2. Dental

### A. Vocational Training

4.2.1 The results of recruitment for posts commencing 1 September 2020 are as follows:-

	Available posts	Posts Filled	Fill rate
Dental Vocational Training	147	147	100%

4.2.2 Importantly the target of securing a post for all Scottish graduates was achieved.

### B. Vocational Training for Dental Therapists

4.2.3 The outcome of the recruitment exercise for posts commencing 1 August 2020 are as follows:-

	Available posts	Posts Filled	Fill rate
Dental Therapists Vocational Training	20	15	75%

### C. Dental Core Training

4.2.4 Dental Core Training (DCT) is that period of postgraduate development which extends from the end of Dental Vocational Training to the start of specialty training, specialist practice, generalist practice or many other possible career options. As such, it is a training period that has multiple endpoints and a varied duration of from one to three years. It should be noted that there is no statutory or contractual requirement for any dental graduate to undertake DCT. It is, however, seen by many recent dental graduates as being an extremely valuable training and education experience that helps clarify their own professional career intentions.

4.2.5 Recruitment to Dental Core training (DCT) posts in the UK is through a national selection process led by Health Education England's East Midlands local office (the DCT National Recruitment Office). The recruitment and selection processes ensures standardisation in selection and values based recruitment in line with other national training programmes.

4.2.6 The immediate outcome of the recruitment exercise for posts commencing 1 September 2020 is as follows:-

	Available posts	Filled	Fill rate
DCT1	30	30	100%
DCT2	34	34	100%
DCT3	22	21	95.46%
DCT4	4	4	100%

## D. Dental Specialty Training

4.2.7 There are currently 13 dental specialties regulated by the General Dental Council. NES currently has active training programmes in ten. Fill rates for posts commencing September 2020 as follows:-

	Fill rate
Dental and Maxillofacial Radiology	100%
Dental Public Health	100%
Oral Surgery	100%
Orthodontics (run through)	100%
Paediatric Dentistry – ST1	100%
Paediatric Dentistry – ST4	100%
Special Care Dentistry	100%

## E. Dental Nurse Recruitment

4.2.8 NES delivers a course for Dental Nurses across five sites in Scotland (Glasgow, Edinburgh, Dundee, Inverness and Aberdeen) with intakes at various points throughout the year. The programme leads to registration with the General Dental Council.

4.2.9 Trainees are employed by individual dental practices or Health Boards.

4.2.10 Intake is essentially demand led and we have limited influence on what the sector does in terms of recruiting new starts. In 2019 the Dental Nurse Modern Apprenticeship was introduced in NES offering 98 funded places.

4.2.11 The outcome of recruitment to these programmes during the period October 2019 to September 2020 inclusive is as follows:-

	Available Posts	Filled	Fill rate
Pre-registration dental nurse training	120	118	98.33%

On-going support and teaching has been enabled by the move to on-line learning during the pandemic, allowing candidates to progress with the pre-registration qualification.

## 4.3 Pharmacy

### Pre-Registration Pharmacist Scheme

NES Pharmacy have responsibility for the recruitment of trainees into the national Pre-Registration Pharmacist Scheme (PRPS) to provide a cohort of newly registered pharmacists for NHS Scotland.

4.3.1 Student Pharmacists apply to the NES national Pre-registration Pharmacist Scheme (PRPS) during their third year of an MPharm degree. After successfully completing their 4-year MPharm course, student pharmacists are required to complete 52 weeks of pre-registration training and pass the GPhC Registration Assessment to apply to register as a Pharmacist. Once registered as a Pharmacist with the GPhC they can practice in Great Britain.

- 4.3.2 The aim of Pre-registration Pharmacist training is to use both individual work-based assessment and a national assessment to test trainees’ abilities to demonstrate the knowledge, skills and behaviours necessary to provide safe and effective care as a pharmacist.
- 4.3.3 Recruitment to the PRPS in Scotland is coordinated by NES and was traditionally held in a face to face assessment centre in Edinburgh or Glasgow - distinct and separate from the recruitment process to posts in England, Wales and Northern Ireland.
- 4.3.4 NES are given funding by Scottish Government for a set number of PRPS posts each training year which we aim to recruit to.

Training Year	Number of Funded Posts
2017/18	170
2018/19	200
2019/20	200
2020/21	215
2021/22	235

- 4.3.5 Numbers of funded posts have been increased since 2018 in response to the increase in demand for Pharmacists in GP practices. A further increase has been agreed from 2020 to 235 funded posts for the training year commencing in 2021, 2022 and 2023 (creating an extra 120 Pharmacists over 4 years from a baseline of 200).
- 4.3.6 Applications are made via the Oriel System to a Scotland vacancy. Historically applicants were invited to an assessment centre where they are tested across three assessments against a personal specification for the role. This assessment produces a ranked list of appointable candidates who are then matched to suitable training posts. This matching process is based on candidate and Training Provider preferences.
- 4.3.7 NES work with Training Providers and place trainees in both the NHS Boards and the community sector.
- 4.3.8 Trainees are employed by the organisation to which they are matched, through the recruitment process, for a period of 52 weeks. NES provide a training grant to fund the trainee salary and stipulate standard terms and conditions for all trainees regardless of practice sector.
- 4.3.9 The outcomes from the Recruitment for PRPS posts from 2016-2019 are shown below:

Recruitment Cycle	Application Numbers	Available Funded Posts	Posts Filled	Fill Rate
2016 (for 2017/18)	341	170	169	99.4%
2017 (for 2018/19)	252	170*	170	100%
2018 (for 2019/20)	254	200	195	97.5%
2019 (for 2020/21)	265	200**	200	100%
2020 (for 2021/22)	350 ***	235	TBC	TBC

\*Posts were increased to 200 by SG after conclusion of recruitment cycle – successfully filled to 200 in 2018 utilising further recruitment methods.



\*\*Posts were increased to 215 by SG after conclusion of recruitment cycle – successfully filled to 215 in 2020 utilising further recruitment methods.

\*\*\*The increase in applicants is thought due to a NES marketing exercise across England and Wales to attract student pharmacists to Scotland, and due to COVID 19, NES Pharmacy working jointly with colleagues in HEE and HEIW who run the national recruitment for Pre-registration training posts in England and Wales to utilise their established online assessment methods for candidates.

4.3.10 The fill rate compares favourably with fill rates through oriel recruitment for pre-registration training in England and Wales.

## **5 Key Messages**

- 5.1 The overall vacancy fill rates in Medicine have improved in 2020 and this year saw the best fill rates since we entered UK National Recruitment. However, it remains the case that some specialties are more popular than others, and some geographies are more popular than others.
- 5.2 The overall vacancy fill rate for Dental posts remain very high in 2020. Notably there has been a significant improvement in fill rate of DCT posts.
- 5.3 The overall vacancy fill rates in Pharmacy for the national PRPS training remains high and to date has been higher than England and Wales. This will be monitored for our current 2020 recruitment round now that we have aligned with England and Wales through the Oriel system using online assessment processes and will also be under pressure as the numbers required for the scheme are increasing with SG funding for at least the next 4 years.

Rowan Parks  
David Felix  
Anne Watson

**NHS Education for Scotland**  
**November 2020**

## **Appendix 1: UK MDRS Background and Governance**

### **Prior to UK Medical and Dental Recruitment and Selection (MDRS)**

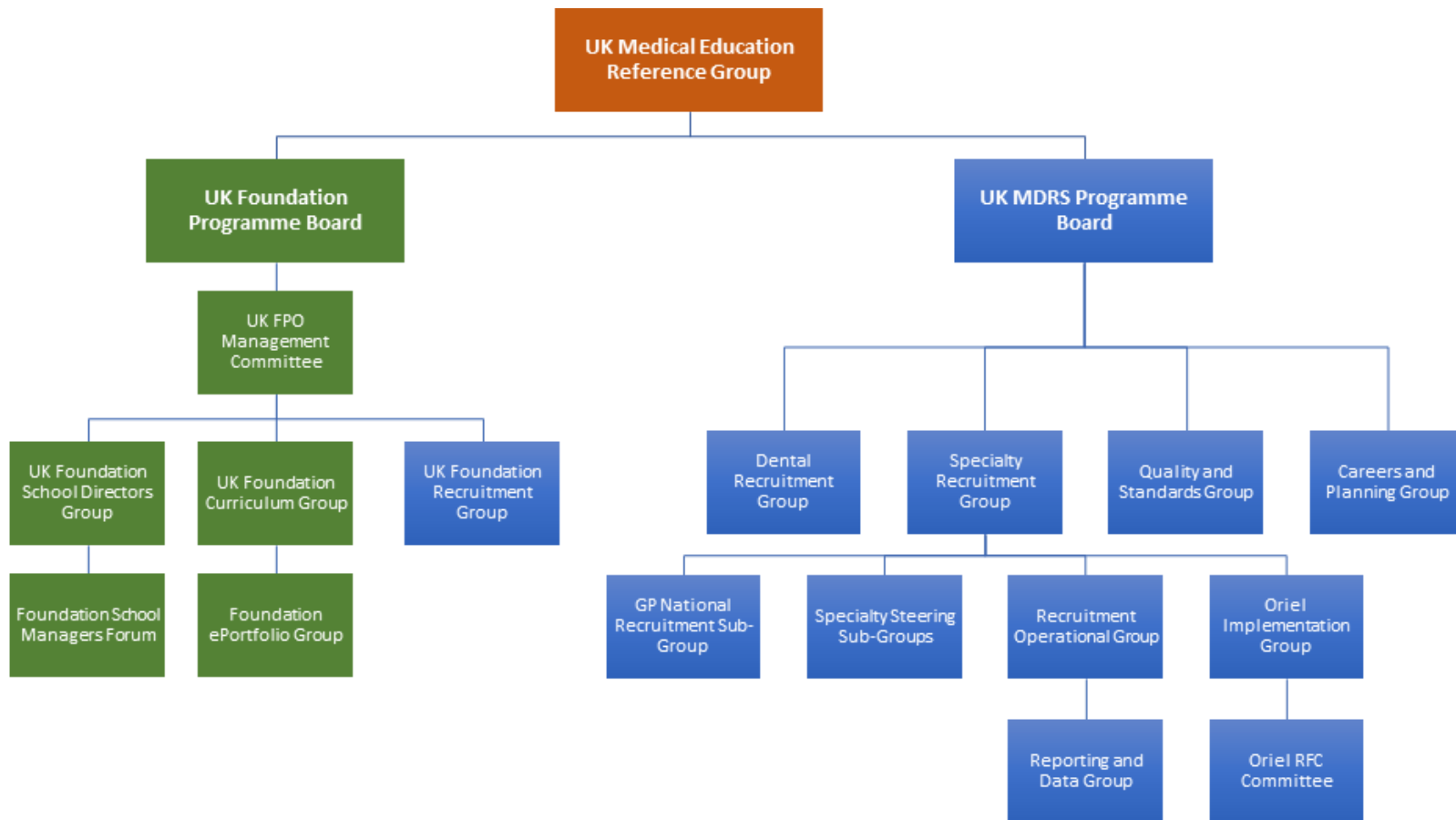
1. Each nation/region advertised and recruited to their own vacancies through different processes across the UK.
2. There was no limit on the number of applications that an individual could make, no national person specifications which allowed differential selection processes and no controls in place to limit the number of offers that an individual could accept.
3. The 4 nations were competing to attract the same applicants. In addition, applicants were able to withdraw from accepted posts once a preferred offer elsewhere was received.
4. There was no national timeline - posts were advertised as posts arose, increasing the number of assessment centres and therefore consultant and trainee time to attend these. Each time a post fell vacant, an advert was placed, and an appointment committee, typically including 4-6 senior medical staff, would be convened for one day to conduct unstructured interviews.
5. Scotland was operating in a context as above with multiple systems elsewhere in the UK and a lack of UK consensus on specifications, timelines and application protocols. A baseline review and benefit appraisal was undertaken in 2014 to ensure Scottish Government had appropriate information to support participation in MDRS.
6. At the request of Scottish Government, NES led a Task & Finish Working group in 2018 to co-ordinate Scottish stakeholder input on the current delivery and operational effectiveness of MDRS arrangements, assess whether these remain fit for purpose or could be improved, to assess whether alternative arrangements may better suit Scotland's needs, and make recommendation(s) on the most appropriate way forward that will inform UK-wide considerations on the future of the MDRS programme.
7. The clear view of most stakeholders – and of doctors in training in particular – was that the current UK approach and system was preferred, albeit with some suggestions for improvement in Scotland. This position has since been endorsed by Scottish Ministers, subject to a further review in 2021.

## MDRS Governance

8. Against that background, UK Medical and Dental recruitment and selection (MDRS) was developed as a UK wide process and is governed by the MDRS Programme Board which has representation from the four home nations, BMA, Medical Royal Colleges, Dental Deans and other stakeholders. The MDRS Programme Board reports to the UK Medical Education Reference Group. An overview of the Governance arrangements is set out at Appendix 1.
9. Each nation retains the right to deliver specific “requirement activity” to meet specific policy objectives of their respective government outside of agreed national recruitment agreements.
10. Each nation is also responsible for determining their workforce numbers for recruitment within each round – in Scotland, this is now managed through the Scottish Shape of Training Transitions Group.
11. A number of sub groups report to the MDRS Programme Board including:
  - **Oriel Oversight:** The governance and oversight of the UK online application portal for all recruitment for specialty training, Foundation and General Practice recruitment across the UK are carried out via a single portal - Oriel<sup>4</sup>.
  - **Quality & Standards:** oversees the quality assurance processes, national standards for assessors and evaluation of medical selection processes including assessment tools.
  - **Medical and Dental Careers Strategy :** oversees a four nation approach for careers advice and the needs of the future workforce.
12. Lead recruiters across the UK, including Deanery offices, Royal Colleges and Health Boards, work together with agreed person specifications, scoring mechanisms and timetables. These agreed UK standards then apply to all applicants for the specialty and where there is more than one assessment centre, question banks and agreed assessment tools mean that applicants are assessed online and at centres to the same standard.

## Pharmacy

13. Prior to 2019, Pharmacy Recruitment utilised the SMT system for PRPS Recruitment. Pharmacy moved to use Oriel for PRPS Recruitment in 2019 and transferred to Oriel 2 In 2020.



## Appendix 2 – Medical Workforce Context

The following sections examine the medical workforce using the template for workforce planning recommended by the Scottish Government: the Six Steps Methodology to Integrated Workforce Planning.

### 1. Step one: defining the plan

Identify why a workforce plan is needed and for whom it is intended

- 1.1 The [Health and Care Staffing Act 2019](#) places a duty on NHS boards to ensure appropriate staffing and places a duty on Scottish Ministers to take all reasonable steps to ensure that there is a sufficient number of registered healthcare professionals.

### 2. Step two: mapping service change

Identify the purpose and shape of any proposed service change that will impact on future workforce requirements

- 2.1 The Scottish Government's latest [workforce plan](#) sets out several service changes that will affect the demand for health care staff in general and doctors in particular. Elective Treatment Centres, which will provide additional capacity to deliver elective treatments such as cataract surgery, and hip and knee replacements. The Waiting Times Improvement Plan, which is designed to reduce waiting times, are likely to affect the demand in particular medical specialties such as Urology, Dermatology and General Surgery.

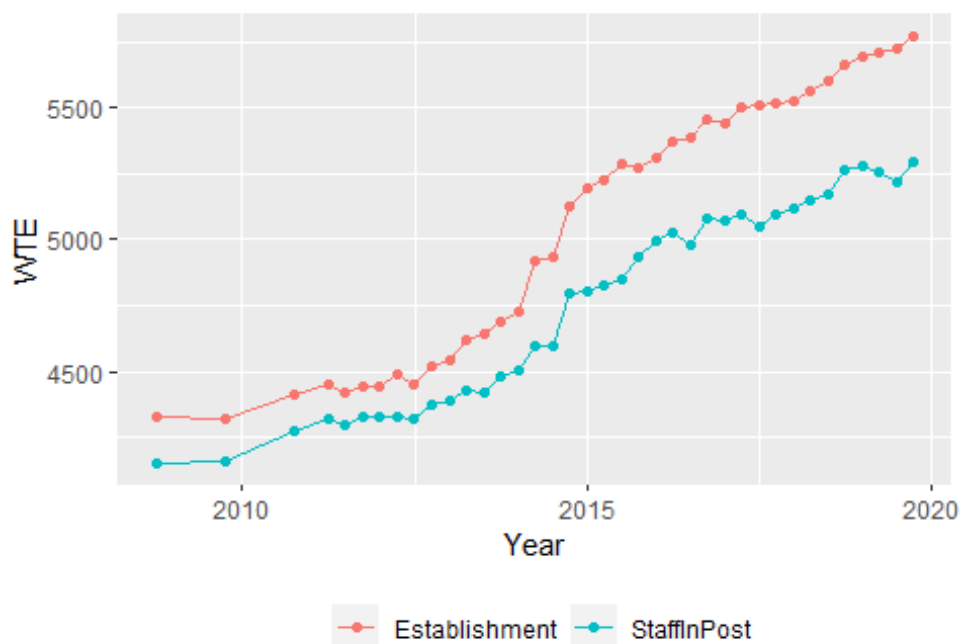
### 3. Step three: defining the required workforce

Identify the skills required and the type/number of staff to deliver the new service model (workforce demand)

- 3.1 The chart below shows the number of funded, Establishment, and funded and filled, StaffInPost, medical consultant posts. The difference between the two lines is the number of funded and unfilled posts or vacancies. Consultant vacancies have been large and increasing during the recent past.

## Consultant establishment and Staff in post

Source: NHS Scotland



- 3.2 The Scottish Government's [workforce plan](#) assumes non-pay growth of 1.3% a year for health and 1.7% for social care. The plan estimates that other things being equal, this will give rise to an increase of 1100 consultants over the next ten years. Taken together with the existing commitment to increase the GP workforce by 800 by 2027, this represents a considerable increase in demand for doctors in Scotland.
- 3.3 The current level of vacancies, together with the expected increase in demand for consultants in the future, means that there is a short-term requirement to increase the consultant workforce to fill unfilled posts and a longer-term requirement to increase the consultant workforce to meet the expected increase in demand for trained doctors in the future.

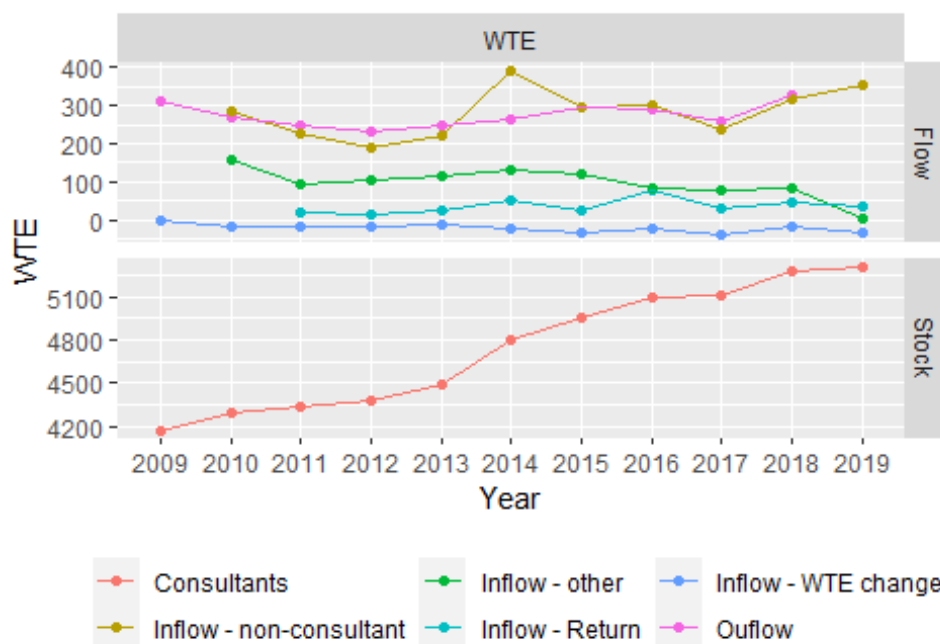
## 4. Step four: understanding workforce availability

Identify current and future staff availability based on current profile and deployment (workforce supply)

- 4.1 The lower panel of the chart below shows the WTE number of consultants in NHS Scotland during the past few years and decomposes the change in WTE into inflows and outflows in the upper panel. The chart shows that the inflows from non-consultants in Scotland, such as doctors in training, is much larger than the inflow from outside Scotland and the inflow from consultants returning to practice. The chart shows that there has been a net outflow as a result of consultants reducing WTE.

## Stocks and flows of consultants

Source: NHS Scotland



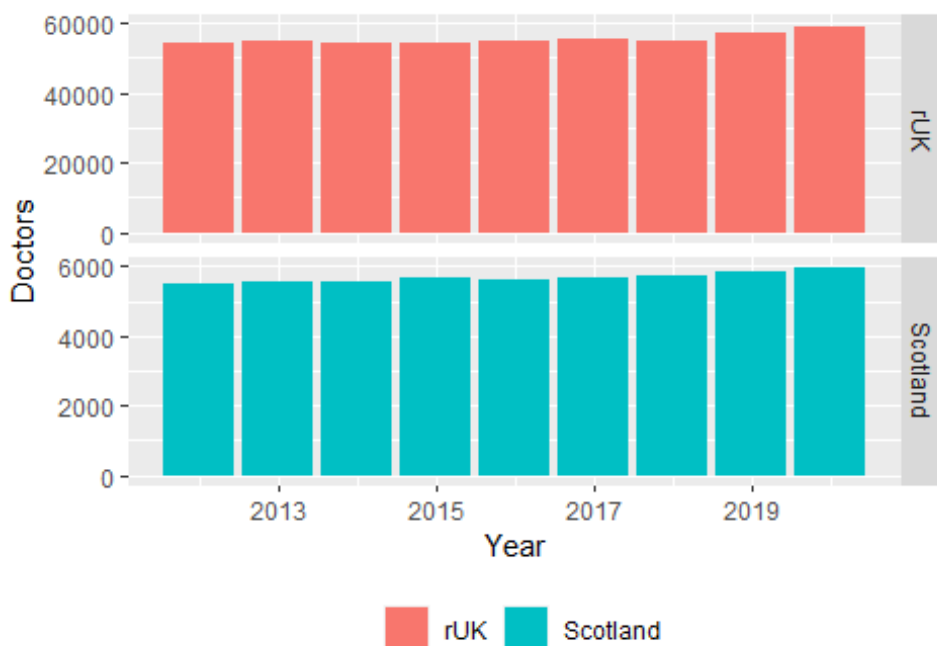
### 5. Step five: developing an action plan

Plan to deliver the required workforce (new skills in new locations) and manage the change

- 5.1 The chart shows that the number of doctors in training in Scotland and the rest of the UK has been increasing. However, it is unclear whether this increase will be enough to offset current vacancies, expected future outflows and the expected future increase in demand for both GPs and consultants in Scotland.

## Doctors in Training

Source: GMC NTS



- 5.2 Different policy instruments are likely to be needed to achieve these different policy targets. For example, given the duration of medical training, the short-term requirement to fill current vacancies is unlikely to be met by increases in medical education. Rather, this is likely to require support from NES to decrease outflows, increase return to practice, increase the WTE per consultant and increase the inflow of consultants trained outside Scotland. In addition, supporting other staff groups to substitute for doctors where possible will decrease the demand for consultants. By contrast, the long-run requirement to increase the medical workforce may be met by an increased inflow from postgraduate medical education in Scotland. These short-run and long-run interventions are not independent of each other: a larger emphasis on short-run interventions implies a smaller emphasis on long-run interventions.
- 5.3 The relatively large and increasing number of funded and unfilled consultant posts also has implications for NES to support the existing medical workforce. Labour market data are characterised by high degrees of persistence. In other words, most of today's doctors will also be tomorrow's doctors. The current stock of consultants have experienced increasing demands for their services due to COVID-19 and face the prospect of further increased demands in the future. This is likely to have an impact on the wellbeing of the medical workforce.

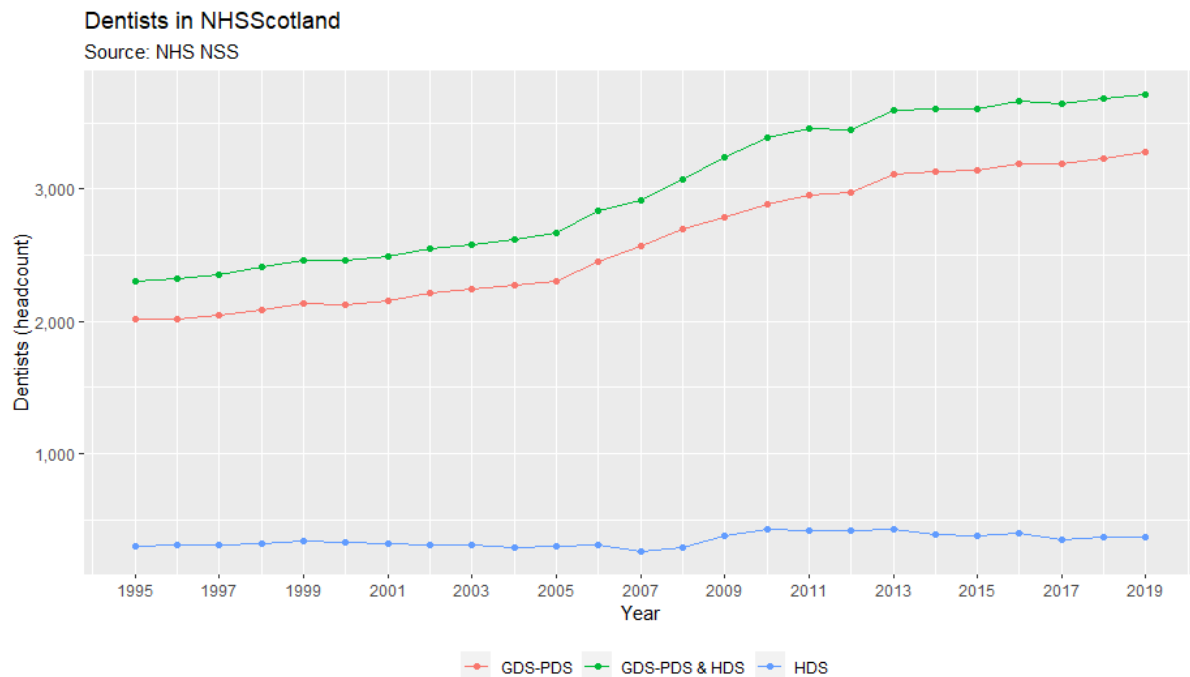
## **6. Step six: implement, monitor and refresh**

Implement the plan, measure progress and refresh the plan as required

- 6.1 One of the ways in which the approach to workforce planning can be measured and refreshed is through [TURAS Data Intelligence](#), which allows stakeholders to examine Official Statistics for the NHS Scotland workforce and, for users with additional access, the ability to draw on some of the data used in this section, together with other data to develop a clearer picture of the medical workforce.



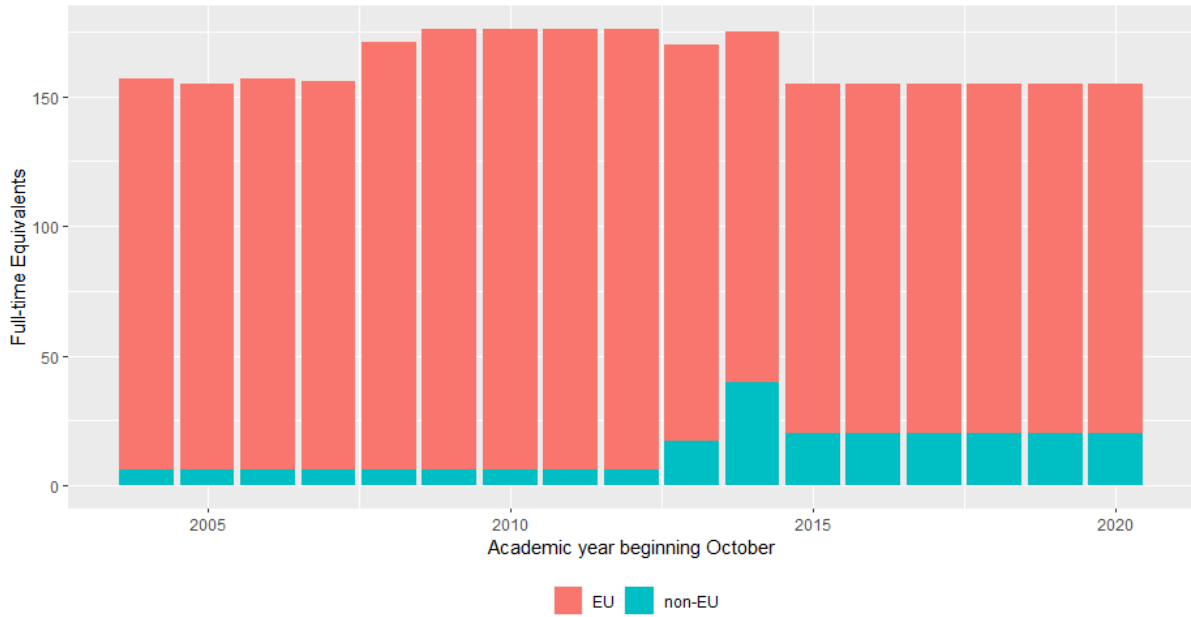
## Appendix 3 – Additional Background information on dental training programmes



- 1.1 Intake targets for dental schools in Scotland are set to ensure that the right number of people are in the right place at the right time as set out in the Scottish Government’s 2020 Workforce Vision. In recent years the intake targets for EU students have reduced. The reduction in the intake targets for EU students has a direct effect on the revenue of universities and the intake targets for overseas students have increased to allow universities to offset the reduction in revenue from EU students.
- 1.2 The number of accepted places on BDS programmes since 2012 decreased by 8.4% in the UK and by 13.9% in Scotland.

### Intake targets

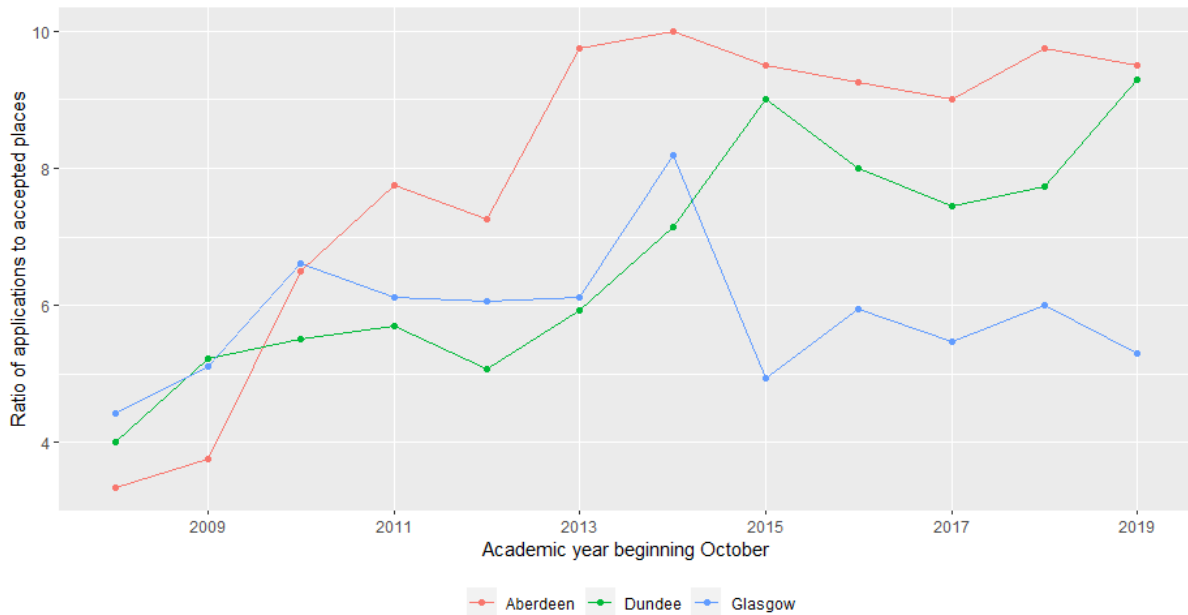
Source: SFC



- 1.3 The ratio of applications to accepted places is an indicator of the demand for BDS places relative to the supply of these places. In Scotland there continues to be considerable demand for BDS places relative to supply, although demand levels have differed within and between each of the three providers in recent years.

### The ratio of applications to accepted places

Source: UCAS



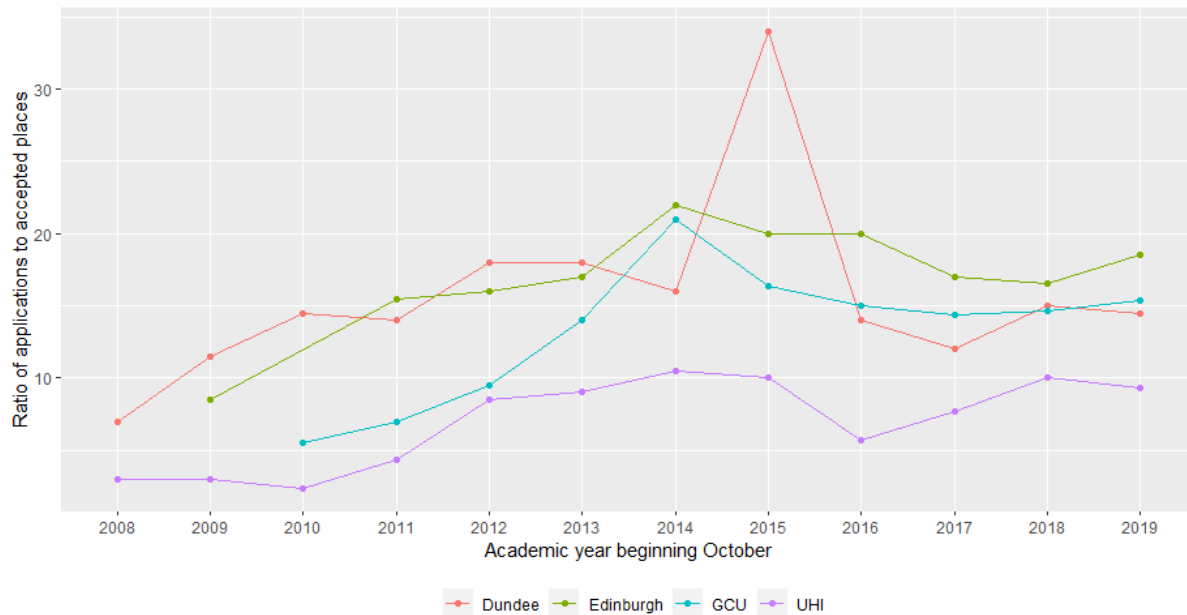
### 1.4 Oral Health Science

Four Scottish universities are certified by the GDC to deliver a BSc in OHS leading to registration as both a dental therapist and hygienist: Dundee, Edinburgh, GCU and UHI. Following a previous increase in the ratio of applications to accepted places, the demand for places has decreased slightly since 2015 but is still relatively high.

- 1.5 The relatively high ratio for Dundee in 2015 may reflect the low numbers and rounded data made available from UCAS

The ratio of applications to accepted places

Source: UCAS



### 1.6 Dental Vocational Training

Final year dental students apply to dental vocational training in the UK before taking final degree exams. At the point of graduation, they gain full registration with the General Dental Council. New or recent graduates must complete a one year period of vocational training in order to be eligible to hold Health Board List Number. The list number allows dentists to work as associates or principals in NHS General Dental practice

- 1.7 The aim of Vocational Training (VT) in dentistry is to enhance clinical and administrative competence and promote high standards through relevant postgraduate training so as to allow participants to meet the needs of general dental practice.

- 1.8 Vocational (Foundation) Training is centered on approved training practices with a complementary educational support programme of normally 25 study days.

- 1.9 Training practices are inspected to ensure that high standards are maintained and a dentist in each training practice is identified as the Trainer. The Trainer is expected to maintain high standards of clinical practice as well as possess an extensive postgraduate record. Each training scheme normally has 12 training pairs which fosters small group teaching. An Adviser acts as facilitator and organiser of each scheme.

- 1.10 Recruitment to Dental Vocational Training posts in Scotland is coordinated by NES and is distinct from the recruitment process to posts in England, Wales and Northern Ireland.

- 1.11 Applicants for whom Dental Vocational Training (DVT) is the only route available to be admitted to a relevant NHS Dental Performers List are given priority in the recruitment process. This would apply to candidates who will graduate from a UK Dental School, or to candidates who will graduate from overseas Dental Schools, *i.e.* from outwith the EEA, for whom DVT is the only route available to be admitted onto a relevant NHS Dental Performers List.

- 1.12 Applications are sorted into two batches. Batch one applicants will be those for whom DVT is the only route available to be admitted to a relevant NHS Dental Performers List, *e.g.* those graduating from a UK or Overseas Dental School. Batch two applicants will be those who have alternative routes for entry onto a relevant NHS Dental Performers List, *e.g.* those graduating from out with the EEA. All offers of posts are made to Batch one applicants in the first instance. Batch two applicants are put on hold at the point of application and will only be offered posts should there be no suitable Batch 1 candidates.
- 1.13 The target for dental vocational training is to provide a sufficient number of posts which at least matches the output of the dental schools in Scotland for those who wish to train in Scotland.
- 1.14 **Vocational Training for Dental Therapists**  
A similar system operates for recent Oral Health Science graduates who qualify as dental therapists. Currently this is not mandated.

Annual output of the Therapy Schools in Scotland typically averages 40 – 45.

NES delivers a part time vocational training scheme for recent graduates.

## Appendix 4 – Pharmacy Recruitment Update

### 1. Purpose

- 1.1 This paper has been prepared to provide Board members with a brief overview of recruitment to pre-registration pharmacist training posts as part of a national scheme in Scotland.

This is the first Pharmacy recruitment update which has been provided to the Board so will summarise activity for the period 2016-2020. The intention would be to report annually from this point.

### 2. Background

- 2.1 The process of pharmacy education and training is regulated by the General Pharmaceutical Council (GPhC), who determine and set the standards for the initial education and training of pharmacists. This includes accreditation of Higher Education Institutions to provide a quality assured four-year MPharm programme as well as overseeing that the standards and assessment are met within the one-year pharmacist pre-registration training programme. NHS Education for Scotland are responsible for the quality assurance and management of the national Pre-Registration Pharmacist Scheme (PRPS) in Scotland. This involves approval of training posts in individual training sites which depends fundamentally on the extent to which a training site can (a) meet the GPhC standards which includes a suitably trained Tutor and (b) deliver training against the training programme.

### 3. Pharmacy Workforce Supply

- 3.1 In Scotland, Pharmacists are classified as working within NHS Scotland when they are employed by an NHS Board (hospital and/or GP practice setting) or working within the community pharmacy sector. Pharmacists can move between sectors of practice and can be employed across them. Since 2018, there has seen a shift in pace around the introduction of `Pharmacotherapy` services in GP Practice settings resulting in significant numbers of experienced staff being recruited from community and secondary care pharmacy teams. New pharmacy technician and pharmacy support worker roles within Pharmacotherapy services are now also being explored in Primary Care.

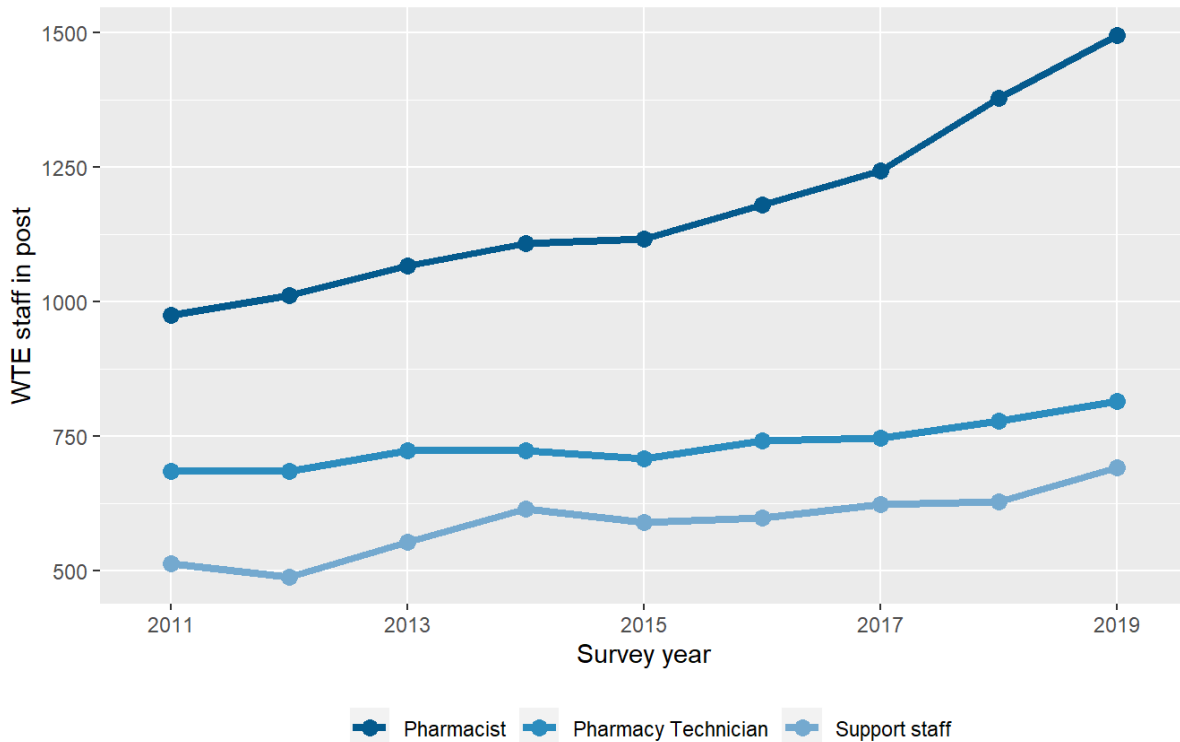
The additional demand for pharmaceutical services in GP practice settings has led to a Scottish Government commitment to increase the number of pre-registration pharmacist training places in Scotland over the next four years (an additional 120 pharmacists to be trained).

- 3.2 The NHS Scotland Staff and Vacancy Survey gathers information for those employed within NHS Scotland and presents WTE staff in post for each year for Pharmacists, Pharmacy Technicians and Support Staff. The composition of staff in post by group and AfC remained broadly similar between 2018 and 2019. The number of WTE Pharmacists continues to increase, mainly driven by increases in Agenda for Change (AfC) bands 7 and 8A. A comparison of WTE staff numbers across survey years indicates increases in Pharmacist and Pharmacy Technician WTE in Primary Care since 2013. In the case of Pharmacists this increase does not appear to be at the expense of other sectors within the Managed Service and may be due to movement of staff from the Community Pharmacy sector.

## NHS Scotland Workforce – WTE Staff in Post 2011 – 2019

### WTE Staff in Post 2011 - 2019

Source: NHSScotland Staff and Vacancy Survey

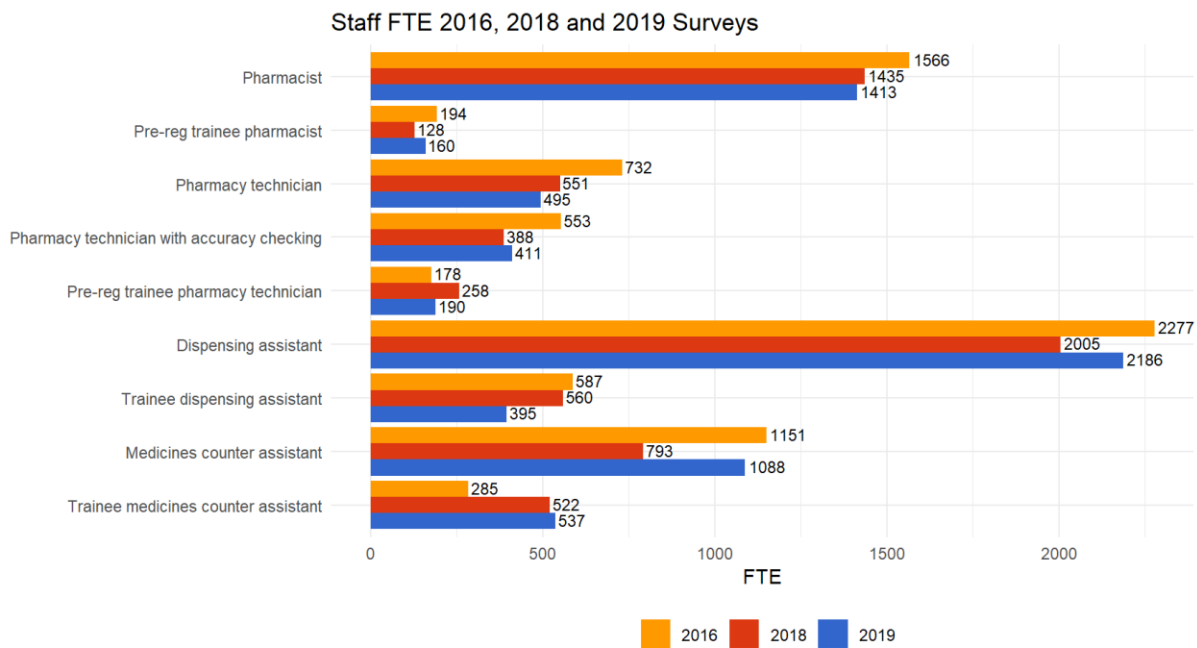


3.3 NHS Education for Scotland carried out a Community Pharmacy Workforce survey in conjunction with Community Pharmacy Scotland in 2019. The survey gathered information on staff in post and vacancies, reported as both Headcount (HC) and Full Time Equivalent (FTE). The response rate was 100%.

3.4 The reported WTE staff numbers for the main staff groups was 1412.61 Pharmacists, 906.19 Pharmacy Technicians and 3,313.62 Support Staff.

3.5 There was an estimated reduction in WTE Community Pharmacist numbers since 2016 (-153, -9.8%). Pharmacy Technicians WTE numbers also decreased over this period (-237, -32.4%).

## Community Pharmacy Workforce – Staff FTE Change since 2016

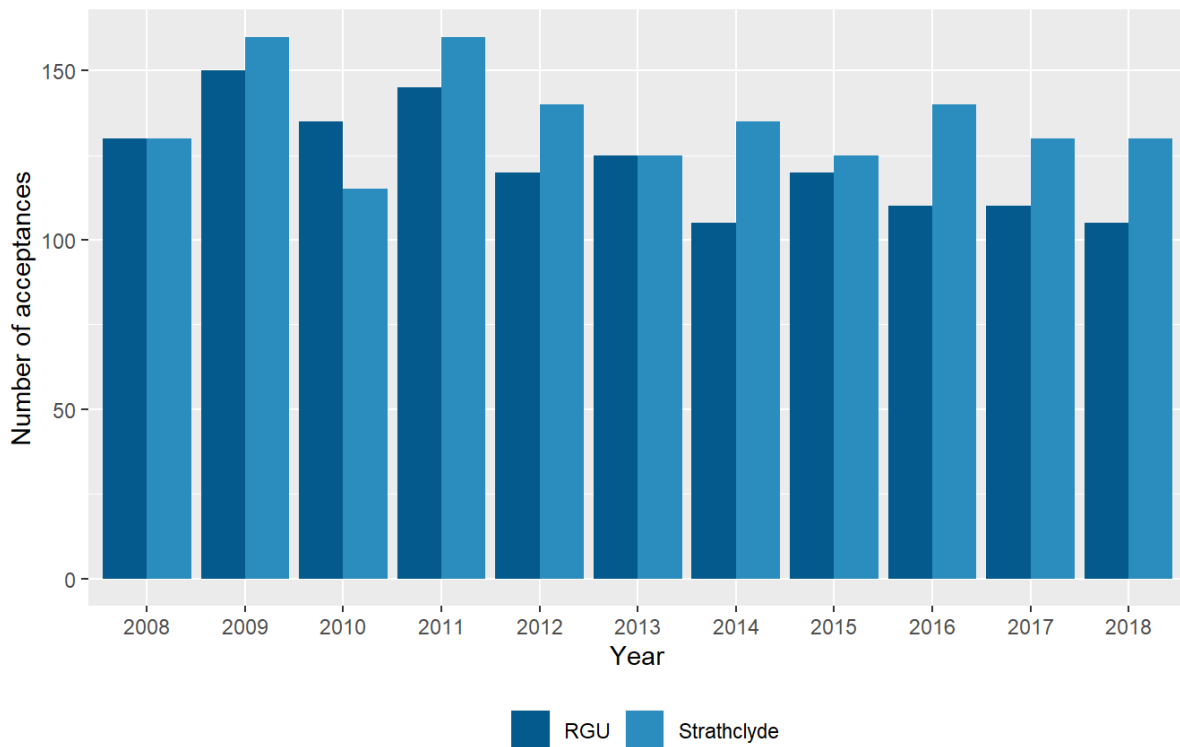


- 3.6 Vacancy figures indicated that Community Pharmacist staff numbers had not decreased significantly since 2018. There were also fewer vacancies than in the previous year, possibly due to restructuring within the community sector which has removed roles and therefore reduced vacancies.
- 3.7 Registration as a Pharmacist with the GPhC currently involves completing a GPhC accredited MPharm course, completing a year of pre-registration training, completing the GPhC's registration assessment and meeting fitness to practice requirements for registration. Two Universities in Scotland offer GPhC accredited MPharm programmes. These are Robert Gordon University (RGU) and University of Strathclyde (UoS).
- 3.8 UCAS collects data on applications for and acceptances into all university courses. These data comprise the number of applications through the main application scheme and number of accepted places via all application routes. We report the latest available data here which relate to courses starting in 2018.

## Number of acceptances 2008-2018 at RGU and UoS for 4-year MPharm Course

### Acceptances on 4-year Mpharm Courses in Scotland

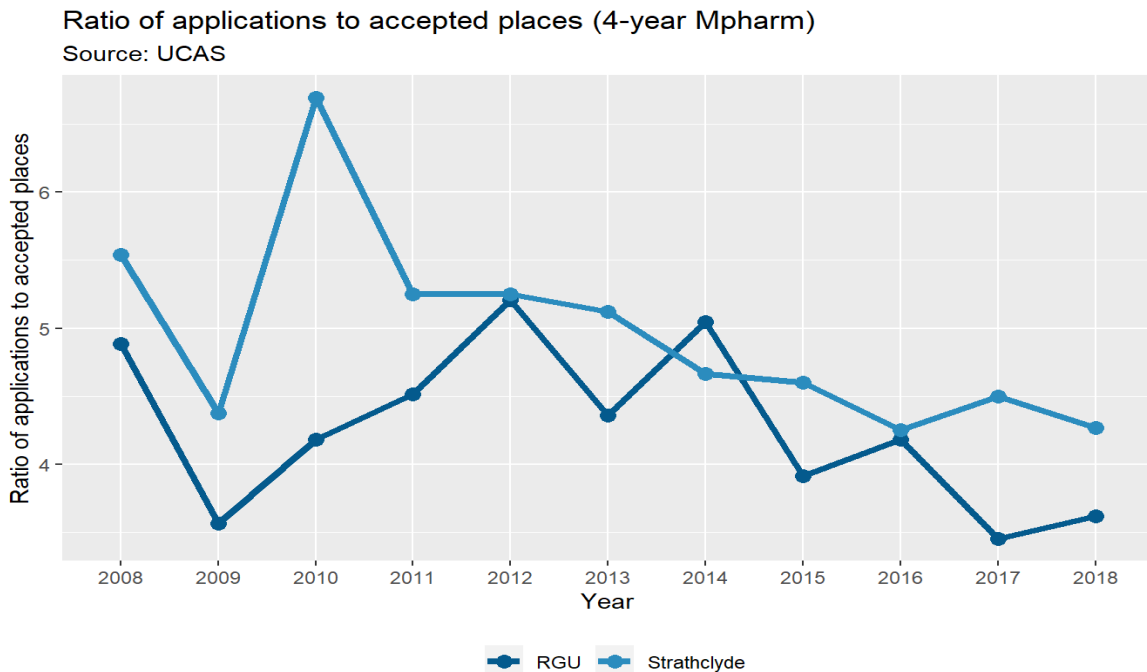
Source: UCAS



- 3.9 The ratio of applications to accepted places is an indicator of the demand for MPharm places relative to the supply of these places. Demand for places has decreased overall at both Scottish providers since 2012.



## Ratio of applications to acceptances 2008-2018 at RGU and UoS for 4-year MPharm Course



### 4. Pre-Registration Pharmacist Scheme

- 4.1 Student Pharmacists apply to the Pre-registration Pharmacist Scheme (PRPS) during their third year of an MPharm degree. After successfully completing their 4-year MPharm course, student pharmacists are required to complete 52 weeks of pre-registration training and pass the GPhC Registration Assessment to apply to register as a Pharmacist. Once registered as a Pharmacist with the GPhC they can practice in Great Britain.
- 4.2 The aim of Pre-registration Pharmacist training is to use both individual work-based assessment and a national assessment to test trainees' abilities to demonstrate the knowledge, skills and behaviours necessary to provide safe and effective care as a pharmacist.
- 4.3 Recruitment to the PRPS in Scotland is coordinated by NES and was traditionally held in a face to face assessment centre in Edinburgh or Glasgow - distinct and separate from the recruitment process to posts in England, Wales and Northern Ireland.
- 4.4 NES are given funding by Scottish Government for a set number of PRPS posts each training year which we aim to recruit to.

Training Year	Number of Funded Posts
2017/18	170
2018/19	200
2019/20	200
2020/21	215
2021/22	235

Numbers of funded posts have been increased since 2018 in response to the increase in demand for Pharmacists in GP practices. A further increase has been agreed from 2020 to 235 funded

posts for the training year commencing in 2021, 2022 and 2023 (**creating an extra 120 Pharmacists over 4 years from a baseline of 200**).

- 4.5 Applications are made via the Oriel System to a Scotland vacancy. Historically applicants were invited to an assessment centre where they are tested across three assessments against a personal specification for the role. This assessment produces a ranked list of appointable candidates who are then matched to suitable training posts. This matching process is based on candidate and Training Provider preferences.
- 4.6 NES work with Training Providers and place trainees in both the NHS Boards and the community sector.
- 4.7 Trainees are employed by the organisation to which they are matched, through the recruitment process, for a period of 52 weeks. NES provide a training grant to fund the trainee salary and stipulate standard terms and conditions for all trainees regardless of practice sector.
- 4.8 The outcomes from the Recruitment for PRPS posts from 2016-2019 are shown below:

Recruitment Cycle	Application Numbers	Available Funded Posts	Posts Filled	Fill Rate
2016 (for 2017/18)	341	170	169	99.4%
2017 (for 2018/19)	252	170*	170	100%
2018 (for 2019/20)	254	200	195	97.5%
2019 (for 2020/21)	265	200**	200	100%
2020 (for 2021/22)	350 ***	235	TBC	TBC

\*Posts were increased to 200 by SG after conclusion of recruitment cycle – successfully filled to 200 in 2018 utilising further recruitment methods.

\*\*Posts were increased to 215 by SG after conclusion of recruitment cycle – successfully filled to 215 in 2020 utilising further recruitment methods.

\*\*\*The increase in applicants is thought due to a NES marketing exercise across England and Wales to attract student pharmacists to Scotland, and due to COVID 19, NES Pharmacy working jointly with colleagues in HEE and HEIW who run the national recruitment for Pre-registration training posts in England and Wales to utilise their established online assessment methods for candidates.

The fill rate compares favourably with fill rates through oriel recruitment for pre-registration training in England and Wales.

## 5. Oriel Recruitment

- 5.1 In 2020 as a result of the COVID-19 pandemic, NES Pharmacy worked jointly with colleagues in HEE and HEIW who run the national recruitment for Pre-registration training posts in England and Wales to utilise their established online assessment methods for candidates. This allowed the recruitment process to continue as per scheduled timelines with the aim to fill training posts for 2021/22 by the end of November 2020. NES Pharmacy is currently liaising with stakeholders to suggest recruitment in 2021 for 2022/2023 cohort, is carried out again in conjunction with HEE and HEIW.

**Appendix 5 : Scotland Vacant Posts Fill Rates for Round 1, Round 2 and Round 1 Re-Advert Compared to Whole UK data**

Specialty	Level	Rounds	Post Type	SCOTLAND 2020			UK 2020		
				Posts	Total Accepts	Fill Rate	Posts	Total Accepts	Fill Rate
ACCS Anaesthetics/Core Anaesthetics	1	1A	CT	72	72	100.00	569	569	100.00
Acute Care Common Stem - Emergency Medicine	1	1A	CT	18	18	100.00	348	347	99.71
Acute Internal Medicine	3	2A	ST	10	9	90.00	87	80	91.95
Anaesthetics	3	2A	ST	48	48	100.00	353	353	100.00
Broad Based Training	1	1A	CT	13	7	53.85	13	7	53.85
Cardiology	3	2A	ST	8	8	100.00	114	114	100.00
Cardio-thoracic surgery	1	1A	ST	1	1	100.00	13	13	100.00
Cardio-thoracic surgery	3	1A	ST	1	1	100.00	7	6	85.71
Chemical Pathology	1	1A	ST	2	2	100.00	2	2	100.00
Child and Adolescent Psychiatry	4	2A	ST	6	4	66.67	56	39	69.64
Clinical Genetics	3	2A	ST	2	2	100.00	13	13	100.00
Clinical Oncology	3	2A	ST	4	4	100.00	47	47	100.00
Clinical Pharmacology and Therapeutics	3	2A	ST	1	0	0.00	13	2	15.38
Clinical Radiology	1	1A	ST	39	39	100.00	311	310	99.68
Combined Infection Training	3	2A	ST	5	5	100.00	54	52	96.30
Core Psychiatry Training	1	1R 1A	CT	62	62	100.00	440	431	97.95
Core Surgical Training	1	1A	CT	54	54	100.00	605	604	99.83
Dermatology	3	2A	ST	7	7	100.00	41	41	100.00
Diagnostic neuropathology	3	2A	ST	1	0	0.00	4	1	25.00
Emergency Medicine	4	2A	ST	7	7	100.00	57	48	84.21
Endocrinology and Diabetes Mellitus	3	2A	ST	3	3	100.00	65	64	98.46
Forensic Psychiatry	4	2A	ST	3	1	33.33	33	23	69.70
Gastroenterology	3	2A	ST	3	3	100.00	73	73	100.00
General and Vascular Surgery	3	2A	ST	13	13	100.00	118	118	100.00
General Practice	1	1R 1A	ST	291	281	96.56	4072	3998	98.18
General Psychiatry	4	2A	ST	14	6	42.86	155	70	45.16
General Psychiatry and Medical Psychotherapy	4	2A	ST	1	0	0.00	9	7	77.78
General Psychiatry and Old Age Psychiatry	4	2A	ST	1	0	0.00	63	36	57.14
Genito-urinary Medicine	3	2A	ST	1	0	0.00	53	15	28.30
Geriatric Medicine	3	2A	ST	16	16	100.00	198	130	65.66
Haematology	3	2A	ST	5	5	100.00	72	71	98.61
Histopathology	1	1A	ST	14	14	100.00	97	97	100.00
Immunology	3	2A	ST	1	1	100.00	12	9	75.00

Intensive Care Medicine	3	2A	ST	20	20	100.00	289	280	96.89
Internal Medicine Training	1	1R 1A	CT	120	120	100.00	1645	1636	99.45
Medical Oncology	3	2A	ST	5	5	100.00	38	38	100.00
Medical Ophthalmology	3	2A	ST	2	0	0.00	3	0	0.00
Medical Psychotherapy	4	2A	ST	2	1	50.00	4	3	75.00
Neurology	3	2A	ST	4	4	100.00	47	46	97.87
Neurosurgery	1	1A	ST	2	2	100.00	26	26	100.00
Obstetrics and Gynaecology	1	1A	ST	17	17	100.00	256	250	97.66
Occupational Medicine	3	2A	ST	1	1	100.00	12	9	75.00
Old Age Psychiatry	4	2A	ST	9	4	44.44	60	22	36.67
Ophthalmology	1	1A	ST	12	12	100.00	75	75	100.00
Oral and Maxillo-facial Surgery	3	1A	ST	4	2	50.00	23	11	47.83
Otolaryngology	3	2A	ST	5	5	100.00	22	22	100.00
Paediatric and perinatal pathology	3	2A	ST	1	1	100.00	9	6	66.67
Paediatrics	1	1A	ST	30	29	96.67	464	449	96.77
Paediatrics	3	2A	ST	5	5	100.00	45	44	97.78
Paediatrics	4	2A	ST	7	1	14.29	77	58	75.32
Palliative Medicine	3	2A	ST	4	4	100.00	47	47	100.00
Plastic Surgery	3	2A	ST	1	1	100.00	36	36	100.00
Psychiatry of Learning Disability	4	2A	ST	6	3	50.00	45	11	100.00
Public Health Medicine	1	1A	ST	5	5	100.00	77	77	100.00
Rehabilitation Medicine	3	2A	ST	4	3	75.00	27	16	59.26
Renal Medicine	3	2A	ST	7	6	85.71	64	62	96.88
Respiratory Medicine	3	2A	ST	1	1	100.00	65	65	100.00
Rheumatology	3	2A	ST	3	3	100.00	32	31	96.88
Trauma and Orthopaedic Surgery	1	1A	ST	8	8	100.00	8	8	100.00
Urology	3	2A	ST	5	5	100.00	56	56	100.00
				1017	961	94.49	11719	11174	95.35

Appendix 6 - Scotland Vacant Posts Regional Fill Rates for Round 1, Round 2 and Round 1 Re-Advert as at 21<sup>st</sup> October 2020

Regional Fill Rates for Round 1, Round 1 re-advert and Round 2 at 02/07/2020																				
Specialty	Level	PostType	Scotland			East Coast			East Region			North Region			South East Region			West Region		
			Posts	Accepts	Fill Rate %	Posts	Accepts	Fill Rate %	Posts	Accepts	Fill Rate %	Posts	Accepts	Fill Rate %	Posts	Accepts	Fill Rate %	Posts	Accepts	Fill Rate %
ACCS Anaesthetics/Core Anaesthetics	1	CT							7	7	100.00	10	10	100.00	18	18	100.00	37	37	100.00
Acute Care Common Stem - Emergency Medicine	1	CT							1	1	100.00	2	2	100.00	4	4	100.00	11	11	100.00
Broad Based Training	1	CT							2	0	0.00	4	2	50.00				7	5	71.43
Core Psychiatry Training	1	CT							4	4	100.00	19	19	100.00	10	10	100.00	29	29	100.00
Core Surgical Training	1	CT				25	25	100.00										29	29	100.00
Internal Medicine Training	1	CT							9	9	100.00	18	18	100.00	27	27	100.00	66	66	100.00
<b>Core Totals</b>						25	25	100.00	23	21	91.00	53	51	96.00	59	59	100.00	179	177	99.00
Cardio-thoracic surgery	1	ST	1	1	100.00															
Chemical Pathology	1	ST							1	1	100.00							1	1	100.00
Clinical Radiology	1	ST							5	5	100.00	6	6	100.00	11	11	100.00	17	17	100.00
General Practice	1	ST							36	33	91.67	52	51	98.08	69	68	98.55	134	129	96.27
Histopathology	1	ST							1	1	100.00	4	4	100.00	4	4	100.00	5	5	100.00
Neurosurgery	1	ST	2	2	100.00															
Obstetrics and Gynaecology	1	ST							1	1	100.00	5	5	100.00	5	5	100.00	6	6	100.00
Ophthalmology	1	ST							1	1	100.00	4	4	100.00	1	1	100.00	6	6	100.00
Paediatrics	1	ST							2	2	100.00	4	4	100.00	10	10	100.00	14	13	92.86
Public Health Medicine	1	ST										1	1	100.00	2	2	100.00	2	2	100.00
Trauma and Orthopaedic Surgery	1	ST										2	2	100.00	3	3	100.00	3	3	100.00
<b>ST1 Totals</b>			3	3	100.00				47	44	94.00	78	77	99.00	105	104	99.00	188	182	97.00
Acute Internal Medicine	3	ST										1	1	100.00	2	2	100.00	7	6	85.71
Anaesthetics	3	ST							8	8	100.00	5	5	100.00	11	11	100.00	24	24	100.00
Cardiology	3	ST							2	2	100.00	2	2	100.00	2	2	100.00	2	2	100.00
Cardio-thoracic surgery	3	ST	1	1	100.00															
Clinical Genetics	3	ST										1	1	100.00	1	1	100.00			
Clinical Oncology	3	ST												2	2	100.00	2	2	100.00	
Clinical Pharmacology and Therapeutics	3	ST															1	0	0.00	
Combined Infection Training	3	ST							1	1	100.00	1	1	100.00	2	2	100.00	1	1	100.00
Dermatology	3	ST							1	1	100.00				2	2	100.00	4	4	100.00
Diagnostic neuropathology	3	ST												1	0	0.00				
Endocrinology and Diabetes Mellitus	3	ST										1	1	100.00	2	2	100.00			
Gastroenterology	3	ST										1	1	100.00	1	1	100.00	1	1	100.00
General and Vascular Surgery	3	ST							1	1	100.00	2	2	100.00	1	1	100.00	9	9	100.00
Genito-urinary Medicine	3	ST															1	0	0.00	
Geriatric Medicine	3	ST							2	2	100.00	2	2	100.00	9	9	100.00	3	3	100.00
Haematology	3	ST							1	1	100.00	1	1	100.00	1	1	100.00	2	2	100.00
Immunology	3	ST															1	1	100.00	
Intensive Care Medicine	3	ST							2	2	100.00	2	2	100.00	5	5	100.00	11	11	100.00
Medical Oncology	3	ST							2	2	100.00				1	1	100.00	2	2	100.00

Specialty	Level	PostType	Scotland			East Coast			East Region			North Region			South East Region			West Region		
			Posts	Accepts	Fill Rate %	Posts	Accepts	Fill Rate %	Posts	Accepts	Fill Rate %	Posts	Accepts	Fill Rate %	Posts	Accepts	Fill Rate %	Posts	Accepts	Fill Rate %
Medical Ophthalmology	3	ST	2	0	0.00															
Neurology	3	ST																4	4	100.00
Occupational Medicine	3	ST																1	1	100.00
Oral and Maxillo-facial Surgery	3	ST	4	2	50.00															
Otolaryngology	3	ST							2	2	100.00							3	3	100.00
Paediatric and perinatal pathology	3	ST																1	1	100.00
Paediatrics	3	ST										1	1	100.00	3	3	100.00	1	1	100.00
Palliative Medicine	3	ST							1	1	100.00	2	2	100.00				1	1	100.00
Plastic Surgery	3	ST	1	1	100.00															
Rehabilitation Medicine	3	ST										1	1	100.00	2	1	50.00	1	1	100.00
Renal Medicine	3	ST							1	1	100.00	3	2	66.67				3	3	100.00
Respiratory Medicine	3	ST										1	1	100.00						
Rheumatology	3	ST													2	2	100.00	1	1	100.00
Urology	3	ST																5	5	100.00
Child and Adolescent Psychiatry	4	ST													2	1	50.00	4	3	75.00
Emergency Medicine	4	ST										1	1	100.00	1	1	100.00	5	5	100.00
Forensic Psychiatry	4	ST							1	0	0.00	1	0	0.00				1	1	100.00
General Psychiatry	4	ST							4	0	0.00	1	1	100.00	2	1	50.00	7	4	57.14
General Psychiatry and Medical Psychotherapy	4	ST							1	0	0.00									
General Psychiatry and Old Age Psychiatry	4	ST										1	0	0.00						
Medical Psychotherapy	4	ST																2	1	50.00
Old Age Psychiatry	4	ST							4	0	0.00	1	0	0.00	2	2	100.00	2	2	100.00
Paediatrics	4	ST							3	1	33.33	3	0	0.00				1	0	0.00
Psychiatry of Learning Disability	4	ST										1	1	100.00	1	1	100.00	4	1	25.00
ST3/ST4 Totals			8	4	50.00				37	25	68.00	36	29	81.00	58	54	93.00	118	106	90.00
			11	7	63.64	25	25	100	107	90	84.11	167	157	94.01	222	217	97.75	485	465	95.88

**Appendix 7 : Scotland Vacant Posts Fill Rates for Round 1, Round 2 and Round 1 Re-Advert Compared to Whole UK data**

Specialty	Level	Rounds	Post Type	SCOTLAND 2020			UK 2020		
				Posts	Total Accepts	Fill Rate	Posts	Total Accepts	Fill Rate
ACCS Anaesthetics/Core Anaesthetics	1	1A	CT	72	72	100.00	569	569	100.00
Acute Care Common Stem - Emergency Medicine	1	1A	CT	18	18	100.00	348	347	99.71
Acute Internal Medicine	3	2A	ST	10	9	90.00	87	80	91.95
Anaesthetics	3	2A	ST	48	48	100.00	353	353	100.00
Broad Based Training	1	1A	CT	13	7	53.85	13	7	53.85
Cardiology	3	2A	ST	8	8	100.00	114	114	100.00
Cardio-thoracic surgery	1	1A	ST	1	1	100.00	13	13	100.00
Cardio-thoracic surgery	3	1A	ST	1	1	100.00	7	6	85.71
Chemical Pathology	1	1A	ST	2	2	100.00	2	2	100.00
Child and Adolescent Psychiatry	4	2A	ST	6	4	66.67	56	39	69.64
Clinical Genetics	3	2A	ST	2	2	100.00	13	13	100.00
Clinical Oncology	3	2A	ST	4	4	100.00	47	47	100.00
Clinical Pharmacology and Therapeutics	3	2A	ST	1	0	0.00	13	2	15.38
Clinical Radiology	1	1A	ST	39	39	100.00	311	310	99.68
Combined Infection Training	3	2A	ST	5	5	100.00	54	52	96.30
Core Psychiatry Training	1	1R 1A	CT	62	62	100.00	440	431	97.95
Core Surgical Training	1	1A	CT	54	54	100.00	605	604	99.83
Dermatology	3	2A	ST	7	7	100.00	41	41	100.00
Diagnostic neuropathology	3	2A	ST	1	0	0.00	4	1	25.00
Emergency Medicine	4	2A	ST	7	7	100.00	57	48	84.21
Endocrinology and Diabetes Mellitus	3	2A	ST	3	3	100.00	65	64	98.46
Forensic Psychiatry	4	2A	ST	3	1	33.33	33	23	69.70
Gastroenterology	3	2A	ST	3	3	100.00	73	73	100.00
General and Vascular Surgery	3	2A	ST	13	13	100.00	118	118	100.00
General Practice	1	1R 1A	ST	291	281	96.56	4072	3998	98.18
General Psychiatry	4	2A	ST	14	6	42.86	155	70	45.16
General Psychiatry and Medical Psychotherapy	4	2A	ST	1	0	0.00	9	7	77.78
General Psychiatry and Old Age Psychiatry	4	2A	ST	1	0	0.00	63	36	57.14
Genito-urinary Medicine	3	2A	ST	1	0	0.00	53	15	28.30
Geriatric Medicine	3	2A	ST	16	16	100.00	198	130	65.66
Haematology	3	2A	ST	5	5	100.00	72	71	98.61
Histopathology	1	1A	ST	14	14	100.00	97	97	100.00
Immunology	3	2A	ST	1	1	100.00	12	9	75.00

Specialty	Level	Rounds	Post Type	SCOTLAND 2020			UK 2020		
				Posts	Total Accepts	Fill Rate	Posts	Total Accepts	Fill Rate
Intensive Care Medicine	3	2A	ST	20	20	100.00	289	280	96.89
Internal Medicine Training	1	1R 1A	CT	120	120	100.00	1645	1636	99.45
Medical Oncology	3	2A	ST	5	5	100.00	38	38	100.00
Medical Ophthalmology	3	2A	ST	2	0	0.00	3	0	0.00
Medical Psychotherapy	4	2A	ST	2	1	50.00	4	3	75.00
Neurology	3	2A	ST	4	4	100.00	47	46	97.87
Neurosurgery	1	1A	ST	2	2	100.00	26	26	100.00
Obstetrics and Gynaecology	1	1A	ST	17	17	100.00	256	250	97.66
Occupational Medicine	3	2A	ST	1	1	100.00	12	9	75.00
Old Age Psychiatry	4	2A	ST	9	4	44.44	60	22	36.67
Ophthalmology	1	1A	ST	12	12	100.00	75	75	100.00
Oral and Maxillo-facial Surgery	3	1A	ST	4	2	50.00	23	11	47.83
Otolaryngology	3	2A	ST	5	5	100.00	22	22	100.00
Paediatric and perinatal pathology	3	2A	ST	1	1	100.00	9	6	66.67
Paediatrics	1	1A	ST	30	29	96.67	464	449	96.77
Paediatrics	3	2A	ST	5	5	100.00	45	44	97.78
Paediatrics	4	2A	ST	7	1	14.29	77	58	75.32
Palliative Medicine	3	2A	ST	4	4	100.00	47	47	100.00
Plastic Surgery	3	2A	ST	1	1	100.00	36	36	100.00
Psychiatry of Learning Disability	4	2A	ST	6	3	50.00	45	11	100.00
Public Health Medicine	1	1A	ST	5	5	100.00	77	77	100.00
Rehabilitation Medicine	3	2A	ST	4	3	75.00	27	16	59.26
Renal Medicine	3	2A	ST	7	6	85.71	64	62	96.88
Respiratory Medicine	3	2A	ST	1	1	100.00	65	65	100.00
Rheumatology	3	2A	ST	3	3	100.00	32	31	96.88
Trauma and Orthopaedic Surgery	1	1A	ST	8	8	100.00	8	8	100.00
Urology	3	2A	ST	5	5	100.00	56	56	100.00
				1017	961	94.00	11719	11174	95.00



## **NHS Education for Scotland**

### **Board Paper**

**1. Title of Paper**

Digital Progress Report

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

Christopher Wroath, Director of Digital  
Geoff Huggins, Director of NDS  
Audrey McColl, Director of Finance and Acting Deputy Chief Executive.

**3. Purpose of Paper**

As the Digital committee is currently suspended this paper provides the Board with an update on key areas of Digital activity across NES for information and assurance.

**4. Key Items**

This report provides an update on;

- Operational delivery of Digital activity across NES.
- The 2020/21 financial position for both the NES Digital Service (NDS) and NES Digital
- Risk, Assurance and Information Governance.

**5. Educational Implications**

The work of the NES digital directorate provides key support for the core education and training activity of NES.

**6. Financial Implications**

Funding for NDS has recently been agreed and confirmed for 2020/21. We have verbal confirmation that this will remain in place for a 3-year period, which enables the potential for longer fixed term employment contracts which may be more attractive in the marketplace. Work is currently underway to confirm additional funding for NES Digital in relation to Workforce Planning activity.

**7. Which of the 5 Key Areas of Focus in the NES Strategy for 2019-24 does this align to?**

A National Digital Platform, Analysis, Intelligence and Modelling and A High Performing Organisation.

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

Key risks for all digital activity are managed in line with the NES Risk Management Strategy and recorded in the integrated Performance Management system. Specific COVID related risks are captured in a separate Annex which is presented to the Board as agenda item 10c for the November 2020 meeting.

**9. Equality and Diversity**

This paper is for information and is not a request for approval of work that will result in significant change or a disinvestment in a work programme. There may be a requirement for an Equality Impact Assessment on products which are delivered at a future date.

**10. Communications Plan**

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

Yes

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

Members are asked to consider and discuss the information provided.

NES  
*November 2020*

## Background

1. NES Digital was formed in 2014 as a key foundation of the NES Digital Transformation programme. It has a remit to provide the information architecture for NES in support of its strategic goals and increasingly to support NHS Scotland in the innovation and development of services and associated data directly related to NHS workforce and individuals across the wider health and care landscape.
2. NES Digital Service (NDS) was established within NHS Education for Scotland (NES) at the request of the Scottish Government on 1 June 2018 to take a lead role in delivering Domain E of the Digital Health and Care Strategy which is to 'Establish a single national digital platform or spine through which data, information, tools, products and services can be provided'.
3. Within the '*Programme for Government*', the Scottish Government indicated their intention to review the Digital Health and Care Strategy. In the light of this review, the NES Board agreed that the Digital and Information Committee should remain suspended until such time as the national policy direction is determined.
4. In the interim, it was agreed that until such time as the role and remit of the Digital and Information Committee is clear, following the review of the SG Strategy, the Digital Executive Group would bring update papers directly to the Board for information and assurance.

## Progress Update

5. The Digital progress update presented to the September Board reported on the continued delivery of, and progress against, NES' strategic digital objectives, at an individual target level, as well as the significant additional contributions made during the pandemic period. Further updates on key activities since then are detailed below.

## NES Digital

6. The Scottish Government **Vaccination programme** commissioned NES Digital to collaborate with NHS Greater Glasgow & Clyde (GG&C) on the design and development of a tool to support collection of essential data at the point of vaccination. This tool will initially support the seasonal flu vaccination programme but all functionality and service support is targeted at the future mass Covid-19 vaccination programme. The development of the tool has been at pace; "Version Zero" which supports current flu vaccinations started a pilot phase in GG&C flu clinics on 9th November. Initial feedback has been very positive with excellent suggestions to improve the user experience. The tool is designed to pass the captured data to the National Clinical Data Store (NCDS) being built by NDS. A copy of this data will be available to Public Health Scotland for reporting and epidemiology purposes in addition to passing relevant data to GP systems in order that an individual's GP vaccination record can be updated. During December the SG Programme team will be working with Boards to roll-out the programme across NHSS. This will require some NES resource to support Boards staff in the take up and use of the tool.

The data capture tool and the data store will undergo further design and development with the aim to become the future "all adult vaccination system" for NHSS.

7. The Digital Health Institute in collaboration with SAS, GG&C and NES Digital designed and developed a **Covid-19 Case Assessment tool**. The tool enables health Board staff to record data on symptoms and risk factors for COVID-19 in citizens with confirmed or suspected COVID-19 and to then communicate this collated information electronically to clinicians. This allows clinicians to be able to assess and recommend clinical action remotely. The tool has been rolled out to all Covid-19 assessment centres in GG&C and into their A&E departments. NHS Lanarkshire and NHS Forth Valley are both planning to pilot the App in Covid-19 Assessment centres during December 2020. It is then expected, based on the results of these pilots, to roll out to all remaining Health Boards by the end of March 2021.
  
8. SG Chief Nursing Officer Directorate commissioned NES Digital to develop a tool to capture "**Safety Huddle data**" on-line. The scope of phase 1, was expanded to include the capture of Staff COVID Screening information and the inclusion of several reporting dashboards to enable reporting at multiple levels; individual care homes, by care home group, H&SC partnership area, by Health Boards and a consolidated view across Scotland. This enables a real-time assessment of the level of risk and requirement for mutual aid across Health and Social Care based on visibility of data on numbers of residents in each care home, number of COVID confirmed residents, number of staff available, number of staff on sick leave and the number of COVID confirmed staff.

Since the initial national launch on 14th August, there have been eight releases of code to production, allowing additional functionality to be added incrementally in response to sector need and user feedback which has encouraged greater compliance through improved ease of use. There is now 100% take up of the tool in adult care homes in Scotland. Further iterations and refinements continue to take account of the developing needs of the care home sector. Colleagues in Northern Ireland are evaluating the tool to assess its potential use in their context.

9. Working to support the SG Health Workforce Directorate deliver their Health & Care Workforce plan, NES Digital have been developing a single data repository and associated services for all health and care workforce data. The **Turas Data Intelligence (TDI) tool** has been live since April 2019. Work is currently restarting (after suspension in March 2020) on TDI version 3. This work has been slower than planned due to the continuing demands from C-19 generally within both SG and NES. As part of this programme NES Digital is continuing development of the support for national, regional and local workforce planning with specific emphasis on improving our access to and understanding of Board data. We have also worked within Boards to improve the timeliness, quality and consistency of their data.
  
10. The teams undertaking this work are also working directly with the Covid-19 vaccination programme to create an initial **dataset of the NHSS frontline workforce** as part of defining the priority group for vaccination. They are collaborating with PHS in linking this dataset to the Community Health Index to support clinical safety at the point of vaccination.
  
11. It should be noted that almost all of the NES Digital resource is currently diverted to support SG commissioned responses to C-19 (as previously referenced). Required fixes to identified support issues are being resolved and there is some very limited development of **established Turas applications** (Appraisal, TPM, TDI, People) being actioned where time criticality around education outcomes means these are necessary. The work to support the implementation of the NHSS HR system (eESS) interface to

ePayroll is a case in point. This work in collaboration with GG&C is to support Doctors in training and their rotations.

12. The Procurement of a national e-Rostering solution is complete and NSS will now manage the implementation of the solution across NHSS.

### **NES Digital Service (NDS)**

13. The **SMS Shielding service** supports the Scottish Government to have two-way communication by SMS with more than 110,000 citizens who are considered high risk as they have one of the seven conditions agreed by the 4 Chief Medical Officers at the outbreak of the pandemic, known as the shielding group. The service can also take data from the 32 local authority call centres and incorporate this to ensure that those people who do not wish to use the SMS service are not excluded from access.

Although shielding was officially paused at the end of July NDS has continued to add citizens to the SMS service as PHS add them to the shielding list. In addition, a series of local or national broadcast messages have been sent to update and advise people of the situation within their locality (messages can be issued by council area or nationally).

More recently the service has been used to allow people on the shielding list to order a supply of Vitamin D for the Winter period and we anticipate that this will be delivered to more than 70,000 citizens during December.

Before the end of November access to priority supermarket shopping will be reopened. Those who had previously asked for access to priority shopping (around 50,000 people) will still have it and that has been extended. The service is being made available to those who had not previously requested it and to those who have been added to the shielding list since August 2020. This will impact on team resources as there is work involved in switching the functionality back on.

14. The four Chief Medical Officers commissioned the University of Oxford to develop a predictive algorithm focused on the risk of hospitalisation from COVID-19 - **Risk Stratification**. The work is described in an article published in the BMJ on 20 October 2020 (<https://www.bmj.com/content/371/bmj.m3731>). Gold Command at the Scottish Government has commissioned NDS to deliver:

- A robust mechanism for the extraction of specified data from appropriate digital systems including data held in the GP patient record and Cancer patient records.
- Information governance approvals for use of this data in the context of this initiative.
- A mechanism for the Scottish data to be processed through the Covid-19 Risk Stratification Algorithm developed by Oxford University.
- A validation process to provide assurance that execution of the algorithm produces the predicted outcome.
- Provision of the outputs of the algorithm in a format that can be processed by PHS for analysis and reporting.
- Report back to the Usher Institute of the University of Edinburgh with the data required to look at the validation itself, subject to the appropriate approvals

being in place.

Effectively, by reviewing the data of what actually happened to patients compared to what was predicted, a supplementary shielding list is created which will pick up factors not necessarily related to the 7 conditions agreed by the 4 CMOs.

Further use cases for the algorithm could include:

- As a clinical tool to enable a move away from a population level view to a more individualised assessment of risk.
- To support conversations between health professionals and those at high risk to help them understand their personal level of risk from COVID, based on their particular age, ethnicity, BMI and other personal risk factors, with a view to taking more informed decisions about safety, quality of life and wellbeing, and supporting engagement with other partners who may be able to support such decisions, such as employers or carers.
- Potential for cross-referencing of testing data, for example by flagging up those people who have tested positive where there is a high potential risk of complications.

NDS is working with the Scottish Government and others to scope out these further use cases.

15. NDS hosts the **Protect Scotland Proximity App** with responsibility for managing the environment, security, Information Governance and other compliance requirements (in conjunction with other partners). The original technology was developed by Google and Apple, with the implementation for the Republic of Ireland carried out by a company called Nearform, who are also supporting the implementation in Scotland. This work has recently been extended to hosting the federated server that allows data to be linked across each of the jurisdictions within the United Kingdom, as well as Guernsey and Jersey, with the effect that a citizen who is able to travel between jurisdictions will only require to have one version of the app.
16. NDS is supporting two components of the Scottish Government **Vaccination programme**, cohort creation and information management. Cohorts for vaccination will be prioritised in line with the advice of the Joint Committee on Vaccination and Immunisation. The immediate work for the first wave of COVID vaccinations relates to the following priorities:
  - front-line health and social care staff
  - older residents in care homes
  - care home staff
  - all those aged 80 and over
  - unpaid carers and personal assistants
  - those delivering the vaccination programme.

The data to support identification of these priority groups is held in a number of systems and in each case requires to be linked to the Community Health Index. Cohort reports will be provided to NHS Boards to support scheduling and other approaches to vaccination delivery, for example, location based approaches for care homes. This cohort data will be stored on the National Clinical Data Store (NCDS).

In addition to providing the cohort information, the NCDS will support clinical workflow by;

- receiving data on completed vaccination events from the Turas Data Collection tool or from GP systems
- providing data to the Turas Data Collection tool in respect of vaccination history. This ensures that when someone comes for a COVID vaccination, data on the timing of their last Flu vaccine would be available, supporting patient safety.
- update GP systems with data captured by the Turas Data Collection tool to ensure that it becomes part of the clinical record
- provide vaccination information to other clinical secondary care systems as required
- recording refusal of vaccination and those who are contra indicated
- support surveillance and reporting by allowing role based access to PHS/NSS to the data held on the NCDS.

The first versions of these initial deliverables are substantially complete, but there will be ongoing work in relation to enriching the data held to offer better cohort creation through processes that identify at the cohort creation point who is not indicated for vaccination, those who may be unable to leave the house for vaccination, other household members etc.

17. NDS continues to progress commissioned work agreed with the Scottish Government. This work has been put under pressure by the focus on COVID, but at this stage it is still expected that the agreed timescales for delivery will be met.
18. NDS has been commissioned to implement the **OpenEyes** clinical ophthalmology product. The work to be completed by 31 March 2021 includes:
  - A fully integrated ophthalmology Electronic Patient Record across at least one territorial Board's hospital eye service. Full integration in this context means Integrated with national authentication services, national CHI, local clinical systems and appropriate medical devices
  - Published API to allow data migration from current EPR systems (such as Medisoft) into OpenEyes.
  - Update patient workflows for glaucoma, medical retina and cataracts pathways to ensure that they reflect current practice.
  - A partially integrated EPR to make glaucoma patient records accessible to around 20 accredited optometrists in NHS Grampian, NHS Greater Glasgow and Clyde (GG&C), NHS Lothian and NHS Fife.

The Scottish Government has now established an oversight board for the work that is meeting monthly. The agreement of the commission document has allowed NES to start the process to fill vacancies in the NDS ophthalmology team.

19. A high quality, effective and more person-centred approach to **Anticipatory Care Planning (ACP)** is a national priority aligned with the ethos of Realistic Medicine. Timely and focused conversations with people, their families and carers by appropriately skilled individuals to plan for their future care and support is essential. A standardised process to facilitate and record such discussions is of particular value in reducing variation in practice and to enable a more joined up way of working particularly at the interfaces of care. This is of particular importance at the end of life as outlined in the Strategic Framework for Action on Palliative and End of Life Care and

guidance on decision making from the General Medical Council. The work confirmed by SG to be completed by 31 March 2021 includes:

- Delivery of Digital ReSPECT(v2) which allows the creation of a new form
- Integrations with core business clinical systems. Specifically, national authentication services (Azure Active Directory) and national CHI, NHS Forth Valley's Clinical Portal through availability of a web based API, national products that support GP workflow, such as Docman
- Development of a phased scale-up implementation plan for the delivery of the ReSPECT product across Forth Valley.
- An agreed service level agreement for support of the ReSPECT(v2) product in live operation.

The scope and deliverables of work for a wider programme of rollout and further development will be defined in parallel with delivery of this phase.

20. Scottish Government's 2016 cancer strategy, "Beating Cancer: Ambition and Action" stated that: "We will work to ensure that every person with cancer is given a **Treatment Summary**". The action plan committed to provide people with a diagnosis of cancer with "a clear treatment summary in a way that is most appropriate for their individual needs". Its intention was "so that they are informed about their own care but also so that this can be used in discussion with clinicians and other professionals throughout the course of their ongoing care and support".

In the first instance two cancer treatment summaries will be delivered by June 2021;

- Head and neck cancer in NHS Lothian and
- prostate cancer in NHS Greater Glasgow and Clyde.

Work on data mapping and integrations are well under way. The Cancer Treatment Summaries Oversight Group has been meeting monthly since the Summer.

21. **SCI-Diabetes** provides a fully integrated shared electronic patient record to support treatment of NHSScotland patients with Diabetes. It provides functionality for both Primary and Secondary Care Clinicians and includes specialty modules for Paediatrics, Podiatry, Diabetes Specialist Nursing and Dietetics. The SCI-Diabetes team completed their TUPE transfer from NHS Tayside to NES at the beginning of November 2020. The focus of the team between now and the end of March 2021 is to develop the roadmap to move the technology from the current hosting with ATOS to the NDS AWS environment. This will achieve significant financial savings and move the register from being 'standalone' to an environment where there is the possibility of linkages to other clinical data to support improved patient care.

## Information Governance

22. There has been 1 Information Security Incident in Q2 2020 with a Significance Classification above Negligible or Minor. Incident IS2020-041 involved 16 student nurse timesheets containing personal information being emailed to the incorrect recipient. No financial information was disclosed. Affected individuals were notified of the breach. Although it did not meet the threshold for reporting, the ICO was informed, they indicated no further action was required.



## Financial Position

23. The total NHS Education for Scotland (NES) anticipated budget for 2020/21 is £539.8m. This includes funding for NDS of £4.5m and NES Digital of £14.4m.

As at October 2020						
Directorate	Year to Date			Full Year		
	Current Budget	Actual	Variance	Current Budget	Forecast Outturn	Variance
NDS	1,752	1,884	(132)	4,460	4,460	0
Digital	7,293	7,830	(537)	14,431	14,466	(35)

As at the end of October both Directorates are reflecting year to date overspends as the funding received from Scottish Government for COVID has not yet been allocated. However, both are currently forecast to be broadly in line with budget by the end of the financial year.

24. A funding package of £4.5m for NDS, aligned to an agreed set of deliverables, has now been confirmed by Scottish Government as detailed in the table below.

Allocation	£000s
NDS core allocation	2,529
Ophthalmology	746
SCI-Diabetes	854
COVID	331
<b>Total</b>	<b>4,460</b>

25. Of the £331k COVID funding, £65k is for work in Ophthalmology to improve the emergency eyecare response during COVID-19 via an emergency pathway for optometrists to work remotely and access/share health records; and £240k is the cost of running the SMS messaging service (including cloud costs) for the 100,000 citizens shielding across Scotland. In line with the rest of NES the associated staff costs for delivering these services have not been recharged to COVID. The Proximity App is not currently incurring additional cost as we are using credits which were negotiated as part of the AWS cloud contract to support this work.

A full year budget has been allocated for the SCI-Diabetes team, previously part of NHS Tayside however the transfer of staff into NES only occurred on 1st November. We are currently agreeing the in-year adjustment with SG and NHS Tayside which will be required to reflect the part year nature of the additional staff employment.

It is anticipated that the initial confirmed allocation will be split across agreed deliverables as detailed below. This is a high level, indicative split agreed with SG which will be kept under regular review.

Workstream	Full Year Forecast 20/21 £000s
COVID-19 results, triage and assessment reports <sup>#</sup>	48
Optometry	648
Messaging/ Shielding	390
Protect Scotland proximity smartphone app	59
National Digital Platform (Platform Enablement)	284
Anticipatory Care Planning including ReSPECT	357
Cancer Treatment Summaries (TSUM)	236
Vaccination Service	234
Common core (posts which work across NDS as a whole) inc Optom	1,350
SCI-Diabetes	854
<b>NDS TOTALS</b>	<b>4,460</b>

<sup>#</sup> The above relates to staff costs not included in the COVID funding above.

In addition, a further £0.3m was received to support indirect costs including rent, finance and workforce support which has been allocated to the relevant NES Directorates.

26. **NES Digital** are forecasting a non-COVID overspend of £35k, made up of a range of small pay variances across the directorate. A breakdown of the full year forecast costs is provided below, these include anticipated COVID costs which are also shown separately for information.

Budget Area	Full year Forecast £000s	COVID costs included £000s
Product Development & Delivery	4,697	2,150
Operations (service desk, hardware and software)	2,021	238
Commercial (inc income generate products)	(206)	0
Information Governance Security	239	1
Communications & Graphic Design	682	81
Data Group (Workforce Statistics/Workforce planning)	1,081	0
Business Support	784	108
Knowledge Management (inc Digital Library)	4,730	(0)
Transformation	438	0
<b>Total Forecast</b>	<b>14,466</b>	<b>2,577</b>

Digital have significant financial implications arising from COVID with a net cost of £2.6m anticipated by year end. These costs include spend which has specific COVID funding allocations provided with the rest funded via the general COVID allocation.

The specific allocations (£0.8m) are for the Clinical Assessment app, Care Management and Vaccination work.

£2.2m of the total COVID costs relates to developer costs and overtime. This only reflects the costs of the additional developers and costs incurred by NES in the delivery of these outcomes. Established NES staff have also been working on these projects but, in line with the rest of the NES, these costs are not separately recorded. The projects the developers have and will be working on include the Accelerated Recruitment portal, the Turas Clinical Assessment tool, the Care Management App (also known as the Safety Huddle App), the Vaccination Programme, hosting COVID-19 related educational and induction resources and work required on Learn, People and TPM to maintain system stability as a result of COVID changes.

The remaining COVID costs arise from additional Office 365 licences provided to SG allowing their staff to access Microsoft Teams during the pandemic (£160k), additional cloud storage required for the new Digital developments including CARP (£75k), increased Graphic Design work for COVID related communications and the increase in e-Learning (£80k) and additional hardware costs (£67k).

£490k of transformation funding was carried forward from 2019/20 which will be used by Digital to support the procurement of a national e-rostering solution (including the development costs of an interface between the Scottish Standard Time System (SSTS) and the national e-rostering system, further development of the TURAS suite of applications and staff resource to support the Lead Employer Model.

## **Risk and Assurance**

27. Both NDS and NES Digital have implemented the NES Risk Management Strategy. This is a tiered risk model where risks are evaluated at Directorate level (with due escalation to NES corporate risk register as required) and at project level (with due escalation to Directorate risk register as required).
28. The Corporate risk register and the COVID risk register are reported under a separate agenda item for this meeting. The COVID register has been amended to reflect a perceived reputational risk arising from the level of involvement both teams have in providing the enabling technology for the SG Vaccination Programme.
29. In recognition of the role NDS (and latterly NES Digital) have in collecting clinical data on the National Digital Platform and TURAS Scottish Government have identified for the first time that these digital services provided by NES to NHS Scotland Boards now constitute “infrastructure vital to Scotland”. This therefore brings NES under the Network and Information Systems (NIS) directive and regulations, 2018. These require an annual audit of 15 fundamental aspects of the NES Information Governance and Information (Cyber) Security policies and procedures. The Part One “tabletop” exercise was postponed due to C-19 but is now set for the first week in December. The NES Digital Teams have undertaken an exhaustive programme of work to prepare the appropriate and necessary document set. The NES Information Security Forum chaired by the SIRO and attended by the Caldicott Guardian confirmed on the 17th November that the document set was now complete and up to date ready for passing to the SG Audit Team. This external assessment will contribute to level 3 assurance within the NES Assurance Framework.

30. NES Internal Auditors, KPMG, have performed an exercise to provide a risk-based view over ten key risk areas based on the IT Risk Universe that they have identified as significant to Health organisations in the current climate. Both digital teams have attended workshops ran by KPMG to develop a heat map highlighting the five most significant IT risks to NES. The purpose of this exercise is to ensure that audit resource is then directed towards those areas which present the biggest risk. The full report will be presented to the Audit and Risk Committee at the January 2020 meeting.
31. In addition, the Digital Executive group will review a compliance framework checklist which aims to ensure safety, privacy and quality of digital product to support the digital section of the NES Corporate Assurance Framework. An extract from the checklist as included as Appendix 1 for information.

### **Information Governance**

32. There has been 1 Information Security Incident in Q2 2020 with a Significance Classification above Negligible or Minor. Incident IS2020-041 involved 16 student nurse timesheets containing personal information being emailed to the incorrect recipient. No financial information was disclosed. Affected individuals were notified of the breach. Although it did not meet the threshold for reporting, the ICO was informed, they indicated no further action was required.

### **Operational Planning**

33. Both directorates have uploaded their draft outcomes and targets for 2021/22 into the Corporate planning system 'MiTracker' as well as the associated financial requests in line with required timescales. Review meetings are scheduled with the Finance team in November/early December to go through these requests in detail after which they will be incorporated into the draft corporate position for review and discussion with the Executive team. Once NDS has a plan agreed internally this will need to be shared with SG to agree funding. The lack of confirmed recurrent funding from SG continues to provide challenges for workforce planning.

### **Recommendations**

34. The Board is asked to consider and discuss the information provided in this paper.

November 2020

- DPIA
- DPA
- Medical Device
- Equalities
- Accessibility
- SSP
- Pen test
- Clinical Safety
- DSA
- DFSS
- Design Maturity
- SLA
- IAR
- Other items
- Post live items
- CHI application
- IG Policies
- ISMS
- ISPF compliance

Home

TIMELINE

KEY

- Regulation / Legislation
- NHSS / SG Guidance
- NDS/NES Standard / Best practice
- NES Policies / Other

Equalities

Description	Owner	Approver
<p>We have a legal responsibility under the <a href="#">Public Sector Equality Duty in Scotland</a>. There is more information on the <a href="#">Equality Human Rights website</a>.</p> <p>We need to follow <a href="#">NES guidance</a> in order to meet this duty.</p> <ul style="list-style-type: none"> <li>• <a href="#">Planning proforma</a> – early consideration of equality.</li> <li>• <a href="#">Report proforma</a> – formal EQIA report for publication.</li> </ul> <p>Other areas to be considered:</p> <ul style="list-style-type: none"> <li>• <a href="#">Fairer Scotland Duty (internal NES folder)</a></li> <li>• <a href="#">Child Rights and Wellbeing Impact Assessment (CRWIA)</a></li> </ul> <p>One should be considered for each NDS product. It may be possible to define equality impact once for the overall programme of work for NDS and then, for each product, assess whether it creates a new risk or other change that is required (using the planning proforma). (to be discussed). This may lead to an Equalities Statement that would be published on our web pages.</p>	NDS General Managers and Product	NDS Director

## NHS Education for Scotland

### Board Paper Summary

#### 1. Title of Paper

Finance Report as at 31<sup>st</sup> October 2020.

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

Lizzie Turner, Head of Finance Business Partnering  
Janice Sinclair, Head of Finance  
Audrey McColl, Director of Finance

#### 3. Purpose of Paper

The purpose of this paper is to:

- a) present the financial results for the first 7 months of the year to 31<sup>st</sup> October 2020 and to indicate the current forecast outturn as at 31<sup>st</sup> March 2021.
- b) Update members on the anticipated costs of the NES response to the COVID-19 pandemic.

#### 4. Key Items

4.1 The current year-end forecast is an overspend of £1.7m against an anticipated budget of £539.8m. The overspend is made up of a £2.5m overspend in Medical Training Grade Salaries (MTGS), which is underwritten by Scottish Government (SG), offset by a £0.8m underspend across the rest of NES.

4.2 In reporting the NES financial position, we separate Medical Training Grades salaries (MTGS) from other areas of the NES budget. This is to identify the estimated amount of additional *in-year* funding required to address the remaining historic recurrent funding gap on MTGS. The final amount required is calculated at year-end as the multiple factors influencing these costs fluctuate throughout the year.

The underlying deficit is significantly higher, details of which are provided in section 4. Currently, the in-year forecast deficit on Medical Training Grade Salaries has increased from £2.47m, when the 2020/21 budget was originally set and reported to the Board, to £2.5m based on current assumptions.

4.3 We anticipate that the Non-MTGS underspend could increase to £1.3m as the Vacancy Lag Factor included in the budget is likely to be exceeded by approximately £0.8m. We expect this increase will be partially offset by potential corporate pressures totalling £0.3m.

- 4.4 Plans are currently being developed to reallocate the current underspend within the non-MTGS areas of the NES budget, in line with our strategic objectives. This will include consideration of areas of spend which were identified in the 20/21 budget setting exercise, but which were held back due to lack of funds; and new investment in areas such as digitally focussed enhancements to our ways of working and delivery of Technology enhanced Learning (TEL) to ensure we are able to support effective delivery of training in a COVID operating environment.
- 4.5 When the 20/21 budget was set, £2.5m of funding from across NES was allocated to reduce the level of additional in-year funding for MTGS which Scottish Government would provide (Table 5 of the main report), from £5m to £2.5m. If at the year-end, there is any surplus remaining from the underspend currently forecast, this will be used to further reduce the level of additional funding required from Scottish government.
- 4.6 The current estimated net cost of the NES response to COVID-19 is £10.5m for 2020/21 (Table 4) after recognising savings relating to activities no longer anticipated to take place or which will be significantly reduced over the year. These figures now include £1.2 million of costs for specific projects requested by SG. These projects are detailed in section 3.3 of the main report and will be funded separately from the general COVID allocation. To date, we have received a total of £9.4m COVID funding, and the final allocation values will be agreed with SG in January 2021, based on final expenditure forecasts at that time.
- 4.7 The financial position across non-MTGS budgets has not moved significantly since the August month-end position reported to Board in September, nor from the September position reported to the Audit & Risk Committee earlier this month. The explanations for variances contained in previous reports are included here for ease of reference.
- 4.8 Financial Planning for 2021-22 is underway and will be an iterative process due to the potential impact of a second wave of COVID.
- 4.9 Board members will be aware that Scottish Government confirmed that the additional National Boards saving of £1.5m allocated to NES in 2019/20 will remain allocated against the NES budget until agreement is reached by the National Boards on how it should be correctly allocated. Within the current financial plan, it has been assumed that the full £1.5m will be brought back into our recurrent baseline. However, recognising the risk that NES may be asked for a further contribution the Board, in March 20, approved an additional contribution of £1m on a non-recurrent basis, which is reflected within provisions.

## **5. Educational Implications**

The funding provided to NES by Scottish Government underpins and supports all of our education and training activity.

## **6. Financial Implications**

NES has three financial targets which need to be met on an annual basis. This report focuses on the requirement to meet the Revenue Resource Limit (RRL). The current financial forecast is break-even dependent on the receipt of funding from Scottish Government to cover the historic recurrent funding deficit in the Medical Training Grade Salaries.

**7. Which of the 5 Key Areas of Focus in the NES Strategy for 2019-24 does this align to?**

A High Performing Organisation

**8. Impact on Quality Ambitions**

Delivering a break-even outturn will ensure that NES meets its Quality Ambitions.

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

The key Risks to the final finance position are reported in Section 6.

**10. Equality and Diversity**

We currently anticipate a balanced financial position by the year end. The recommendations within the report will not create any equality and diversity risks.

**11. Communications Plan**

We are in regular communication with the Policy and Finance teams at Scottish Government. No further external communication plan is required.

**12. Recommendations**

Board members are invited to note the information contained in this report.

NES  
November 2020  
AMc /JS/ LT



## Finance Report as at 31<sup>st</sup> October 2020

### 1. Funding Overview

1.1 We recognise the budget in our financial system only when allocations are confirmed by colleagues in SG. Details of the current NES budget are reflected below in Table 1. The allocations reflected in the “Received” column have been noted specifically in the formal allocation letters which are issued by SG monthly. The remaining confirmed allocations are shown in the “outstanding” column.

1.2 We reported to the Board on 26th March 2020 that we anticipated recurrent baseline funding of £463.3m in this financial year. We are no longer anticipating £87k in respect of a difference in the calculation of the pay inflation uplift received from SG who work to higher significance levels than we anticipated. This reduces our baseline recurrent funding to £463.2m. We have however received an additional £0.4m in recurrent funding in year, the majority for Project Lift, and we still anticipate a further £0.24m recurrently in respect of the transfer of ISD staff members from NSS to NES during the year, increasing the baseline to £463.9m.

**Table 1: Total Anticipated Revenue Funding**

Area	Recurrent	Earmarked	Non Recurrent	Total	Total split by:	
					Received	Outstanding
Baseline budget	452,901			452,901	452,901	0
National Boards	1,500	0	0	1,500	0	1,500
Inflation @2% of Budget	8,925	0	0	8,925	8,838	87
Rounding of Inflation no longer anticipated	(87)			(87)	0	(87)
<b>Original budget</b>	<b>463,239</b>	<b>0</b>	<b>0</b>	<b>463,239</b>	<b>461,739</b>	<b>1,500</b>
COVID-19 - main allocation	0	0	9,348	9,348	8,766	582
COVID-19 - individual allocations	0	0	1,192	1,192	636	556
NDS (inc indirect costs)	0	0	4,450	4,450	4,450	0
Transformation Fund carry forward	0	0	490	490	490	0
Aberdeen Dental School	0	0	3,077	3,077	3,077	0
Dental Overseas levy	0	0	(1,032)	(1,032)	0	(1,032)
Speciality Training Expansion posts	0	0	8,581	8,581	0	8,581
ACT additional funding	0	0	4,694	4,694	1,750	2,944
MEP funding gap	0	0	7,544	7,544	0	7,544
IST & IMT Funding	0	0	726	726	0	726
Psychology Trauma Funding	0	0	805	805	805	0
Psychology Workforce Funding	0	0	670	670	0	670
Psychology Mental Health	0	0	13,697	13,697	9,595	4,102
Pharmacy AEIPC and GMS	0	0	1,326	1,326	1,003	323
Pharmacy PRPS	0	5,541	1,585	7,126	6,455	671
Pharmacy ACT	0	0	2,438	2,438	1,707	731
GPN Funding - Primary Care	0	0	1,279	1,279	895	384
GP Bursary - Primary Care	0	0	2,400	2,400	1,680	720
Other Primary Care Fund	0	0	1,062	1,062	744	318
Project LIFT	383	0	0	383	383	0
Outcome Framework-CNOD Bundle (NMAHP only)	0	0	2,050	2,050	2,050	0
Other allocations (under £300k)	286	552	3,407	4,245	3,053	1,192
<b>Total in-Year allocations</b>	<b>669</b>	<b>6,093</b>	<b>69,789</b>	<b>76,551</b>	<b>47,539</b>	<b>29,012</b>
<b>Total Revenue Allocation</b>	<b>463,908</b>	<b>6,093</b>	<b>69,789</b>	<b>539,790</b>	<b>509,278</b>	<b>30,512</b>

All figures are in £000's

As noted in paragraph 1.6 below, the anticipated allocation of £2.5m to fund the in-year recurrent MTG funding gap is not included in this table.

1.3 We now expect to receive Scottish Government Non- recurring and Earmarked allocations in year of £75.9m (table 1 above) which is an £ 0.7m reduction from the £76.6m reported to Audit and Risk Committee earlier this month, and only £0.1m less than the figure reported to the Board in August. The significant movements include:

- a) Annual recognition of the Dental overseas levy (collected by NES from the Universities) being transferred to SG as per the terms of the agreement (£1,032k).
- b) An additional £670k of funding within Psychology Mental Health which is the first year of a 3 year funding plan to support the Mental Health of NHSS Workforce.
- c) An additional £625k in Pharmacy to fund 16 more PRPS places and provide Independent Prescribing Clinical Skills training.
- d) An additional £442k of Specific COVID allocations to support increased remedial costs in Pharmacy for Trainees who require a COVID related extension (£156k) and Phase 2 of the development of the Care Management App (£286k) which will allow development of functionality to further support patient safety within Care Homes.
- e) A £418k reduction in anticipated 'general' COVID funding largely due to reduced Study leave and Training costs anticipated in Medical.
- f) A £156k reduction to the NMAHP bundle following agreement of the final outcomes and associated funding (the final funding required being slightly less than originally estimated)
- g) No longer anticipating an additional £250k for Ophthalmology work in NDS based on current agreed outcomes and received funding and
- h) No longer anticipating the final £87k of inflation to our baseline position.

1.4 In our last 2 allocation letters we received funding of just over £33m from SG significantly reducing the value of outstanding allocations. Most of the larger outstanding allocations are not expected until later in the year once the forecast spend is more definitive. The allocations received included £8.8m relating to our general COVID net costs following our Q1 review meeting with SG in September and the final NDS allocation for this year.

1.5 We do not expect that our overall funding will change significantly for the rest of the year unless the scope of our work is changed by SG.

1.6 As previously reported at this stage in the financial year we have not included an anticipated allocation for the in-year impact of the historic recurrent funding gap on medical training grades (detailed in section 4) which is underwritten by Scottish Government. This is due to the volatility of the factors influencing medical training grade costs, meaning that this gap will vary throughout the financial year. There are regular update meetings with SG Finance and, as in 2019/20, a final reconciliation will take place at the end of the year to determine the value of the funding required. As detailed in section 4, although there has been movement within the training grade budget, we are currently anticipating a gap of £2.53m.

1.7 Board members will be aware that Scottish Government confirmed that the additional National Boards saving of £1.5m removed from the NES baseline in 2019/20 requires agreement among all National Boards on how it should be met before it is reinstated to NES. Our financial plan for 2020/21 is based on the full return on a recurrent basis of the £1.5m, albeit that the board agreed in March 2020 to recognise a potential non-recurrent contribution in 2020/21 of £1m towards the target. This is currently being held in provisions.

## 2. Summary Financial Position

- 2.1 As shown in table 2 below we are currently forecasting a year end overspend of £1.7m. This is made up of a £2.5m overspend in Medical Training Grades offset by a £0.8m underspend across the rest of NES. The Medical Training Grade overspend is underwritten by SG, but as can be seen in Table 5, Section 4, NES also contributed £2.5m towards the gap in 2020/21.
- 2.2 Table 3 shows the movement by Directorate, three Directorates – Medical, Dental & Digital, moved by more than £100k since the August data reported to the Board at the meeting in September.
- 2.3 The total **year to date** overspend of £6.1m (table 2) is made up of a £7.9m overspend relating to COVID costs incurred where we have yet to recognise the funding now agreed with SG (table 4), offset by a £1.8m underspend in non COVID related activity which is largely due to budget timing differences.

**Table 2: Corporate Summary Financial Position**

MONTHLY REPORTING FOR OCTOBER 2020				Period 07		
Directorate	Year to Date			Full Year		
	Current Budget	Outturn	Variance	Current Budget	Outturn	Variance
Training Programme Management - MTG Salaries	159,416	160,241	(825)	273,041	275,569	(2,528)
NES - Non MTG Salaries	138,374	143,629	(5,255)	266,750	265,943	807
<b>TOTAL NES</b>	<b>297,790</b>	<b>303,870</b>	<b>(6,081)</b>	<b>539,790</b>	<b>541,512</b>	<b>(1,721)</b>
SG allocation required to balance historic funding gap				2,528	0	2,528
<b>Forecast Year end Total NES</b>	<b>297,790</b>	<b>303,870</b>	<b>(6,081)</b>	<b>542,318</b>	<b>541,512</b>	<b>807</b>

All figures are in £000's

\* All costs and savings related to the COVID-19 response are included within the YTD and outturn forecast figures as appropriate. As we anticipate funding to be received in full 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.

- 2.4 As in previous reports the outturn reflected includes the anticipated financial implications of the COVID-19 response by directorate. As agreed, across NHS boards, this does not include baseline staff costs where existing members of staff have had their activities redirected to support the COVID response. Further detail on individual Directorate COVID spend and significant non-COVID variances is provided in Sections 3 and 4.

- 2.5 The underspend on the NES non-MTGS budget has not moved significantly since the August month end position. We anticipate that this underspend will increase to £1.3m as the Vacancy Lag Factor is likely to be exceeded by £0.8m; and we anticipate corporate pressures of around £0.3m. We previously reported to the Audit & Risk Committee that SG had notified us of a change to the accounting treatment of the Annual Leave accrual which would give us an in-year benefit of £0.4m, however following updated information from UK Treasury this advice has been withdrawn and no benefit will now be available.
- 2.6 We are reviewing with Directorates areas of spend which were identified in the 20/21 budget setting exercise, but which were held back due to lack of funds; and those which have been identified as new priorities in year. This includes proposed additional investment to support new digitally focussed enhancements to our ways of working and delivery of Technology Enhanced Learning in a COVID operating environment. The initial proposed investments are currently in the region of £1.9m in this financial year, however it is expected that the level of funding required will reduce once these proposals are considered against the criteria of: convergence with Strategic objectives; Value for Money; in year capacity to deliver; and future year financial impacts.

### 3 NES – Non Medical Training Grade Salaries (MTGS)

3.1 Table 3 below details the Financial position of NES (excluding Medical Training Grades) by Directorate. Table 4 then breaks down the COVID impact included in the Table 3 figures between increased costs and anticipated savings as well as showing the costs and savings incurred to date. Significant costs, savings and variances for both COVID and non COVID related budgets are explained at a directorate level in paragraphs 3.6 to 3.26.

**Table 3: Information by Directorate**

MONTHLY REPORTING FOR OCTOBER 2020				Period 07				
Directorate	Year to Date			Full Year				
	Current Budget	Outturn	Variance	Current Budget	Outturn	Variance	Period 5 Variance	Movement from Period 5
Quality Management	49,006	48,977	29	89,424	89,421	3	8	(5)
Strategic Planning and Directorate Support	3,810	3,233	576	6,047	5,961	87	27	60
Training Programme Management Excl Training Grades	10,881	14,603	(3,722)	24,044	24,164	(121)	(18)	(103)
Professional Development	3,639	2,917	721	6,586	6,542	44	149	(105)
Pharmacy	5,632	5,633	(1)	13,170	13,206	(36)	(36)	(0)
<b>Medical Total</b>	<b>72,968</b>	<b>75,363</b>	<b>(2,396)</b>	<b>139,271</b>	<b>139,295</b>	<b>(23)</b>	<b>130</b>	<b>(153)</b>
Dental	25,938	24,799	1,139	44,637	44,128	508	631	(123)
NMAHP	6,123	8,546	(2,423)	16,376	16,462	(86)	(104)	18
Psychology	14,060	13,865	195	27,634	27,668	(34)	(39)	5
Healthcare Sciences	1,769	1,704	65	3,131	3,080	51	(28)	79
Optometry	679	651	28	1,149	1,139	10	(9)	18
NDS	1,752	1,884	(132)	4,460	4,460	0	0	(0)
Digital	7,293	7,830	(537)	14,431	14,466	(35)	(139)	104
Workforce	3,221	3,395	(175)	5,831	5,770	61	11	50
Finance	1,486	1,332	154	2,668	2,684	(15)	(21)	5
Planning & Corporate Resources	3,632	3,583	48	6,210	6,276	(66)	(9)	(57)
Net Provisions	(545)	677	(1,221)	953	516	437	400	36
<b>NES Total (exc MTG)</b>	<b>138,374</b>	<b>143,629</b>	<b>(5,255)</b>	<b>266,750</b>	<b>265,943</b>	<b>807</b>	<b>825</b>	<b>(18)</b>

All figures are in £000's

\* 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.

**Table 4: COVID-19 Costs and savings by Directorate**

Directorate	COVID YTD Costs	COVID YTD savings	COVID YTD Net Impact	COVID FY Costs	COVID FY Savings	COVID FY Net Impact
Quality Management	0	46	46	0	75	75
Strategic Planning and Directorate Support	(1)	271	270	(11)	325	314
Training Programme Management Excl Training Grades	(4,895)	1,016	(3,879)	(6,507)	1,227	(5,280)
Professional Development	(127)	675	548	(237)	1,142	905
Pharmacy	(79)	13	(66)	(183)	13	(170)
<b>Medical Total</b>	<b>(5,102)</b>	<b>2,021</b>	<b>(3,081)</b>	<b>(6,938)</b>	<b>2,782</b>	<b>(4,156)</b>
Dental	(542)	1,222	680	(751)	1,575	824
NMAHP	(2,832)	52	(2,780)	(3,016)	298	(2,718)
Psychology	(71)	59	(12)	(183)	122	(61)
Healthcare Sciences	(7)	48	41	(40)	76	36
Optometry	(9)	25	16	(11)	54	43
NDS	(250)	0	(250)	(331)	0	(331)
Digital	(1,468)	35	(1,433)	(2,612)	35	(2,577)
Workforce	(669)	94	(575)	(743)	116	(627)
Finance	(29)	9	(20)	(31)	12	(19)
Planning & Corporate Resources	(90)	68	(22)	(136)	102	(34)
Net Provisions	(103)	0	(103)	(127)	0	(127)
<b>NES Total (exc Medical Training Grades)</b>	<b>(11,172)</b>	<b>3,633</b>	<b>(7,539)</b>	<b>(14,919)</b>	<b>5,172</b>	<b>(9,747)</b>
Medical training Grades	(357)	0	(357)	(795)	0	(795)
<b>NES Total</b>	<b>(11,529)</b>	<b>3,633</b>	<b>(7,896)</b>	<b>(15,714)</b>	<b>5,172</b>	<b>(10,542)</b>

All figures are in £000's

Additional costs are shown red and in brackets, savings shown in black. Full Year figures are forecasts.

- 3.2 As detailed in Table 4 we are currently forecasting COVID costs of £15.7m to be offset by savings from suspended or reduced activity in the year of £5.2m giving a net cost of £10.5m. This net total has increased by £0.8m since August as the table now includes costs funded through specific COVID allocations (£1.2m) as well as the COVID costs funded through the general allocation and we have seen Student nurse costs increase as we have recognised additional hours and overtime worked (£0.2m). These increases have been mainly offset by reduced income pressures in Dental (£0.2m), additional savings identified from Medical study leave claims (£0.2m) and from developing more courses to be delivered online incurring venue and travel savings (£0.1m).
- 3.3 The table includes costs funded through specific COVID allocations (£1.2m), which have been confirmed by SG, to carry out specific pieces of work as well as general costs of £9.3m. The individual COVID allocations of £1.2m include; Online Staff wellbeing coaching (£150k); development of the Care Management App (£389k); Digital contributions towards the Vaccinations programme (£271k); Pharmacy Remedial costs (£156k); Psychology Solihull Licences (£83k) and the Clinical Assessment Tool (£143K) used in Hospitals and Care homes.

- 3.4 We have now received a general allocation of £8.8m against the remaining COVID net costs which are forecast to reach £9.3m. No NHS Boards have been funded in full for their forecast COVID costs at this stage recognising the ongoing changes in the required COVID response and associated costs. A further tranche of funding will be made available in Quarter 4 to recognise the full year forecast costs at that time and will follow discussions with SG in January. Table 3 above assumes that all forecast COVID costs will be funded in full.
- 3.5 Of the £15.7m gross costs forecast in relation to COVID-19, £9.5m relates to the employment of additional front-line staff in territorial health boards and other health and social care settings as requested by SG, including additional Medical Trainees, Medical undergraduate students and Student Nurses.

## Medical

- 3.6 Medical is reporting a non COVID related forecast overspend of £23k, within this underspend in pay costs, the majority of which is because new posts have been filled at a lower pay rate than anticipated, have been offset by an overspend in TPM mainly due to the correction of a forecasting error within GP Trainer Grants (£96k).
- 3.7 The position has moved £153k since August largely because of the correction to the forecasting error within TPM (£96k) and the movement of a £61k written off accrual to provisions (where estimated expenditure was charged to a previous year but is no longer expected to be required).
- 3.8 The forecast net cost of COVID within Medical is now £4.2m which is £0.3m less than reported in August. The majority of the £0.3m movement has been caused by a further reduction to forecast spend in Study leave based on current forecasts (£0.2m) and forecast reduced training spend as less costs are being incurred in Professional Development as the training is moving online (£0.1m)

Within the total COVID costs of £6.9m, the most significant elements relate to:

- a) 575 Interim FY1 Trainees employed by NES and placed in boards until mid-July - £5,121k
- b) 95 Out of Programme (OOP) Trainees returning to service posts for 4 months - £1,340k. We are halfway through an exercise to identify if all these costs are still likely to be realised within NES as depending on the employment arrangements which were put in place, some costs may have already been funded by the territorial boards who employed the staff.

These costs have been offset by some previously anticipated spend now unlikely to go ahead totaling £2.8m which includes:

- a) 13 wte GP and Medical Fellowships not being recruited for the academic year 20/21, and the reduction in funding required for 20 Paediatric Fellows from Sept to Mar - £822k. There will be an associated saving in 2021/22.
- b) Reduced Study leave costs in year of £830k as courses have been cancelled. This is likely to have a knock-on effect in 2021/22.
- c) Reduced Training activity (£575k) this includes GP trainee and CPD courses and fewer Scottish Improvement Leadership (SciL) training cohorts.
- d) Reduced travel and expenses across the directorate - £302k
- e) the cancellation of the Annual Multi Professional Education Conference - £180k

- 3.9 It should be noted there are several areas in Medical, eg study leave, where the full impact of COVID cannot be finalised until later in the year as the associated costs and savings will change as more information becomes available.

## Dental

- 3.10 Fewer trainees in post have accounted for the bulk of the Dental year-end forecast underspend of £508k generating savings in both Trainee salary costs and Grants to Trainers to support the trainees. Vocational Trainee numbers were 5 WTE less than budget from April to July and are forecast to be 8 WTE less than budget for the period between September and March. We are also supporting 5 fewer Dental therapists in training over the last 7 months of the year. These savings are offset by a net increase of 2.5 WTE Trainees in hospital posts across the full year.
- 3.11 The underspend has reduced by £123k since August. This is partly due to additional costs in Dental Core Trainees from the employment of 3.5 WTE more Trainees than anticipated following the September recruitment (£66k); and the correction of a small forecasting error in Trainer Grants (£42k)
- 3.12 The overall COVID impact is a £824k reduction in anticipated spend where additional costs of £751k are being offset by an underspend of £1,575k. The overall net reduction in costs has increased by £184k since August as we now expect to receive Modern Apprenticeship Income in full as arrangements have been put in place which will allow the full cohort to proceed as originally planned this year (£160k) and a further reduction in training expenditure has been identified, including travel, offset by associated reduced income (£45k).

The COVID cost pressures include;

- a) £377k of reduced income across CPD. A further £95k of reduced income is shown within the Provisions budget line where 20% of all income generated is allocated as a contribution to overheads.
- b) £133k for the purchase of 169 'Phantom Heads' (1 per training practice) to allow VT trainees to gain some simulated clinical skills experience whilst they are unable to undertake normal placements.
- c) £61k in overtime costs associated with those staff redeployed to assist with the COVID Accelerated Recruitment Portal (CARP) and a new fixed term post to support the directorate with work relating to the Dental Workforce and
- d) £153k to extend 5 vocational trainees by 3-6 months to allow for the achievement of satisfactory completion of training.

These cost pressures have been offset by reductions in costs which include;

- e) £734k due to a 1-month delay in starting the 2020/21 cohort for Dental Therapist and Vocational Training,
- f) £98k due to delayed appointments to 5 STR posts because the roles use Aerosol Generating Procedures which cannot be used under current guidance and
- g) £663k reduced activity, travel and recruitment across the directorate. The largest areas include reduced study leave payments £58k, CPD £172k, Vocational Training support £178k, Dental Care Professionals (DCP) £62k, Clinical effectiveness £57k and a cancelled recruitment event £23k.



## **NMAHP**

- 3.13 A non-COVID overspend of £86k is forecast, the most significant element (£73k) is the cost of 3 additional Practice Education Leads (PELs) employed to support students in the Paramedic Programme who are in non SAS placements. Support for students in SAS placements is already in place.
- 3.14 The final value of the Chief Nursing Officer Directorate 'Bundle' is now confirmed at £1.8m to deliver the associated outcomes required for pre-registration and post-registration training, practice education and Healthcare Associated Infections within budget. We previously received an allocation of £2.0m but SG have recently confirmed the additional funding should be redirected to the Rapid Action Placement Oversight Group (RAPOG) which has been set up to look at the disruption to student placements caused by COVID.
- 3.15 The directorate are forecasting to incur additional gross costs of £3.0m in relation to COVID, £2.8m of which relates to the Scottish Government request that NES employ all the student nurses who have been placed in a non-NHS setting. This figure has increased by £240k since August and may still change as we have not yet received all the final timesheets from Students.

## **NDS**

- 3.16 We have now received the outstanding allocation for NDS giving a full year budget of £4.4m. We do expect the budget and associated outturn to reduce as we have been provided the full year budget for the SCI-Diabetes team, previously part of NHS Tayside, however the staff only transferred into NES on 1<sup>st</sup> November. We are working with Tayside to agree the in-year adjustment which will be required to reflect the part year nature of the staff employment and the allocation of non-pay costs in year.
- 3.17 Within the £4.4m COVID funding of £0.3m is anticipated to fund the improvements to the emergency eyecare response available during COVID-19 via an emergency pathway allowing optometrists to work remotely and access/share health records (£65k) and running the SMS messaging service for the 100,000 citizens shielding across Scotland (£240k).

## **Digital**

- 3.18 Digital are forecasting a non-COVID overspend of £35k, a reduction of £104k since August made up of a range of small pay variances across the directorate and the reclassification of developer costs to COVID.
- 3.19 There have been no significant changes to forecast financial implications arising from COVID in Digital during October with a net cost of £2.6m anticipated by year end. However, this has increased £0.9m since August to reflect £0.1m in additional staffing costs, and the costs relating to the £0.8m of specific COVID allocations received. These allocations are for the Clinical Assessment app, Care Management and Vaccination work.
- 3.20 Total COVID costs include £2.2m of developer costs and overtime. The projects the developers have and will be working on include the Accelerated Recruitment portal, the Turas Clinical Assessment tool, the Care Management App, the Vaccination Programme, hosting COVID-19 related educational and induction resources and work required on Learn, People and TPM to maintain system stability as a result of COVID changes.

3.21 The remaining COVID costs arise from additional licences required including Office365 Licences provided to SG allowing their staff to access Microsoft Teams during the pandemic (£160k), additional cloud storage required for the new Digital developments including CARP (£75k), increased Graphic Design work (£80k) and additional hardware costs (£67k).

## **Workforce**

3.22 Workforce non covid costs are forecast to underspend by £61k due to posts being filled at a lower pay scale than anticipated (£24k) and a reduced spend forecast in Organisational development, Leadership and Learning following a review of anticipated activity to year end (£43k).

Net COVID related costs of £626k have increased since August and now include the full wellbeing coaching costs which received a specific COVID allocation of £150k. The total costs include;

- a) Occupational Health returners employed to support the completion of the Occupational Health assessments required as part of the pre employment checks for portal applicants (£172k).
- b) wellbeing coaching for NHS staff – Total £197k which is £47k above the £150k allocation received.
- c) Agency staff and overtime required for completion of Pre-employment checks for applicants via the Accelerated Recruitment Portal as requested by SG - £287k.

These are offset by savings of £116k as the number of training activities offered at this time have been reduced; this includes a saving of £74k in project Lift as the current Cohort has been suspended.

## **Planning & Corporate Resources**

3.23 The forecast outturn includes an estimate of £100k for the potential work required to NES office accommodation to facilitate a full return to office-based working, this is a reduction of £50k from August based on current best estimates, however, this cannot be finalised until more detailed guidance on return to work for non -essential offices is issued. In addition, costs of £29k for overtime are forecast which will be offset by £102k of savings related to reduced travel, printing and postage and COVID related rates relief. Savings are now anticipated to be £29k higher than forecast in August as they have been updated to reflect current usage of services.

## **Provisions**

3.24 The provisions budget is made up of funding held on behalf of the whole of NES. This includes the Depreciation charge (£1.2m); the budget to be contributed non recurrently to the national board savings (£1m); the apprenticeship levy (£0.3m); funding held to cover our Fixed term contract liability for digital contractors whilst budgets are agreed with Scottish Government (£0.6m); funding for staff on redeployment (£0.1m); and several small budgets totalling £0.1m. These are offset by the following credit budgets which anticipate income and savings from within directorates: Vacancy lag recovery target (£1.8m); Procurement savings £0.3m; and 20% top-slicing of Income budgets (£0.3m).

3.25 A negative impact of £129k is expected in Provisions due to COVID-19 by year end. The Apprenticeship levy is forecast to increase by £32k as it is directly related to the NES pay bill which has increased due to the employment of the additional students and returners in

Medical, NMAHP and Workforce. A cost of £95k is shown as the 20% income top-slice will reduce in line with reduced Dental Income.

3.26 A YTD overspend of £1.2m is showing in Provisions, largely being the offset of vacancy savings identified across the organisation which show as YTD underspends in the individual directorates.

3.27 The full year Non Covid related underspend of £437k mainly arises from an assumed £250k reduced VAT liability in year following the decision by HMRC to change the VAT rate on electronic publications (which includes our digital journals) to the zero VAT rate from 1<sup>st</sup> May 2020. We are currently seeking clarification from our VAT advisors and HMRC to understand if the amount can be reclaimed in year. In addition, an underspend of £163k has arisen from the writing back of accruals where estimated expenditure was charged to a previous year but is no longer expected to be required.

3.28 Our budget was based on delivering a vacancy lag recovery of £1.8m, given that we have secured £1.45m as at the end of October, we expect that the target will be exceeded by as much as £0.8m in our current operating environment.

#### 4 Medical Training Grades Salary Costs

##### Medical Training Grade Salaries – Budget

4.1 When the budget for 2020/21 was set it was expected that £2.47m of additional in-year funding would be required to address the impact of the historic recurrent funding Gap within Medical Training Grades (Table 5).

**Table 5: Medical training Grades, opening budget position**

Medical Training Grade Salaries	Recurring	Non Recurring	Total
Total available funding	261,963		261,963
Baseline Recurring Budget Required	275,235		275,235
Cost Pressures inc Expansion, remedials and GP maternity costs		9,597	9,597
<b>Historic funding Pressure</b>	<b>(13,272)</b>	<b>(9,597)</b>	<b>(22,869)</b>
<b>Non recurrent Recycling from</b>			
Hospital less than full time training across FY1, FY2 and Core/ST.		6,939	6,939
GP Practice ST1 & St3 vacancies		7,651	7,651
Hospital Core/ST vacancies paid at lower rate		2,678	2,678
Out of Programme vacant posts paid at lower rate		649	649
<b>Total Non recurrent recycling of funding</b>	<b>0</b>	<b>17,917</b>	<b>17,917</b>
<b>Medical Training Grade total</b>	<b>(13,272)</b>	<b>8,320</b>	<b>(4,952)</b>
Non Medical TG budget contribution to partially offset the MTG Gap	2,149	331	2,481
<b>Remaining Gap to be underwritten by SG</b>			<b>2,471</b>

- 4.2 The training grade budget is impacted by a complex combination of factors which are subject to change on a regular basis. These factors include how and where posts are filled, the hours trainees work, how many trainees take maternity/sickness leave, how many trainees will require remedial training and when the trainees find permanent posts at the end of their training. The assumptions made for each of these during Operational Planning can change throughout the year and particularly around August and February when trainees join and rotate through their training programmes.
- 4.3 Since the original funding gap was calculated we have continued to update our assumptions based on February and August rotation data, more up to date trend information, COVID implications and the actual pay costs being incurred. This increased the original anticipated funding gap from £2.47m to £3.23m as at October. The changes to forecast are detailed in table 6.
- 4.4 Since August the updated assumptions reflecting the latest information available to us have increased the gap by £589k, this is largely due to;
- a) Following updated pay information in August, GPST3 Salaries were increased by £315k to reflect trainee pay protection (£92k) and the average salary being £1.6k higher than assumed when the budget was set.
  - b) GP maternity costs also increased in August by £52k
  - c) A further increase to GPST 3 Salaries is now forecast of £129k as we pay these salaries out at the bottom of the scale until a higher scale point is confirmed by the trainee at which point a backdated adjustment is made, so until all notifications have been received we will continue to see movement in this area.
  - d) £106k higher pay costs in GP ST1 as the new intake of trainees in August have now had pay adjusted for any prior experience resulting in a higher average salary than budgeted (Budget £65.7k v Actual £67.4k)
  - e) £54k lower costs in GP in Hospital due to average 2 wte fewer paid GP100 posts for final 6 months of financial year.

Salaries for GPSTs are dependent on the individual's level of prior experience and position on pay scales. Both the movements above demonstrate the volatility of the MTGS budget and the difficulty in being able to forecast costs until Trainees are in post.

**Table 6: Current estimated funding gap**

<b>Medical Training Grades</b>	<b>£000s</b>
<b>Opening Funding Gap (table 5)</b>	<b>2,471</b>
Reduction in Paid GP100 Hospital Posts based on current numbers	(778)
Change in TG Recycling assumptions	72
3 x Forensic Posts funded through Fellowship budget	(156)
Increased cost of 1 BBT trainee in GP Practice post	72
Other (inc £92k increase in GPST3 higher pay costs)	82
<b>Requirement for additional funding as at 30<sup>th</sup> June 2020</b>	<b>1,763</b>
Increased costs due of Pay Award at 2.8%	775
Increased ST3 costs	645
Further reduction in GPST 100 posts which we expect to pay	(558)
7 Fewer GP Remedials than budget due to higher than average exam pass rates	(506)
Funding confirmed for CSO Lectureship	(115)
Other movements (net)	(71)
35 CCT extensions for a period of 6 months recognising some hospital-based trainees will now take longer to meet examination and competency requirements due to COVID (previously forecast within TPM)	801
<b>Revised Requirement for additional funding as at August 2020</b>	<b>2,734</b>
Higher Pay costs in GPST3	315
Other movement inc 41k additional GP maternity costs	58
Reduced forecast costs to COVID related CCT extensions	(6)
<b>Revised Requirement for additional funding as at September 2020</b>	<b>3,101</b>
Higher Pay costs- mainly in GPST3 & GPST1	276
2 WTE fewer Paid GP100 posts forecast to year end	(54)
<b>Revised Requirement for additional funding as at October 2020</b>	<b>3,323</b>

All figures are in £000's

- 4.5 We expect this gap to be met from 2 funding sources;
- a) COVID funding £795k
  - b) SG underwriting of the residual historic funding gap £2,528k

## 5 Savings

- 5.1 We have an anticipated vacancy lag recovery of £1.8m, this is generated through underspend created by the natural delay between members of staff leaving the organisation and a new member of staff being recruited, and occurs every year. To date we have secured £1.4m of this and we currently anticipate exceeding the target by up to £0.8m, which is £0.2m higher last year's total of £2.6m. This increase has not been built into the forecast, but it will be considered within the exercise to identify opportunities for appropriate additional investment.
- 5.2 Four Corporate Improvement Programmes were agreed as part of the 20/21 budget approved by Board, these were Consolidation of Training Programme Management, Dental Outreach, Continuing Professional Development and SMARTER ways of Working (incorporating Properties and Unified communications). Although little formal progress has been made there has been significant progress in terms of meeting the original outcomes of the groups due to the changes in the way that we work that COVID has introduced. For example, within Smarter Worker a key aim was to ensure all staff had the technology and understanding to work more agilely and within CPD a key aim was to review what training could be made available online. Much of the COVID related savings can be attributed to this progress through reduced travel costs, venue higher etc and we expect this trend to be continued in our Operational planning, albeit on a non recurrent basis in the first instance. Once we know what change will be implemented on a permanent basis we will look to make these savings recurrent.

## 6 Risks to forecast Position

There are risks to the year-end financial position resulting from the following:

### Medical Training Grades Baseline Funding Gap

- 6.1 The in-year impact of the historic recurrent gap in Medical Training Grades will move throughout the year as the cost drivers are out with NES' control. Recognising this, it was agreed that we will update Scottish Government on a regular basis as to the expected amount of funding required, and a single drawdown figure will be agreed at year-end.

### National Board Savings

- 6.2 There is a risk that the £1.5m removed recurrently from our budget last year towards the £15m National Boards savings is not returned to us. This would create an in year pressure of £0.5m (as we are holding £1.0m in provisions on a non recurrent basis) and a £1.5m pressure in future years. To mitigate this risk, we could choose to reduce the amount of funding contributed by NES to the Historic Medical Training grade funding gap by £500k to minimise the impact on our year end outturn, this would increase the funding required from SG to balance the historic funding gap.

### COVID-19 Financial Implications

- 6.3 The anticipated costs of COVID-19 are regularly updated and submitted to Scottish Government. Due to the rapidly changing environment surrounding the pandemic, the ask of NES is continuously changing and it is therefore likely these costs will continue to move as we progress through the year. We have however received £8.8m against the General COVID costs and £0.6m for specific projects and have assurance of a further allocation in January.

## **ACT (Additional Cost of Teaching)**

- 6.4 Following confirmation that Universities will honour the places of all students impacted by the change to exam results in August there is likely to be increased pressure on the ACT budgets as there will be more students requiring NHS placements. The full financial implications of this across all the professions is not yet clear but once student numbers are confirmed we will discuss the impact with SG.

## **7. Financial Planning**

- 7.1 Scottish Government Finance have confirmed that the Scottish Budget will be published on 28<sup>th</sup> January 2021. On that basis we are planning to follow our usual Operational Planning process which began in October. Budget setting, once again, will have to be an iterative process due to the current level of uncertainty and our timelines may need to be flexible depending on the impact of COVID -19 over the coming months.
- 7.2 Directorates have completed a first draft of their activities and targets as well as the financial resources to support these. Some outcomes will have minimal impact from COVID whilst others will need to be much more fluid depending on how the pandemic progresses. We aim to identify COVID related financial impacts within Operational Planning in a similar way to which we have identified them this year. We do not yet have any indication of any additional funding available to support COVID next financial year and we do not expect to receive confirmation until January 2021. As such we will need to identify budget to support any costs which must be incurred as part of the process.
- 7.3 Discussion on how the corporate improvement programmes will be progressed, alongside the new priorities identified as part of our COVID remobilisation response, are being led through the Senior Operational Leadership Group (SOLG) as part of our Operational Planning processes.

## **8. Recommendation for Decision**

Board Members invited to note the information contained in this report.

**NES**  
**November 2020**  
**AMc/JS/ LT**

## NHS Education for Scotland (NES)

### Board Paper

#### 1. Title of Paper

NES Corporate Risk Register, including COVID-19 Risks

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

Audrey McColl, Director of Finance/Acting Deputy Chief Executive

#### 3. Purpose of Paper

To present the Board with the Corporate Risk Register to demonstrate that NES has a clear understanding of the risks which impact the organisation and that controls and actions are in place to mitigate these.

#### 4. Key Items

- 4.1 The paper presents the NES Corporate Risk Register as at November 2020 which incorporates re-scoring, where appropriate, to reflect the impact of the COVID-19 pandemic on *existing* risks. Following the September 2020 Board meeting, additional mitigation measures have been added:

**Risk 10: The complexity of the NES budget results in year-end underspend giving the impression that NES is overfunded**

The mitigating measures have been updated to reflect the current reporting mechanisms and the receipt of the first tranche of additional COVID-19 funding.

**Risk 16 :The UK fails to achieve a trade deal with the EU by the end of 2020 and this results in disruption to NHS services**

The Executive team reviewed this risk in the context of both the impact on the NES supply chain and the impact any potential changes to immigration may have on our ability to fill training programmes. It was agreed that no amendment was required at this time but that this would be kept under review. A new mitigating action has been added in relation to scoping work underway to assess the impact to NES of the new points-based UK immigration system being introduced from 1 January 2021. This change in regulation means that EEA (European Economic Area) Nationals and Non-EEA nationals will require to meet the relevant salary and skill level to be sponsored by NES.



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.

The updates added to the COVID-19 Annex since the September 2020 Board meeting are presented below.

**Risk 10 COVID-19 NES Clinical Directorates: NMAHP**

This reputational risk has been amended to reflect the fact that although Scottish Government have asked NES to take a leadership role, working with education providers and placement providers to minimise the backlog of placements which have resulted due to COVID-19, NES is not directly responsible for the placements. Detail has also been added to reflect the actions taken to date.

**Risk 11 COVID-19 Accelerated Recruitment Portal / Vaccination Programmes**

This reputational risk has been amended to include the Vaccination Programmes to reflect that wider challenges in respect of these high profile activities may adversely impact the reputation of NES, given NES's role in supporting the technology.

**Risk 12 Ability and capacity to meet Board Governance standards:**

Updated to indicate that 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) have been implemented.

**Risk 13 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:**

A new mitigating action has been added to reflect that all NES property transactions are to be put on hold and a short-term extension to the phase 1 lease at CfHS is to be put in place 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.

**Risk 16 NES employment of student nurses in non-NHS placements:**

Updated to reflect that student nurses are no longer in employment and to highlight that some payments for excess hours worked during the employment period still need to be made. This is because excess hours worked needs to be considered across the period of employment and therefore requires all timesheets for the period to be available. We have had difficulty in some cases obtaining the approved timesheets.

4.3 The current situation continues to develop at pace, such that these risk evaluations are at a point in time and will continue to evolve. In order to ensure regular management review, the COVID-19 risk register is a standing item at each formal Executive team meeting.

## **5. Educational Implications**

Much of NES's normal education and training activity was paused as a result of the pandemic. Directorates continue to focus on contingency planning to ensure that appropriate arrangements are put in place in order that currently suspended activities can resume once the pandemic is over, if this is appropriate.

## **6. Financial Implications**

A robust governance system is essential to ensure that the Board continues to discharge its responsibilities to ensure that financial governance is maintained at all times, particularly so during this unprecedented period of uncertainty.

## **7. Which of the 5 Key Areas of Focus in the NES Strategy for 2019-24 does this align to?**

A High Performing Organisation

## **8. Impact on Quality Ambitions**

Not directly applicable to this paper.

## **9. Key Risks and Proposals to Mitigate the Risks**

During the pandemic phase, the risks to normal NES business are clear and substantial, and the corporate risk register has been amended to reflect this.

## **10. Equality and Diversity**

Equality and diversity are at the heart of the NES strategy. Throughout our response to this emergency, we have sought to have due regard to our duties under the equalities legislation.

## **11. Communications Plan**

A formal COVID-19 communications plan has been published on the NES intranet.

## **12. Recommendations**

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

AMcC  
NES  
November 2020

NES Corporate Risk Register - November 2020

Risk No.	Description	Risk Owner (Lead Director)	I x L	Current Period			Mitigating measures	NES Risk Appetite	Last Period	
				Inherent Risk	I x L	Residual Risk			I x L	Residual Risk
<b>Strategic Policy Risks</b>										
R1	Pressures on the system result in education and training being considered as less important.	NES Executive Team (Stewart Irvine)	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 effective restart of educational professional programmes. Detailed measures are reflected in Risk 1 and 2 of the attached COVID register.	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	NES Executive Team (Audrey McColl)	5 x 5	Primary 1	4 x 4	Primary 1	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. 4. Although the expectation is that the training grade deficit will continue to be funded - the national cost of COVID is expected to exceed the consequentials available from UK Treasury therefore there is a possibility of budget reductions for 2020/21 especially in relation to non-recurrent funding.	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 Executive Team (Stewart Irvine)	4 x 4	Primary 1	3 x 3	Contingency	1. NES Directors maintain strong engagement with relevant leads at Scottish Government 2. NES to maintain an evidence bank to support ability to influence policy decisions 3. Chief Executive and NES Directors to maintain links with other UK organisations 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 Executive Team (Stewart Irvine))	4 x 4	Primary 1	3 x 4	Primary 2	1. Maintain clarity in relation to NES's role and influence - recent example is presenting a paper on PGMET to Chief Executives. A further paper was discussed at a Management Steering Group in September 2019. 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 Executive Team (Stewart Irvine))	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.	OPEN (Score Range 10-12)	3 x 4	Primary 2
R16	The UK fails to achieve a trade deal with the EU by the end of 2020 and this results in disruption to NHS services	NES Executive Team (Stewart Irvine)	4 X 5	Primary 1	3 x 5	Primary 1	1. The main impact of a 'no deal' Brexit is likely to be felt by Territorial NHS Boards rather than directly by NES. We would seek to mitigate the impact on those Boards by the same means as for a major incident/flu etc 2. Impact to NES of the new points-based UK immigration system being scoped. 3. Regular updates from SG at CEs and HRD meetings	OPEN (Score Range 10-12)	3 x 5	Primary 1
R17	The National Digital Platform is not delivered in line with the Digital Health and Care Strategy.	NES Executive Team (Geoff Huggins)	4 X 4	Primary 2	4 X 3	Primary 2	1. Working with SG to agree an 'Interim Commision' to give clarity on expectations re deliverables and timelines 2. Continued engagement with key stakeholders, despite challenges 3. Moving governance arrangements from a sub-Committee to a Standing Committee	OPEN (Score Range 10-12)	4 x 3	Primary 2

NES Corporate Risk Register - November 2020

Risk No.	Description	Risk Owner (Lead Director)	Current Period			Mitigating measures	NES Risk Appetite	Last Period		
			I x L	Inherent Risk	I x L			Residual Risk	I x L	Residual Risk
<b>Operational/Service Delivery Risks</b>										
R6	In the face of new and existing demands, NES is unable to allocate resources to support priority activities in an agile and responsive manner	NES Executive Team (Stewart Irvine)	5 x 5	Primary 1	3 x 4	Primary 2	1. Joint Senior Leadership & Senior Operational Group meeting has taken place to discuss efficiencies plan 2. Continued focus on improving processes to release capacity - with plans to support this with QI coaching 3. At a Strategic Level argument to be made about requirement to invest in workforce organisation.	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 Executive Team (Stewart Irvine)	4 x 4	Primary 1	3 x 3	Contingency	1. Key roles and succession plans to be reviewed by the Executive Team 2. Executive Team reviewing approach to Talent Management linked to workforce planning	OPEN (Score Range 10-12)	3 x 3	Contingency
R8	Organisational or other changes lead to dissatisfaction and disengagement of staff	NES Executive Team (Stewart Irvine)	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.	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 2. The plans have been tested in a desk top exercise and recommendations have been written up and considered by the ET	OPEN (Score Range 10-12)	2 x 4	Housekeeping
<b>Finance Risks</b>										
R10	The complexity of the NES budget results in year-end underspend giving the impression that NES is overfunded	NES Executive Team (Audrey McColl)	4 x 5	Primary 1	3 x 3	Contingency	1. Early engagement with the Audit and Risk Committee and NES Board to give indication of likely financial position. 2. Directorates given indicative budgets to plan own activities and expenditure 3. 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 superceded by the Remobilisation plan which has now been agreed by SG (October 20). The financial impact of COVID on the 2020/21 budget is being monitored closely and the first tranche of 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.	AVERSE (Score Range 1 - 3)	3 x 3	Contingency
R11	NES is unable to identify in year savings required to balance budget and therefore has year-end overspend	NES Executive Team (Audrey McColl)	4 x 5	Primary 1	3 x 3	Contingency	1. Early engagement with the Audit and Risk Committee and NES Board to give indication of likely financial position. 2. Directorates given indicative budgets to plan own activities and expenditure 3. Ongoing programme of identifying efficiency savings 4. Final budget approved by NES Board by end of March each year. For 2020/21 the Annual Operating Plan was superceded by the Remobilisation plan which has now been agreed by SG (October 20). The financial impact of COVID on the 2020/21 budget is being monitored closely and the first tranche of 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.	AVERSE (Score Range 1 - 3)	3 x 3	Contingency

NES Corporate Risk Register - November 2020

Risk No.	Description	Risk Owner (Lead Director)	Current Period			Mitigating measures	NES Risk Appetite	Last Period		
			I x L	Inherent Risk	I x L			Residual Risk	I x L	Residual Risk
<b>Reputational/Credibility Risks</b>										
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 Executive Team (Stewart Irvine)	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 desired outcomes, will form baseline for organisational activities post-COVID-19. 7. Planning systems require all activities to include anticipated desired outcome 8. Desired outcome measured 9. Readiness to 'fail fast' rather than pursue initiatives that aren't working. 10. Development of focused communication plans as a pro-active measure to ensure awareness of NES activity.	CAUTIOUS (Score Range 4 - 9)	3 x 4	Primary 2
R13	NES does not deliver leading to a loss of reputation and confidence from stakeholders. Uncertainty in health and social care as a result of COVID-19 may lead to difficulties responding to service demands and needs.	NES Executive Team (Stewart Irvine)	4 x 5	Primary 1	3 x 3	Contingency	1. NES organisational activity has been refocused to support frontline services and implementation of the NES Local Mobilisation Plan (addendum to draft NES Annual Operational Plan). 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.	CAUTIOUS (Score Range 4 - 9)	3 x 3	Contingency
<b>Accountability/Governance Risks</b>										
R14	Failures in Board processes lead to corporate governance non-compliance and loss of credibility with Scottish Government e.g. failure to comply with statutory and/or other requirements, failures in financial/audit/staff governance/educational quality procedures	NES Executive Team (Donald Cameron)	5 x 5	Primary 1	2 x 2	Housekeeping	1. Standing committees responsible for each governance domain 2. Each committee provides annual report to Audit Committee 3. Comprehensive programme of internal audit 4. An Assurance framework has been developed in line with the 'Blue Print for Governance' and the Assurance and Audit Committee Handbook 5. 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)	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 being put in place to ensure robust security applies to the 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

NES Corporate Risk Register - November 2020

Risk No.	Description	Risk Owner (Lead Director)	I x L	Current Period			Mitigating measures	NES Risk Appetite	Last Period	
				Inherent Risk	I x L	Residual Risk			I x L	Residual Risk
R18	Impact to NES operations, staff and stakeholders as result of Coronavirus pandemic.	NES Executive Team (Stewart Irvine)	5 x 5	Primary 1	4 x 5	Primary 1	1. Immediate implementation of emergency planning arrangements including NES Business Continuity Plan, 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 and operational. 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: <ul style="list-style-type: none"> <li>Medical</li> <li>NMAHP</li> <li>Dental</li> <li>Pharmacy</li> <li>Optometry</li> <li>Healthcare Science</li> <li>Psychology</li> </ul>	Interruption/delay /adverse impact to training programme delivery including Scottish Government mandated training  <b>Risk Owner (Lead Director):</b> Stewart Irvine	<ul style="list-style-type: none"> <li>Cancellation of required courses</li> <li>Cancellation of required professional examinations</li> <li>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</li> </ul>	<ul style="list-style-type: none"> <li>Disruption to training leading to delays in training progression</li> <li>Slippage to recruitment and training plans</li> <li>Financial implications as a result of extensions to training and support</li> <li>Training capacity issues</li> <li>Negative impact on service delivery</li> <li>Potential future workforce supply issues/gaps</li> <li>Uncertainty around non-recurrent funding</li> </ul>	<b>Primary 1</b> 4 x 4	<b>Contingency</b> 3 x 3	<p><b>Medical: Cancellation of professional examinations</b>  <b>Control:</b> Scottish Government funding secured for 6-month extension to training for 86 trainees unable to complete RCGP (Royal College of General Practitioners) examination. Four-nations and RCGP collaboration to develop an alternative method for completion of this examination via video recordings. Agreement reached on alternative examination to be held in July and a submission is being made to the GMC on 6 May 2020 for approval. Scotland Deanery will provide support for trainers and trainees on the alternative examination.</p> <p><b>NMAHP: Delay to pre and post registration commissioned programmes (by NES or Scottish Government).</b>  <b>Control:</b> Questionnaire issued to the Nurse Directors and Clinical Education Leads seeking their priorities and risks associated with delayed programmes. Following return of questionnaire, NMAHP will talk to CNOD (Chief Nursing Officer's Directorate) about priorities and funding availability. This early anticipation of issues should assist with forward planning to reduce effect of risk.</p> <p><b>Dental: Interruption to supply of workforce (especially Dental Vocational Trainees but also Core and Specialty and Dental Nurses).</b>  <b>Control (1)</b> 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.  <b>Action (1)</b> Adjust existing students' training plans.  <b>Action (2)</b> Review the teaching and assessment schedules.  <b>Action (3)</b> Delay commencement of new Dental Care Professionals (DCP) programmes until further guidance provided.  <b>Action (3)</b> Revise financial planning predictions in relation to the Modern Apprenticeship in Dental Nursing funding.  <b>Action (4)</b> Confirm numbers of staff who are still in employment and require training when new programmes can commence.  <b>Action: (5)</b> Adapt teaching and assessment approaches utilising online technologies in line with awarding bodies requirements.  <b>Action (6)</b> Extension of training where necessary to allow trainees to pass examinations or gain required competences.  <b>Action (7)</b> Continuation of recruitment processes, although some are being delayed. There will also be increased flexibility for Specialty training start dates.  <b>Action: (8)</b> Trainee progress will be monitored through existing process and training network  <b>Action (9)</b> The potential to deliver mandatory training online is being explored as is the ability to invigilate the Test of Knowledge assessment which must be passed within six weeks of attending the knowledge component.</p> <p><b>Pharmacy: Potential workforce gaps and extended training support required for the 2019/20 200 PRPS (Pre-registration Pharmacist Scheme) trainees</b>  <b>Control (1)</b> Continuing dialogue with General Pharmaceutical Council and relevant partners/stakeholders to influence direction and outcome.  <b>Control (2)</b> Continuing to work with Finance colleagues and Scottish Government on the financial impact of all potential scenarios under review. Funding options request being submitted to Scottish Government by 22 May 2020.  <b>Control (3)</b> Continuing to review communications from and with trainees and employers, particularly recognising the additional strain on the frontline service at this time.  <b>Cont'd over/</b></p>	<b>OPEN</b>  <b>(Score Range 10 – 12)</b>

<p>1. / <b>Cont'd</b></p>	<p>NES Clinical Directorates:</p> <ul style="list-style-type: none"> <li>• Medical</li> <li>• NMAHP</li> <li>• Dental</li> <li>• Pharmacy</li> <li>• Optometry</li> <li>• Healthcare Science</li> <li>• Psychology</li> </ul>	<p>Interruption/delay /adverse impact to training programme delivery including Scottish Government mandated training</p> <p><b>Risk Owner (Lead Director):</b> Stewart Irvine</p>	<ul style="list-style-type: none"> <li>• Cancellation of required courses</li> <li>• Cancellation of required professional examinations</li> <li>• 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</li> </ul>	<ul style="list-style-type: none"> <li>• Disruption to training leading to delays in training progression</li> <li>• Slippage to recruitment and training plans</li> <li>• Financial implications as a result of extensions to training and support</li> <li>• Training capacity issues</li> <li>• Negative impact on service delivery</li> <li>• Potential future workforce supply issues/gaps</li> <li>• Uncertainty around non-recurrent funding</li> </ul>	<p><b>Primary 1</b> <b>4 x 4</b></p>	<p><b>Contingency</b> <b>3 x 3</b></p>	<p><b>Control (4)</b> Continuing to engage with a three-nation response to impact across the Pharmacy profession.</p> <p><b>Pharmacy: Potential workforce issues due to alternative recruitment arrangements required for 2021/22 PRPS (Pre-registration Pharmacist Scheme)</b></p> <p><b>Control (1)</b> Plan now agreed with the National Directors of Pharmacy (DoPs) Group and Community Pharmacy Scotland for the alternative PRPS recruitment this year due to COVID-19. Alternative to the traditional recruitment model has been agreed with access confirmed to Situational Judgement Tests (SJTs) through Health Education England for Oriol recruitment (online recruitment model) enabling NES Pharmacy/NES HR to run effective recruitment processes compliant with likely requirement for social distancing.</p> <p><b>Control (2)</b> Ongoing communication programme in place with employers, potential candidates, and relevant stakeholders.</p> <p><b>Optometry: Service delivery impact due to reduction in training and support</b></p> <p><b>Action (1)</b> Sourcing/using as many online skills training materials as possible.</p> <p><b>Action (2)</b> Potential for implementation of socially distanced skills training with newly acquired Eyesi simulator: dependent on ability to set up equipment and gain access to hospital clinic, and lockdown restriction easing.</p> <p><b>Action (3)</b> Regular touching base with the team, and encouragement around lockdown protocols, to reduce risk to health.</p> <p><b>Healthcare Science: Slippage to recruitment</b></p> <p><b>Control:</b> Measures being put in place to facilitate virtual recruitment selection for September 2020 Clinical Science trainee intake.</p> <p><b>Healthcare Science: Slippage to Training Plans</b></p> <p><b>Action:</b> Discussions with training leads to be progressed.</p> <p><b>Control:</b> Financial implication for employment/SLA (Service Level Agreement) extensions - worst case scenario modelled and submitted to Finance.</p> <p><b>Psychology: Interruption to Workforce Supply of Clinical and Applied Psychologists</b></p> <p><b>Control (1)</b> NES Psychology, Higher Education Institutes (HEIs) and Health Boards to meet twice weekly as part of wider Psychology Services meetings. Regular discussions to discuss COVID-19 impact on training placements.</p> <p><b>Action (2)</b> Adjustment made to training plans to take account of COVID-19.</p>	<p><b>OPEN</b></p> <p><b>(Score Range 10 – 12)</b></p>
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Operational/Service Delivery Risks cont'd over/



Operational/ Service Delivery Risks (cont'd)								
Risk No.	Directorate	Risk Title	Cause	Effect	Inherent Priority I x L	Residual Priority I x L	Mitigation Measures (Controls/Actions)	NES Risk Appetite
2.	NES Clinical Directorates: <ul style="list-style-type: none"> <li>Medical</li> <li>Dental</li> <li>Optometry</li> <li>Psychology</li> <li>NMAHP</li> </ul>	Reduced capacity (human and financial) to deliver appropriate education and training once clinical services are re-established  <b>Risk Owner (Lead Director):</b> Stewart Irvine	<ul style="list-style-type: none"> <li>Significant backlog of clinical work</li> <li>Service delivery may not resume in line with previous mode of delivery</li> <li>Pressure to regain lost ground</li> <li>Surge in clinical demand</li> </ul>	<ul style="list-style-type: none"> <li>Reduced capacity to deliver upskilling for roles in certain areas to maintain and improve the quality of patient care</li> <li>Methods of workplace education and training may need to be revised</li> <li>Potential implications from adapting to online delivery</li> <li>Training environment is compromised</li> <li>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)</li> <li>Impact on availability of clinical placements for undergraduate teaching across disciplines.</li> </ul>	<b>Primary 1</b> 4 x 4	<b>Contingency</b> 3 x 3	<p><b>Medical: Ability to deliver education and training due to backlog of clinical work</b>  <b>Control (1)</b> Medical Directorate Executive Team (MDET) is in discussions with Health Board Directors of Medical Education (DMEs).  <b>Control (2)</b> 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.  <b>Control (3)</b> A new Scotland Deanery COVID-19 risk survey is under development to assess impact on trainee experience.  <b>Control (4)</b> Medical Directorate has commenced a wide-ranging Business Recovery Programme that will also tackle this risk in all its aspects, including the availability of clinical placements for undergraduate teaching.</p> <p><b>Dental: Reduced Capacity to Deliver Upskilling of Existing Dental Workforce</b>  <b>Action (1)</b> Prioritise the delivery of specific programmes depending on workforce demands and access to relevant practical cases required for assessment.  <b>Action (2)</b> Adapt teaching and assessment approaches utilising online technologies in line with awarding bodies requirements.  <b>Action (3)</b> 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.  <b>Action (4)</b> Keep under review Enhanced Practitioner for Domiciliary Care - training is currently suspended and will be unable to re-start until it is clear when access to care homes for mentoring is once again possible. This will also be dependent on the capacity of the Public Dental Service (PDS) to provide the PDS mentors.</p> <p><b>Optometry: Inability to deliver NES Glaucoma Award Training (NESGAT) in 2020/21</b>  <b>Action (1)</b> Discussions and proposals around moving to a remote supervision set up, which could be activated once patients return to clinics.  <b>Action (2)</b> Extended deadlines for portfolio delivery.</p> <p><b>Psychology: Training and education delivery compromised</b>  <b>Action (1)</b> Adjust method of delivery to Digital webinars and virtual training environments.  <b>Action (2)</b> Work closely with Board colleagues and offer flexible support to mitigate effect.  <b>Action (3)</b> Through regular contact with stakeholders, ensure that our work is aligned with their priorities.</p> <p><b>NMAHP: Training and education delivery compromised</b>  <b>Action (1)</b> adapt delivery methods as far as possible towards technology enabled learning  <b>Action (2)</b> ongoing contact with key stakeholders to ensure training &amp; education meeting needs  <b>Action (3)</b> continue face to face teaching methods where absolutely necessary (eg. SMMDP) to meet service demands  <b>Action (4)</b> establish a 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"</p>	<b>OPEN</b>  <b>(Score Range 10 – 12)</b>

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 prioritised and the workforce realigned to the immediate requirements to support COVID-19.  <b>Risk Owner (Lead Director):</b> Christopher Wroath	<ul style="list-style-type: none"> <li>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</li> </ul>	<ul style="list-style-type: none"> <li>NHSS services are not deployed in a timely fashion causing detrimental effects to services and service users</li> <li>Training programmes and outcomes are delivered on time to the detriment of the individual learner or the service expecting their completed outcome</li> <li>Financial loss due to disrupted services and the need for remedial action</li> <li>Reputational risk</li> </ul>	<b>Primary 2</b> 4 x 3	<b>Contingency</b> 4 x 2	<p><b>Action (1)</b> 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. <b>Action Owners: Product Owners</b></p> <p><b>Action (2)</b> 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 <b>Action Owners: Product Managers/ Digital Senior Team</b></p> <p><b>Action (3)</b> Accelerate (within quality limits) the development and deployment timetables of COVID-19 responses to more quickly end the redeployment of BAU resources. <b>Action Owners: Principle Leads Development/ Delivery</b></p>	<b>OPEN</b>  <b>(Score Range 10 – 12)</b>
4.	NES Digital	Delivery and development of COVID-19 related work such as the requests upon Turas People and Turas Learn to support Scottish Government initiatives around returners to the workforce and redeployment of the workforce.  <b>Risk Owner (Lead Director):</b> Christopher Wroath	<ul style="list-style-type: none"> <li>Rapid and fast changing requirements from the Scottish Government Workforce initiative to develop/redevelop Turas based applications (Trainee Programme Management, People, and Turas Data Intelligence (reporting) in support of the COVID-19 Rapid Recruitment Portal, initially for the employment of students and returners.</li> <li>Associated outcomes (Test, Trace, Isolate, Support).</li> </ul>	<ul style="list-style-type: none"> <li>COVID-19 Accelerated Recruitment Portal services 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</li> <li>Significant data reconciliation required as organisations reuse inappropriate BAU data processes. Requirements for manual input, and redeployed staff unused to the systems, tasks and technology</li> <li>Data breaches</li> <li>Reputational risk</li> </ul>	<b>Primary 2</b> 4 x 3	<b>Contingency</b> 4 x 2	<p><b>Action (1)</b> Daily communications with Scottish Government to manage expectations and check and cross check requirements, expected deliverables and timeframes. <b>Action Owner: Director NES Digital</b></p> <p><b>Action (2)</b> Daily meetings with key NES and external stakeholders to identify, discuss and co-author responses to Scottish Government, Board and COVID-19 Accelerated Recruitment Portal applicants' expectation. <b>Action Owner: Director NES Digital</b></p> <p><b>Action (3)</b> 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. <b>Action Owner: Director NES Digital</b></p> <p><b>Action (4)</b> 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. <b>Action Owner: Associate Director, NES Digital</b></p>	<b>OPEN</b>  <b>(Score Range 10 – 12)</b>

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 Service (NDS)	National clinical data landscape is further fragmented by short-term COVID-19 digital solutions  <b>Risk Owner (Lead Director):</b> Geoff Huggins	<ul style="list-style-type: none"> <li>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.</li> </ul>	<ul style="list-style-type: none"> <li>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.</li> <li>Overall reduction in project impact.</li> </ul>	<b>Primary 2</b> 3 x 4	<b>House-keeping</b> 2 x 3	<p><b>Control (1)</b> Through meetings with the Scottish Government and eHealth leads and by feeding into national policy work, continue to make the case for data integration and availability, with a view to the longer term, while understanding that there are some short-term requirements</p> <p><b>Control (2)</b> Continual delivery monitoring to ensure emergency digital solutions are robust, with product lifespan agreed at initiation of project. e.g. will this be used post COVID-19?</p>	<b>OPEN</b>  <b>(Score Range 10 – 12)</b>
6.	NES Digital Service (NDS)	Digital product demand exceeds what the available resources can support  <b>Risk Owner (Lead Director):</b> Geoff Huggins:	<ul style="list-style-type: none"> <li>Expectations and demands from external bodies in respect of new digital products exceed what the available NDS resources can support.</li> </ul>	<ul style="list-style-type: none"> <li>NDS medium- and long-term business as usual work is impacted, resulting in delayed or absent platform roll-out.</li> <li>Weakened external credibility</li> </ul>	<b>Contingency</b> 3 x 3	<b>House-keeping</b> 2 x 2	<p><b>Action (1)</b> Develop short-term objectives for 2020/21 with clarity on required commitments to temporary COVID-19 projects and how this impacts longer-term work. <b>Action Due Date:</b> 31 May 2020 <b>Action Owners:</b> Geoff Huggins, Alistair Hann</p> <p><b>Action (2)</b> 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. <b>Action Due Date:</b> 30 June 2020 <b>Action Owners:</b> Geoff Huggins, Matthew Hill</p> <p><b>Control (1)</b> NDS attend regular scheduled meetings with internal and external stakeholders (E-Health Leads, NDS Senior Management Team, NES Digital Standing Committee) to ensure continuous evaluation and reflection on short-term COVID-19 objectives.</p>	<b>OPEN</b>  <b>(Score Range 10 – 12)</b>
7.	Workforce	Failure to Recruit NES Staff and Trainees.  Failure to Recruit Staff through the COVID-19 Accelerated Recruitment Portal (CARP)  <b>Risk Owner (Lead Director):</b> Tracey-Ashworth-Davies	<p>Due to a lack of resource and/or systems support leading to a failure to recruit:</p> <ul style="list-style-type: none"> <li>Returners and students to the NHSS through COVID-19 Accelerated Recruitment Portal (CARP);</li> <li>Trainees across NHSS through usual vocational training recruitment activity, and</li> <li>NES staff through usual recruitment processes.</li> <li>Continuing requirement to</li> </ul>	<ul style="list-style-type: none"> <li>For the trainees and CARP any failure to recruit will affect frontline service provision, impacting of patient care.</li> <li>A failure to recruit vocational trainees will result in workforce supply issues.</li> <li>The impact of the inability to recruit staff to NES would impact on delivery of the NES operational plan.</li> <li>Delays the NES staff redeployed to support this work from returning</li> </ul>	<b>Primary 1</b> 5 x 4	<b>Primary 2</b> 3 x 4	<p><b>Control (1)</b> The CARP has now been closed to new applicants due the excess supply of returners and students now in the system. The Boards' demand informs clearance of applicants.</p> <p><b>Control (2)</b> Redeployment of NES staff, approx 170 staff (approx 100 WTE on average), redeployed in some measure to support CARP high volume processing.</p> <p><b>Control (3)</b> Development of Turas platform to support CARP processing.</p> <p><b>Control (4)</b> Directorate leads are linked to national discussions on trainee recruitment across all relevant professional groups, including the suite of national systems such as Oriol, and continue to work with HR in progressing vocational training recruitment for trainee groups in Scotland.</p> <p><b>Control (5)</b> Establishment control processes refined to enable more fluid response to Directorate demand for recruitment activity for NES staff.</p> <p><b>Cont'd Over/</b></p>	<b>OPEN</b>  <b>(Score Range 10 – 12)</b>

			clear all remaining applicants in the Portal	to their substantive roles therefore causes potential delays to the remobilisation plan.			<p><b>Control (6)</b> Guidance on remote interviews developed and available to hiring managers, including support from HR. Jobtrain recruitment management system now embedded into NES recruitment processes.</p> <p><b>Action (1)</b> NES is seeking direction from SG on communications with portal applicants to manage expectations. This was received and communications have been issued.</p> <p><b>Action (2)</b> Workforce are liaising closely with Directorates to release staff as soon as possible. Good progress is being made and there are only 426 pre-employment checks (as of 17 September 2020) left to process.</p>	
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Finance Risks								
Risk No.	Directorate	Risk Title	Cause	Effect	Inherent Priority I x L	Residual Priority I x L	Mitigation Measures (Controls/Actions)	NES Risk Appetite
8.	Finance	Payment of NES Staff and Suppliers  <b>Risk Owner (Lead Director):</b> Audrey McColl	<ul style="list-style-type: none"> <li>Staff absence.</li> <li>Requirement to work from home.</li> <li>Increased fraud risk as business processes have been amended in response to the COVID-19 pandemic.</li> </ul>	<ul style="list-style-type: none"> <li>Data not available in time to meet payroll deadlines – especially for new NES employees as a result of COVID-19 i.e. Interim FY1's and student nurses deployed in non-NHS placements.</li> <li>Expenses not paid as the system needs to be accessed via the SWAN network.</li> <li>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.</li> </ul>	<b>Primary 2</b> 4 x 3	<b>Contingency</b> 3 x 2	<p><b>Control (1.1)</b> Members of the Senior Finance team are involved in twice weekly Payroll Contingency meetings with NHS NSS payroll and NES Workforce colleagues.</p> <p><b>Control (1.2)</b> NHS NSS payroll are represented on the daily COVID Accelerated Recruitment Portal meetings to stay informed of the requirements for onboarding students and returners to the NES payroll. This ensures that early discussion of issues which need to be resolved can take place, particularly regarding student nurses and Interim Foundation Year 1 trainee doctors.</p> <p><b>Control (1.3):</b> NES staff have been identified to support NHS NSS if required. They will need access to the various systems and training from NHS NSS along with clear guidance and procedure notes.</p> <p><b>Control (1.4)</b> Where a payroll deadline cannot be achieved a process is in place to enable an advance of salary to be made into the individuals bank account.</p> <p><b>Control (2):</b> A supplementary process has been agreed for the submission and approval of expenses where access to the SWAN network is not possible.</p> <p><b>Control (3.1)</b> Fraud alerts are being circulated to relevant staff.</p> <p><b>Control (3.2)</b> The same level of rigor to the controls are being applied before any supplier bank details are accepted and amended.</p> <p><b>Control (3.3)</b> NES Finance are now also verifying supplier details with Directorates and the Procurement Team to ensure Bank details are legitimate and from a trustworthy source.</p> <p><b>Control (3.4)</b> All directorate staff have been provided with SWAN VPN access to support working from home and social distancing.</p> <p><b>Control (3.5)</b> The frequency of cheque payment runs has been reduced to limit the requirement to attend the office.</p> <p><b>Control (3.6)</b> Suppliers have been contacted and requested to email invoices.</p> <p><b>Control (3.7)</b> A member of staff is going into the office once a week to collect post and scan invoices.</p> <p><b>Control (3.8)</b> Currently there are three members on each of the teams. The service can temporarily function with one staff member for a short period of time.</p> <p><b>Control (3.9)</b> Before the period of Lockdown, procedure notes were refreshed and adapted to suit remote working to ensure teams have the necessary resources available to them. This will enable staff from other areas to be deployed into the payment function.</p> <p><b>Control (3.10)</b> System authority levels have been amended to enable more flexibility in the number of authorisers and their authority levels. The required amendments to the SFI's have been approved.</p>	<b>AVERSE</b>  <b>(Score Range 1 -3)</b>

Finance 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
9.	Finance	Maintenance of Financial Governance / Internal Control Mechanisms.  <b>Risk Owner (Lead Director):</b> Audrey McColl	<ul style="list-style-type: none"> <li>The interim Governance arrangements in place do not enable appropriate oversight of the Financial position</li> <li>Business as usual control mechanisms are ineffective.</li> <li>Staff absence</li> </ul>	<ul style="list-style-type: none"> <li>Effective scrutiny and assurance will be compromised</li> <li>Regular reporting and monitoring is impacted reducing the effectiveness of the internal control environment and Scottish Government reporting requirements.</li> <li>It is not possible to produce a set of annual accounts which is a statutory requirement.</li> </ul>	<b>Primary 2</b> 4 x 3	<b>Contingency</b> 3 x 2	<p><b>Control (1)</b> Although the Finance and Performance Management Committee is presently stood down any financial monitoring papers have been routed through the Audit Committee and the full NES Board.</p> <p><b>Control (2)</b> The regular NES Executive team meeting once every 2 weeks continues in addition to the daily incident management meetings. This longer meeting enables a focus on key operational issues to continue – including Financial decision-making and review of the current financial position.</p> <p><b>Control (3)</b> NES staff attend all weekly Corporate Finance Network and Director of Finance meetings to ensure that we are aware of the latest requirements from SG in terms of weekly reporting and Annual Accounts.</p> <p><b>Control (4)</b> 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 Committee.</p> <p><b>Control (5)</b> We have met with External Audit to agree a revised approach to the field work required for the audit of the annual accounts.</p> <p><b>Control (6)</b> Where required, Board committees have agreed to review the Annual Reports of committees remotely to enable the necessary assurance processes to be carried out in the development of the Governance Statement.</p> <p><b>Control (7)</b> As we are not currently experiencing a high staff absence level we have continued to work in line with the existing annual accounts timetable so that, if this risk does materialise, we will still be well within the 3 month potential extension which has been agreed by SG.</p>	<b>AVERSE</b>  <b>(Score Range 1 -3)</b>

Cont'd over/ Reputational/Credibility Risks

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
10.	NES Clinical Directorates: NMAHP	<p>Unable to respond to demands and needs of the service</p> <p>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.</p> <p><b>Risk Owner (Lead Director):</b> Karen Wilson</p>	<p>Uncertainty in health and social care during the recovery phase from COVID-19.</p> <p>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.</p>	<ul style="list-style-type: none"> <li>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.</li> <li>Lack of clarity in relation to future activity and workload and this may impact on visibility and perceived relevance of our work.</li> <li>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.</li> </ul>	Contingency 3 x 3	Contingency 3 x 3	<p><b>NMAHP: Ability to respond to service demands and needs</b></p> <p><b>Control (1)</b> Strong links with Scottish Government to minimise uncertainty.</p> <p><b>Control (2)</b> Reviewing remobilisation plans from Boards/Regions to understand plans and priorities.</p> <p><b>Control (3):</b> Ensuring strong networking with professional bodies, regulators and Scottish Government, Boards, and partners such as Scottish Funding Council, Scottish Social Services Council, etc.</p> <p><b>Control (4)</b> Good communication internally and externally.</p> <p><b>Control (5)</b> NMAHP have started a COVID-19 debrief process which will continue and will reduce uncertainty and assist with flexibility and agility of response.</p> <p><b>Control (6)</b> NES Health and Wellbeing work for staff to reduce effect of uncertainty.</p> <p><b>Control (7)</b> Listening Service from Spiritual Care Service in NMAHP for staff.</p> <p><b>Action (1)</b> 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 the issues that will emerge as the new academic term commences in September. The report, entitled Provision of NMAHP Placements in the 2020-21 Academic Session, was submitted to Chief Nursing Officer Directorate on 17 July 2020.</p> <p><b>Action (2)</b> The Scottish Government has 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 has met twice and although we are reasonably confident that all placement providers are working well with their partner HEIs, there are still problems.</p>	CAUTIOUS  (Score Range 4 - 9)
11.	Workforce/Digital/NDS/Finance	<p>COVID-19 Accelerated Recruitment Portal</p> <p>Vaccination Programmes</p> <p><b>Risk Owner (Lead Director):</b> Tracey Ashworth-Davies / Christopher Wroath/ Audrey McColl/ Karen Wilson</p>	<ul style="list-style-type: none"> <li>The development of the Portal was at the request of Scottish Government and required to be available in a week.</li> <li>The initial ask was that all successful applicants would be employed, paid and deployed by NES across Health and Social Care.</li> </ul> <p>Cont'd over/</p>	<ul style="list-style-type: none"> <li>Perception that NES is not processing applicants via the COVID portal for deployment in NHSS in a timely way.</li> <li>Perception that NES is not providing data to support Boards payroll for Nursing students in a timely way.</li> </ul>	Primary 1 4 x 4	Primary 2 3 x 4	<p><b>Control (1)</b> Regular meetings with Scottish Government to ensure common understanding of requirements as they developed/were amended.</p> <p><b>Control (2)</b> Daily MS Teams meetings with Stakeholders as the Portal developed to provide the opportunity to ask questions.</p> <p><b>Control (3)</b> Work with Scottish Government to develop the communications which were issued to ensure greater clarity of understanding.</p> <p><b>Control (4)</b> Development of agreed reporting mechanisms so that progress and demand from Boards was visible.</p> <p><b>Control (5)</b> Regular meetings with Universities to obtain data on where students had been placed.</p> <p>Cont'd over/</p>	CAUTIOUS  (Score Range 4 - 9)

11.	/Cont'd	<p>COVID-19 Accelerated Recruitment Portal</p> <p>Vaccination Programmes</p>	<ul style="list-style-type: none"> <li>The pace of changing requirements/decisions meant that not all stakeholders were aware of the extent to which this initial ask had moved, nor of the processes involved in deploying medical and nursing students, creating unrealistic expectations.</li> <li>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.</li> </ul>	<ul style="list-style-type: none"> <li>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.</li> </ul>			<p><b>Control (6)</b> Data reconciliation between what the nursing students themselves had provided via the portal/ data held by Boards and data provided by Universities to establish where students had been placed.</p> <p><b>Control (7)</b> twice weekly meetings with payroll leads in Boards to agree the data required by Boards to support their local payroll processes.</p> <p><b>Control (8)</b> Agreement from Scottish Government that all students placed on or after 27 April would remain 'on placement' until all pre-employment checks has been completed and would then transition to employment.</p> <p><b>Action (1)</b> NES to take instruction from Scottish Government on communications to CARP applicants.</p> <p><b>Action (2)</b> Ensure clear communication about the contribution which NES is making and the elements which are completely within our control.</p>	
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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
12.	Planning and Corporate Resources	<p>Ability and Capacity to meet Board Governance Standards</p> <p><b>Risk Owner (Lead Director):</b> Donald Cameron</p>	<ul style="list-style-type: none"> <li>The agreed interim governance approach may fail to provide sufficient oversight of the business of the Board and effective scrutiny and assurance will be compromised.</li> <li>Acting Chief Executive and his team come under increasing pressure to meet governance requirements when they are required to manage the NES response to the public health emergency.</li> <li>Health and wellbeing of staff and board members if NES continues to hold face to face meetings.</li> <li>Suspension of some governance processes and committees.</li> </ul>	<ul style="list-style-type: none"> <li>NES as an organisation fails to meet some governance standards</li> </ul>	Contingency 4 x 2	House-keeping 2 x 2	<p><b>Control (1)</b> The NES Board, Staff Governance and Audit committees will continue to meet and ensure the smooth running of board business and scrutiny of decision making during the COVID-19 pandemic</p> <p><b>Control (2)</b> The NES Executive Team will continue to meet formally every two weeks and have enacted the <b>COVID-19: NES Contingency Plan</b> which includes a NES Executive Team (Extended) (meeting daily) and NES Internal Coordinating Group: COVID-19 (always on-call) using MS Teams for communication, incident management and decision making - all recorded and reported to the NES Board.</p> <p><b>Control (3)</b> We have submitted a <b>NES Local Mobilisation Plan</b> and reported our temporary governance arrangements to Scottish Government - all planning and corporate governance arrangements that have been paused have been done so on the basis of letters from Scottish Government or advice from the responsible organisation.</p> <p><b>Action (1)</b> Review NES standing committees, management groups and planning/performance functions, considering the governance arrangements put in place for COVID-19, and re-start corporate governance with agreed changes where appropriate.</p> <p><b>Action Owners:</b> Della Thomas and Donald Cameron</p> <p><b>13/10/20 Update:</b> 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) have been implemented in October 2020.</p> <p><b>Cont'd over!</b></p>	<p><b>AVERSE</b></p> <p><b>Score Range (1 – 3)</b></p>

			<ul style="list-style-type: none"> <li>Meetings held without key stakeholders and public involvement.</li> </ul>					
13.	<p><b>Planning and Corporate Resources</b></p>	<p>Current NES properties and facilities will not be fit for purpose in the 'post COVID-19' world in terms of training, meeting and office space</p> <p><b>Risk Owner (Lead Director):</b> Donald Cameron</p>	<ul style="list-style-type: none"> <li>NES will be unable to provide training, meeting and office facilities which comply with the requirements (still to be formulated) of a post COVID-19 world.</li> </ul>	<ul style="list-style-type: none"> <li>Ability to deliver NES activities, in line with our current modes of business delivery and workplace utilisation, is compromised.</li> </ul>	<p><b>Primary 1</b> 4 x 5</p>	<p><b>House-keeping</b> 2 x 3</p>	<p><b>Control (1)</b> The ability to work remotely using cloud-based systems and communications technology is already in place  <b>Control (2)</b> The ability to reconfigure NES facilities in line with new guidance while NES staff continue to work remotely</p> <p><b>Action (1)</b> Engage professional space design support and design the new NDS space to meet new/emerging 'post COVID-19' national guidance/policy for meetings and office space and apply these approaches to other NES sites.  <b>13/10/20 Update:</b> Put all NES property transactions on hold and prepare to 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). <b>Cont'd over!</b>  <b>Action Owner:</b> Nicola Todd  <b>Action Due Date:</b> 31/3/21</p> <p><b>Action (2)</b> 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.  <b>Action Owner:</b> various –PFM, local site Facilities Managers (Medicine and Dentistry)and staff side.  <b>Action Due Date:</b> 30/11/20</p>	<p><b>AVERSE</b></p> <p><b>(Score Range 1 – 3)</b></p>
14.	<p>Workforce Directorate</p>	<p>The implementation of COVID-19 health protection measures could result in an unintended adverse impact on staff health and wellbeing</p> <p><b>Risk Owner (Lead Director):</b> Tracey Ashworth-Davies</p>	<ul style="list-style-type: none"> <li>Sustained home working as result of COVID-19 pandemic mitigation measures</li> </ul>	<ul style="list-style-type: none"> <li>Staff feel disconnected and/or isolated from organisation and workplace.</li> <li>Health and safety issues as a result of lack of suitable equipment/space or ergonomic workstation set-up.</li> </ul>	<p><b>Primary 2</b> 4 x 3</p>	<p><b>Contingency</b> 3 x 2</p>	<p><b>Control (1.1)</b> 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.  <b>Control (1.2)</b> 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.  <b>Control (1.3)</b> Monthly management matters e-newsletters now issued weekly to support managers to mitigate staff health and well-being challenges.  <b>Control (1.4)</b> Guidance and training resources on using Microsoft Teams and remote working are available on Turas Learn.  <b>Control (1.5)</b> The NES Healthy Working Lives Strategy Group promotes a focus on health and wellbeing in the current context.</p> <p><b>Control (2.1)</b> 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.  <b>Control (2.2)</b> Support is available from Health and Safety Adviser including workstation ergonomics self-assessment support.  <b>Control (2.3)</b> Agile Working Health and Safety module available as part of staff essential learning.  <b>Control (2.4)</b> Staff retain the option to work in the office as their key workplace. (excluding Edinburgh University Bayes Centre).</p>	<p><b>AVERSE</b></p> <p><b>Score Range (1 – 3)</b></p>



15.	Workforce Directorate	<p>Failure to comply with legislative and statutory requirements</p> <p><b>Risk Owner (Lead Director):</b> Tracey Ashworth-Davies</p>	<ul style="list-style-type: none"> <li>Failure to comply with legislative and statutory requirements these include employment legislation, Equality &amp; Diversity legislation and Health &amp; Safety reporting.</li> </ul>	<ul style="list-style-type: none"> <li>NES pre employment checking of Covid19 Accelerated Recruitment Portal (CARP) students and returners is not completed to the required standard to ensure staff and patient safety.</li> <li>NES staff placed in danger due to NES failure to comply with and fulfil health and safety obligations.</li> <li>Employment Tribunal claims where NES has failed to fulfil employment obligations or is found to have discriminated against an employee.</li> <li>Inadequate staff governance and reporting.</li> <li>Failure to deliver the Directorate's operational plan.</li> </ul>	<p>Primary 2 4 x 3</p> <p>Primary 2 4 x 3</p>	<p>Contingency 3 x 3</p> <p>Contingency 3 x 3</p>	<p><b>Control (1)</b> DL 2020/10 sets out the agreed pre employment checking standards for CARP applicants. Additional resource deployed to workforce to deal with high volume of applicants requiring clearance, with business processes, standard operating procedures and training in place.</p> <p><b>Control (2)</b> Ensuring robust health and safety arrangements are in place for all NES employees, including those who work in placement organisations.</p> <p><b>Control (3)</b> Continued access to sufficient HR expertise to support Directorates in any employee relations cases.</p> <p><b>Control (4)</b> Maintenance of data across systems including eESS, SSTS and Turas to inform reporting and performance dashboard.</p> <p><b>Control (5)</b> Ensuring compliance with Staff Governance Standard for NES employees across all settings:  <u>Well Informed:</u> via regular Corporate, Directorate and line manager led communications, including Hub and intranet sites.  <u>Appropriately trained and developed:</u> ensuring induction, essential learning and development activity continues to be managed through usual processes including PDP&amp;R activity. Updating materials to reflect new working arrangements.  <u>Involved in decisions which affect them:</u> continued strong working in partnership. Ensuring Directors and line managers have regular two-way communication across teams. Staff survey to collate feedback from staff on impact of Covid19 on work life.  <u>Dignity and respect:</u> promotion of NES values across all communications. HR support to any formal and informal grievance or dignity at work issues.  <u>Health, safety and wellbeing:</u> updated policies to reflect new working arrangements, including refreshed risk assessments. Clear statements on responsibilities (employee, line manager, employer, placement). Healthy Working Lives Strategy Group Campaigns.</p> <p><b>Control (6)</b> Manage any compliance risk, by publishing a brief report by the statutory date of 30 April 2021 which describes equality progress; equality outcomes; workforce KPIs; workforce data statistics, including occupational segregation analysis; overview of existing equal pay statement, and plans for equality outcomes and equal pay statement review in the following year.</p> <p><b>Control (7)</b> Regular review and updating of progress against the operational plan, flagging any areas not being progressed for a further risk assessment.</p>	<p><b>AVERSE</b></p> <p><b>Score Range (1 – 3)</b></p> <p><b>AVERSE</b></p> <p><b>(Score Range 1 - 3)</b></p>
16	NMAHP/ Workforce	<p>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.</p> <p><b>Risk Owner (Lead Director):</b> Karen Wilson/Tracey Ashworth-Davies</p>	<ul style="list-style-type: none"> <li>Potential lack of PPE and/or incorrect use of PPE.</li> <li>Infection control (current knowledge of COVID-19 related control – staff and students).</li> <li>Psychological health and wellbeing of students.</li> </ul> <p><b>Cont'd over/</b></p>	<ul style="list-style-type: none"> <li>NES has minimal control in the employment relationship and if tested, for example, in an employment tribunal claim, it could be found that the purported employment arrangement is a sham and the employer is deemed to be the care home. As a result, care homes may be reluctant to agree to the terms of the Placement Agreement.</li> <li>NES could be found to be the employer of the students but given the lack of operational control in</li> </ul>	<p>Primary 1 5 x 4</p>	<p>Primary 2 3 x 4</p>	<p><b>Control (1)</b> Legal:</p> <ul style="list-style-type: none"> <li>Contract of employment – with NES/Student and identified NES Line Manager.</li> <li>Secondment Agreement – with NES/Student/Placement Area</li> <li>Placement Agreement – with NES/Placement area</li> </ul> <p><b>Control (2)</b> Educational audit, including Health &amp; Safety risk assessment.</p> <p><b>Control (3)</b> Infection Control: essential learning must be undertaken by students in relation to COVID-19 specific infection control measures.</p> <p><b>Control (4)</b> HEI support for students</p> <p><b>Control (5)</b> Support from NES Care Home Education Facilitator (CHEF) network</p> <p><b>Action (1)</b> NES to support the CHEF network</p> <p><b>Cont'd over/</b></p>	<p><b>AVERSE</b></p> <p><b>(Score Range 1 – 3)</b></p>

16	/Cont'd NMAHP/ Workforce	<p>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.</p> <p><b>Risk Owner (Lead Director):</b> Karen Wilson/Tracey Ashworth-Davies</p>	<ul style="list-style-type: none"> <li>Staffing levels in placement areas falling below normal standards/requirements .</li> <li>Identified that some non-NHS placements are not covered by Care Home Education Facilitators (CHEFs) therefore arrangements need to be put in place with the Practice Educator network.</li> <li>BAME – risk and guidance</li> </ul>	<p>relation to the employee, it is deemed to be an Employment Business. In the development of the arrangements between NES, the employee and the non-NHS placement, NES has tried to comply with the associated regulations for an Employment Business as far as possible, however if this was challenged NES would be found to be in breach of those requirements and there could be a fine imposed.</p> <ul style="list-style-type: none"> <li>NES is employing these staff on a fixed term basis, although they may not all be required for the duration of the full fixed term, creating a financial risk.</li> <li>As the employer, NES is responsible for the health and safety of its employees; including there being safe systems of work, and provision of effective PPE. Although non-NHS bodies to whom the NES staff are deployed to work, may agree to fulfil these responsibilities, as if they were the employer, and to indemnify NES in the event of there being a claim by a member of NES staff, or against NES/its staff member, this does not absolve NES of responsibility and potential liability. In the event of very serious failure, there may be a criminal as well as civil liability.</li> </ul>	<p><b>Primary 1</b> 5 x 4</p>	<p><b>Primary 2</b> 3 x 4</p>	<p><b>Action (2):</b> Extended engagement with Placement Areas to get completed Placement Agreements returned. Council of Deans for HEI's asked to support NES with this by 31 July 2020. Review outstanding returns w/b 3 August 2020 and engage with partners on next steps.</p> <p><b>26/8/20 Update:</b> Nurse student Placement Agreements now signed off.</p> <p><b>20/10/20 Update:</b> Student nurses no longer in employment however work is still ongoing to make final payment for excess hours worked during their employment.</p>	<p><b>AVERSE</b></p> <p><b>(Score Range 1 – 3)</b></p>
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**AUDIT COMMITTEE**

**Minutes of the Seventy-fourth meeting of the Audit Committee held on Thursday  
11 June 2020 via Microsoft Teams.**

**Present:** Doreen Steele (Chair)  
Anne Currie  
Linda Dunion  
Sandra Walker

**In attendance:** Jenn Allison, Committee Administrator  
Colin Brown, Head of Strategic Development  
Joanne Brown, Grant Thornton  
Claire Connor, KPMG  
Rob Coward, Principal Educator  
David Garbutt, NES Chair  
Monica Halcro, Governance and Operational Manager  
Fraser Hoggan, Grant Thornton  
Stewart Irvine, Acting Chief Executive  
James Lucas, KPMG  
Audrey McColl, Director of Finance  
Gillian Mawdsley, Non-Executive  
Janice Sinclair, Head of Finance  
Christopher Wroath, Director of Digital

**1. Welcome and introductions**

The Chair welcomed everyone to the meeting, particularly Gillian Mawdsley and Colin Brown who were in attendance as observers.

Doreen Steele informed the Committee that Paul McGinty has moved on to a new role and gave thanks to Paul for his time supporting NES as internal auditor with KPMG and wished him well for the future.

**2. Apologies for absence**

The Committee noted that David Garbutt, Christopher Wroath and external Auditor Joanne Brown would join the meeting as soon as possible and internal auditors James Lucas and Claire Connor would be required to leave early, due to attendance required at other meetings. It was agreed that item 11, Service Audit Reports, would be taken after item 8, Internal Audit Reports so James Lucas could be present for this item.

**3. Declarations of interest**

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

#### 4. Any other business

Audrey McColl informed the Committee that a letter had been received from Scottish Government to confirm the extension of NES' external auditors Grant Thornton by one year to include 2021-2022.

#### 5. Minutes of the Audit Committee, 30 April 2020 (NES/AUD/20/23)

The minutes of the Audit Committee 30 April 2020 were approved as a correct record.

#### 6. Action list of the Audit Committee, 11 April 2019 (NES/AUD/20/24)

Members noted that the actions from the previous meeting were completed or were in progress. The following was noted:

- In relation to the action regarding monitoring of annual leave Linda Dunion confirmed that this will be included in papers regarding the impact of Covid19 on staff wellbeing reviewed by the Staff Governance Committee. This will be a standing item on the agenda for as long as it needs to be.
- In relation to the action regarding the stakeholder survey element of the communications strategy, Sandra Walker asked if the timeline of Autumn 2020 was realistic. Stewart Irvine suggested that this action should be placed on hold until we have moved further into business as usual following the pandemic.
- Regarding the action to discuss reclaiming venue hire fees from the cancelled medical conference, Janice Sinclair updated the Committee that discussions have taken place with the Central Legal Office (CLO). CLO reviewed the contract and confirmed that NES has recovered as much of the fees as possible from the Edinburgh Conference Centre, and that EICC would "more likely than not" be able to claim the entire fee if it had not been for the settlement agreement. Janice will forward members the communication from CLO. **Action: JS**

#### 7. Matters arising

There were no matters arising from the previous minutes.

## 8. Internal Audit Reports

### a) Business Change – Lead Employer

Claire Connor introduced the report which provided the Committee with a high-level assessment of the Lead Employer Programme (LEP) and NES' role within the Programme.

- LEP is a large and complex programme with the aim of improving the experience of trainee doctors in Scotland by ensuring one single employer during their trainee programme. Reducing the number of employing Boards to four has helped to reduce administration and duplication. Phase 2 of the programme will look at further automation on the Turas platform and introduction of trainee Dentists to the programme.
- The review took specific consideration of the following arrangements: governance and oversight; programme and project management; resourcing and delivery; monitoring, reporting and communication; risk management; and financial management.
- 6 moderate recommendations were made regarding: ensuring an appropriate level of governance oversight; HR systems integration and a forward plan for integration and development work; formalising NES' project management role; benefit reporting; and adding detail to risk register.
- Audrey McColl noted that as the LEP is a collaborative programme with other Boards and NES can influence the digital development required, NES is not leading on the program, and this has been highlighted in the relevant management responses.
- Sandra Walker noted it is good to understand the elements which are outside of NES' control and asked how risks will be mitigated. Audrey McColl gave the Committee assurance that NES are represented on the steering group and sub-group by Stewart Irvine and Tracey Ashworth-Davies, respectively. Stewart Irvine added that the Chief Executive group receives regular progress reports. Linda Dunion added that the Staff Governance Committee receive updates on progress, including programme risks, at each meeting.
- Anne Currie asked for more information in relation to project management arrangements and Audrey McColl noted that management have agreed to secure ongoing funding to support project management.
- Stewart Irvine added that the project has been a success considering the improvements that have been made not only to the trainee experience but also to administrative processes across NHS Scotland.

The Committee noted the report and the assurance provided

## b) Property Transaction Monitoring

Claire Connor informed the Committee that the Property Transaction Monitoring review is almost complete and will be submitted to the October Committee.

NES completed one property transaction in 2019/20 to extend the lease of the Bayes Centre for NES Digital Services (NDS). The delay is due to final signatures required for the lease extension and subsequent completion of monitoring pro forma to Scottish Government. The signatures required are from stakeholders at Bayes Centre who are currently on furlough.

## c) Status Update and Draft 2020/21 Plan

James Lucas introduced the report which provided the Audit Committee with an update on progress of planned 2019/20 audits and agreed internal audit recommendations and the 2020/21 internal audit plan.

- As discussed in the update above the Property Transaction Monitoring review is the final internal audit review for 2019/20 to be completed and it will be submitted to the October Audit Committee.
- 3 actions have been closed since the April Audit Committee, resulting in 20 open actions remaining. 8 of these are high risk actions relating to Business Continuity Planning (1), Cyber Security (4), NES Digital Service (1), Talent Management Framework (1) and GP Trainee Employment (1).
- Stewart Irvine noted that some of the actions may be required to be paused until work has returned to business as usual following the Covid-19 response.  
**Action: JS**
- The 2020/21 plan has not yet changed from previous submissions to the Audit Committee. Due to the added pressures on management in dealing with the crisis, there has not been an appropriate time to agree changes. A revised plan will be submitted to the October Audit Committee. Dates and timings are likely to change, and risk areas will also be reviewed to take into consideration the impact of Covid-19. Work in the meantime will continue to produce reviews of Financial Control Framework and IT Resilience for the October meeting.
- Audrey McColl added that there will be more clarity regarding recovery plans after the Board meeting in June, which will mean management are better placed to discuss any changes which may be required to the 2020/21 Audit plan.
- Anne Currie raised concerns that the NDS commission is still being discussed with Scottish Government. Audrey McColl explained that a draft commission has been submitted to Scottish Government and the conclusion of these discussions may be delayed further due to the impact of Covid-19.

- Regarding the Talent Management Framework action, David Garbutt noted that the framework does not include Senior Managers. Audrey McColl confirmed that the framework will include Senior Managers. Linda Dunion added that an update on progress will be submitted to the Staff Governance Committee later in the year. **Action: AMc**

The Committee noted the report and were satisfied that NES continues to make good progress in implementing outstanding actions and noted that a final draft of the 2020/21 plan will be submitted to the October meeting.

d) 2019/20 Annual Report

James Lucas introduced the 2019/20 internal audit annual report, which summarised: findings in relation to the planned internal audit coverage and output; implementation of recommendations; and the Internal Audit Opinion.

- The internal audit plan included 80 days across nine reviews (incl. follow up), and an additional 10 days for contract management. All planned reviews were covered, apart from Property Transaction Monitoring, which is near completion and will be submitted to the October Committee.
- At the start of the year there were 15 outstanding recommendations and 41 new ones were raised, which included 6 high priority findings. At the end of 2019/20 period there are 20 outstanding management actions.
- The Head of Internal Audit opinion is that, significant (with minor improvement) assurance can be given. There is generally a sound system of internal control, which is designed to meet NES objectives and that controls are consistently applied in the areas reviewed.
- Anne Currie noted that the Executive Summary referenced three review areas where high risks had been raised, however James Lucas confirmed that this is an oversight as one of the actions for Lead Employer had been downgraded from high to medium risk.
- Sandra Walker raised a query regarding the mitigation of the risk relating to the NDS commission from Scottish Government. James Lucas noted that when recommendations are raised, they are a snapshot in time, the ongoing mitigation of risks are considered in the follow up reports however the rating will remain the same until action can be closed. Audrey McColl added that the recommendation in relation to the commission from Scottish Government is still high risk until they confirm the commission details.
- David Garbutt raised a query regarding the wider governance arrangements in relation to IT Security and Resilience in NES and suggested that this could fall under the remit of the NES Digital Committee. Christopher Wroath explained that as the Senior Information Risk Owner (SIRO) of NES, he is responsible for Information Security and Information Governance, the remit of which is wider than technology and therefore felt that the governance of the SIRO remit may be better placed under the Audit Committee. Audrey McColl and

Doreen Steele agreed to hold a discussion about this.

**Action: AMcC/DS**

The Committee noted the Internal Audit Annual Report and the assurance provided.

## **9. Covid19 Decision Log**

NES/AUD/20/26

Audrey McColl introduced the paper which informed the Committee of decisions taken by the NES Extended Executive Team (ET) during the Covid-19 pandemic for period 24 April – 04 June 2020.

- The Audit Committee received the decisions log at the April Committee meeting which presented decisions from 10 March – 22 April 2020. It was noted that actions from 23 April had been missed out from the version submitted, this will be picked up in the next report to the Audit Committee.

**Action: AMcC**

- A summarised version presented by theme was submitted to the May Board meeting and an updated version will be submitted to the July Board.
- Anne Currie noted that there is a variety of work ongoing in response to the pandemic and asked if further consideration needed to be given towards supporting students in care homes. Audrey McColl gave the Committee assurance that Karen Wilson has weekly meetings with Care Home practice educational facilitators to ensure NES are aware of any potential issues. A Memorandum of Understanding regarding the Terms of Placement is also in place. If specific issues are raised regarding the welfare of student Nurses, NES will liaise with Universities and Care Homes and the Nurses will be removed from their placement if appropriate.
- Sandra Walker asked why it was unlikely that a four Nations response to Dental vocational training post Covid-19 would be possible given that four Nations responses have been agreed in the Medical profession. Stewart Irvine gave assurance to the Committee that this was not a high risk as each of the four Nations have separate needs and challenges in relation to Dental vocational training and already had a less integrated approach pre Covid-19 pandemic.
- Doreen Steele asked if there was any further information regarding the financial package announced from Practitioner Services Division at NSS for new Dental trainers, due to the potential impact to NES of trainers leaving. Stewart Irvine noted that the issue is still being considered by the Chief Dental Officer at Scottish Government, who is aware of the potential implications for NES.

The Committee noted the information provided in the Covid-19 decision log.



## 10. Annual Reports of Governance Committees of the Board

Audrey McColl introduced the annual reports, which are intended to provide the Audit Committee with evidence and assurances as to the extent to which each Committee has effectively discharged its remit and responsibilities during the period of 1 April 2019 to 31 March 2020. These reports form part of the evidence which the Audit Committee considers as part of the whole system of internal control, when reaching a view as to the appropriateness of the Governance Statement contained within the Annual Report and Accounts.

### a) Staff Governance and Remuneration Committees (NES/AUD/20/27)

The report detailed the work carried out by the Staff Governance Committee in discharging its remit. It noted that the Committee had added value to the overall management of the application of the Staff Governance Standard in NES and maintained a strategic perspective in its overview of national developments and the potential for their application in NES.

It was noted that some minor amendments will be made to the attendance section, which should only list members of the Committee and not those in attendance.

**Action: JA**

The work of the Remuneration Committee has ensured probity and highly effective governance of remuneration and performance in line with NES's requirements. The Remuneration Committee works as a sub-committee of the Staff Governance Committee, which is the structure across all NHS Boards.

The Audit Committee noted this report and were assured that the Staff Governance Committee and Remuneration Committee have effectively discharged their remits and responsibilities during the financial year 2019/20.

### b) Educational and Research Governance Committee (NES/AUD/20/28)

The work of the Educational and Research Governance Committee has contributed to the effective management and improvement of the quality of NES's education and research activities and quality and compliance with NES's statutory duties for person-centred care, participation and equality & diversity.

The Educational and Research Governance Committee has been stood down in light of the Covid-19 pandemic and it has not yet been confirmed when this Committee will be resumed.

The Audit Committee noted and were satisfied with this report and were assured that the Educational and Research Governance Committee have effectively discharged their remit and responsibilities during the financial year 2019/20.

### c) Finance and Performance Management Committee (NES/AUD/20/29)

The work of the Finance and Performance Management Committee has added value to existing management processes by providing oversight and effective scrutiny of financial, procurement and performance related reports. It has also considered

property related business cases and updates on organisational performance improvement programmes.

The Finance and Performance Management Committee has been stood down in light of the Covid-19 pandemic and it has not yet been confirmed when this Committee will be resumed.

The Audit Committee noted and were satisfied with this report and were assured that the Finance and Performance Management Committee have effectively discharged their remit and responsibilities during the financial year 2019/20.

d) Digital Committee (NES/AUD/20/30)

Colin Brown introduced the report which detailed the work carried out by the Digital Sub-Committee until 13 December 2019 and the Digital Committee from 02 March 2020. The Digital Committee has been stood down in light of the Covid-19 pandemic and it has not yet been confirmed when this Committee will be resumed.

There was a formal hand over from the Digital Sub-Committee to the Digital Committee at the first meeting of the Digital Committee on 02 March 2020. At this meeting the Digital Committee also formally agreed its remit and the discharge of its remit will be reported in full at the end of 2020/21.

The Committee noted that there may be areas of overlap of responsibility with the Finance and Performance Management and Audit Committees. A workplan for 2020/21 is in development along with an assurance framework for the Committee. The Audit Committee noted the report and were assured that the Digital Sub-Committee effectively discharged its remit during the period of 01 April 2019 – 13 December 2019. The Committee also noted the areas of business covered by the Digital Committee on the 02 March 2020 and that a workplan for 2020/21 will be developed in due course.

## 11. Other External Reports

a) Service Audit Reports Summary (NES/AUD/20/31)

Janice Sinclair introduced the report which provided the Committee with a summary of the 4 Service Audit reports received for the 2019/20 financial year. These reports relate either to business activity which NES outsources or to national systems used by NES. As NES is not responsible for managing these systems, these audits provide assurance that the design, implementation and maintenance of controls relating to these systems are effective.

It was highlighted that the Service Audit reports for the services provided by NSS all contained a qualified opinion, however it was explained that The Service Auditor will work to the Standards set within ISAE 3402 which prescribes the use of specific terminology which the Service auditor must use in its report to the Service Organisation. Therefore, a rating of 'Qualified' under these standards meaning 'where controls were working, but that there were significant "Exceptions"' is different to a qualification in a set of financial statements.

During subsequent discussion;

- James Lucas explained that the Director of Finance at NSS requested that KPMG provide an extra level of rigour for their first year as Service Auditors. He explained that many of the conclusions, were arrived at as some of the NSS systems do not hold data beyond two months and therefore evidence could not be provided of effective controls in place for the full financial year 2019/20. James assured the Committee that this affected only a small number of the 170 controls reviewed and that NSS will be implementing recommendations for improvement in these areas.
- Janice Sinclair added that NES contribute information directly to NSS who make the payment on behalf of NES. The information provided by NES to NSS is subject to the NES internal control environment which is not reflected within the service audit reports. Janice stated that within NES we have suitable controls in place to validate the completeness and accuracy of information submitted to NSS. This includes ensuring authorisation within delegated limits. External audit noted no concerns on the design of the controls reviewed within NES and therefore it has been concluded that there is no risk of a material misstatement within the financial statements of NES.
- David Garbutt asked if NES should contact the Service Provider requesting full assurance that all controls are in place. Audrey McColl assured members that this would not be necessary as discussions have already taken place at the National Boards Directors of Finance meetings. NSS recognise that improvements can be made to give customers further assurance over the services provided.
- Fraser Hoggan added that External Auditors are comfortable that the areas highlighted in the Service Audits are of low risk to NES.

b) NSS Payroll Services Audit Report 2019/20

This report relates to the payroll system used by NHS National Services Scotland (NSS) to process the NES payroll. The Service Auditors gave a qualified opinion for the period from 1 April 2019 to 31 March 2020.

- The Service Auditors identified qualifications relating to one out of five control objectives. Reasons for exceptions determining a qualified opinion related to monitoring of Payroll enquiries. NSS have identified that a new service management system has already been implemented and further improvements will be rolled out to customers in due course.

The Audit Committee noted the report and that there is no impact on the financial reporting in the NES accounts of this qualification.

c) NSS Practitioner Services Audit Report 2019/20

NSS Practitioner Services Division (PSD) process payments to medical, dental and pharmacy practitioners on behalf of NES. The Service Auditors gave a qualified opinion for the period from 1 April 2019 to 31 March 2020.

- The Service Auditors identified qualifications relating to four out of five of the control objectives. Reasons for exceptions for determining a qualified opinion related to: no formal documentation to evidence that verifications and reconciliations had taken place; no formal documentation that checks had taken place for amendments to the authorisers on the approvals lists; and the system used for payments of Prescription forms only retained data for two months, thereby preventing the testing of transactions for the whole year.
- Service Auditors have highlighted a number of low risk improvements which NSS are required to implement. These are focussed around evidence gathering from some of the NSS legacy systems.

The Audit Committee noted the report and that there is no impact on the financial reporting in the NES accounts of this qualification.

d) NHS National IT Contract 2019/20

NHS Scotland engage Atos, part of NSS, to provide a wide range of IT service provision from a fully managed technical service through to the hosting of hardware on behalf of all boards in NHS Scotland. The Service Auditors gave a qualified opinion for the period from 1 April 2019 to 31 March 2020.

- The Service Auditors identified qualifications relating to three out of six control objectives. Reasons for exceptions determining a qualified opinion relate to: technology components of databases resulting in manual maintenance of data; maintenance of changes in separate ticket system; and job verification processing.
- Service Auditors have highlighted a number of low risk improvements which NSS are required to implement.

The Audit Committee noted the report and that there is no impact on the financial reporting in the NES accounts of this qualification.

e) NHS Ayrshire Arran NSI Financial Ledger Services Report 2019/20

NHS Ayrshire and Arran hosts the NSI financial ledger which is used by all NHS Boards in Scotland to process core financial transactions.

The service auditor opinion was that the controls related to the control objectives were suitably designed and operated effectively throughout the period from 1<sup>st</sup> April 2019 to 31<sup>st</sup> March 2020.

- 8 control Objectives were reviewed, and 27 controls tested. There were 2 exceptions found to the operation of the controls, where in each case agents within NHS A&A processed requests from individuals not appropriately authorised by the customer boards. These were not significant enough to prevent the Service Auditor from concluding a reasonable assurance opinion.

The Audit Committee noted the report and that the services provided operated effectively.

The Audit Committee noted the Service Audit reports and the assurances provided.

## **12. Assurance Framework** (NES/AUD/20/32)

Rob Coward presented the Assurance Framework which incorporates minor changes that were suggested by the Committee at the last meeting.

- David Garbutt noted that this is a continually changing piece of work and that it is very effective, and Doreen Steele felt that it should be more widely available and asked if there should be a communication plan. Audrey McColl noted that the assurance framework links with the risk maturity assessment and once this has been conducted workshops will be arranged with staff, in particular it will be presented to the Senior Operational Leadership Group.

The Committee noted the minor agreed amendments made to the Assurance Framework and the progress against the agreed actions.

## **13. Summary of all Committee Inherent Primary 1 Risks Update** (NES/AUD/20/33)

Audrey McColl informed the Committee that a risk relevant to the Staff Governance Committee had been missed out of the report presented at the April Audit Committee meeting, which has now been included in the updated report.

The Committee noted the updated Inherent Primary 1 Risk report and the Directorate Risks that have been submitted to the relevant sub-committees of the Board.

## **14. Annual Information Governance and Information Security Report** (NES/AUD/20/34)

Christopher Wroath introduced the report which detailed progress on Information Governance and Information Security during 2019-20 and future activity planned for 2020/21. The report was being submitted to the Audit Committee on behalf of the Finance and Performance Management Committee, which has been stood down due to the Covid-19 pandemic.

- Christopher assured the Committee that the recommendations identified in the Cyber Security Internal Audit report that was presented to the Audit Committee in April, are in progress.
- NES had 18 personal data breaches recorded in 2019-2020. Compared to 2018-2019 this is a 200% increase. Although this is a significant increase, it

can be explained due to the increased awareness and understanding across NES on how to recognise a personal data breach, and the importance of reporting. The increased reporting has allowed increased learning with targeted communications distributed to all staff.

- Christopher assured the Committee that security around NES' technology is robust and explained that data breaches are mostly paper based. Significant work will be conducted in the next quarter to identify and implement further improvements to technology to help reduce printing as well as a concentrated communications campaign to encourage staff to be Digital by default.
- Sandra Walker asked if data handling was part of NES' essential learning for all staff. Christopher confirmed that data handling is part of NES' essential learning, however agreed that staff should be reminded regularly of their responsibilities and this will be built into the communications plan.
- Anne Currie queried two cases that she felt should have been reported to the Information Commissioner's Office (ICO). Christopher gave assurance to the Committee that this was not required. In relation to a device reported missing, this did not require reporting to the ICO due to having the necessary encryption. It was also noted that data on the device was for training purposes and therefore was not patient data. In relation to the breach regarding data on a test site which was exposed to the internet, this was reported to the ICO by Greater Glasgow and Clyde as the data controllers, therefore NES were not required to report.
- Linda Dunion noted that a Freedom of Information (FOI) request had been received by a Directorate in January, however as it was not noted as such it had not been forwarded to the Information Governance and Security Team until March. She suggested that this is also covered in the communications campaign. **Action: CW**

The Committee noted the report and were satisfied with the progress and future plans. Members thanked Information Governance colleagues for their work.

## 15. 2019/20 Annual Accounts

- a) External Audit Report 2018/19 and Letter of representation  
(Grant Thornton)

Joanne Brown and Fraser Hogaan introduced the draft External Audit Report for 2019/20 and highlighted the following:

- For the financial year ended 31 March 2020 External Audit intend to issue an unmodified audit opinion. No adjustments to the draft financial statements were identified although disclosure amendments were discussed and agreed.
- It was acknowledged that good working papers were provided by the NES Finance team to support the audit process, and that the team responded quickly to Auditor's queries.

- The Accountability Report is in line with External Auditors understanding of NES' strategy, the Governance Statement outlines the governance framework and disclosures in the Remuneration and Staff report are consistent with underlying payroll records.
- Materiality is set at £10.34m, representing approximately 2% of gross expenditure based on the 2019/20 budgeted expenditure of £517m.
- Audit procedures in relation to the significant risks did not identify any exceptions with respect to expenditure recognition or evidence of management override of controls. An additional significant risk was identified in relation to Covid-19 which caused significant disruption to all public sector entities in the later half of March 2020.
- Members thanked the External Auditors and the NES Finance team for their work. Doreen Steele gave particular thanks to Monica Halcro from the NES finance team who led the work with the External Auditors to ensure the Annual Accounts were produced to the agreed timescale. It was recognised that this was a real achievement considering the disruption caused due to the Covid-19 pandemic.

The Committee noted the report and the assurance provided. The Committee noted that the Letter of Representation will be signed at the June Board meeting.

**Action: AMcC**

- b) 2019/20 Annual Report from Audit Committee, Governance Statement and Workplan 2020/21 (NES/AUD/20/35)

Janice Sinclair introduced the report, which summarises how the Committee has discharged its remit and the responsibilities delegated to it by the Board during 2019/20.

- The report details the key sources of evidence which the Audit Committee has considered in recommending the Governance Statement to the Board and the Accountable Officer for inclusion in the Annual Report and Accounts. An Audit Committee workplan was also provided for the 20/21 financial year which detailed how the committee plans to cover the items within its remit.
- It was highlighted that the report included commentary relating to internal and external audit reports that will be considered by the Audit Committee during this meeting and the report will be updated to reflect this before submission to the Board.
- Section B of the remit has been changed to include a reference to the review of the performance of Internal Audit; Section D has been updated to note that there were no occasions when Standing Orders were waived; Section E has been updated with additional assurances to the Impact. The workplan was updated for the Review of Internal Audit and the Review of Standing Orders in October

- The Committee noted that a sentence will be added to the Governance Statement in relation to the Service Audit Reports following advice from the External Auditors.
- Linda Dunion requested that a sentence is added to the Best Value document regarding non-executive appraisals. **Action: JS**

The Audit Committee approved the submission of the annual report of the Audit Committee to the Board, subject to agreed minor amendments. The Committee also approved the 2020/21 workplan, whilst acknowledging that this may be subject to change given the current operating environment.

The Audit Committee recommended the Governance Statement to the Board and the Accountable Officer for inclusion in the Annual Report and Accounts.

**Action: AMcC**

c) Annual Report and Accounts for year-end 31 March 2020 (NES/AUD/20/36)

Janice Sinclair introduced the paper, which presented the draft annual accounts for the financial year 2019/20. Janice gave particular thanks to Monica Halcro for her work on the Annual Accounts.

- Janice thanked members for the feedback they had provided at the annual accounts workshops. The changes agreed during these sessions included additional information regarding Covid-19, amendments to the table showing WTE staff and some minor typographical corrections.
- Linda Dunion noted that the Annual Accounts are well presented, and the excellent infographics help to explain complex information in a way that tells a story.

The Committee noted the report and congratulated the finance team on the standard of the annual accounts and thanked them for all their hard work in compiling the annual report and accounts.

The Audit Committee confirmed that they were satisfied with the 2019/20 Annual Report and Accounts and recommend them to the Board for approval.

**Action: AMcC**

d) Notification from Sponsored Body Audit Committees

Audrey McColl informed the Committee that the annual request from the Health Finance Directorate of Scottish Government for details of any significant issues of fraud which arose during 2019/20, has not yet been received. When the letter is received, the proposed response will be submitted to the Chair of the Audit Committee.

**Action: AMcC**



**16. Items for information**

- a) COVID-19: Impact on public Audit in Scotland

The Committee noted the report from Audit Scotland.

- b) Counter Fraud Services reports

The Committee noted the Counter Fraud Services 2019-20 Year End Full Report and 2019-20 Year End Flash Report.

**17. Date and time of next meeting**

The next meeting of the Audit Committee will be held on Thursday 01<sup>st</sup> October at 09:15 via Microsoft Teams.

NES  
June 2020  
JA/AMcC/DS

**AUDIT COMMITTEE**

**Minutes of the Seventy-fifth meeting of Audit Committee held on Thursday 16 July 2020 via Microsoft Teams**

**Present:** Doreen Steele (Chair)  
Anne Currie  
Linda Dunion  
Sandra Walker

**In attendance:** Stewart Irvine, Acting Chief Executive  
David Garbutt, Board Chair  
Audrey McColl, Director of Finance  
Della Thomas, Board Secretary and Principal Lead  
Corporate Governance  
Chris Duffy, Senior Admin Officer

**1. Welcome and introductions**

The Committee Chair welcomed everyone to the meeting.

**2. Apologies for absence**

No apologies were received.

**3. Declarations of interest**

There were no declarations of interest.

**4. Board Standing Orders**

**NES/AUD/20/39**

Della Thomas spoke to this item and provided the members of the committee with background information. The NHS Board Standing Orders DL(2019)24 form part of a programme of work associated with the NHS Scotland Blueprint for Good Governance issued through DL(2019)02. NES began implementing the NHS Blueprint through a self-assessment process, a Board Development session and the production of a Blueprint Action Plan in 2019. DL(2019)34 was issued on 13 December 2019, stating that 'the new model Standing Orders template should now be used by all health bodies, replacing existing standing orders already in place. Since December 2019 – 31 March 2020, NES has had a Board Secretary vacancy. The Board Chair allocated the implementation of the new NHS Standing Orders to the Board Secretary & Principal Lead Corporate Governance on their appointment in April 2020.

Three papers have been produced for the committee to review, these are the adapted NHS Standing Orders for NES (paper 1), Implementing the NHS Board Standing Orders (paper 2) which highlights how the new board standards differ to the current standing orders and the current NES standing orders (paper 3).

The Committee Chair proposed going through paper 2 point by point and invited members to comment for clarification or if changes are required.

Comments were provided on the following orders;

### **3.1 Vice Chair**

The Committee briefly discussed if it was necessary to review every 2 years and agreed to note that this may not mean a change is required every 2 years but the appointment will be reviewed.

### **3.3 Vice Chair**

Where the Chair has died, ceased to hold office, or is unable for a sustained period of time to perform his or her duties due to illness, absence from Scotland or any other reason, it was agreed that the Board's Chief Executive and Accountable Officer should refer this to the Scottish Government. The Cabinet Secretary will confirm which member may assume the role of interim Chair in the period until the appointment of a new Chair, or the return of the appointed Chair.

### **4.1 Calling and Notice of Board Meetings**

It was confirmed the Board shall meet at least six times in the year.

### **4.6 Calling and Notice of Board Meetings**

It was confirmed that a notice of the meeting (in the form of an agenda), specifying time, place and business proposed to be transacted shall be circulated to every member so as to be available to them at least four working days before the meeting.

### **5.5 Quorum**

Audrey McColl suggested a change in the wording from 4.6 members to 5 to make clearer. This was agreed by the Committee and the update will be made.

**Action: Della Thomas**

### **5.7 Quorum/Declarations of Interest**

The Committee discussed how declarations of interest will be managed without the process becoming too time consuming. It was confirmed that the register of interest will be maintained, and members of the board and committees will be asked at the start of each meeting if they have any declarations of interest in relation to the specific business of that meeting. Della Thomas confirmed that members can contact her regarding any non-registered declarations of interest.

### **5.21 Business of the meeting/Decision-making**

The Committee discussed how NES can make Board meetings more accessible to the public and Della Thomas was actioned to produce a form of

words that indicates NES' willingness to make public meetings more accessible. It was noted that Board papers are now made available to the public before the meeting. The Committee also noted that text should be added to this order to cover inappropriate behaviour. **Action: Della Thomas**

## **6.2 Matters reserved for the Board**

The Committee discussed point b) under this order, in particular the terms of reference for all the boards committees. Historically NES has remits in place for committees. Audrey McColl suggested an approach of a common terms of reference for all committees with the individual remits being unique. The Committee agreed that terms of reference should be reviewed and produced for all Committees. **Action: Della Thomas**

## **9.1 Committees**

The Committee approved an additional point that states, "No expenditure shall be incurred by a committee without the consent of the Chief Executive and Accountable Officer", which would not be unreasonably withheld. It was also noted that NES have chosen not to list the individual committees in the standing orders as this would require more updating. The Committee agreed this approach was sensible.

## **9.5 Committees**

The Committee agreed to continue with current NES practice to hold committee meetings in private with only the minutes published.

The review of standing orders was concluded. Members and attendees of the committee recommended the new NHS Standing Orders are adopted for NES once the changes highlighted in this meeting are incorporated.

Della Thomas will action the changes and discussion from today's meeting and will produce an updated paper to go to the Board meeting on 30<sup>th</sup> July.

**Action: Della Thomas**

Della Thomas will also create a Board Standing Orders Action Plan that will detail the implementation of the new Board Standing Orders. The action plan will include specific tasks, who these tasks are assigned to and critical success factors. The action plan will go to the Board meeting on 24<sup>th</sup> September. **Action: Della Thomas**

The Chair of the committee thanked Della Thomas and Audrey McColl for their work in completing a comprehensive review and producing an excellent paper.

## **5. Any other business**

There was no other business raised.

## **6. Date and time of next meeting**

Thursday 01<sup>st</sup> October 2020 at 10:45 a.m.

**APPROVED**

**NHS Education for Scotland**

**NES/SGC/20/XX**

**Minutes of the Sixty-Ninth Meeting of the Staff Governance Committee held on Thursday 06<sup>th</sup> August 2020 via Microsoft Teams**

**Present:** Linda Dunion, Committee Chair  
Anne Currie, Non-executive Board member  
Jean Ford, Non-executive Board member  
Gillian Mawdsley, Non-executive Board member  
Lynnette Grieve, Non-executive Board member

**In attendance:** Tracey Ashworth-Davies, Director of Workforce/Executive Lead  
Stewart Irvine, Acting Chief Executive  
Morag McElhinney, Principal Lead HR  
Della Thomas, Board Secretary and Principal Lead for Governance  
Ameet Bellad, Senior Specialist Lead, Workforce Infrastructure  
David Cunningham, Staff Side (BMA)  
Donald Cameron, Director of Planning and Corporate Resources  
Kristi Long, Senior Specialist Manager, Workforce  
Chris Duffy, Senior Admin Officer

### **1. Chair's welcome and introduction**

Linda Dunion welcomed everyone to the meeting and indicated that as there is a large number of items on the agenda, papers will be taken as read unless there is any new information to share or there has been a change in context.

### **2. Apologies for absence**

Apologies were received from David Garbutt, Board Chair.

### **3. Declaration of interests**

There were no declarations of interest in relation to the items on the agenda, other than those logged previously.

### **4. Minutes of the meeting held on 16<sup>th</sup> April 2020**

(NES/SGC/20/28)

Three corrections were highlighted in the minutes. Under item 5, Jean Ford agreed to provide comment on the action status report, this should be recorded as a completed action. Under item 7 there was some missing detail showing that "NES will not employ all portal candidates" and the following sentence was missing "For non-NES employed candidates," at the start. Also under Item 7, an action should have been attributed to Audrey McColl to add in "impact" on the risk section of the paper.

**Action: Audrey McColl**

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

## **5. Revised Action Status Report**

An action was taken at the last Committee meeting to review the format and content of the action status report and a revised report was presented to the Committee. It was noted that the next version of the report will be cleaner as a large number of items are now complete and can be removed.

There were specific comments on the following actions;

- An update was given by Kristi Long regarding Managing statutory equalities compliance that the National E&D lead network have taken a watching brief at this time. The Committee agreed that this action can be marked as complete.
- Anne Campbell provided further clarification regarding an action on the Information Security Acceptable Use Policy and how it features in the Staff Induction. The impact of Covid-19 has meant Staff Induction is now completed online via Teams. The HR business partners who run the induction signpost new members of staff to a document containing all policies including the Information Security Acceptable Use Policy.
- The action on considering the need for social media protocol training for line managers was briefly discussed by the Committee. The Committee agreed that this action should be taken off the Action Status Report.
- Anne Currie sought further clarification on the Lead Employer update action. Morag McElhinney confirmed that Caroline Lamb received regular updates on the lead employer programme in advance of the meetings of the Chief Executives group. The most recent written update on the lead employer programme set out a workplan for 2020/21 to embed the lead employer arrangements into business as usual from 2021 and this went to the Chief Executives group on 12<sup>th</sup> November 2019.

The Committee were then content with revised action status report.

## **6. Matters arising from the minutes**

There were no matters arising from the minutes.

## **7. Covid-19 Update**

The paper produced by Tracey Ashworth-Davies provided updates on the following in relation to Covid-19.

- Employment arrangements of core NES staff
- Communications with staff
- Staff health and wellbeing
- Employment of non-NHS placed nurse students
- Arrangements to support the Covid-19 Accelerated Recruitment Portal (CARP)

Jean Ford asked if Workforce are looking at the statistics of how much Annual Leave has been used and suggested pulling this data before Quarter 3. Tracey Ashworth-Davies confirmed that yes, Annual Leave is monitored. Ameet Bellad also confirmed

that a dashboard is being developed to allow Business Managers to view data at team level. Furthermore, the app is being enhanced to allow managers to monitor their staff more easily.

Jean Ford also enquired about NES staff who have been redeployed to support CARP and asked if a breaking point has been identified. Tracey Ashworth-Davies confirmed that the CARP team are very focussed on completing the outstanding work in the shortest timescale with a self-imposed deadline of the end of September. There will not be a breaking point if this timescale is met. Linda Dunion asked if scenario planning has started for a potential second wave, Stewart Irvine responded by stating the planning very much depends on what the wave looks like. NES staff responded very well to the first wave of Covid-19 and could re-enact this response if required. The situation for Trainees/Learners is more complex. Jean Ford also had some minor comments on the paper which will be provided outwith the meeting. **Action: Jean Ford**

Anne Currie congratulated Tracey Ashworth-Davies on an excellent paper and raised 2 questions. Firstly, Anne Currie enquired if any formal attention has been given to the ergonomics of working from home. Donald Cameron advised that there is a homeworking support team in place to assist staff and IT have supplied a lot of equipment and chairs to staff working from home. Morag McElhinney drew attention to the addendum to the homeworking policy which signposts staff to the agile working module, contains a checklist for managers and has information on additional equipment. Ameet Bellad confirmed that the agile working module well placed to address any ergonomic queries/issues.

Anne Currie's second question related to the staff survey noting that 29% of staff answered neutral to how they are coping working from home. Anne Currie asked if analysis of the survey has unearthed why a significant number of staff have answered this way. Tracey Ashworth-Davies confirmed that work is still ongoing to analyse the staff survey data and a people recovery group has been setup to look into the findings. The Committee members agreed that the staff survey was an excellent exercise with a very good response rate. Stewart Irvine informed the Committee that a pulse survey would be released soon and this will replace the imatter survey for this year. Anne Campbell confirmed that the official title for the survey is "Everyone Matters" and it will be released at the start of September with reporting expected in October/November.

The Committee noted the paper.

## **8. NES Remobilisation Plan**

Donald Cameron gave a brief verbal update on the Remobilisation Plan. The plan has been approved by the Board and the minor changes suggested have been added. Plus, a finance paper has been added as an annexe. The plan has been submitted to Scottish Government early.

The Committee noted the update.

## 9. Whistleblowing Update

Donald Cameron began the verbal update by giving some background information. The launch of the National Whistleblowing Standards has been paused. A paper went to the May Board to brief that the work remains paused and the launch is planned for next year. The governance of Whistleblowing has been remitted to the Staff Governance Committee. An implementation plan has been drafted and Whistleblowing will be incorporated into the Staff Induction. The Committee were asked to consider how they receive reporting going forward.

Gillian Mawdsley as NES Whistleblowing champion will be actioning a number of tasks as part of considering the implications of the re-launch for NES. These include;

- Meet with other Whistleblowing champions
- Revisit and revise the implementation plan
- Review the complaints process and reporting mechanisms

The Committee agreed to receive updates on the Whistleblowing at the November and February meetings of the Committee, a decision will then be made on how the Committee receives Whistleblowing reports.

**Action: Chris Duffy**

## 10. Health & Safety Annual Report

Donald Cameron confirmed that there has been a transition in the Health & Safety reporting this year due to the change in Director of Workforce. The report is scheduled to be reviewed by the Executive Team next week and it was suggested that the Committee receive the full report at the November meeting. The Committee agreed to add to the November agenda and added that it would be helpful to receive on an annual basis.

**Action: Chris Duffy**

## 11. People & OD Dashboard

Committee members would like to make some suggestions for the dashboard to enable the clearer understanding of the columns. This feedback will be given to Ameet Bellad outwith the meeting.

**Action: Committee Members**

The committee were asked to approve the following recommendations

- Consider the updates provided in the papers;
- Review and discuss performance against the People and OD Strategy at both organisation and Directorate level, considering if there are any areas of concern or risk;
- Note emerging themes and consider any recommendations for further action, and
- Agree recommended actions:
  - Workforce Directorate will assist with formulating action plans in response to the staff survey results. This will help facilitate both Smarter Working/



new ways of working developments, the property recovery project and remobilisation of staff.

- Communication to be issued to managers via the Line Managers briefings and the HR business partnering networks to reinforce the messages around the importance of reporting absences in supporting the Health and Wellbeing of employees.
- Further work to continue in Quarter 2&3 in relation to gathering information on high performing teams and review of line manager development.
- Findings from the analysis of the data from Quarter 1 to Quarter 4 in 2019/20 along with the Equality and Diversity annual monitoring report will be available for the next reporting period.

The Committee approved all the recommendations and actions.

## **12. Lead Employer**

Morag McElhinney gave a brief summary of the Lead Employer paper. Linda Dunion raised the issue of resource and Morag McElhinney confirmed that at the moment there is no funding or capacity within the team to pick up this programme of work. Linda Dunion expressed that this becomes an area of risk at different levels. Tracey Ashworth-Davies reassured the Committee that Lead Employer is a key piece of work which will not be underestimated and NES' intention is to do all it can to pursue resource and further discuss with Scottish Government. Anne Currie added, it is important to categorise the exact support required and to endorse this given the findings from the KPMG internal audit.

The Committee noted the paper.

## **13. Workforce Planning in NES**

Anne Campbell summarised the Workforce Planning paper and the following key points were noted;

- NES will be required to produce a three-year workforce plans annually, with the first of these plans to be published by 31 March 2021.
- In November 2019, the Senior Leadership and Management Team held a facilitated discussion and recognised that alignment of workforce planning with financial and operational planning was necessary in order to meet the ambition of the interim People & OD Strategy 2018-20. This work needs to be aligned with the development of a new People & OD Strategy, following agreement by the Committee to extend the current Strategy to enable this.
- Directorates will be asked to prepare during August and September.
- The Workforce Directorate will now establish a project plan to develop a refreshed People and OD Strategy which will inform our three-year Workforce Plan.

- An update on the progress of the plan will come to the November Committee.
- The Committee will be an integral part of the process to comment on and approve the People & OD Strategy and Workforce Plan.

Linda Dunion drew attention to the risk section of the paper. There is a lack of clarity and changing landscape in the context in which NES are operating. Could how we manage trainees in training and how trainees work in hospitals have a knock-on effect on how NES achieve their outcomes. How could the technology enhanced learning group help to mitigate some of the risks? An action was taken to look at the Covid risk register to see if this discussion on risk can be reflected.

**Action: Tracey Ashworth-Davies/Anne Campbell**

The Committee noted the update and commented on the planned approach for the workforce plan.

At this point of the meeting Jean Ford gave her apologies and exited the meeting, the time was 11:30 and the Committee remained quorate.

#### **14. Appraisal/PRP and Essential Learning**

Anne Campbell provided a brief summary of the PRP and Essential Learning paper. The paper provided the following recommendations;

- Subject to partnership agreement, staff are asked to agree new objectives (potentially only 2 -4 objectives) based around a revised operational and remobilisation plan for the remainder of 2020/21. The agreed deadline for completing this activity **will be end October 2020.**
- Senior directorate managers prioritise completion of the Agile working module and to ensure that all staff have completed this module **by October 2020.**
- Email alerts from the Workrite system are reinstated with immediate effect for staff whose training has expired as a timely reminder to refresh their training.
- Improved compliance with these performance activities particularly completion of essential learning is included as a priority activity in overall recovery plans.

Anne Curried thanked Anne Campbell for the paper and noted that improvement in Staff Induction from 46% to 60% was a good achievement. It was noted that NDS only have a 16% completion rate for Agile working module. Anne Campbell said this may be due to NDS staff remaining in date for the previous module as the new Agile working module was released in January. However, the Committee agreed that the new module should still be completed. Anne Campbell will discuss this directly with NDS.

**Action: Anne Campbell**

The Committee also raised the point that Workrite does not link to Turas. Anne Campbell recognised that this is a very valid point and the Workforce team have stepped back from making too many changes as there is development underway for Once for Scotland mandatory training modules. Development has also taken place on

the Turas learning record store so that all learning records can be stored in one place. Ameet Bellad confirmed that work has progressed rapidly to bring all completion data into Turas and users can see their completion data in Turas Learn. It was also confirmed that once the once for Scotland modules are complete, they will be hosted on Turas Learn.

The Committee noted the paper and agreed to the recommendations.

## **15. Review of Remuneration Committee Remit**

As the Remuneration Committee is a sub-committee of the Staff Governance Committee the remit for the Remuneration Committee to this Committee for approval.

The Committee approved the remit with no changes.

## **16. Employment Tribunals**

Morag McElhinney informed the Committee that NES are in the early stages of an employment tribunal. The Central Legal Office has been engaged. Anne Currie asked if a look back review will take place, Morag McElhinney confirmed it will and any learning will be fed back to the Committee.

The Committee noted the update.

## **17. Policy/DL Tracker**

The Committee were informed that a central DL tracker is currently being developed by the CEO office for regular review by the Executive Team. Anne Currie commented that the tracker is very welcomed and provided an added assurance/confidence factor.

The Committee noted the development of the DL tracker and agreed to add as a standing item on future Committees.

## **18. Risk Register**

### **18.1. Inherent Primary 1 Risk Report**

The Committee reviewed the Risk Report and no comments were made.

## **19. Equality and Diversity Update**

Kristi Long gave a brief update on the equality and diversity developments being progressed as NES moves into the 'remobilisation' phase. Scottish Government has drawn attention to their existing Race Equality Framework and communicated two Directors Letters to NHS Boards. John Connaghan's letter focused on data and leadership, and Gillian Russell's letter provided direction for the establishment of staff

networks. Although the primary focus is on race equality, the second letter introduces the subject of champion roles for LGBTQ and disability equality. The Executive Team met on 28<sup>th</sup> July and agreed in principle proposals for actions to respond to the two director's letters.

Linda Dunion thanked Kristi Long for the update and enquired if Kristi Long would be able to provide an update in the future on new Human Rights legislation. Further discussion resulted in the Committee suggesting a workshop on Equality, Diversity and Human Rights would be put forward as a potential topic for a Board Workshop/Development Session. Della Thomas noted this and will take it forward.

**Action: Della Thomas**

The Committee noted the Equality and Diversity Update.

## **20. Internal Audit Review of Lead Employer**

The Committee noted the Internal Audit Report and recommendations.

## **21. Remuneration Committee minutes**

The Committee noted the minutes.

## **22. Any other business**

There was no other business to discuss.

## **23. Date and time of next meeting**

5<sup>th</sup> November 2020, 10:15 via Microsoft Teams

NES  
August 2020  
CD/TAD/LD

Approved SGC 5<sup>th</sup> November 2020

## NHS Education for Scotland (NES)

### Board Paper

#### 1. Title of Paper

NES Phase 2 Remobilisation Plan (1 August 2020 – 31 March 2021)

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

Professor Stewart Irvine, Acting Chief Executive

#### 3. Purpose of Paper

This paper comprises three parts:

- 3.1 **Phase 2 Remobilisation Plan** (for the period 1 August 2020 – 31 March 2021) which NES submitted to Scottish Government on 6 August 2020, and which was shared with Board members during the Private Board meeting on 30 July.
- 3.2 A **feedback letter from Scottish Government** (dated 14 October) regarding the content of the Phase 2 plan.
- 3.3 A **response paper from NES** providing the Board with updates on the areas highlighted in the Scottish Government letter.

The plan has been submitted to this Board meeting for noting to allow it to sit as part of the formal record of the Board.

#### 4. Key Issues

- 4.1 Christine McLaughlin (Director of Planning, DG Health & Social Care), issued a letter on 14 July 2020 asking all National NHS Scotland Boards to submit their Phase 2 Mobilisation Plans to Scottish Government by 7 August 2020.
- 4.2 The plan sets out NES's Phase 2 response and re-establishes the link to our operational and financial planning framework and the NES Board strategy.
- 4.3 This RMP re-establishes the link to our operational and financial planning framework and the NES Board strategy while seeking to place the emphasis on priority areas identified by the Scottish Government where appropriate. This approach will also re-enable performance reporting for the last two quarters of the current financial year against these revised plans.
- 4.4 The Board will note that the letter confirms that this **concludes the review** of the NES Remobilisation plan, which can now be published on our website.
- 4.5 The Board will further note that the SG letter confirms that this plan will be used as the basis for engagement with the Board over the coming months, and looks

forward to working with us on the NES initiatives that will deliver and contribute towards on-going improvement for safe patient care across Scotland.

- 4.6 Annex A in the attached letter invites NES to **note** some detail on specific policy areas and initiatives which will serve to focus scrutiny activity during 2020/21 with the SG Sponsor team. We are not required to respond formally to this annex – but have prepared the enclosed note for the information of the Board.

## **5. Recommendations**

The Board are asked to **note** the Phase 2 Mobilisation Plan (1 August 2020 – 31 March 2021) and the related Scottish Government feedback letter and NES response.

DSI  
November 2020



# **Phase 2 Re-mobilisation Plan**

## **1<sup>st</sup> August 2020 to 31<sup>st</sup> March 2021**

**July 2020**

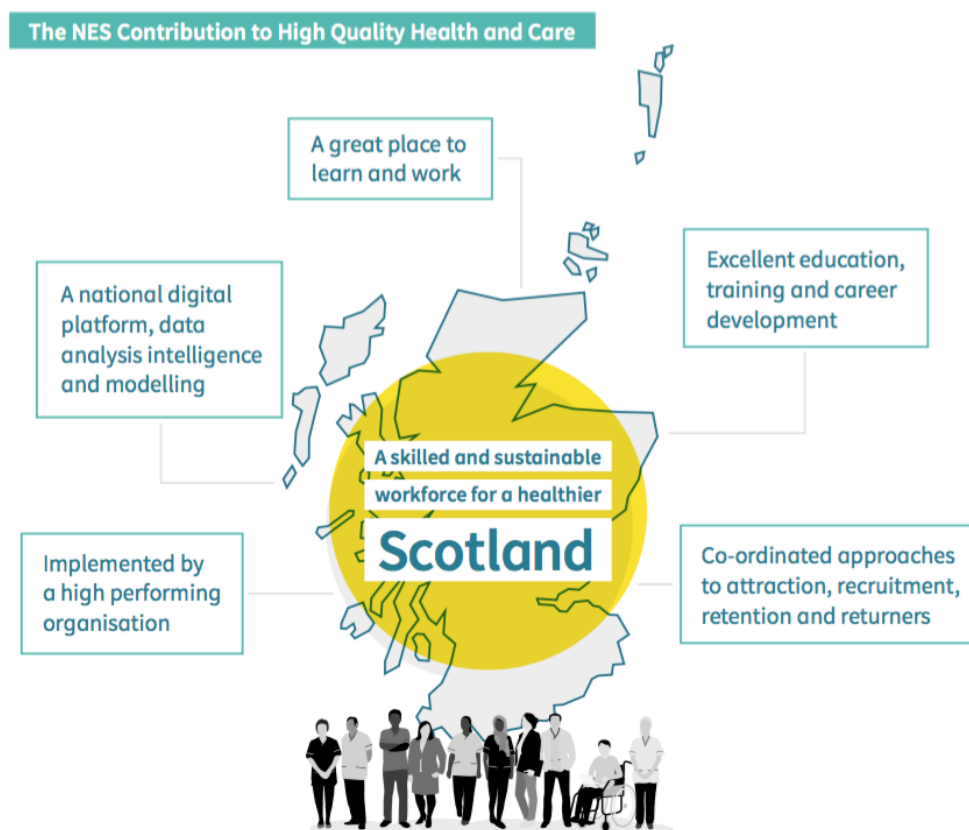
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## 1. Introduction

- 1.1 NHS Education for Scotland (NES) is the national NHS Board with responsibility for education, training, workforce development. Having the right numbers of skilled, trained and supported staff, in the right place, at the right time and in the right roles is essential to providing high quality health and care services, which address health inequalities and encourage and support people to take more responsibility for their own health and wellbeing. In addition to providing national workforce and digital services which play a key role in supporting those who deliver frontline health and care<sup>1</sup>, NES directly funds and manages learners who comprise a significant element of the NHS Scotland patient-facing workforce<sup>2</sup>.



- 1.2 Over the first four months of COVID 19, much routine NES business was suspended, in part reflecting the changed clinical activity upon which it depends, and in part to support the service response to the pandemic. Following on from the **first phase mobilisation plan** submitted at the end of May for the period to end July 2020, this **second phase Re-mobilisation Plan (RMP)** - to the end of March 2021 - provides a high-level summary of the services we will recover, modified for the current

<sup>1</sup> NHS Education for Scotland Strategy 2019-2024

<sup>2</sup> Over 40% of Doctors in the HCHS sector are doctors in training managed by NES.

restrictions, over the next eight months whilst also considering contingency plans for future waves of COVID 19.

- 1.3 This RMP supports the Scottish Government's Re-mobilise, Recover, Re-design: The Framework for NHS Scotland (the SG Framework)<sup>3</sup>, published on 31 May 2020 and describes our priority targets for recovery up to 31<sup>st</sup> March 2021 in support of the NHS Scotland Mobilisation Programme with our focus on a skilled and sustainable workforce supported by digital innovation and high-quality data.
- 1.4 Although substantial work has been undertaken to mitigate the impact of COVID 19, disruption to education and training and workforce supply is anticipated as we recover our workforce and digital services. Many of our education and training programmes are based on **workplace learning**, and their full recovery will depend on the impact of the pandemic on clinical capacity, waiting time back-logs and new models of care as we continue to live with COVID 19. Other key dependencies which will affect recovery include the commissioned activity of higher and further education and decisions taken by UK professional bodies and regulators. In addition, longer term workforce supply depends on undergraduate activity in the education sector which has also been subject to disruption. The extent of much of this disruption remains unclear at this time.
- 1.5 This RMP summarises our contribution to the SG Framework, based on a review of our detailed operational and financial plan in response to COVID 19 which, when complete, will hold more detailed information on outcomes, targets, timelines, risks and budgets. Successful delivery of this RMP is dependent on Scottish Government confirmation of budgets and commissioned activity (e.g. for the national digital platform), within a revised financial plan which takes account of COVID 19.

## **2. National Boards Collaborative**

- 2.1 NES is part of a collaborative of eight national NHS Boards providing services where improved quality, value and efficiency is best achieved through a national approach. The national NHS Boards have a key role to play in resetting the design and delivery of health and social care services in response to COVID 19 and this RMP contributes to the national NHS Boards collaborative, building on recent submissions to the

<sup>3</sup> Re-mobilise, Recover, Re-design: the framework for NHS Scotland

Scottish Government. These submissions start to identify priority areas of collaboration, with a focus on ensuring a strong and connected approach from recovery through to renewal in response to the unprecedented service changes brought about by COVID 19, many of which will need to be sustained and will require new education and training support.

- 2.2 Each of the national NHS Boards has specific contributions to make to the recovery phase and there are areas of common interest where a co-ordinated and collaborative approach will add value. As part of re-mobilisation the national NHS Boards are identifying priority themes for collaborative work with an initial focus on enabling digital access to primary care and addressing public health inequalities through shared data and improved intelligence.
- 2.3 In general terms NES also has an important contribution to make across the collaborative in relation to **community based and primary care, mental health and data and intelligence**. This will involve consideration of the curricular changes required to support new ways of working, training and continuing professional development (CPD) and support for service re-design through new training pathways and programmes. In **mental health**, our pre and post registration programmes and multi-disciplinary mental health education, including those in primary care, social care and the third sector, have an important contribution to make. In **primary care**, new ways of working will guide how we adapt educational delivery and support new services and training delivery models for community-based and primary care practitioners. In addition, we will work with national NHS Board partners to improve access to **data and intelligence** for workforce planning and we will restart development of the TURAS workforce platform and the national digital platform subject to funding and Scottish Government agreement on commissioned work.

### **3. Strategic Context**

- 3.1 It is important to note that NES's re-mobilisation will be impacted by a continuing requirement to live and work with COVID 19 and the constraints and dependencies outlined throughout this plan. However, placing a focus on a skilled and sustainable workforce is an important element of COVID 19 recovery and renewal and involves continued support for employee wellbeing and for more flexible careers. In addition, understanding the supply routes into health and social care, allied to improved career entry and progression, awareness of career opportunities and role development will

be crucial to ensuring we have the right numbers of trained staff, in the right place at the right time as we continue to live – and to deliver health and care services with COVID 19.

- 3.2 This RMP reflects the aims and principles of the SG Framework and our workforce and digital support for the objectives of that framework. In terms of resilience, the NES response to future waves of COVID 19 will be to review how areas of our normal business could be adapted to support frontline services and provide targeted support through; educational materials; changed arrangements for learners and trainees; staff redeployment; digital resources for the health and social care workforce and national approaches to digital innovation and development. However, while we will continue to consider contingency plans for future waves of COVID 19, it is important to be aware that any further ‘suspension’ of undergraduate and postgraduate training would have a negative impact on learners and future workforce supply.
- 3.3 NES also has an important role to play in the SG Framework objectives related to **staff health and wellbeing** through educational infrastructure and workforce resources for recovery, mental health and wellbeing. In addition, we have a key role as digital leaders to support the objective related to ‘innovations and digital approaches’, through; the **national digital platform**; the **TURAS workforce platform** and better access to workforce data and intelligence.
- 3.4 This RMP seeks to re-establish our alignment, as far as possible within the current restrictions, to Scotland’s National Performance Framework<sup>4</sup>, the strategic outcomes set through the NES Strategy 2019-24<sup>5</sup> and our operational and financial planning framework; all of which place a focus on the role NES must play in shaping a skilled and sustainable workforce for the new models of care which will be required in response to COVID 19. This RMP aims to recover, as far as possible, the NES activities around workforce recruitment, retention, planning and careers and mitigate the impact of COVID 19 on future workforce supply, as we work towards achieving the right numbers of trained staff in the right place at the right time.

<sup>4</sup> Scotland’s National Performance Framework

<sup>5</sup> NES Strategy 2019-24



- 3.5 Throughout the pandemic NES has been configured to operate as effectively as possible while Scotland learns to live with COVID 19. We are deploying a **phased approach to recovery and renewal** as follows.
- **Mission Critical** - business critical activities to return in the short term.
  - **Recovery** - remediate the COVID 19 impact in the medium term.
  - **Renewal** - establish different, more efficient and effective ways of working and an adapted business model in the longer term.
- 3.6 This RMP to the end of March 2021 focuses on the Mission Critical and Recovery phases with a focus on **'Once for Scotland' workforce and digital services** to help create more time for care. In addition, much of the training and workforce development described in this RMP supports **new models of primary, community and social care** which help ensure people receive services closer to home. Much of this workforce development is **multi-professional and multi-agency** in support of policy commitments to reforming health and social care, shifting the balance of care and public health and prevention.
- 3.7 In Scotland, the experience of COVID 19 has also highlighted the need for **nationally available digital systems, data and standards**, which can be used flexibly as circumstances change. A priority for COVID 19 recovery and renewal will be digitally enabled models of care which use data and intelligence for service and workforce planning and provide access to services with less need to travel. **The NES Strategy 2019-24** identifies key areas of focus which are as important for recovery and renewal as they were prior to the pandemic. These provide the headings for our

corporate planning framework under which we describe our recovery activities in this RMP.

- a high-quality learning and employment environment
- national infrastructure to improve attraction, recruitment, training and retention
- education and training for a skilled, adaptable and compassionate workforce
- a national digital platform, analysis, intelligence and modelling
- a high performing organisation (NES)

3.8 The activities described in this RMP are planned and delivered in partnership with NHS Boards, key social care and third sector organisations and UK regulatory bodies with a focus on developing the workforce, providing national digital services and improving the use of data and intelligence. These activities reflect a **whole systems approach**, working with service delivery partners HEIs and professional bodies to provide educational and digital support for the new models of care which will be designed in response to COVID 19.

#### 4. Risk Management

4.1 Managing risks as we re-mobilise will be impacted by uncertainty around the ability of the clinical environment to support learning as frontline services deal with COVID 19 back-logs and reduced capacity. Prior to COVID 19 our plans had identified strategic risks to workforce supply which were evidenced by increasing turnover and vacancy rates across the system. In future, increasing the supply routes into health and social care and improving retention will be essential to minimising workforce gaps in future as will action to restart core NES activities and develop capacity through workforce development and digital innovation as far as practicably possible in the current circumstances.

4.2 Over the last four months, the NES corporate risk register was reviewed to reflect the impact of COVID 19 on existing risks and to identify new risks to education and training and workforce supply. In broad terms our areas of ongoing risk include an **increasing reliance on non-recurrent funding allied to funding for new activities** and the various cost and system pressures associated with 'Once for Scotland' initiatives. Our corporate risk register has been adjusted to acknowledge that additional funding may be required for new work such the COVID 19 Accelerated Recruitment Portal (CARP), potential double-running costs across

professional groups, the impact of pausing training programmes and exam deferrals. In addition, policy decisions as a result of COVID 19 may present both risks to and opportunities for attraction, recruitment and retention initiatives, future workforce supply and training progression. The residual risk scores have been increased to reflect the cumulative level of uncertainty across all the health and social care professional groups we support.

- 4.3 In addition to these ongoing corporate risks, a new COVID 19 strategic risk register has been developed to include both organisational and directorate risks that have been categorised and scored in line with our risk management strategy. Most of these risks are being mitigated but an **element of new risk relates to the impact of the pandemic on clinical capacity, waiting time back-logs and new models of care which may affect the re-mobilisation of workplace-based learning** as we continue to live with COVID 19. In addition, there is a new short-term risk relating to the CARP portal. The scale and pace of CARP development, combined with the large volume of stakeholders involved, means that successful delivery has not been completely within our control. The current situation is developing and changing at such pace that risk evaluations will continue to evolve, and the COVID 19 risks are being regularly reviewed. Both the corporate risk register and the COVID 19 strategic risk register will be reported to the NES Board at each meeting.
- 4.4 If these corporate and COVID 19 specific risks are not managed, service capacity and capability could be further impacted by high vacancy rates and skills deficits within the health and care workforce. Potentially, this may also lead to difficulties in delivering national digital initiatives, impacting the service's ability to create more time for frontline care and develop greater resilience in response to future pandemics. NES will mitigate these risks through strong stakeholder engagement and partnership working with Scottish Government, health and social care partners, the education sector and UK regulatory bodies to confirm resourcing and be clear on expectations and deliverables for key areas of our re-mobilisation activity and national work on digital innovation and access to data and intelligence. These actions, allied to the re-mobilisation of workplace-based learning and the development of national initiatives to increase workforce supply and introduce new technology, will help to ensure that the financial planning which underpins this RMP enables us to achieve the outcome of a skilled and sustainable workforce.

4.5 In response to the UK's exit from the European Union (Brexit), NES has increased the staffing risk rating to reflect on-going concerns about the availability of the clinical workforce for education and training. In terms of the NES workforce, it is not considered likely that there will be an immediate impact, however for healthcare staff in training there is wider work being undertaken around the workforce supply challenges that already exist and could be exacerbated by Brexit. NES is also actively involved in supporting national trainee surveys to gain accurate data and to date applicant numbers to healthcare careers appear stable. In addition, the UK government's plans for immigration after Brexit are likely to have implications for recruitment to careers in healthcare and we will review the further details relating to the UK's Points-based Immigration System<sup>6</sup> published in July 2020 in order to identify what these are likely to be.

## **5. High Quality Learning and Employment**

5.1 A key aspect of NES's re-mobilisation is our educational governance and quality management activities and the deployment of educational infrastructure and employment initiatives to maintain high-quality learning and employment in line with regulatory standards. This involves restarting at a reduced level, NES quality management and employment activities for the trainee medical, dental, psychology, pharmacy and healthcare science workforce and performance management of pre-registration nursing, midwifery and allied health professional (NMAHP) programmes.

### **a. Lead Employer and National Employment Policies**

5.2 From August 2020, NES will continue implementation of flexible employment models to enhance the attractiveness of Scotland as a place to work and train. Subject to funding, we will continue to lead implementation of the DDiT lead employer programme and workplan. We will agree new timescales for developing TURAS People and TURAS Learn to support the lead employer model for doctors and dentists in training and ensure statutory and mandatory training compliance. Subject to funding, we will also restart work and agree new timescales to extend the lead employer model to dental trainees, further improving the employment experience through streamlined pre-employment checks and links to payroll.

<sup>6</sup> The UK's points-based immigration system: policy statement



5.3 We will also deploy phase one of a workforce policies national digital solution and, subject to funding and reviewed timescales, develop TURAS to enable trainees to apply for less than full time training, out of programme experience, and study leave. Subject to resources, over the next eight months, we will design and deploy phase two of 'Once for Scotland' workforce policies which involves providing content and user experience expertise and website infrastructure. In accordance with national implementation, we will set out a local implementation plan.

**b. Quality Management and Educational Governance**

5.4 Over the next eight months NES will re-mobilise quality management (QM) activities at a slightly reduced level such as QM visits, end of placement reviews, annual reviews with employers and education providers and feedback mechanisms from both trainees and service users.

5.5 In medicine and dentistry specialty training boards will be reinstated in August 2020, some with revised terms of reference. Moving forward, meetings will be held virtually, be time limited and will follow a more structured agenda. We will also restart our quality management systems and site visits with increased use of digital technology. Implementation of the General Medical Council's (GMC) new quality assurance process will continue in consultation with NHS Board Directors of Medical Education. From August 2020 we will test virtual quality management visits and a new training package. We will also consider the use of webinar polls for trainees at the end of virtual visits. In dentistry no quality management visits have yet been scheduled and the situation is being monitored with trainees given access to online resources and online events planned for the new training year.

5.6 In psychology we will adjust arrangements for clinical placements to help trainees obtain the required experience during COVID 19, including remote working and digital delivery. Routine trainee placement visits and assessment have been reduced or had their format revised. We will also provide additional supervisor training and support as required. We have increased the number of placements and associated reviews/visits due to an increase in trainee intake numbers for doctorate programmes commencing in Sept/Oct 2020. In addition, the psychology trainee survey timelines are shifting.

5.7 Effective educational commissioning is crucial to ensuring high-quality education and training. To support this, we will recommence work with higher and further education

to consolidate a new education commissioning model which was recently used for operating department practitioner (ODP), integrated community nursing and paramedic programmes. This approach will ensure the outcome of good educational governance, quality control and improvement with the essential first step of data collation, to enable a better understanding of workforce supply.

**c. Medical Appraisal**

5.8 NES has the ‘**statutory responsible officer**’<sup>7</sup> for all doctors in training and in supporting training for and auditing medical appraisal across Scotland. We provide revalidation, career conversations and appraisal resources to help develop practice, drive improvements in clinical governance and give patients confidence that their treatment is up to date. Appraisal will restart in October 2020 and NES medical appraisal courses will recommence in early 2021 based on advice from our lead appraiser meetings which have now reconvened. The courses will be reviewed to improve accessibility using remote learning and online applications within the Scottish Online Appraisal Resource (SOAR).

**d. Faculty Development and Accreditation**

5.9 Methods of course delivery for faculty development have been reviewed and adapted to the current COVID 19 situation. Further discussions and review will follow, and NES will restart activities designed to deliver and enhance training for staff providing educational supervision and practice education to improve the quality of the learning and employment environment where we recruit, manage and quality assure education and training. ‘Train the Trainer’ educational programmes will restart, revised to be delivered at distance where possible. In medicine plans to develop and pilot a formal evaluation for the new Recognition of Trainer (ROT) process will be conducted between July and December 2020. In dentistry, we will provide access and support to training and continuing professional development (CPD), for all dental and dental care professional (DCP) trainers and tutors to ensure that they maintain accreditation as trainers, assessors and verifiers.

**e. Educational Support Roles and Networks**

5.10 From August 2020 NES will start to re-mobilise clinically qualified educational support staff who work on a full time or sessional basis across NHS Boards and in care homes. Formal teaching and training will resume in August 2020 subject to local

<sup>7</sup> The Medical Profession (Responsible Officers) Regulations 2010

capacity with staff asked to consider online education. These staff will support the recommencement of training programmes, facilitate placements, support practice education and provide the infrastructure to ensure training meets regulatory requirements. In addition, recruitment to clinical fellow programmes will recommence at a lower level than originally planned. Remote and rural educational programmes will be reviewed and reinstated to ensure delivery as planned pre COVID 19 with a strong focus on virtual delivery using webinars and local/regional live events which should enhance our reach to learners.

- 5.11 The NES nursing, midwifery and the allied health professions (NMAHP) team will re-mobilise our practice education networks which are fundamental to supporting students and mentors in practice settings. As well as ongoing engagement, we will develop resources and deliver training in relation to clinical supervision and develop a strategy for the provision of practice-based learning experiences for AHPs. Work will continue to ensure Scotland's compliance with the Nursing and Midwifery Council's (NMC) Future nurse: Standards of proficiency for registered nurses<sup>8</sup> by developing an online learning resource for the preparation of practice supervisors and practice assessors, and further enhancing the quality management of the practice learning environment to support implementation of the new NMC educational framework.
- 5.12 In many areas face to face training delivery will remain paused over the next eight months and there is ongoing work to improve and adjust training to take account of the constraints of the pandemic on clinical service and the impact on the lives of learners. In psychology for example this involves liaising closely with our networks to make sure we understand the changing needs, developing podcasts, webinars, protocols for virtual supervision, eLearning modules and regular newsletters.
- 5.13 Over the next eight months, NES will re-mobilise our work to support key recommendations from the UK Shape of Training Review<sup>9</sup> to reform the structure of postgraduate medical training across the UK. This will involve full participation in Scottish and UK-level meetings on curricula redesign and credentialing of medical skills, supporting priorities for Scotland such as surgical training and internal medical training, and developing a credential in remote and rural practice. We will also

<sup>8</sup> NMC Future nurse: Standards of proficiency for registered nurses

<sup>9</sup> GMC Shape of Training Review

continue to work with key partners to improve junior doctors' working lives by contributing to expert working groups supporting the wellbeing of staff, and the redesign of rotas.

## **6. Attraction, Recruitment, Training and Retention**

6.1 Crucial to addressing the current demands on health and care and with a focus on the longer-term, NES will restart work on careers in healthcare, helping to equip young people for jobs and improve access to learning for healthcare support workers. In response to COVID 19, it will be increasingly important to improve the attractiveness of NHS Scotland as an employer, with a focus on widening access and developing careers

### **a. Recruitment, Careers Promotion and Youth Employment**

6.2 Until the end of September 2020 NES will manage processing of expressions of interest through the **COVID 19 Accelerated Recruitment Portal (CARP)**, under the direction of Scottish Government. This will require continued redeployment of a significant number of NES staff from their substantive roles. In terms of further developing options for HR shared services, we will recommence work with the East Region Recruitment Transformation group, to progress the business case for an east region recruitment service across six NHS Boards. In addition, to support the resumption of workplace based postgraduate training and trainee rotations, NES will provide recruitment services, working to Scottish Government target numbers for postgraduate and pre-registration training to achieve the outcome of a supply of well-trained staff to meet demand. We will restart a range of activities to promote awareness of healthcare careers, including career promotion events, support to relevant recruitment campaigns and the NHS Careers Scotland website.

6.3 Over the next eight months NES will support workforce sustainability through promotion of NHS Scotland career opportunities in accordance with national priorities and plans, working in partnership with internal and external partners including NHS Boards and Scottish Government. We will provide advice and guidance to NHS Boards through employability and apprenticeship networks and influence the development and range of appropriate apprenticeship frameworks in conjunction with Scottish Government, Skills Development Scotland, the College Development Network and NHS Boards. In addition, we will support online and physical promotion of careers in health and care, including provision of resources and advice for NHS

Scotland strategies on youth employment. Finally, to support our new role in data and analytics for workforce planning, we will restart work to develop national learning resources to increase workforce planning capability across health and social care in conjunction with key stakeholders and representatives of appropriate regional and national planning networks and bodies.

**b. Undergraduate and Pre-registration Education**

6.4 Over the coming months NES will complete our annual performance management process for **undergraduate nursing and midwifery** education provision across Scotland. In addition, significant work will be undertaken with partners to support the re-mobilisation of NMAHP and paramedic students into appropriate placements to ensure a continued pipeline of newly qualified staff into the workforce. Working in partnership, we will ensure that the newly developed **paramedic education programme** is supported by a quality assurance and performance monitoring process and achieves Health and Care Professions Council (HCPC) approval for the first cohort of students commencing in September 2020.

6.5 In **dentistry** we will support current dental nurse students and pre-registration trainees for whom programmes have been delayed or extended due to the COVID 19 towards successful completion, using technology enabled learning. We will also provide dental nurse induction and pre-registration training places across all NES sites.

6.6 NES will restart work on our joint action plan with the **Scottish Funding Council** (SFC). In **medicine** this includes achieving the outcomes of widening access, increasing the pool of applicants who stay in Scotland and enabling students to gain more experience in primary care. We will also collect and analyse recruitment and retention data to inform commissioning and we will work with Scotland's colleges to strengthen access to pre-registration programmes.

**c. Additional Cost of Teaching (ACT)**

6.7 Additional Cost of Teaching (ACT) governance groups for **undergraduate medicine, dentistry and pharmacy**, have continued to meet online throughout COVID 19. Some reporting has been delayed but NES will continue ACT monitoring work with NHS Boards and universities to ensure the needs of the NHS are fully met. In medicine, we are creating a new monitoring framework and providing funding for 'widening access' initiatives. We will also support the recommendations made by the

**Increasing Undergraduate Education in Primary Care Review Group**<sup>10</sup> to ensure GP practices are properly supported for teaching medical students. In **pharmacy** we are re-planning the experiential learning options for students taking into consideration the impact of COVID 19 on student placements and we developed a range of virtual/remote options. Working in partnership with the two schools of pharmacy this re-mobilisation is ready to implement in August 2020. In **dentistry**, we will work with key stakeholders to monitor the use of funding for dental outreach centres providing clinical placements for final year students.

**d. Postgraduate Training Grades**

6.8 Many of the ongoing recruitment and assessment processes across postgraduate training in a range of professional groups have continued throughout COVID 19, reviewed and adapted (e.g. increasing use of technology for recruitment and assessment), on a four UK nation basis to take account of the pandemic. From August 2020 workplace based postgraduate training and trainee rotations will resume, including work-based assessments, subject to capacity limitations within the clinical environment. In medicine this will involve re-mobilisation of doctors in training to agreed Scottish Government target numbers, including work to expand the general practice workforce, supply to remote and rural areas and the numbers of medical foundation trainees, particularly in mental health and general practice. In dentistry, national vocational training, core, specialty and post Certificate of Completion of Specialist Training (CCST) and therapist vocational training (TVT) will recommence to agreed target numbers with some delayed recruitment and programme starts due to local processes, uncertainty regarding aerosol generating procedures and to allow general dental practices to resume normal working. Like many other professions, dental teaching materials will be delivered online and we are working collaboratively with external education providers to develop new online educational resources which can be used across all dental schemes.

6.9 NES will also progress recruitment to target numbers for healthcare science and applied psychology and psychotherapy training and we will recommence the national pre-registration pharmacist (PRPS) scheme. In healthcare science we will continue discussions with the Scottish Government on new initiatives to develop roles and improve workforce supply and retention. In pharmacy, PRPS recruitment has been reworked to focus on remote 'Situational Judgement' tests agreed at UK level with a

<sup>10</sup> Undergraduate medical education in Scotland: Enabling more general practice-based teaching.

new virtual delivery model, a provisional register to deal with delayed registration and additional support for new online assessments. In psychology, revised recruitment for doctoral programmes took place in May and all trainees are due to commence in October 2020 as planned. Revised recruitment plans for other trainees due to start in early 2021 are in the planning phase. Clinical placements for all trainees have been adjusted to support remote and digital delivery of supervised clinical practice to meet regulatory and professional standards. It is anticipated that trainees will complete as planned with minimum impact.

- 6.10 To support these programmes, we will review development of the training programme management (TURAS TPM) system to enable more professional groups to use it and to improve areas such as trainee study leave monitoring and reporting, and development of an online study leave process. While development of new TURAS functionality has been paused due to COVID 19, we will review our focus on this area as part of business recovery over the next few months.

**e. Post-registration Education**

- 6.11 NES re-mobilisation will include commissioning NMAHP education programmes in line with the transforming roles agenda and to support ministerial commitments. This covers education for advanced nursing practice, district nursing, integrated community nursing and staff working within care homes, as well as education for assistant practitioner radiographers, non-medical prescribing, general practice nursing and nurse endoscopy. Activity will be continued to support development of the peri-operative workforce along with the Scottish Access Collaborative/Elective Care Centres. We will also restart commissioning for school nursing, and we will support nurses through postgraduate diplomas as part of the Scottish Government's commitment to additional advanced nurse practitioners and school nurses in training.
- 6.12 A series of webinars for AHPs will be delivered in direct response to the emerging needs of the workforce. As a result of COVID 19, there is increasing demand for such provision and themes of webinar topics are emerging. Simulation sessions for AHPs will also be delivered to support the UK four nations rehabilitation statement and skills for COVID 19 deployment. In addition, the AHP careers fellowship scheme will continue to support work-based change and improvement projects which contribute to local and national priorities and which provide career development.

6.13 To support post qualification training for dental care professionals we will provide post registration training places using technology enabled learning. In addition, we will support students whose post-registration training has been delayed or extended towards successful completion, using a technology enabled learning. This includes orthodontic therapy trainees, practice managers, medical and dental receptionists and dental care professionals. We will prepare to recruit experienced dental nurses wishing to upskill as orthodontic therapists, practice managers and receptionists in preparation for commencing a training programme in 2021.

**f. Career Support Programmes and Resources for Returners**

6.14 NES will re-mobilise return to work programmes accompanied by careers advice and enhanced induction for practitioners. In medicine we will restart GP returner and enhanced induction programmes, along with mentoring and coaching and a staying in practice scheme (SIPS). In dentistry we will recommence returning to practice initiatives and support for returning to work. We will also deliver a programme of remediation and support for dental registrants, including mandatory training. We will design and develop nationally consistent guidance to support AHP returners to practice and provide nursing and midwifery return to practice programmes within two Universities.

**7. A Skilled, Adaptable and Compassionate Workforce**

7.1 Crucial to dealing with the impact of COVID 19 on waiting times and health and social care integration will be **new models of community-based and primary care** supported by NES continuing professional development (CPD) programmes and a range of education and role development. In addition, throughout the COVID 19 pandemic the NES TURAS Learn platform has continued to provide health and social care staff with access to learning, knowledge, evidence and subscription content. Over the next eight months we will continue to migrate NHS Boards and local authorities to TURAS Learn and provide organisations with the functionality to develop eLearning content in a way that reduces the cost of migrating from current systems.



**a. Continuing Professional Development**

7.2 NES has restarted continuing professional development (CPD) programmes focused on **primary care practitioners and teams** supported by our **CPD Connect**<sup>11</sup> and **TURAS Learn**<sup>12</sup> platforms. These programmes have been reviewed and revised to maximise attendance rates based on new online delivery models. This covers programmes for general medical and dental practice, general practice nursing, GP practice pharmacists and pharmacy technicians, community pharmacists and optometrists.

7.3 In **primary care** we will restart programmes for **GP practices** to provide clinical leadership and supervision to multi-disciplinary teams. We will restart vocational training for practice managers in January 2021 and recommence GP nursing programmes in November 2020. In **optometry**, CPD is being provided remotely and we are working with our partners to restart ‘teach and treat’ clinics, develop digital learning resources for mandatory training and ocular hypertension and glaucoma and we are assessing how we can support pre-registration optometry trainees who are delayed in starting the College of Optometrists scheme for registration. We will also restart the commissioning of education for **district nurses, community children’s nurses and looked after children’s nurses**. In **pharmacy**, CPD programmes have fully recommenced with a focus on more regional events and online delivery. **Dental** CPD is unlikely to provide the number of events originally planned for 2020/21 but the significant and rapid move to online delivery of webinars, with large numbers of attendees will help to ensure access to high quality, relevant CPD and mandatory training.

**b. Role Development and Frameworks for Practice**

7.4 NES will restart role development covering forensics, post/peri CCT training, Specialist and Associate Specialist (SAS) doctors and dentists and clinicians delivering healthcare in psychiatry. We have received confirmation of funding for a national accredited Introduction to Forensic Medicine Examination course for nurses and doctors working in custody environments. By September 2020 we will restart training for sexual offences examiners and nurses, and we are encouraging online delivery where possible for our SAS development programme. For clinicians delivering healthcare in psychiatry, new online resources are being developed and

<sup>11</sup> <https://www.cpdconnect.nhs.scot/>

<sup>12</sup> <https://learn.nes.nhs.scot/>

the pilot of simulation-based training for years 1-3 of core psychiatry training will be restarted towards the end of 2020. In optometry, optical assistant role development has moved to remote delivery and we are examining the most appropriate options for placement of those undertaking our glaucoma qualification.

- 7.5 Throughout COVID 19 demand for independent prescribing (IP) training has increased and over the next eight months we will commission IP training from both Schools of Pharmacy at the University of Strathclyde and Robert Gordon University using a remote teaching solution. In optometry, COVID 19 has also highlighted the valued role that independent prescribers have in the community, as a result we have increased the number of funded places offered and worked with the Glasgow Caledonian University to offer a fast track option. These cohorts are now being delivered and assessed remotely.
- 7.6 In dentistry our role development work to support priority vulnerable groups is restarting with a blended learning approach wherever possible. Over the coming months we will convert learning materials for digital delivery and assessment whilst delaying the practical elements until the fourth quarter of the year. This will still result in a reduction in completed training in some areas because of the limitations on how much practical training can be delivered. These programmes support national oral health initiatives and we are working closely with our partners and stakeholders on recovery plans which will include additional education and training to support new ways of working with COVID 19 a continuing risk factor. Guidance on mouth care during the COVID 19 crisis has been produced for the hospital patient, care home and care at home services with supporting 'Open Badges' (digital records of achievement from assessment of online learning) suitable for health, social care and third sector. These will form the foundation for an educational framework to support national oral health initiatives and others who are involved with improving oral health and reducing health inequalities for priority groups.

**c. Mental Health**

- 7.7 Throughout the pandemic there has been a continued focus on mental health and wellbeing as the impact of COVID 19 on society has become apparent. NES has provided a range of **mental health and wellbeing educational resources** over the last four months and over the next eight months will re-mobilise support in these areas:

- pre and post registration education of mental health disciplines (mental health nursing, psychiatry, clinical psychology)
- mental health education for pre and post registration healthcare disciplines including those in primary care settings (general medical practitioners, practice nurses, allied health professionals, health visitors, school nurses)
- mental health education for multidisciplinary staff, social care and third sector staff (care home, residential care and care at home staff)

7.8 NES is restarting mental health education for practitioners across health and social care in child and adolescent mental health services (CAHMS), psychological interventions for dementia, psychological wellbeing in adults with learning disabilities, mental health improvement and the suicide prevention. In most of these areas training has been adjusted for remote delivery and training numbers are slightly reduced over the next eight months.

7.9 We will continue to support education for Scotland’s Dementia Strategy including provision of learning network events for dementia specialist improvement leads and training for frontline health and social care staff in palliative care and end of life for people with dementia. In addition, our psychology and NMAHP teams will commence the development of a repository of resources across all levels of the knowledge and skills framework for mental health improvement and suicide prevention.

**d. Maternal and Child Health**

7.10 NES’s training programmes aimed at strengthening attachment, parenting and family relationships, and supporting children's developmental competence have been adjusted and training numbers reduced across four programmes delivered by our psychology team. New work supporting implementation of the ‘Solihill Approach’ online resource is being delivered in partnership with Scottish Government. In addition, our child health programmes building psychological capacity and capability and meeting training requirements in psychosocial care have seen a planned reduction in training numbers and have been redesigned for remote delivery.

7.11 We will deliver a range of training courses primarily for maternity care professionals through the **Scottish Multi-professional Maternity Development Programme (SMMDP)**, including neonatal resuscitation, obstetric emergency, and other CPD provision. These courses will also support NHS Boards with core mandatory training

requirements and the continuity of care model outlined in Best Start. The Family Nurse Partnership (FNP) programme will continue to provide core learning, supervisor learning and CPD for family nurses and supervisors. We will also commission a new education programme for school nursing to commence in the forthcoming academic year.

- 7.12 The NES NMAHP and psychology teams will develop and pilot training and learning resources designed to ensure that women using maternity services in Scotland receive a 'trauma informed' approach throughout their maternity journey, that identifies their needs and mitigates the potential adverse impact of trauma on pregnancy and birth. In addition, we will deliver training to AHPs in effective decision making (EDM) which will further develop the practice of staff currently using the EDM reasoning framework.

**e. Person-centred Education and Training**

- 7.13 NES educational resources for health and social care professionals in death, dying and bereavement are being enhanced with a suite of COVID 19 resources including monthly webinars, new online educational content and film resources. Planning for a virtual NES conference in this area is now underway alongside a first national 'Bereavement Charter'.

- 7.14 The NES spiritual care and chaplaincy team will continue to deliver Values Based Reflective Practice (VBRP®), support for the Patient Reported Outcome Measure (PROM) and Community Chaplaincy Listening to create more time for care. We will also work with the Scottish Social Services Council (SSSC) to support the carers strategy.

**f. Equality and Diversity**

- 7.15 In August 2020 NES will recommence a review of our equality outcomes and strategy to ensure that they are aligned and responsive to the emerging priorities of the COVID 19 remobilisation. We will implement **equality and diversity networks**, in alignment with the direction laid out by Scottish Government. Subject to resources, we will provide subject specialist advice, and discovery support, for the NES Data Group to develop workforce equality statistics which better meet stakeholder needs for workforce equalities intelligence and to support statutory reporting. To improve access to reasonable adjustments, we will review timescales and restart work to introduce 'passporting' arrangements for doctors and dentists in training. NES will

continue to promote fairness for all trainees, and we will continue to work with regulators to tackle **differential attainment** rates between demographic groups. We will continue to evaluate information about learners' performance, progression and outcomes so we can monitor the impact of the action plan we have in place.

**g. Healthcare Support Workers (HCSW)**

7.16 Over the next eight months NES will aim to maintain current levels of traffic to the estates and facilities, and business and administration, hubs on TURAS Learn and we will restart development of new learning resources and a communications strategy for promotion of the hubs. We will undertake a review of regional learning events to inform future provision as part of continuing to support improved, widened, access to learning and development for a comprehensive range of non-clinical healthcare support workers. We will also contribute to the development of infrastructure for clear education and career pathways and, subject to resourcing, continue support for Recognition of Prior Learning (RPL).

7.17 For clinical HCSWs we will continue to build an evidence base for associate practice educator roles and will, using appropriate technologies, deliver masterclasses and workshops with NHS Boards to support the ongoing development of roles and career pathways for the HCSW workforce.

**h. Organisational, Leadership and Management Development**

7.18 Over the next eight months NES will continue to work with the Scottish Government to implement **Project Lift**<sup>13</sup> leadership development, talent management and appraisal. This will include providing early careers programmes and supporting leadership communities in integration settings, including delivery of two cohorts of the Leadership Cubed programme and Career Conversations for high potential individuals.

7.19 NES will manage the **Coaching for Wellbeing** service currently supporting the health and social care workforce. This service, accelerated in response to COVID 19, is on track to exceed the original coaching target agreed with Scottish Government who have asked for costings for continuation of the service for the rest of this year and potentially beyond. In addition, we will continue to deliver national programmes completing active cohorts for **Leading for the Future, Scottish**

<sup>13</sup> <https://projectlift.scot/>

**Coaching and Leading for Improvement and Human Factors.** These support collaborative and compassionate leadership and management, contributing to the growth of Project Lift leadership communities across health and care. We will also continue to deliver established early careers programmes e.g. Scottish Clinical Leadership Fellowships, Graduate Management Training Scheme, New Horizons for Peer Thinking. Subject to funding and the availability of NHS Board resource, we will also recommence discovery workshops for an **NHS Scotland Finance Academy**. In medicine we will restart delivery of the LaMP programme for doctors and dentists in 2021 and commence development of a multi-disciplinary programme.

**i. Quality Improvement (QI) Education**

7.20 The **Scottish Quality and Safety Fellowship** will not run for 2020/2021 but QI training for Non-Executive Board Members will be available along with the **Scottish Coaching and Leading for Improvement** and **Scottish Improvement Foundation Skills** programmes, now using virtual delivery where appropriate. We will continue work with two NHS Boards to develop an education plan and training materials for clinical teams to use QI approaches to achieve waiting times, whilst enabling skill capacity building as part of the **Access QI** programme. We will also develop a 'Train the Trainer' value management improvement coach programme and educational materials for NHS Boards, deliver quality improvement coaching to NES organisational improvement projects and provide the **Scottish Improvement Leader Programme** across the public sector, now also being delivered virtually. New **primary care** QI educational resources for GP specialty training will also be developed through our patient safety team and we have provided online facilitation skills for QI training and development throughout COVID 19.

7.21 Dental clinical effectiveness activities will continue to develop resources to support the Scottish Government's dental response to COVID 19 as NHS dental teams resume care. These include guides for acute dental problems management and associated drug prescribing, a practice closure checklist, a dental practice recovery toolkit and a review of evidence on aerosol generating procedures. In addition, we will evaluate the impact of COVID 19 on the dental workforces' education, training, career progression, working environment and health and well-being through surveys, interviews and focus groups, in partnership with external stakeholders as appropriate.

## j. **Patient Safety, Clinical Skills and Public Health**

- 7.22 Clinical skills and simulation training at the main Clinical Skill Managed Educational Network (CSMEN)<sup>14</sup> delivery units are being reconfigured for social distancing and online resources will be developed and updated for COVID 19. In addition, patient safety QI education for health and care staff will now be delivered remotely.
- 7.23 In pharmacy NES will deliver clinical skills training in line with original plans with some adjustments to modes of delivery and to ensure national guidance on social distancing is followed. We are engaging in joint review of the Louisa Jordan Hospital as a clinical skills host location and by September 2020 we expect to be using a blend of online and face to face clinical skills training. In psychology we have re-mobilised theory-based health behavioural assessment and training materials for projects including patient safety and staff well-being and there is ongoing work to adjust training delivery to take account of the constraints of COVID 19 on the clinical service and the impact on the lives of learners.
- 7.24 To support the **public health and health protection** priority during COVID 19 we will develop a range of multi-professional public health CPD and educational resources as well as providing educational opportunities for the public health workforce through virtual events and webinars. We will refresh the promoting effective immunisation practice eLearning modules alongside work to expand the existing flu programme and provide support for Scottish Health Protection Network activities. In addition, work will commence to support the education requirements associated with the Scottish Centre for Reducing Infection in the Healthcare Built Environment.

## 8. **Digital Platform, Analysis, Intelligence and Modelling**

- 8.1 The experience of COVID 19 has highlighted the need to increase the pace of digital innovation and provide better access to nationally available data and standards, which can be used flexibly as circumstances change without the need for complex integrations. Our work to establish the **national digital platform** and provide **national workforce systems** has the potential to better support national and local service needs in future.

<sup>14</sup> <https://www.csmen.scot.nhs.uk/>

8.2 Throughout the early stages of COVID 19 several digital initiatives were rapidly developed and deployed across health and care. For NES this included the **COVID 19 Case Assessment Application**, the **COVID 19 Accelerated Recruitment Portal (CARP)**, the **NHSS COVID 19 Learn Website**, an **SMS shielding service** and support for Scottish Government in areas such as MS Teams. Across the wider system there has been a transformational change in the use of digital technology as evidenced by the rapid uptake of remote consultations using NHS Near Me and in remote working using MS Teams and Office 365. Other developments have been new and responsive to policy or service needs.

8.3 We acknowledge the role we have as digital leaders through development of the **national digital platform** and through **TURAS, our workforce platform**. Better use of digital and data will help the health and care system recover from and live with COVID 19 to achieve the best outcomes for people. This section of the RMP describes how NES will re-mobilise key areas of work in support of the national Digital Health and Care Strategy<sup>15</sup>.

**a. The National Digital Platform**

8.4 During COVID 19 the NES Digital Service (NDS) maintained progress on priority areas of work, with adjustments to accommodate COVID 19 activities. Over the last four months we have been providing a COVID 19 SMS shielding service integrated with local authority support hubs, the main supermarkets and NSS. This holds a significant national data set for research and analytics and from 1<sup>st</sup> August, when shielding ends, we have been asked to maintain the SMS service to provide ongoing contact and to advise those previously shielding of changes to local circumstances. In addition, we will continue to support COVID 19 data flow integrations between national and local systems – these are:

- COVID 19 Result
- COVID 19 Triage
- COVID 19 Assessment Report

8.5 Over the next few months we will deliver an anticipatory care web form to support end of life care conversations to be piloted in NHS Lanarkshire. In addition, the **Recommended Summary Plan for Emergency Care and Treatment (ReSPECT)** anticipatory care planning process developed with the Resuscitation Council went

<sup>15</sup> Digital Health and Care Strategy



live in NHS Forth Valley in March 2020. We are working with NHS Borders to pilot it and develop a second version which will be available in both NHS Forth Valley and NHS Borders during the autumn.

- 8.6 NES will continue work on **cancer treatment summaries** in support of the Scottish Government's 2016 Beating Cancer Strategy from 2016. 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. Like the ReSPECT work, this will make actionable 'need to know' information available across care and geographic boundaries, in read form within legacy systems and in read/write form directly on the platform.
- 8.7 Data integration work will be ongoing throughout 2020, with the first deliverable expected in the first half of 2021. The first two specialities and NHS Boards being targeted are head and neck in NHS Lothian and urology in NHS Greater Glasgow and Clyde. Both these NHS Boards are partners in this work along with the Innovative Healthcare Delivery Programme.
- 8.8 The Scottish Government's national **ophthalmology** workstream has identified an urgent need for an **electronic patient record (oEPR)** to help reform eyecare services and replace paper-based records. The electronic capture of clinical, audit and follow-up data are vital to eliminate irreparable sight-loss from patients on waiting lists, and to facilitate greater shared care across the primary and secondary eyecare interface. In addition, by March 2021, we will work with NHS Grampian and other partners to deploy and implement OpenEyes to support glaucoma care, with work to follow on cataract and medical retina, as well as to implement the approach across all other NHS Boards. A version of OpenEyes has been deployed to support emergency eyecare treatment centres in NHS Forth Valley and NHS Grampian.
- 8.9 We will re-mobilise work with the Scottish Government and NHS Tayside to manage the transition of the SCI-Diabetes work from NHS Tayside to NES by the end of 2020. In addition, digital innovation projects developed or implemented in NHS Greater Glasgow and Clyde, some of which are now deployed in NHS Grampian and NHS Forth Valley, have an ongoing dependency on integrations between local systems and national or external third-party systems. These integrations include:
- Virtual Dermatology Appointments (StormID)

- COPD (StormID)
- Trauma (Day Six)
- Blood Glucose Monitoring (MDU)
- Cancer PROMs (MyClinicalOutcomes)

8.10 Over the next eight months, NES will establish the **AWS cloud environment**, together with next versions of the clinical data repository, access control and authentication functionality to make the national digital platform available to NHS Scotland and partner organisations. This will include development of a media store and any work that arises from the discussions about the future of SCI-store. This platform work will directly support the programmes of work set out above to ensure that they are scalable and that the work undertaken gives reusable parts and the availability of reusable data.

**b. The TURAS Digital Platform**

8.11 Prior to COVID 19 NES had planned a broad range of work to further develop workforce resources, tools and systems within the TURAS workforce platform. In response to COVID 19, development work on TURAS applications was suspended and resources switched to new work such as the **COVID 19 Case Assessment Application**, the **COVID 19 Accelerated Recruitment Portal (CARP)** and the single **NHSS COVID 19 Learn Website**. Throughout COVID 19 we continued to provide TURAS for communication with trainees, learners and other key stakeholders and for education and training resources to the health and social care workforce. In August 2020, we will restart development work on the TURAS platform to help address the weaknesses in NHS national business and workforce systems which have been exposed by the pandemic exploring and to make further improvements in navigability and functionality to benefit learners. At the request of the Scottish Government we will complete a wide-ranging review of all TURAS development to take account of new and emerging priorities. This will include an evaluation of all current outcomes and a costed proposal on development of a new TURAS HR application as part of the modernisation of national business and workforce systems.

**c. Data Analysis Intelligence and Modelling**

8.12 Prior to COVID 19 the Scottish Government had placed a strong emphasis on improving workforce planning. Restarting TURAS development work in August 2020 includes the **TURAS Data Intelligence** platform and data analytics services to

support Scottish Government's aim to 'embed a workforce planning approach that promotes resilience and preparedness across our health and social care system'. In February 2020, a revised operating model was agreed with the Scottish Government workforce directorate and from August 2020, subject to resource allocation, we will focus on implementation of the model with initial discussion on immediate COVID 19 workforce planning requirements and fulfilment of our responsibilities for national workforce statistical analysis, reporting and publication. We will engage with workforce planners and social care partners to finalise the TURAS Data Intelligence dataset and we will seek accreditation as a national statistics provider. Data modelling on NHSS workforce 'near future' systems (HR/Rostering/Payroll) will commence in September 2020.

**d. NHS Scotland (NHSS) Business Systems**

8.13 Another priority for NES is to restart work from the NHSS Business Systems Programme Board focusing on working with NHS National Services Scotland (NSS) to complete procurement of a **national eRostering solution** to improve the deployment of staff, reduce reliance on agency and locum staff, give employees more flexibility, improve the quality of workforce data and create more time for care. This will involve supporting implementation of the solution, commencement of a payroll procurement programme and work with ATOS to complete the technical bridge from Allocate (Rostering) and the Scottish Single Timesheet System (SSTS).

8.14 In August 2020 the full eRostering business case will be completed, with the contract awarded and signed by September 2020. Implementation will commence in October 2020 led by NSS. Work to remove the requirement for re-keying data between existing eRostering systems and SSTS through the integration of Allocate/SSTS bridge software will be completed by November 2020. In addition, we will support the work of the NHSS Business Systems Programme Board, (restarted in July 2020), to develop an updated roadmap and project plan and ensure that we are able to manage contract extensions and development requirements for existing systems against the planned procurement and implementation of improved technologies.

**e. Digital Skills Development**

8.15 NES will restart inclusive learning for the health and care workforce in support of the Digital Health and Care Strategy (Domain D) including online resources, education standards and pathways, in partnership with Scottish Government, SSSC, Local Government Digital Office, SCVO and the Digital Health and Care Institute. We will

aim to secure the funding required to deliver digital capability priorities agreed with partner organisations, considering the learning from COVID 19, which has accelerated the use of digital technology by both staff and those they support across the sector. This includes, for example, digital literacy and participation, up-skilling and re-skilling of the workforce and attraction of future digital talent in support of digitally led service redesign.

## **9. A High Performing Organisation**

9.1 COVID 19 has required NES to rapidly change the work we deliver and the way we deliver it, and this has had a significant impact on our staff. Our ability to respond to COVID 19 has been helped by our focus on people and work design, reflected in positive annual staff experience scores, the NES **Smarter Working Improvement Programme** (commenced August 2019), and our well-established use of cloud-based technology. These areas have established flexibility and choice in how NES employees balance work time between office and remote locations and enabled our smooth transition to remote working in the early stages of COVID 19.

9.2 Most NES employees have now been working remotely for a considerable time and we have reconfigured NES facilities to enable flexibility and choice, social distancing and hygiene, anticipating the requirement for a new balance of office and remote working for most of our staff when workplaces fully reopen. NES acknowledges that every member of our staff has a role to play in re-mobilising our services while maintaining a happy and healthy work culture supported by excellent governance and business support to ensure we are equipped to deliver in a world which has been changed by COVID 19.

### **a. Staff Governance, Health and Wellbeing**

9.3 Over the next eight months NES will re-mobilise the work of our Healthy Working Lives Group supporting the development and implementation of the 2020/21 action plan, in a virtual capacity, using technology to assist with communication alongside actions from our Facilities Recovery Plan and the COVID 19 staff survey. We will complete formal assessment for retention of the gold award in October 2020.

9.4 NES will implement the First 90 Days Project designed to improve the transition from recruitment into employment, induction and embedding into new roles. This will consider the learning from remote working resulting from COVID 19 and will be

implemented by the end of November 2020, with an evaluation of the impact completed by the end of March 2021. Directorate management teams will be supported to use workforce data and develop approaches to improve their performance against staff governance standards and we will re-mobilise the personal review and planning process subject to partnership and national agreement and the support of the NES Staff Governance Committee.

**b. Finance**

9.5 The NES finance team have worked closely with our directorates to track the actual cost impacts of the activities undertaken to date across the organisation in response to the COVID 19 pandemic. We continue to evaluate the ongoing impact of activities currently underway, as outlined within this plan for the remainder of the year to 31st March 2021. The tables in **Annex 1** reflect our current planning assumptions and estimated costs from 1st April 2020 to 31st March 2021.

**c. Properties and Facilities**

9.6 Throughout the last four months most NES facilities have remained accessible to varying degrees with some key workers in regular attendance and most NES staff working remotely. NES's use of cloud-based digital technologies to deliver much of our core business facilitated a relatively smooth transition to remote working for much of our educational and digital business and for our staff. While social distancing continues to impact on the physical capacity of our facilities, we have reconfigured them for a new balance of remote and site-based working for our staff and for new ways of delivering of our educational and digital services in future.

9.7 Over the remainder of this financial year we will re-open our facilities, appropriately adapted to ensure compliance with COVID 19 guidance and social distancing. This facilities element of the RMP is an important aspect of a phased, and gradual return to the workplace with a significant 'lead time' in terms of preparation. It will be supported and led from all parts of the organisation, acknowledging that the 'new normal' will involve a more complex balance of office and remote working to allow us to respond to future waves of COVID 19. It will entail a **whole systems approach** involving workplace adjustments, staff governance, behavioural guidance, Smarter working principles and communications. These will be agreed in partnership with the health and wellbeing of our learners, staff and stakeholders at the core of our decision making.

9.8 In addition, our plans to lease and fit out a new property for the NES Digital Service (NDS) in Edinburgh by the end of March 2021, and to refurbish our offices at the Centre for Health Science (CfHS) during 2021, have been put on hold while we reassess our requirements and more fully understand the impact of new ways of working on the commercial property market and our own requirements. In terms of CfHS we propose to extend the existing (Phase 1) lease in 2021 on a short-term basis to bring it into line with expiry of our other (Phase 2) lease at CfHS in 2023. We will then consider one single new lease for our requirements at CfHS in Inverness.

**d. Board Governance**

9.9 At the NES Board meeting on 26th March 2020, temporary governance arrangements for NES Board business were agreed. These arrangements were designed to ‘stand up’ Executive Team ‘Gold Command’ with delegated strategic command and primacy for real time decisions and recording of those decisions in a rolling log. These temporary arrangements reduced the governance demands of the present system while maintaining essential scrutiny and assurance and were accommodated within the existing legislation and the NES Board Standing Orders. They entailed the NES Board, Audit Committee, Staff Governance Committee (and Remuneration Sub-committee), continuing to meet remotely while the other standing committees were temporarily suspended.

9.10 The NES Board will determine a date when full governance arrangements are reinstated and Executive Team ‘Gold Command’ is ‘stood down’. At the time of writing, we anticipate that this will be during September. In addition, over the coming months we will conduct a review of our governance arrangements and the governance lessons learnt from our response to COVID 19 in line with implementation of the NHS Scotland Blueprint for Good Governance and NHS Board Standing Orders.

9.11 This RMP will be underpinned by a detailed operational and financial plan revised for COVID 19. This will include the full range and detail of our re-mobilisation activities, their desired outcomes, performance targets, risks and budgets up to the end of March 2021. In respect of the governance for delivery of the RMP, NES will apply our corporate performance management processes to the operational and financial plan (to be revised for COVID 19), and we will report progress to the NES Board for the last two quarters of the current financial year to the end of March 2021.

## **10. Conclusion**

10.1 The NES Re-mobilisation Plan (RMP) to end March 2021 focuses on recovering the priority areas of core NES business which were suspended to create capacity for the development of COVID 19 educational resources, the re-deployment of staff and learners, and new programmes of COVID 19 related work. While recovering these services we will retain the successfully established new ways of working we have implemented in response to COVID 19. These include a new balance of remote and site-based working and a step-change in the use of digital technology for education, training and workforce development.

10.2 In doing this, we will support our staff and those learners for whom we are responsible to the maximum extent possible, working to secure continuing education and progression for learners, and undertaking recruitment for the start of the next academic year, to guarantee continuity of workforce supply.

10.3 While the focus of this RMP is on recovery, and the resumption of our educational core business, we are mindful of the many challenges that the service (and so the learning environment in which we work) continue to face. These include a reduction in clinical capacity, a large backlog of urgent and scheduled care, the new models of care that will be required, and the new skills that we will need to support. The COVID 19 pandemic is far from over and whilst there will be new challenges over the next eight months, we will seek to retain many of the positive and transformational changes that are now taking shape.

## Annex 1 : Current planning assumptions and estimated costs from 1st April 2020 to 31st March 2021

### a. Direct Trainee Related Assumptions

Direct Trainee Related costs/ Planning Assumptions	COSTS £000s	OFFSETS/ SAVINGS £000s	Net Impact £'000s
Extension to Training for Pre-Registration Pharmacy trainees due to Covid	156		
95 Medical Out Of Program trainees back into service for 6 months	1,651		
10 Medical Fellows back into service for 4 months	128		
Medical Pharmacy Fellows extension	56		
Extend WTE 71 Medical core Trainees by 6 months <i>if</i> exams cannot be completed sooner	926		
Increased level of Dental remedial training requirement	126		
10 HCS Trainees extended for 3 months	22		
Psychology Trainees Extension costs	30		
<b>Pay costs for Extension to programmes</b>	<b>3,095</b>		
<b>Offset by:</b>			
no fellowships planned in 20/21		-779	
Dental VTS-155 course start delayed by 1 month		-690	
<b>Reduced pay costs due to Program delays and Fellowships postponed</b>		<b>-1,469</b>	
<b>Total</b>	<b>3,095</b>	<b>-1,469</b>	<b>1,626</b>

The above reflects the anticipated cost impacts of extensions to training brought about by the disruption to education and training, and the redeployment of out of program trainees and fellows to service since the beginning of the financial year. NES will continue to work closely with regulatory bodies to ensure minimal disruption to trainee progression which has already reduced these costs significantly from the costs reported in May (£10,325k).

### b. Indirect Trainee Related Assumptions

Indirect Trainee Impacts/ Planning Assumptions	COSTS £000s	OFFSETS/ SAVINGS £000s	Net Impact £'000s
1 Phantom Head per Dental training practice to support simulated clinical skills training whilst AGP are not possible.	113		
Other Digital Support to Trainees	95		
<b>Digital Support to Trainees</b>	<b>208</b>		
<b>Offset by:</b>			
Savings - Events/training activities/ Travel/Venue/Catering etc		-1,316	
Savings - delays and cancellations of Fellowships/TG/Cohorts		-947	
Savings - Anticipated level of Study leave provision which may not be able to be taken in 20/21. Of this £350k has been rescheduled for 21/22.		-657	
<b>Cancellation of Training activities (including venue and travel costs)</b>		<b>-2,919</b>	
<b>Total</b>	<b>208</b>	<b>-2,919</b>	<b>-2,711</b>



Given the current restrictions on gatherings, and the ability of boards to release staff to attend training, we are assuming that a significant number of face-to-face Education and Training Events will be cancelled.

**c. COVID-19 Accelerated Recruitment Portal Assumptions**

<b>COVID-19 Accelerated Recruitment Portal Related Costs/ Planning Assumption</b>	<b>COSTS £000s</b>	<b>OFFSETS/ SAVINGS £000s</b>	<b>Net Impact £'000s</b>
Employ 573 Final year Medical Students (3months)	5,781		
76 WTE Band 4 Student Nurses employed in non NHS settings	2,617		
108 WTE Band 3 Student Nurses employed in Non NHS settings			
<b>Employment of Medical and Nursing &amp; Midwifery Students</b>	<b>8,398</b>		
Additional developer cost (after redeployment of existing resource until end of Sept) and extra licenses. Existing staff overtime.	899		
<b>CARP System Development &amp; Running costs</b>	<b>899</b>		
Occupational Health staff to process applicants through Portal (assumed 6 months)	186		
Estimate of Temporary Staff (existing contracts extended ) (after redeployment of NES staff) to process remaining applicants	293		
Overtime/additional hours primarily incurred from end of March until end of June across NES.	241		
<b>Additional Staff costs to Process Portal applicants for all NHSScotland</b>	<b>719</b>		
<b>Total</b>	<b>10,016</b>	<b>0</b>	<b>10,016</b>

- (i) The COVID 19 Accelerated Recruitment Portal (CARP) has been a major programme of work and a significant number of staff were redeployed to support pre-employment checks required. The costs of those NES staff are not included in any of the costs above.
- (ii) The above employment costs for students relate only to those employed by NES and based on assumed termination dates. Final costs will not be known until all periods of employment are concluded. The costs of students deployed to NHS Boards via the portal will be significantly higher.
- (iii) The internal costs for development of the portal and processing applicants assumes that all pre-employment checks for the existing cohort will be completed. The final actual costs are dependent on the level of engagement from those individuals, and the demand requirements from NHS Boards.

#### d. Other Activities

Other Activities Costs/Planning Assumptions	COSTS £000s	OFFSETS/ SAVINGS £000s	Net Impact £'000s
<b>Digital Activities</b>			
NDS – cost of SMS for Shielded patients	345		
NDS- use of Openeyes to support Eye Casualty service	65		
NES Digital Care Management and Clinical Assessment development in Q3	244		
Digital Support for Home working across NES	99		
<b>Total Digital Activities</b>	<b>753</b>		
<b>Additional Training Costs</b>			
Extension of the Solihull Programme across Scotland	240		
CPD/Training Activity from 19/20 to be delivered in 20/21	87		
Development of new Covid Learning Resource	61		
Well-being coaching provision requested by SG. £135k of additional funding already received. This represents the balance.	47		
Loss of income from training activity	575		
<b>Offset by:</b>			
Reduced Training Activity in Psychology		-240	
<b>Additional Training CostsTotal</b>	<b>1,010</b>	<b>-240</b>	
<b>Other:</b>			
Louisa Jordan Staff - additional hours	19		
Cost of ensuring NES premises meet new PHS guidance for any planned return to work	152		
<b>Total</b>	<b>1,934</b>	<b>-240</b>	<b>1,694</b>

The above Digital Activities are based on the cessation of the SMS service to shielded patients at the end of July 2020, and anticipated costs for the development of the Care Management and Clinical Assessment from July 2020. Any further additional COVID 19 specific digital services commissions have not been included in these costs.

#### e. Total Anticipated Additional Costs

The above activities and assumptions have identified a net additional funding requirement of £10.6m to cover the financial year from 1<sup>st</sup> April 2020 to 31<sup>st</sup> March 2021, summarised below.

SUMMARY OF Costs/Planning Assumptions	COSTS £000s	OFFSETS/ SAVINGS £000s	Net Impact £'000s
Direct Trainee Related Impact	3,095	-1,469	1,626
Indirect Trainee Impacts	208	-2,919	-2,711
COVID-19 Accelerated Recruitment Portal Related	10,016	0	10,016
Other Activities	1,934	-240	1,694
<b>TOTALS</b>	<b>15,254</b>	<b>-4,629</b>	<b>10,625</b>

The full-year budget impact will be included in the submission of the Q1 COVID 19 return and Q1 NHS Board review templates, due on the 14<sup>th</sup> August 2020.

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Stewart Irvine  
Chief Executive  
NHS Education for Scotland  
102 West Port  
Edinburgh  
EH3 9DN

14 October 2020

Dear Stewart,

Thank you for everything that you and your team at NHS Education for Scotland have done in planning for and implementing Remobilisation against our Remobilise, Recover, Redesign Framework. We do not underestimate the collaborative work this has taken both within your organisation and across and in partnership with many sectors. It was particularly demonstrated by the enormous achievement in completing annual student and trainee recruitment and also progression back into the next level of training especially where there had been disruption due to the impacts of Covid. We must continue with these steps and achieve outcomes to support our key priorities for the next phase:

1. Securing exit from the acute pandemic phase through an effective mass population vaccination programme;
2. Suppressing the virus through sustainable precision public health measures such as Test and Protect, Surveillance and Response;
3. Keeping people alive and well through provision of essential health and social care services, including those that promote wellbeing; and
4. Supporting people through incentives and clear communication to comply with public health guidance.

It is clear that NES will have an important part in underpinning and supporting these priorities. Your key and core roles of ensuring the recruitment, education, and training and workforce supply pipelines to deliver highly trained health and care workforce are vital to the NHS remobilisation and recovery. Alongside this, is the importance of the work that NES will continue to provide digital resources to support learners and to improve the employment experience alongside improvements to data and intelligence, and specific digital developments to support NHS Boards and other stakeholders in their provision of healthcare services.

You will wish to note some other detail on specific policy areas and initiatives that are set out in Annex A; although not an exhaustive list, it will serve to focus scrutiny activity during 2020/21 with the SG Sponsor team.

### **Planning for Concurrent Risks**

Health boards have a duty to plan and prepare for a range of emergency situations in order to ensure health services are resilient and minimise disruption. Your Re-mobilisation Plan references various ways which support your Board's ability to support business continuity; engage and collaborate with key partners and agencies over the period to 31 March 2021.

Boards should continue to proactively promote, review and maintain robust and appropriate business continuity and resilience arrangements across all services to support delivery of their Re-mobilisation Plan.



## Emergency Footing

As you will be aware, the Cabinet Secretary has now announced that, given the current indications regarding the resurgence of the virus, the health and social care system will continue to operate on an emergency footing until the end of March 2021. This step has not been taken lightly, but is considered necessary to ensure we are able to continue to support the Boards and their partners as effectively as possible in delivering the four key priorities outlined above.

## Finance

Following close working with NHS Boards, Integration Authorities, and COSLA, we have developed a funding allocation to reflect actual costs incurred in Quarter 1 and to agree parameters to support ongoing activity throughout this financial year. Following the Cabinet Secretary's announcement to Parliament on 29 September of £1.089 billion to support health and social care costs, we are now allocating funding for your Board as set out at Annex B. This funding is made in line with the following approach:

- It is essential that all action is taken to mitigate additional financial pressure as far as possible and to make best use of resources across the system. We are requesting that all Boards reassess options for savings that can be delivered in this financial year and beyond. We request that a formal reassessment is submitted following Quarter 2, and will revisit at that point our approach for provision of financial support. We are therefore not making any funding allocation at present in recognition of under-delivery of savings.
- We will allocate all funding for National Boards based on actual expenditure levels.
- Given the level of uncertainty that is currently reflected in financial assumptions, the allocation for funding beyond Quarter 1 reflects a general contingency of 30% that will be retained by the Portfolio at this stage. We will continue to work closely with Boards over the coming months to review and further revise financial assessments, and as part of this we intend to make a further substantive funding allocation in January. This will allow identification of the necessary additional support required, and realignment of funding in line with actual spend incurred.

Any initial queries on individual allocations should be directed in the first instance to your regional member of the Corporate Finance Network Peer Review Group.

## Finalising the Plan

This Plan will be used as the basis for engagement with your Board over the coming months, and we look forward to working with you on the NES initiatives that will deliver and contribute towards ongoing improvement for safe patient care across Scotland. **I can confirm that this concludes the review phase of the NES Remobilisation plan, which can now be published on your website.**

If you have any queries relating to any the subjects covered in this letter, I would be grateful if you could submit these to the AOP mailbox so that we can ensure they receive a prompt response: [NHSAnnualOperatingPlans@gov.scot](mailto:NHSAnnualOperatingPlans@gov.scot).

Yours sincerely



**CHRISTINE MCLAUGHLIN**  
Director of Planning



**SEAN NEILL**  
Director of Workforce

## 1. Education and Training

### Healthcare Student Placement Capacity

As a priority, clarity on student placement capacity issues across Health Boards for all medical, nursing, midwifery, AHP and dental students will require NES to collaboratively inform and report to the newly formed monthly Strategic Group which will have its first meeting on 7 October; other stakeholders are Scottish Council of Deans, Universities Scotland and SG officials. This will provide a single point of escalation for new or emerging delivery issues and prioritisation around placement activity; which will then inform appropriate challenge to Boards going forward

As a sub-group to the Strategic Group above the Rapid Action Group, convened and chaired by NES NMAHP Director, is to oversee the implementation of the recommendations from the SG CNOD commissioned NES report on the key issues and challenges around NMAHP placements in the 2020/21 academic year. NES must prioritise this work and work with SG officials to identify and provide solutions to the issues around placements for this cohort; updates/progress will also report to the Strategic Group.

### Medicine

NES successfully managed and deployed trainee recruitment despite the many obstacles brought about due to covid impacts. Moving forward, NES should continue to liaise / report to the Sponsor Team on issues that may affect (i) ongoing recruitment, (ii) commencement of the 2021 recruitment rounds (iii) events/issues that may arise for trainees who are now returned to their training pathways after being redeployed to frontline service roles and (iv) ability of relevant trainees to achieve their Certificate of Completion of Training (CCT).

### NMAHP / Healthcare Science

The continued successful support of NMAHP students remains the highest priority. Continued monitoring of the quality of commissioned nursing and midwifery programmes is needed to ensure that the quality of provision is maintained despite the current situation.

The educational needs of both students and staff, supported through the Practice Education and Practice Education Facilitator networks, should continue to be managed, alongside the additional wellbeing needs identified below.

Work should continue on the healthcare science workforce to best identify and meet NHS board needs in particular around the challenges for the Clinical Physiology workforce. The recruitment and training of a cohort of Clinical Technologists and Higher Specialist Scientist Trainees should continue to be reported to the CNOD Education and Training team.

### Dentistry

We look forward to restarting discussion, in December, around the monitoring of the Dental Undergraduate Bursary Scheme (DUBS) and the Dental Student Support Grant (DSSG) with possible digital solutions.

Education and training considerations:

- As we move towards a new model of dental care there will be a training requirement for dental teams and we would have normally looked to NES to assist in bridging this gap. There is a

greater need than ever to move away from the current model of care and there is a risk to NES in terms of their capacity to meet this demand for training

- There is a clinical risk to hands-on training through VT and dental nurse training as the need for a trainer or mentor to be in the surgery with a trainee nurse or dentist during clinical care may conflict with best clinical practice during COVID particularly during AGP procedures. There will be a greater risk of unnecessary transmission of virus.
- The dental outreach centres were often used as UDCCs during the height of the lockdown and should we move backwards in our mobilisation through any second wave then the outreach centres will probably be withdrawn once again as teaching facilities.

## Primary Care

SG Primary Care Directorate will continue working with NES via a 3 step approach to recruit, retain and develop the Primary Care workforce.

With NES we will look to recruit additional workforce via increased funding for GP undergraduate training by increasing the training tariff paid to practices and the numbers of OOH supervision available to trainees. Bursaries to GPs who agree to take up a training place in a hard to fill post.

We need to remain mindful of our commitment to our District Nursing Workforce and continue to work with NHS Boards and H&SCP's to progress the Health & Care (Staffing)(Scotland) Bill

We are seeking to retain existing staff through additional General Practice Nurse Training to develop the GPN role and Supporting ongoing District Nurse Education including the development for community nurses within DN Teams, GPN's, Prison Health Nurses and Care Home nurses.

We wish to progress initiatives that are also underway to support Pharmacy Training and Education, Leadership for Integration, Practice Manager & Admin Staff Training as well as Mandatory Training for General Ophthalmic Service Practitioners and the implementation of a Career Pathways Framework for Community Mental Health Nursing.

## 2. Digital Health and Care

In addition to the ongoing work to support national training programmes and access to on-line educational resources, NES is currently working on a number of Digital Health and Care commissions in collaboration with the service and partner organisations. Deliveries from these commissions expected in 2020/21 include:

- Development of a tool to support collection of essential Covid-19 vaccination data at the point of vaccination. (NES Digital)
- Support for the national data preparation and processing of a UK wide shielding algorithm in support of Covid response. (NDS)
- Continued rollout of the Covid-19 assessment tool. (NES Digital)
- Development of Cancer Treatment Summaries on the national digital platform for two tumour types, Urology and Head and Neck, in NHS Greater Glasgow and Clyde and NHS Lothian. (NDS)
- Delivery of a highly available electronic ReSPECT emergency anticipatory care planning product on the national digital platform that is acceptable for deployment within NHS Forth Valley secondary and primary care services. (NDS)

- A fully integrated ophthalmology electronic patient record on the national digital platform across at least one territorial Board's hospital eye service. (NDS)
- Continued development of the Care Home Huddle Tool (NES Digital)

For clarity we have identified the Digital Directorate within NES which has lead responsibility for each of these commissions. However, we expect all these commissions to be developed in collaboration with NHS Boards and other stakeholders. We also anticipate that NES will direct resource between, and across projects to provide best value. Progress will be overseen by the Scottish Government Digital Health and Care governance structures, i.e. the Covid-19 Gold Command structure and the Strategic Portfolio Board structure.

### **3. Workforce Planning / Supply**

The Scottish Government will continue to engage with NES to ensure information on the Turas Data Intelligence platform (TDI-Workforce) platform has consistent and quality workforce supply data, enabling planning for the workforce now and into the future.

We expect NES to engage with Workforce Planners and other potential users of the TDI platform in order to understand any data inaccuracies that are in the system at present. After this engagement has taken place, we expect NES to be able to identify workforce data requiring correction.

We understand NES are developing their approach to workforce planning around what they are terming a "national collaborative approach" with the Scottish Government. A fully costed business case would help clarify what NES envisage.

Due to the Covid-19 pandemic, we understand that the TDI project has been delayed. In an update report from NES in August 2020, it was noted that proposals are now being developed for Phase 3 of the project, based around NES autocorrecting workforce data using algorithms and subsequent development of "machine learning" to improve data quality. An update on the development of Phase 3 will be required in 2021.

### **4. Healthcare Staff Wellbeing**

Healthcare staff wellbeing is emphatically linked to the care our patients receive. From the remobilisation plan NES recognises the important part they have to play in the SG Framework objectives related to staff health and wellbeing. It is expected that NES will maintain the significant role they have played. Moreover, we ask NES to continue to work with relevant SG colleagues and other key partners to further enhance existing tools such as the online Psych First Aid training and to share their expertise in relation to the ongoing development of the National Wellbeing Hub, the Workforce Wellbeing Champion Network and wider work in relation to health and social care staff wellbeing.

SG will invite NES to lead work in respect of allocations of funding to NHS Boards for psychological interventions (PIs) and therapies (PTs) to support staff mental health and wellbeing over the next 2.5 years, including a programme of training and supervision in PIs and PTs. This will involve proactively working with SG and the Health Boards in tracking the progress and outcomes of these additional posts.



## Annex B

	NHS Education for Scotland (£000s)	
	Allocation Basis	Total
<b>Q1 Total as per COVID-19 Finance Return</b>		5,555
<i>Less Exclusions</i>	Actuals	
<b>Q1 Allocation</b>		<b>5,555</b>
<b>Q2-4 Total as per COVID-19 Finance Return</b>		4,879
<i>Less relevant allocations made to date</i>		292
<i>Less adjustment for forecast uncertainty (30%)</i>		1,376
<b>Total Q2-4 Allocation</b>		<b>3,211</b>
<b>Total Q1-4 Allocation</b>		<b>8,766</b>
<b><i>Specific Allocations removed from above costs</i></b>		
Coaching in response to covid-19		150
Covid- Care Homes Clinical Assessment Phase 2		99
Covid proposal- Clinical Assessment Tool		43

## NES Response to Scottish Government Letter (received 14 Oct 2020)

### 1. Education and Training

#### 1.1 Healthcare Student Placement Capacity

- a. As a priority, clarity on student placement capacity issues across Health Boards for all medical, nursing, midwifery, AHP and dental students will require NES to collaboratively inform and report to the newly formed monthly Strategic Group which will have its first meeting on 7 October; other stakeholders are Scottish Council of Deans, Universities Scotland and SG officials. This will provide a single point of escalation for new or emerging delivery issues and prioritisation around placement activity; which will then inform appropriate challenge to Boards going forward

The SG strategic oversight group has now met on 2 occasions, with NES in attendance. The group commissioned NES to work with HEIs to undertake an urgent audit of undergraduate clinical placement capacity issues across Scotland. This work was completed and discussed at the meeting of the Group in early November.

- b. As a sub-group to the Strategic Group above the Rapid Action Group, convened and chaired by NES NMAHP Director, is to oversee the implementation of the recommendations from the SG CNOD commissioned NES report on the key issues and challenges around NMAHP placements in the 2020/21 academic year. NES must prioritise this work and work with SG officials to identify and provide solutions to the issues around placements for this cohort; updates/progress will also report to the Strategic Group.

RAPOG has been established and has met on two occasions 15<sup>th</sup> September and 27<sup>th</sup> October. RAPOG published a placements principle's paper on 5<sup>th</sup> October. This was shared with all stakeholders and discussed at NES/Stakeholder meetings. Guiding principles for virtual/digitally enhanced practice placement experiences for nursing, midwifery and allied health professions students and national guidance on applying the COVID-19 occupational risk assessment guidance has been developed. These documents and the abbreviated meeting notes can be found at <https://www.nes.scot.nhs.uk/our-work/rapid-action-placement-oversight-group-rapog/>

#### 1.2 Medicine

- a. NES successfully managed and deployed trainee recruitment despite the many obstacles brought about due to covid impacts. Moving forward, NES should continue to liaise / report to the Sponsor Team on issues that may affect (i) ongoing recruitment, (ii) commencement of the 2021 recruitment rounds (iii) events/issues that may arise for trainees who are now returned to their training pathways after being redeployed to frontline service roles and (iv) ability of relevant trainees to achieve their Certificate of Completion of Training (CCT).

NES continues to contribute via the MDRS governance systems to the oversight and processes for UK national recruitment. It has been agreed at a 4 Nation level that there will be no face to face interviews for 2021 recruitment, however a variety of delivery models have been agreed. For specialties using interviews as part of the recruitment process, these will be delivered virtually using MS Teams. Delivery by this method will take longer than a traditional face to face interview, therefore, to enable the national recruitment teams enough time to deliver all interviews, the timeline for Round 1 of recruitment has been

extended. Round 1 recruitment is now open and the deadline for final acceptance of posts is 4<sup>th</sup> May 2021. The window for Round 2 recruitment has also been extended, it will open for applications on 23<sup>rd</sup> November and the deadline for final acceptance of posts is 14<sup>th</sup> May 2021. Contingency arrangements have also been agreed to modify recruitment methodology should the pandemic impact on the current proposals.

Approximately 750-800 doctors in training were redeployed during the first wave of the COVID-19 pandemic. The vast majority of these trainees returned to their normal training programme in August and have now resumed training in their parent specialty with support from their Educational Supervisors and Training Programme Directors. Given the second surge of the pandemic and potential support required for service provision, NES have engaged proactively with DME colleagues to consider a more managed process for any future redeployment of trainees in an effort to minimise the impact on trainee progression. A framework document has been co-produced between NES and DMEs that defines principles for any future trainee redeployment and categorises trainees into those who could be available for redeployment and those that should be protected from redeployment to mitigate the impact on trainee progression.

A proportion of trainees (approx. 10%) were unable to fulfil their expected competency / curricular requirements during the 2019/20 training year. However, the majority of these trainees were able to progress to the next stage / level of training with a plan that they will be able to achieve these deficiencies in the following 12 months. Only approximately 1% of trainees were unable to progress in August 2020. NES will continue to support these trainees and will make every effort to ensure they can catch up in their training, however as much training is workplace-based, this will be dependent on maintenance of normal clinical services. Specialties that have been most significantly impacted by COVID-19 in terms of training progression are surgical specialties, diagnostic specialties and some medical specialties. NES will continue to focus efforts on mitigating the impact of the pandemic on trainees at critical progression points, for example, those at end of core training and those approaching CCT.

### 1.3 NMAHP / Healthcare Science

- a. The continued successful support of NMAHP students remains the highest priority. Continued monitoring of the quality of commissioned nursing and midwifery programmes is needed to ensure that the quality of provision is maintained despite the current situation.

The '2020 pre-registration nursing and midwifery programme performance report' is currently being finalised. The NES NMAHP directorate have recently recruited to a principal educator post to provide professional leadership and advice on the performance monitoring of professional NMAHP programmes on the enhancement of processes for commissioning of NMAHP professional programmes.

- b. The educational needs of both students and staff, supported through the Practice Education and Practice Education Facilitator networks, should continue to be managed, alongside the additional wellbeing needs identified below.

Through local partnership meetings and ongoing communication between universities, further education colleges and practice placement providers generic, as well as individualised, student concerns are being shared so that practice supervisors, practice assessors and practice educators supporting, supervising and assessing NMAHP students in

practice have an understanding of, and are receptive to, student wellbeing needs. Monthly PEF, and two weekly CHEF events are facilitated by NES to identify educational needs of staff supporting students in practice.

The rapid literature review undertaken as part of the SG commissioned '[Provision of NMAHP placement for academic year 2020-21 report](#)' was been widely shared and discussed within the NES practice education network to provide insights and offer solutions to support staff and student wellbeing.

- c. Work should continue the healthcare science workforce to best identify and meet NHS board needs in particular around the challenges for the Clinical Physiology workforce. The recruitment and training of a cohort of Clinical Technologists and Higher Specialist Scientist Trainees should continue to be reported to the CNOD Education and Training team.

The selection of Clinical Technologists is on track with SLAs issued and recruitment complete. We expect actual appointments of the cohort towards end of November 2020. Applications for Higher Specialist Scientist (Consultant scientist) support is currently with external colleagues for sift; we anticipate selection interviews around end of November, so essentially on target.

Regarding Clinical Physiology training, Scottish Government / NES and the current HEI provider are meeting around 12th Nov to explore further the possibilities for this group. At present the training model is NHS employed staff being released part-time to undertake an NHS-only undergraduate programme. NES Healthcare Science has made the case for a rethinking of how we deliver training for this sector of the workforce, moving to a more conventional undergraduate/placement model.

#### 1.4 Dentistry

- a. We look forward to restarting discussion, in December, around the monitoring of the Dental Undergraduate Bursary Scheme (DUBS) and the Dental Student Support Grant (DSSG) with possible digital solutions.

Education and training considerations:

- As we move towards a new model of dental care there will be a training requirement for dental teams and we would have normally looked to NES to assist in bridging this gap. There is a greater need than ever to move away from the current model of care and there is a risk to NES in terms of their capacity to meet this demand for training
- There is a clinical risk to hands-on training through VT and dental nurse training as the need for a trainer or mentor to be in the surgery with a trainee nurse or dentist during clinical care may conflict with best clinical practice during COVID particularly during AGP procedures. There will be a greater risk of unnecessary transmission of virus.
- The dental outreach centres were often used as UDCCs during the height of the lockdown and should we move backwards in our mobilisation through any second wave then the outreach centres will probably be withdrawn once again as teaching facilities.

NES would be happy to assist in relation to training for the new model of dental care. Online training would be the most efficient way to deliver this at scale, but it would be essential to ensure that this format was an effective way to deliver the training. It will be important for NES

to be involved as early as possible due to the time required to design and develop learning resources.

Dental vocational training practices have made huge efforts to facilitate training. The commencement of the current training year was delayed by a month as a result of clinical restrictions, and up to the beginning of November only emergency care was permissible. Additionally, the number of clinical procedures undertaken has been significantly reduced, and these experiences have been variable across Scotland, depending on the ways in which practices have structured their working patterns. VDPs and VDTs are now beginning to provide routine care and treatment planning, but in greatly reduced numbers, and at a much later point than normal in the training year. VT advisers have ensured that study day activity continues, using online resources wherever possible, and it is likely that this component of training can be delivered by the normal completion date. Clinical activity, and the attainment of the required clinical proficiencies, is likely to remain an issue in the coming months.

To support dental nurse training we have created a new approach to conducting workplace assessment using remote observation via live video stream or video recording.

The delivery of the theoretical component of training programmes and associated assessments will continue to be provided via online platforms.

Dental Outreach centres provide most of the clinical opportunities for Dental and Therapy students. As these revert to a teaching function, it may be possible once again for students to access the centres in order to develop clinical skills. It is likely, though, that clinical restrictions around patient numbers and social distancing will mean that students will not be able to access the volume of patients seen by previous cohorts.

## 1.5 Primary Care

- a. SG Primary Care Directorate will continue working with NES via a 3 step approach to recruit, retain and develop the Primary Care workforce.

Specific comments are offered below – although our efforts on recruitment, retention and development of the workforce apply to the **totality** of the primary care workforce (Medical, Dental, Pharmacy and Optometry).

- b. With NES we will look to recruit additional workforce via increased funding for GP undergraduate training by increasing the training tariff paid to practices and the numbers of OOH supervision available to trainees. Bursaries to GPs who agree to take up a training place in a hard to fill post.

The undergraduate category A teaching tariff was increased by Scottish Government from 1<sup>st</sup> April 2020 to £85/student/session to enable a greater percentage of undergraduate education to take place in primary care. It is envisaged that 25% of the medical curriculum will be delivered within primary care. This increased tariff will not only encourage a greater number of practices to take part in undergraduate training but will also help retain existing teaching practices.

GP Specialty Trainees (GPSTs) undertake Out of Hours (OOH) sessions both within traditional OOH centres and the newer triage and assessment hubs during their General Practice posts in ST1 and ST3. NES has worked closely with health board primary care leads

during the 1<sup>st</sup> wave of the pandemic to allow GPSTs to gain experience in the centres mentioned above and to ensure that appropriate induction, supervision and PPE (where required) is available. We will continue to work with colleagues to ensure that we utilise these new training opportunities made available as a result of the pandemic.

A substantial number of bursaries are available each year to encourage doctors in training to apply for GP training in areas that were challenging to recruit to over the past few years. This has resulted in significantly better recruitment in these areas. For the 2020 recruitment round, all rotations attracting bursaries have been fully filled. The bursaries will continue into 2021 GP recruitment for the same rotations as 2020.

- c. We need to remain mindful of our commitment to our District Nursing Workforce and continue to work with NHS Boards and H&SCP's to progress the Health & Care (Staffing)(Scotland) Bill.

NES NMAHP continues to develop community nursing roles as part of the Transforming Roles (CNO) initiative. We commission clinically focused on-line modules from Scottish HEIs, deliver a range of online continuing professional development courses and have developed profession-specific online learning resources on Turas for nurses in district nursing and general practice nursing teams. These are accessible from all parts of Scotland and there has been an excellent uptake from nurses in all NHS Board areas including those in remote and rural areas.

To further enhance the role of experienced district nurses we have responded to NHS Boards training needs and provided funding for 97 district nurses to train as Nurse Independent Prescribers and for 60 places on the advanced clinical assessment modules. Funding has also been provided for a further 129 nurses to undertake district nurse training.

- d. We are seeking to retain existing staff through additional General Practice Nurse Training to develop the GPN role and Supporting ongoing District Nurse Education including the development for community nurses within DN Teams, GPN's, Prison Health Nurses and Care Home nurses.

There are currently 48 nurses in NES GPN training posts and as they complete the 2-year part-time programme, we anticipate they will take up GPN posts either in their training practice or in other general practices.

In September over 180 nurses from general practice, district nursing, prison health care and care homes were recruited to a new Graduate Diploma in Integrated Community Nursing, commissioned by NES, to incentivise and develop the community nursing workforce. This work-based programme has been designed to maximise access for nurses working in all geographical areas. A second intake of approximately 200 nurses will commence in 2021.

- e. We wish to progress initiatives that are also underway to support Pharmacy Training and Education, Leadership for Integration, Practice Manager & Admin Staff Training as well as Mandatory Training for General Ophthalmic Service Practitioners and the implementation of a Career Pathways Framework for Community Mental Health Nursing.

**Pharmacy ACT undergraduate Experiential Learning**

NES is working with both Schools of Pharmacy (SoPs) to deliver 2020/2021 planned experiential learning (EL) in all pharmacy sectors across Scotland despite COVID 19 restrictions including social distancing capacity issues and regional and national travel restrictions. EL plans for 2021/2022 will involve an increase in EL with NES co-ordinating national EL delivery for both SoPs.

**Pharmacy Pre Registration Pharmacy Scheme - Trainees**

NES coordinate a centralised recruitment process whereby the selection of suitable recruits into the Pre-registration Pharmacy Scheme (PRPS) is by means of a standardised, quality assured process. PRPS recruitment for 2021/22 cohort has been successfully carried out as a new GB initiative with an online Situational Judgement Test (SJT) and numeracy assessment. Candidates will be receiving their offers in early November 2020. Building on this success, online GB recruitment plans for cohort 2021/2022 have already started.

For PRPS cohort 2020/2021, the core PRPS programme is now a framework of distance learning and online supported events, dovetailing as much as possible with employer training programmes. It features a template workplace training programme which ensures that the needs of the Pharmacy regulator – the General Pharmaceutical Council (GPhC) and NES are met.

**GP Practice training:**

In order to continue to support and deliver the learning pathway for Advanced GP Practice pharmacists we have moved to a completely online delivery model thereby allowing us to increase capacity. Cohort 8 commenced virtual training in September 2020 and we are currently recruiting for Cohort 9 to commence training in Jan 2021.

Twice yearly assessments against the NES GP Clinical Pharmacist Competency and Capability Framework have continued as planned with the next assessments due to be held virtually in March 2021. We also continue to distribute Scottish Government funding to all 14 Territorial Health Boards for the provision of Educational and Clinical Supervision for Advanced GP Practice Pharmacists.

**Pharmacist Independent Prescribing training:**

The demand for Pharmacist Independent Prescribers (IP) has increased in response to COVID hence we have commissioned an increased number of IP training places from both Schools of Pharmacy for 2021 (205 places). It is envisaged that the demand will continue to grow and the number of commissioned IP training places will continue to increase over the next 3 years.

**Community pharmacy PD re Pharmacy First:**

Utilising Technology Enhanced Learning (TEL) to evolve our current PD Programme, we continue to deliver online education (using a mixture of methods, such as webinars, online meetings (for discussion/interaction), e-learning, videos and web pages, all hosted on or via Turas Learn) to support community pharmacies deliver the new NHS Pharmacy First Scotland Service and community pharmacist independent prescribers to deliver the Pharmacy First Plus Service.

**Foundation Pharmacist, Pharmacy Technician Vocational Training and Pharmacy Leadership:**

We continue to support delivery of all programmes utilising TEL methods. Increased numbers are being observed across all programmes. Delivery includes online peer review,

webinars, progress visits and assessments. The service involvement in assessment processes for pharmacists is seeing some impact due to Covid-19 and is being monitored closely. Work is progressing to introduce up to 180 community pharmacists into the programme in 2021 as the start of the pathway to support maximising pharmacist's medicines expertise to support healthcare delivery.

#### **Medicine – General Practice Managers**

The Practice Managers Vocational Training Scheme (PNVTS) has continued by adapting face-to-face training to online learning events. This enable us to reach geographically dispersed learners and ensures that both learners and Educational Facilitators spend less time away from Practices.

#### **Optometrists Independent Prescribing training:**

The demand for Optometry Independent Prescribers (IP) has increased in response to COVID, hence we have commissioned an additional IP training places from GCU, as well as canvassing the General Optical Council for a revision around placement requirements – as part of this NES have secured a place on the GOC expert advisory group. Our Teach and Treat clinics, which strongly support the placement element of the IP training, have recommenced, albeit at reduced capacity.

#### **NES Glaucoma Award Training**

We have worked closely with territorial boards to successfully start clinical placements for NESGAT, ensuring first graduates before the end of 2020. Given the support NESGAT can offer boards in managing glaucoma waiting lists, we have submitted cohort 2 and 3 proposals to SG.

#### **GOS Mandatory Training**

We have had exceptionally high uptake already on first reporting period mandatory training completion, and the 2021 leadership resource is ready. Work has commenced on a clinical risk module for 2022.

#### **Pre reg Optometrist support**

Due to delay in trainees completing or starting their training, directed and self-directed learning resources have been identified to support learning and development this period. National clinical skills hub at the Louisa Jordan has been utilised to deliver simulation training.

## **2. Digital Health and Care**

In addition to the ongoing work to support national training programmes and access to on-line educational resources, NES is currently working on a number of Digital Health and Care commissions in collaboration with the service and partner organisations. Deliveries from these commissions expected in 2020/21 include:

- Development of a tool to support collection of essential Covid-19 vaccination data at the point of vaccination. (NES Digital)
- Continued rollout of the Covid-19 assessment tool. (NES Digital)
- Continued development of the Care Home Huddle Tool (NES Digital)



- Development of a tool to support collection of essential Covid-19 vaccination data at the point of vaccination – The development of the tool has continued at pace. Its initial build is in support of flu vaccinations while design remains focussed on the need to support the mass Covid-19 vaccination programme. “Version Zero” has gone into pilot in GG&C, feedback all very positive with excellent user feedback on way to improve the use experience.
- Continued rollout of the Covid-19 assessment tool – NHS Lanarkshire and NHS Forth Valley are both now working up roll out plans with a view to pilot in Covid Assessment centres in December 2020.
- Continued development of the Care Home Huddle Tool – a second version is now live and there is now 100% take up of the tool in adult care homes in Scotland. NES Digital are currently engaged with our colleagues in Northern Ireland who are evaluating whether to take up the tool.

- Support for the national data preparation and processing of a UK wide shielding algorithm in support of Covid response. (NDS)
- Development of Cancer Treatment Summaries on the national digital platform for two tumour types, Urology and Head and Neck, in NHS Greater Glasgow and Clyde and NHS Lothian. (NDS)
- Delivery of a highly available electronic ReSPECT emergency anticipatory care planning product on the national digital platform that is acceptable for deployment within NHS Forth Valley secondary and primary care services. (NDS)
- A fully integrated ophthalmology electronic patient record on the national digital platform across at least one territorial Board’s hospital eye service. (NDS)

The NDS deliverables mentioned in the Annex generally align to the various commission documents agreed with the SG. The main deliverables in respect of Cancer Treatment Summaries are due for completion in June 2021, beyond the financial year end.

Additional COVID work, such in respect of the identification of vaccination cohorts, will put pressure on some of the timescales identified.

For clarity we have identified the Digital Directorate within NES which has lead responsibility for each of these commissions. However, we expect all these commissions to be developed in collaboration with NHS Boards and other stakeholders. We also anticipate that NES will direct resource between, and across projects to provide best value. Progress will be overseen by the Scottish Government Digital Health and Care governance structures, i.e. the Covid-19 Gold Command structure and the Strategic Portfolio Board structure.

### **3. Workforce Planning / Supply**

- a. The Scottish Government will continue to engage with NES to ensure information on the Turas Data Intelligence platform (TDI-Workforce) platform has consistent and quality workforce supply data, enabling planning for the workforce now and into the future.
- b. We expect NES to engage with Workforce Planners and other potential users of the TDI platform in order to understand any data inaccuracies that are in the system at present. After this engagement has taken place, we expect NES to be able to identify workforce data requiring correction.

- c. We understand NES are developing their approach to workforce planning around what they are terming a “national collaborative approach” with the Scottish Government. A fully costed business case would help clarify what NES envisage.
- d. Due to the Covid-19 pandemic, we understand that the TDI project has been delayed. In an update report from NES in August 2020, it was noted that proposals are now being developed for Phase 3 of the project, based around NES autocorrecting workforce data using algorithms and subsequent development of “machine learning” to improve data quality. An update on the development of Phase 3 will be required in 2021.

Development of TDI version 3 has recommenced, although at a slower pace than planned in the pre-Covid circumstances. Further development of the NES support for national, regional and local workforce planning continues in NES with specific emphasis on improving access to Board data and support the Board work to improve timeliness and quality of that data.

The teams undertaking this work are also working directly with the Covid vaccination programme to deliver NHSS workforce cohorts and collaborate with PHS in the linking to CHI to support clinical safety at the point of vaccination.

#### 4. Healthcare Staff Wellbeing

- a. Healthcare staff wellbeing is emphatically linked to the care our patients receive. From the remobilisation plan NES recognises the important part they have to play in the SG Framework objectives related to staff health and wellbeing. It is expected that NES will maintain the significant role they have played. Moreover, we ask NES to continue to work with relevant SG colleagues and other key partners to further enhance existing tools such as the online Psych First Aid training and to share their expertise in relation to the ongoing development of the National Wellbeing Hub, the Workforce Wellbeing Champion Network and wider work in relation to health and social care staff wellbeing.

We confirm that NES will continue to support health and social care workforce mental health and wellbeing through our work with partners in the National Wellbeing Hub, the Workforce Wellbeing Champion Network and other groups. This will include enhancing learning materials and resources to support leaders, managers and staff themselves utilising psychological first aid principles and other frameworks.

- b. SG will invite NES to lead work in respect of allocations of funding to NHS Boards for psychological interventions (PIs) and therapies (PTs) to support staff mental health and wellbeing over the next 2.5 years, including a programme of training and supervision in PIs and PTs. This will involve proactively working with SG and the Health Boards in tracking the progress and outcomes of these additional posts.

We are pleased with our progress in working with NHS Boards to agree funding allocations for a development programme in psychological therapies and interventions for the health and social care workforce to include training, supervision and direct delivery.

Proposals have been agreed and local recruitment is underway. Systems for tracking progress and outcomes are being developed in partnership.

## NHS Education for Scotland

### Board Paper

#### 1. Title of Paper

Virtual/e-Learning Training & Development Opportunities

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

Della Thomas, Board Secretary & Principal Lead Corporate Governance

#### 3. Purpose of Paper

3.1 The purpose of this paper is to provide examples of virtual/e-Learning training & development opportunities.

#### 4. Key Issues

4.1 This paper reflects examples of virtual and e-Learning opportunities provided by NES as a response to adapting delivery during the COVID-19 pandemic. (Appendix I).

4.2 Personal development opportunities for Board members are also included (Appendix II).

4.3 The information included has been updated further to the 24 September 2020 Board meeting.

4.4 Another NES Annual conference is planned as a virtual event (NES Annual Bereavement conference 24 February 2021).

#### 5. Educational Implications

5.1 This paper is relevant to all Board members. Education and Quality Committee members may have a particular interest in Appendix I.

#### 6. Financial Implications

7.1 The finances required to deliver NES Education and Training are aligned with the NES Phase 2 Remobilisation Plan.

7. Which of the 5 Key Areas of Focus in the NES Strategy for 2019-24 does this align to?

8.1 A High Performing Organisation

## **8. Impact on Quality Ambitions**

9.1 Progressing Board governance in line with the NHS Corporate Governance Blueprint and implementing the NHS Board Standing Orders align to the six NHS Scotland Quality ambitions.

## **9. Key Risks and Proposals to Mitigate the Risks**

10.1 The key risk and mitigation measures are included in the Directorate or Corporate risk register as appropriate.

## **10. Equality and Diversity**

11.1 Equality and diversity are a Board responsibility and are included within the influencing culture domain of the Board's role. This also embraces human rights.

## **12. Communications Plan**

12.1 External participants are notified of the availability of this training as part of the planning and delivery function of NES as a provider.

12.2 Staff are informed of the list of examples through the internal "Management Matters" bulletin.

## **13. Recommendations**

The Board is invited to:

- Note this paper and participate in any of the virtual training opportunities as appropriate.

DT  
November 2020

## Appendix I – Virtual/e-Learning Training & Development Opportunities provided by NES

Key:

NDS	
Medical	
Quality Improvement	
Dental	
Workforce OD&LL	

NES Digital Service (NDS)				
Date	Event Title	Event Detail	How to register	Contact
<b>Forth coming training November – December 2020</b>				
Alternative Thursdays, 3pm – 5pm (from 10 <sup>th</sup> September)	NDS Showcase Event	Members of the NDS team provide updates on the things they are working on. This is done through demos and presentations.	Contact EA to the NDS Director for the Microsoft Teams Link	<a href="mailto:Aisha.Cameron@nes.scot.nhs.uk">Aisha.Cameron@nes.scot.nhs.uk</a>
Alternative Thursdays, 3pm – 5pm (from 17 <sup>th</sup> September)	Openminds Event	Members of the team present on healthcare, design, technology, data as a learning opportunity.	Contact EA to the NDS Director for the Microsoft Teams Link:	<a href="mailto:Aisha.Cameron@nes.scot.nhs.uk">Aisha.Cameron@nes.scot.nhs.uk</a>

Medical				
Date	Event Title	Event Detail	How to register	Contact
<b>Forth coming training November 2020 – March 2021</b>				
	Trainee Inductions		Turas Learn: <a href="https://learn.nes.nhs.scot/">https://learn.nes.nhs.scot/</a>	
90 min session - Contact Mark Johnston	Patient Safety Fundamentals and Human Factors Taster session	An introduction to Patient Safety and Human Factors	Contact Mark Johnston for the Teams Link	<a href="mailto:mark.johnston@nes.scot.nhs.uk">mark.johnston@nes.scot.nhs.uk</a>
	Part 1 (of 3) of becoming a Simulation Based Educator	An Awareness of Simulation to Educators. This is basically an introduction to simulation and how it can be used in health care education - <a href="https://www.csmen.scot.nhs.uk/resources/online-resources/faculty-development-becoming-a-simulation-based-educator/">https://www.csmen.scot.nhs.uk/resources/online-resources/faculty-development-becoming-a-simulation-based-educator/</a>	Turas Learn: <a href="https://learn.nes.nhs.scot/33268/clinical-skills-managed-educational-network/educational-resources/faculty-development-becoming-a-simulation-based-educator">https://learn.nes.nhs.scot/33268/clinical-skills-managed-educational-network/educational-resources/faculty-development-becoming-a-simulation-based-educator</a>	
	Bereavement webinar monthly series		More information on future sessions is <a href="#">available here</a> or to catch up with previous webinars <a href="#">click here</a>	
Tuesday 3 <sup>rd</sup> November, 17:00-18:00	Dealing with bereavement as a health and social care worker in remote and rural communities –	<a href="#">Session flyer</a>	Register here: <a href="https://register.gotowebinar.com/register/9113599404624865803">https://register.gotowebinar.com/register/9113599404624865803</a>	

Medical				
Tuesday 8 <sup>th</sup> December, 12:30-13:30	Bereavement following substance use.		Register here: <a href="https://register.gotowebinar.com/register/1670228939562074127">https://register.gotowebinar.com/register/1670228939562074127</a>	
3 <sup>rd</sup> November 2020, 1pm – 4pm	Online learning events (OLE) for the General Practice Nursing Programme Cohort 10. The individual OLE's deliver the learning related to the GPN Programme curriculum. Please click this <a href="#">link</a> for more information	OLE 5	<a href="#">MS Teams Link</a>	Contact - <a href="mailto:Lynne.Innes@nes.scot.nhs.uk">Lynne.Innes@nes.scot.nhs.uk</a>
8 <sup>th</sup> December 2020, 1pm – 4pm		OLE 6		
12 <sup>th</sup> January 2021, 1pm – 4pm		OLE 7		
9 <sup>th</sup> February 2021, 1pm – 4pm		OLE 8		
9 <sup>th</sup> March 2021, 1pm – 4pm		OLE 9		
28 <sup>th</sup> October 2020 at 1pm	General Practice Nursing/Practice Management MS Teams Live Event	NES General Practice Nursing and Practice Management are also presenting a series of joint events with SG Primary Care Directorate on MS Teams Live Events (first time on live events) for the whole primary care team. Updating the primary care teams on what we are doing at NES to support		Contact - <a href="mailto:Lynne.Innes@nes.scot.nhs.uk">Lynne.Innes@nes.scot.nhs.uk</a>
2 <sup>nd</sup> December 2020 at 1pm				
28 <sup>th</sup> January 2021 at 1pm				

Medical				
		them, caring for those teams in an environment of working together		
Wednesday 24 <sup>th</sup> February 2021	Annual NES Bereavement conference	This will be a Virtual event/programme	Registration information coming soon here: <a href="http://www.sad.scot.nhs.uk/events/">http://www.sad.scot.nhs.uk/events/</a>	
Medical COVID resources that have recently been updated				
COVID-19 Helping you in your role – Self-Protection			<a href="https://www.csmen.scot.nhs.uk/resources/covid-19-resources/">https://www.csmen.scot.nhs.uk/resources/covid-19-resources/</a>	
COVID-19 Helping you in your role – Assessment and Management			<a href="https://www.csmen.scot.nhs.uk/resources/covid-19-resources/">https://www.csmen.scot.nhs.uk/resources/covid-19-resources/</a>	
COVID-19 Helping you in your role – Protecting your Workplace			<a href="https://www.csmen.scot.nhs.uk/resources/covid-19-resources/">https://www.csmen.scot.nhs.uk/resources/covid-19-resources/</a>	
COVID-19 Helping you in your role – Procedural skills using Simulation			<a href="https://www.csmen.scot.nhs.uk/resources/covid-19-resources/">https://www.csmen.scot.nhs.uk/resources/covid-19-resources/</a>	
COVID-19 Helping you in your role – Rehearsing Skills Using Simulation			<a href="https://www.csmen.scot.nhs.uk/resources/covid-19-resources/">https://www.csmen.scot.nhs.uk/resources/covid-19-resources/</a>	
“Lockdown in the Larder” series of how health care practitioners worked during the initial months of the pandemic (and how they used the above resources).			<a href="https://www.csmen.scot.nhs.uk/resources/covid-19-resources/lockdown-in-the-larder/">https://www.csmen.scot.nhs.uk/resources/covid-19-resources/lockdown-in-the-larder/</a>	

Quality Improvement				
Date	Event Title	Event Detail	Session Content	Contact
10 <sup>th</sup> Nov 10am – 11:30am	Scottish Improvement Leader Programme (ScIL)	The aim of the ScIL Programme is to enable individuals to: <ul style="list-style-type: none"> <li>design, develop and lead improvement projects,</li> <li>lead and generate support for change, and</li> </ul>	Reliability and Human Factors	<a href="mailto:Gavin.Russell@nes.scot.nhs.uk">Gavin.Russell@nes.scot.nhs.uk</a>
1 <sup>st</sup> Dec 10am – 12pm			Programme overview and the art of giving and receiving feedback	<a href="mailto:Julia.Mackel@nes.scot.nhs.uk">Julia.Mackel@nes.scot.nhs.uk</a>
11 <sup>th</sup> Jan 2pm – 3.30pm			The power of qualitative data	<a href="mailto:David.Maxwell@nes.scot.nhs.uk">David.Maxwell@nes.scot.nhs.uk</a>



21 <sup>st</sup> Jan 1pm – 3pm		<ul style="list-style-type: none"> <li>provide expert QI support and advice in their organisations.</li> </ul>	Measurement Part 1 (Data over time / run charts)	<a href="mailto:Julia.Mackel@nes.scot.nhs.uk">Julia.Mackel@nes.scot.nhs.uk</a>
22 <sup>nd</sup> Jan 10:40 – 12:10pm		It is aimed at people working in the Scottish Public Service in a role with a significant focus on quality improvement and dedicated time allocated to lead improvement projects.	Measurement Part 2 (Family of measures/measurement plans)	<a href="mailto:Julia.Mackel@nes.scot.nhs.uk">Julia.Mackel@nes.scot.nhs.uk</a>
10 <sup>th</sup> Feb AM			Measurement Part 3 (Types of data / understanding variation)	<a href="mailto:David.Maxwell@nes.scot.nhs.uk">David.Maxwell@nes.scot.nhs.uk</a>
16 <sup>th</sup> Feb 2pm – 3:30pm	National Value Management Collaborative		The Value Management collaborative aims to test and spread an innovative model developed within NHS Highland that supports clinical, care and finance teams to apply quality improvement methods with combined cost and quality data at team level to deliver improved patient outcomes, experience and value.	Measurement for Improvement (Effective use of data and variation)
2 <sup>nd</sup> March 2pm – 3:30pm		Measurement for Improvement (Tools and visualisation to support effective use to understand variation)		<a href="mailto:Joe.Hands@nes.scot.nhs.uk">Joe.Hands@nes.scot.nhs.uk</a>
16 <sup>th</sup> March 2pm – 3:30pm		Measurement for Improvement (Effective narrative, questioning and telling a story with the data)		<a href="mailto:Joe.Hands@nes.scot.nhs.uk">Joe.Hands@nes.scot.nhs.uk</a>
27 <sup>th</sup> Nov 9:15 – 10:30am	Scottish Coaching Leading for Improvement Programme (SCLIP)	The aim of SCLIP is to develop coaching, leadership and improvement skills in core managers who lead at least one team. These managers will then be able to help embed improvement strategies within their organisations.	Measurement for improvement (run charts)	<a href="mailto:Julia.Mackel@nes.scot.nhs.uk">Julia.Mackel@nes.scot.nhs.uk</a>
17 <sup>th</sup> Feb 9:45am – 10:45am			Measurement: Statistical Process Control (SPC) Charts	<a href="mailto:Rebecca.McQueen@nes.scot.nhs.uk">Rebecca.McQueen@nes.scot.nhs.uk</a>

<b>Dental</b>				
<b>Date</b>	<b>Event Title</b>	<b>Event Detail</b>	<b>How to register</b>	<b>Contact</b>
<b>2020 - 2021</b>				
12 November	Preventing complaints before they happen (Session1 of a 2 session series on communication and complaint handling)	To help the practitioner learn from and effectively manage and handle complaints.	Contact Tony Anderson for the GoTo webinar link.	<a href="mailto:tony.anderson@nes.scot.nhs.uk">tony.anderson@nes.scot.nhs.uk</a>
13 November	VT - Health and safety in practice : South East 1	To describe the purpose of the combined practice inspection in dental practice. To describe the importance of Health and Safety law within dental practice. To illustrate how to be aware of Health and Safety factors in the dental working environment. To provide an insight into Health and Safety that is applicable to the ToK exam.	Contact Jimmy Boyle for joining link.	<a href="mailto:james.boyle@nes.scot.nhs.uk">james.boyle@nes.scot.nhs.uk</a>
19 November	An Introduction to Dental Hypnosis	To provide a course to introduce dental hypnosis.	Contact Tony Anderson for the GoTo webinar link.	<a href="mailto:tony.anderson@nes.scot.nhs.uk">tony.anderson@nes.scot.nhs.uk</a>
<b>Dental</b>				
20 November	VT - Dundee 2 Study Day on Public Protection Awareness	To raise awareness of the dental professional's responsibilities to support and protect children and adults at risk of harm.	Contact Jimmy Boyle for joining link.	<a href="mailto:james.boyle@nes.scot.nhs.uk">james.boyle@nes.scot.nhs.uk</a>
24 November	COVID-19 Infection and Prevention Control for the dental team	This webinar will focus on aspects of Infection Prevention and Control measures which required to be implemented in dental practice in light of COVID-19 and the challenges of practical application.	Contact Irene Black for the GoTo webinar link.	<a href="mailto:irene.black@nes.scot.nhs.uk">irene.black@nes.scot.nhs.uk</a>

30 November or 1 December Date TBC	Childsmile Core Training for Dental Nurses	This online teaching will be interactive with a mix of presentations, videos and groupwork and not a webinar as such.	Contact Roseann Gorman for further details.	<a href="mailto:roseann.gorman@nes.scot.nhs.uk">roseann.gorman@nes.scot.nhs.uk</a>
2 December	Reception Superstars	This webinar is designed to enhance and update telephone skills, and customer service skills for dental receptionists/administrators/dental nurses. Through this coaching session, you will learn new strategies and update current skills in customer care/service and dealing with difficult situations with patients.	Contact Tony Anderson for the GoTo webinar link.	<a href="mailto:tony.anderson@nes.scot.nhs.uk">tony.anderson@nes.scot.nhs.uk</a>
8 December	Managing Social Media in your Workplace	To understand the potential risks of social media use within your workplace, and how to manage them.	Contact Tony Anderson for the GoTo webinar link.	<a href="mailto:tony.anderson@nes.scot.nhs.uk">tony.anderson@nes.scot.nhs.uk</a>
10 December	Handling complaints effectively	Session 2 of complaint Handling mini series	Contact Tony Anderson for the GoTo webinar link.	<a href="mailto:tony.anderson@nes.scot.nhs.uk">tony.anderson@nes.scot.nhs.uk</a>
<b>Dental</b>				
11 December	VT - Stress management : South East 2	"What stress is, how to spot it and what to do about it". The aim of this course is to discuss all elements of "stress". It will give participants the opportunity to assess how they experience stress on an individual level and what they can do to alleviate negative symptoms. This should mean they are more able to cope with the everyday stresses of dentistry and also make them more resilient in all aspects of life.	Contact Jimmy Boyle for joining link.	<a href="mailto:james.boyle@nes.scot.nhs.uk">james.boyle@nes.scot.nhs.uk</a>

19 January 2021	Child Wellbeing and Protection	This interactive webinar aims to raise awareness of the dental professional's responsibilities to support and protect Scotland's children.	Contact Tony Anderson for the GoTo webinar link.	<a href="mailto:tony.anderson@nes.scot.nhs.uk">tony.anderson@nes.scot.nhs.uk</a>
26 January 2021	Adult Support and Protection	To raise awareness of the dental team's responsibilities to support and protect adults at risk of harm as defined by Scottish legislation.	Contact Tony Anderson for the GoTo webinar link.	<a href="mailto:tony.anderson@nes.scot.nhs.uk">tony.anderson@nes.scot.nhs.uk</a>

**In addition to the above courses, the following clinical events are scheduled:**

Date	Event Title	Contact
05 November 2020	A Bruxism Assessment Questionnaire and management options	<a href="mailto:tony.anderson@nes.scot.nhs.uk">tony.anderson@nes.scot.nhs.uk</a>
18 November 2020	Antibiotics – what primary care dentists need to know	<a href="mailto:tony.anderson@nes.scot.nhs.uk">tony.anderson@nes.scot.nhs.uk</a>
19 November 2020	Dealing with the Medically Compromised Patient for Oral Surgery in Primary Care	<a href="mailto:tony.anderson@nes.scot.nhs.uk">tony.anderson@nes.scot.nhs.uk</a>
26 November 2020	Minor Oral Surgery (MOS) Assisting for Dental Nurses	<a href="mailto:tony.anderson@nes.scot.nhs.uk">tony.anderson@nes.scot.nhs.uk</a>
02 December 2020	Successful Complete Dentures	<a href="mailto:tony.anderson@nes.scot.nhs.uk">tony.anderson@nes.scot.nhs.uk</a>
10 December 2020	Webinar 1: Local Anaesthesia in General Dental Practice - 'Physiology, Pharmacology and Anatomy'	<a href="mailto:tony.anderson@nes.scot.nhs.uk">tony.anderson@nes.scot.nhs.uk</a>
17 December 2020	Webinar 2: Local Anaesthesia in General Dental Practice - 'Techniques, Troubleshooting and Complications'	<a href="mailto:tony.anderson@nes.scot.nhs.uk">tony.anderson@nes.scot.nhs.uk</a>
21 January 2021	Paediatric Dentistry: Caries Management in children including Hall technique	<a href="mailto:tony.anderson@nes.scot.nhs.uk">tony.anderson@nes.scot.nhs.uk</a>
TBC	Oral Surgery Longitudinal Course	<a href="mailto:tony.anderson@nes.scot.nhs.uk">tony.anderson@nes.scot.nhs.uk</a>
<b>Past Events</b>		
<b>Event Title</b>		<b>Event Link</b>
Clinical effectiveness recorded resources		<a href="#">Link to resources.</a>

Workforce/ODLL (Organisational Development, Leadership & Learning)				
Date	Event Title	Event Detail	How to register	Contact
<b>2020-2021</b>				
Planned dates January 2021 (up to six events)  All webinars will take place between 12:00-13:00	Leadership Links Theme for the events: 'Wellbeing'	Live webinars for the Q4 are in planning stages.  These sessions aim to look wellbeing through different interconnected lenses including psychological, physical and social, help reflect on what wellbeing means to us, and discuss how we can maintain and improve our wellbeing	Register at: <a href="https://learn.nes.nhs.scot/1246/leadership-links/upcoming-events">https://learn.nes.nhs.scot/1246/leadership-links/upcoming-events</a> (details incl confirmed dates to be uploaded soon)	<a href="mailto:ODLL@nes.scot.nhs.uk">ODLL@nes.scot.nhs.uk</a>
25 November 2020	Project Lift 'Agency: Power and Purpose'	In this event, Project Lift invites the health and social care community to collectively explore experiences of losing or gaining agency during the pandemic and the impact this has had. We will also explore how leaders can afford the sense of 'power' and 'purpose' that comes with agency to all people in the system.	<a href="http://www.projectlift.scot/events">www.projectlift.scot/events</a>	<a href="mailto:ProjectLiftConfidential@nes.scot.nhs.uk">ProjectLiftConfidential@nes.scot.nhs.uk</a>

10 December 2020	Project Lift Collaboration & Working Across Boundaries		<a href="http://www.projectlift.scot/events">www.projectlift.scot/events</a>	<a href="mailto:ProjectLiftConfidential@nes.scot.nhs.uk">ProjectLiftConfidential@nes.scot.nhs.uk</a>
25 February 2021	Project Lift Moving Forward		<a href="http://www.projectlift.scot/events">www.projectlift.scot/events</a>	<a href="mailto:ProjectLiftConfidential@nes.scot.nhs.uk">ProjectLiftConfidential@nes.scot.nhs.uk</a>
19 November 13-15:30 9 December 10-12:30 12 January 10-12:30 4 February 10-12:30 4 March 10-12:30 25 March 13-15:30	Resilience and You	An interactive safe space where the definition of resilience and what it means personally to you is discussed. We will consider a model of resilience and how you might choose to apply some of the tools and techniques in your day to day life. - Describe the definition of resilience and what this means for you - Assess your personal resilience - Describe a model of resilience - Be signposted to techniques to help build your personal resilience - Practice a guided mindfulness exercise	<a href="https://learn.nes.nhs.scot/29672/nhs-education-for-scotland-nes-courses/resilience-and-you-virtual-session">https://learn.nes.nhs.scot/29672/nhs-education-for-scotland-nes-courses/resilience-and-you-virtual-session</a>	<a href="mailto:internalL&amp;D@nes.scot.nhs.uk">internalL&amp;D@nes.scot.nhs.uk</a>

Self-directed leadership development	Leadership and Management Zone	Leadership and management development resources	<a href="https://learn.nes.nhs.scot/506/leadership-and-management-zone">https://learn.nes.nhs.scot/506/leadership-and-management-zone</a>	<a href="mailto:ODLL@nes.scot.nhs.uk">ODLL@nes.scot.nhs.uk</a>
Various dates	Collective Leadership	A collaborative network which draws colleagues from across our public services to help collaborate on complex, systemic issues in service of wider public service transformation.	<a href="https://www.eventbrite.co.uk/o/collective-leadership-scotland-11307163948">https://www.eventbrite.co.uk/o/collective-leadership-scotland-11307163948</a>	<a href="https://collectiveleadershipscotland.com/">https://collectiveleadershipscotland.com/</a>
Self-directed leadership development	SSSC's 23 things in leadership		<a href="http://23leadership.sssc.uk.com/">http://23leadership.sssc.uk.com/</a>	
Virtual learning opportunities and resources	NHS Horizons		<a href="http://horizonsnhs.com/communities/virtualcollaborate/">http://horizonsnhs.com/communities/virtualcollaborate/</a>	

**Workforce/ODLL (Organisational Development, Leadership & Learning)**

**Past Events**

<b>Event Title</b>	<b>Event Link</b>
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Leadership Links webinar library	<a href="https://learn.nes.nhs.scot/19358/leadership-links/webinar-library">https://learn.nes.nhs.scot/19358/leadership-links/webinar-library</a>
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For information and insight packs on previous Project Lift events	<a href="http://www.projectlift.scot/past-events">www.projectlift.scot/past-events</a>
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## Appendix II - Board Member Personal Development Opportunities

### Key

Board Member Personal Development Opportunities	
Other events of interest	

Board Member Personal Development Opportunities				
Date	Event Title	Event Detail	How to register	Contact
<p>There are a number of on-line developments for Board members on Board Development Turas Learn <a href="https://learn.nes.nhs.scot/17367/board-development">https://learn.nes.nhs.scot/17367/board-development</a> This is mainly targeted at Non Executives but equally useful for Execs.</p>				
November	Two eLearning Modules: Finance and Audit & Risk	These will be “live” on the site in November (currently in testing – NES A&R committee members part of the testing group)	Available on Board Development on Turas within this link; <a href="https://learn.nes.nhs.scot/17367/board-development">https://learn.nes.nhs.scot/17367/board-development</a>	
	Three Boardroom Bitesize modules	Effective Chairing, Strategic thinking and leading in High stakes.	These are live now within the Committee tab; <a href="https://learn.nes.nhs.scot/17367/board-development">https://learn.nes.nhs.scot/17367/board-development</a>	
	Active governance – Board seminar	These will be available and rolled out country wide in 2021 (commencing with territorial Boards).	These will be a face to face seminar and pre and post seminar activities	<a href="mailto:Sharon.Millar@nes.scot.nhs.uk">Sharon.Millar@nes.scot.nhs.uk</a>
	Two National Induction sessions on Orientation to Policy and Governance and	Introduction to Integration paused due to Scottish Government integration leads attention on other matters	These are on Teams and are roughly 90 mins each.	<a href="mailto:Sharon.Millar@nes.scot.nhs.uk">Sharon.Millar@nes.scot.nhs.uk</a>



	Quality Culture and Values			
	CPD Resources: Quality, leadership and governance	Booklets and eLearning modules.	Click on the CPD tab of the Board Development page on Turas – <a href="https://learn.nes.nhs.scot/17367/board-development">https://learn.nes.nhs.scot/17367/board-development</a>	

Other Future Events of Interest				
Date	Event Title	Event Detail	How to register	Contact
29 Oct 2020 3:00 – 4:00pm Virtual Event	QI Connect with Professor Andrew Gumley	Navigating the mental health impacts of COVID-19 on staff wellbeing and population mental health – <a href="#">Event Description</a>	Register using the following link: <a href="#">QI Connect Events</a>	Contact the QI Connect team via the <a href="#">QI Connect Events</a> page  The session will be recorded and made available via the <a href="#">QI Connect</a> homepage after the session.
3 Nov 2020 1:00 – 3:00pm Virtual event	NHS Scotland Global Citizenship Conference 2020	An opportunity to recognise and showcase the work of NHSS staff and others to promote global health in low- and middle-income countries	Contact Chair & Chief Executive's office for details of how to register.	<a href="mailto:ceo.nes@nes.scot.nhs.uk">ceo.nes@nes.scot.nhs.uk</a> NHS Scotland Global Citizenship Website: <a href="https://www.scottishglobalhealth.org/">https://www.scottishglobalhealth.org/</a>

### Examples of past virtual events

Other events of interest	
Event Detail	Event link
25 February 2020 – QI Connect with Professor Trisha Greenhalgh	Healthcare Improvement Scotland (HIS) link to webinar recording: <a href="#">QI Connect: Professor Trisha Greenhalgh</a>

## **NHS Education for Scotland**

### **Board Paper Summary**

#### **1. Title of Paper**

Board Standing Orders Implementation Action Plan

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

Della Thomas, Board Secretary & Principal Lead Corporate Governance

#### **3. Purpose of Paper**

The purpose of this paper is for the Board to note the Board Standing Orders Implementation Action Plan.

#### **4. Background**

The Board approved the new NES Board Standing Orders at the 30 July 2020 meeting. This was subject to:

- the amendments noted in the Board minute 10.7a and 10.7b, which have since been made and
- the development of an implementation plan for approval by Board via correspondence.

It was recognised that the Audit and Risk Committee and the Board would need to receive updates on progress. It was agreed that the Board Secretary would confirm this process with the Board Chair and Chair of the Audit Committee.

This has been confirmed as follows:

- Draft Board Standing Orders Implementation Action Plan to be presented to 3 November 2020 Audit and Risk Committee meeting for comment.
- Draft Board Standing Orders Implementation Action Plan will then require Board approval by correspondence and will come through public Board for noting on 26 November 2020.
- Monitoring of the Action Plan will be the role of the Audit and Risk Committee.

The Audit and Risk Committee discussed the draft action plan at their 3 November 2020 meeting and recommended it to be taken forward for overall approval by the Board by correspondence. Approval was received from eight non-executives directors and two executive directors.

## **5. Key Issues**

It has been agreed that work on the development of each Committee ToR should be progressed by the Committee Chair; Lead Executive and the Board Secretary, as an iterative process and that this should not wait for the approval of the Implementation Action Plan. This work is in progress.

Other aspects of the Action Plan are also progressing as indicated and some areas have been completed.

## **6. Educational Implications**

There are no specific educational implications associated with this paper.

## **7. Financial Implications**

There are no specific financial implications associated with this paper.

## **8. Which of the 5 Key Areas of Focus in the NES Strategy for 2019-24 does this align to?**

A High Performing Organisation.

## **9. Impact on Quality Ambitions**

Not directly applicable to this paper.

## **10. Key Risks and Proposals to Mitigate the Risks**

There is a risk that NES will not meet NHS governance requirements if the new NHS Standing Orders are not implemented in NES.

## **11. Equality and Diversity**

There are no specific equality and diversity issues directly associated with this paper.

## **12. Communications Plan**

The changes to the Board Standing Orders have been communicated to staff and have been published on the corporate website.

## **13. Recommendations**

The Board are invited to note the Board Standing Orders Implementation Action Plan.

DT  
November 2020

## Implementing NES Board Standing Orders: Action Plan

Board Standing Orders	Action	Success Criteria	Date	Lead	Progress
<b>General (Section 1)</b>					
<p>1. "The Standing Orders set out the functions of the Board in line with the NHS Scotland Blueprint for Good Governance (issued through <a href="#">DL 2019 02</a>) has informed these Standing Orders. The Blueprint describes the functions of the Board as:</p> <ul style="list-style-type: none"> <li>• <i>Setting the direction, clarifying priorities and defining expectations.</i></li> <li>• <i>Holding the executive to account and seeking assurance that the organisation is being effectively managed.</i></li> <li>• <i>Managing risks to the quality, delivery and sustainability of services.</i></li> <li>• <i>Engaging with stakeholders.</i></li> <li>• <i>Influencing the Board's and the organisation's culture".</i></li> </ul>	<p>1.1 Update the NES Roles and Responsibilities of the Board <a href="#">here</a> to provide clarifications of roles and responsibilities for NES Board Committees in terms of Chairs, Executive Leads, Board Secretary and Committee members roles in line with the Blueprint and the NHS Board Standing Orders.</p>	<p>1. The functions of the NES Board and roles and responsibilities are in line with the Blueprint in associated practices and documentation.</p> <p>1.1 A new document outlining NES Board and Committee roles has been published on the Board website</p>	<p>1.1 November 2020</p>	<p>CEO/ Board Secretary</p>	<b>In progress</b>
	<p>1.2 Changes to the Corporate governance sections of 2021/22 Annual Report and Accounts.</p>	<p>1.2 – The functions of the Board are reflected in the annual report</p>	<p>1.2 June 2021</p>	<p>DoF</p>	<b>Scheduled</b>
	<p>1.3 Changes in style of reporting for Standing Committee 2021/22 Annual Reports.</p>	<p>1.3 The functions of the Board are reflected in the Board Committees Annual Reports</p>	<p>1.3 31 March 2021</p>	<p>DoF/ Board Secretary</p>	<b>Scheduled</b>

## Implementing NES Board Standing Orders: Action Plan

<u>Board Standing Orders</u>	Action	Success Criteria	Date	Lead	Progress
	1.4 Revise the Board Members Induction Handbook/the Governance Handbook	1.4 An up to date Handbook is available for all Board members, for the newly appointed NES CEO and interested others	December 2020	Board Secretary/ Board Services	<b>In progress</b>
2. <i>"The Board will annually review its Standing Orders".</i>		2. The Board have approved the full corporate governance package on an annual basis (Board Standing Orders, SFIs, Board scheme of delegation, Code of Conduct and Committee ToRs).	May 2021 Normally this would be available for 1st Board meeting of the new financial	DoF Board Secretary	<b>Scheduled</b>
	2.1 The review and approval of the full corporate governance package has been included in the 2021/22 Board schedule of business and reflected in the sequencing and scheduling through all Board Committee and Audit and Risk Committee as appropriate.	2.1 The full corporate governance package and the 2021/22 Board schedule of business is developed appropriately.	March 2021	Board Secretary/ DoF	<b>In progress</b>
3. <i>The Board's Board Secretary and Principal Lead Corporate Governance shall provide a copy of these Standing Orders to all members of the Board on</i>		3. Board members; members of staff and the public are aware of the Board Standing Orders			

## Implementing NES Board Standing Orders: Action Plan

<b><u>Board Standing Orders</u></b>	<b>Action</b>	<b>Success Criteria</b>	<b>Date</b>	<b>Lead</b>	<b>Progress</b>
<i>appointment. A copy shall also be held on the Board's website.</i>	3.1 Communicate finalised Board Standing Orders to all Board Members	and associated corporate governance documents	3.1 August 2020	Board Secretary	<b>Complete</b> 14/08/20
	3.2 Publish the Board Standing Orders on the NES Corporate website		3.2 August 2020	Board Secretary	<b>Complete</b> 14/08/20
	3.3 Publish the Standing Financial Instructions on the NES Corporate website		3.3 August 2020	Board Secretary	<b>Complete</b> 14/08/20
	3.4 Publish the Board Scheme of Delegation on the NES Corporate website		3.4 August 2020	Board Secretary	<b>Complete</b> 14/08/20
	3.5 Publish the new Committee ToRs on the NES Corporate website		3.5 February/ March 2021	Board Services	<b>Scheduled</b>
<b><u>Conduct at Meetings (Section 5)</u></b>					
4. <i>"The quorum for committees will be set out in their terms of reference, however it can never be less than two non-executive Board members".</i>	4.1 In accordance with the DL all Board Committees will develop ToRs and include the quorum.	4. Quorum is reflected as appropriate for each Board Committee in line the Staff Governance Standard and the Audit Committee Handbook and any other relevant standards.	January 2021	Committee Chairs/ Exec Leads/ Board Secretary	<b>In Progress.</b> Most Committees have started to develop specific sections of their Terms of Reference.

## Implementing NES Board Standing Orders: Action Plan

<u>Board Standing Orders</u>	Action	Success Criteria	Date	Lead	Progress
5. <i>“Paragraphs 5.6-5.9 shall equally apply to members of any Board committees, whether or not they are also members of the Board, e.g. stakeholder representatives”.</i>	<p>5.1 Share the NES Standing Orders with Co-opted members of the Digital Committee and the lay (ex-officio) members of the SGC as appropriate and new Board members as appropriate.</p> <p>5.2 Clarify the NES Board practice for declaring an interest at a meeting as per 5.6 - 5.10 of the NES Standing Orders and Section 5 of the Code of Conduct (Declaration of Interests).</p>	<p>5. All members of Board Committees are aware of the new Standing Orders and the relevant sections relating to their conduct at Board Meetings and there is a consistent interpretation of these across the Board and the Committees</p> <p>5.1 Co-opted and lay members have received the Board Standing Orders and are aware of their requirement to comply</p> <p>5.2 A standardised interpretation is applied across the Board and the Committees</p>	<p>November 2020</p> <p>December 2020</p>	<p>Board Secretary</p> <p>Board Secretary</p>	<p><b>Partially complete</b></p> <p><b>Complete, clarified in the NES generic Committee ToRs</b></p>
6. <i>“While the meeting is in public the Board may not exclude members of the public and the press (for the purpose of reporting the proceedings) from attending the meeting”.</i>	6.1 Implement the Once for Scotland COVID approach to public participation at Board meetings once available.	6. Public Board meetings are open and transparent.	<b>tbc</b>	Board Secretary	Awaiting further information from the work of the Corporate Governance

## Implementing NES Board Standing Orders: Action Plan

<u>Board Standing Orders</u>	Action	Success Criteria	Date	Lead	Progress
					Blueprint Group and/or SG DL
7. <i>“The Board Secretary and Principal Lead Corporate Governance (or his/her authorised nominee) shall prepare the minutes of meetings of the Board and its Committees”.</i>	7.1 Board Standards are developed for Board and Committee Minutes.	7. It is clear to the Board or the Board Committee who the Board Secretary has delegated administrative responsibilities to and this responsibility is conducted in line with agreed administrative standards.  7.1 Board and Committee minutes are produced following an organisational standard (which will be developed involving users) and accessible to the public	November 2020	Board Secretary/ Board Services	<b>In progress</b>
	7.2 Board Standards are developed for Board and Committee Action logs and format.	7.2 Action logs are succinct and actions progressed in a timely manner using the standard for Board and Board Committees	November 2020	Board Secretary/ Board Services	<b>In progress</b>
	7.3 Board Standards are developed for Board and Committee Agenda headings and format	7.3 Agendas are prepared in line with a Board standard	December 2020	Board Secretary/ Board Services	<b>In progress</b>



## Implementing NES Board Standing Orders: Action Plan

<u>Board Standing Orders</u>	<b>Action</b>	<b>Success Criteria</b>	<b>Date</b>	<b>Lead</b>	<b>Progress</b>
	7.4 Governance terms for use in Board and Committee papers are listed	7.4 Governance terms are consistently and accurately used appropriately in Board and Committee papers	November 2020	Board Secretary/ Board Services	<b>In progress</b>
	7.5 Board Standards are developed for Board and Committee Paper format and headings (based on once for Scotland Blueprint paper template and guidance).	7.5 New format is agreed through ET and Board in embracing Blueprint active governance principles and strategic governance direction of the NES Board	November 2020	Board Secretary/ Board Services	<b>In progress</b>
	7.6 Standards are developed for publishing public Board papers and other Board information.	7.6 The Board Corporate website is up to date, transparent and accessible.	January 2021	Board Secretary/ Board Services	<b>In progress</b>
8. <i>“The Board or the Committee shall review the draft minutes at the following meeting. The person presiding at that meeting shall sign the approved minute”.</i>	8.1 Board Standards are developed to detail the process for Board and Committee Chairs signing approved minutes.	8. The Board meets the Standing Orders requirement across all formal Board meetings.	November 2020	Board Secretary/ Board Services	<b>In progress</b>
<b><u>Matters Reserved for the Board (Section 6)</u></b>					
9. <i>“This section summarises the matters reserved to the Board:</i>  a) <i>Standing Orders</i>	9.1 a) Review the new Standing Committee ToRs as a whole corporate governance package and the Board schedule of	9.1 a) The Board executes its authority in line with the Standing Orders and delegated authority to Board Committees is clear	March 2021	Committee Chairs/ CEO/ Exec Leads/	

## Implementing NES Board Standing Orders: Action Plan

<u>Board Standing Orders</u>	Action	Success Criteria	Date	Lead	Progress
b) <i>The establishment and terms of reference of all its committees, and appointment of committee members</i>	business to ensure consistency with the Standing Orders.	and distinct and prevents duplication of governance effort.		Board Secretary	
	9.2 b) Develop new ToRs using a standardised template for Audit and Risk Committee; Staff Governance Committee; Education and Quality Committee; Digital and Information Committee and Remuneration Sub Committee.	9.2 b) The headings and format for the ToRs have been produced and agreed	3 November 2020	Audit Committee Chair/DoF/ Board Secretary	Discussed at 3 November Audit and Risk Committee and added to 26 November Board agenda for approval
	9.3 b) Develop standardised generic text for inclusion in all ToRs	9.3 b) Standardised text has been agreed through Audit Committee	3 November 2020	DoF/Board Secretary	Discussed at 3 November Audit and Risk Committee and added to 26 November Board agenda for approval
	9.4 b) Specific text for the ToRs has been developed by all Committees	9.4 b) Each Committee has approved their new ToRs	January 2021	Committee Chairs/ CEO/ Exec Leads/ Board Secretary	<b>In progress</b>
	9.5 b) Audit Committee has taken an overview of all ToRs on behalf of the Board.	9.5 b) The ToRs are comprehensive, avoid duplication and everything is included	January 2021	CEO /Audit and Risk Committee Chair/ Board Secretary	

## Implementing NES Board Standing Orders: Action Plan

<u>Board Standing Orders</u>	Action	Success Criteria	Date	Lead	Progress
<p>c) <i>Organisational Values</i></p> <p>d) <i>The strategies for all the functions that it has planning responsibility for, subject to any provisions for major service change which require Ministerial approval.</i></p> <p>e) <i>The Annual Operational Plan for submission to the Scottish Government for its approval. (Note: The Board should consider the draft for submission in private session. Once the Scottish Government has approved the Annual Operational Plan, the Board should receive it at a public Board meeting.)</i></p> <p>f) <i>Corporate objectives or corporate plans which have been created to implement its agreed strategies.</i></p> <p>g) <i>Risk Management Policy.</i></p> <p>h) <i>Financial plan for the forthcoming year, and the opening revenue and capital budgets.</i></p> <p>i) <i>Standing Financial Instructions and a Scheme of Delegation.</i></p>					

## Implementing NES Board Standing Orders: Action Plan

<u>Board Standing Orders</u>	Action	Success Criteria	Date	Lead	Progress
<p>j) <i>Annual accounts and report. (Note: This must be considered when the Board meets in private session. In order to respect Parliamentary Privilege, the Board cannot publish the annual accounts or any information drawn from it before the accounts are laid before the Scottish Parliament. Similarly the Board cannot publish the report of the external auditors of their annual accounts in this period.)</i></p> <p>k) <i>Any business case item that is beyond the scope of its delegated financial authority before it is presented to the Scottish Government for approval. The Board shall comply with the <a href="#">Scottish Capital Investment Manual</a>.</i></p> <p>l) <i>The Board shall approve the content, format, and frequency of performance reporting to the Board.</i></p> <p>m) <i>The appointment of the Board's chief internal auditor. (Note: This applies either when the proposed chief internal auditor will be an employee of</i></p>	<p>9.6 l) Strategic KPI Development Session scheduled with Board for 29 October 2020</p> <p>9.7 l) Next steps to be confirmed</p>	<p>9.6 l) The performance reporting to the Board dovetails with the performance reporting to each of the Committees and the Board has approved the overall reporting process and approach</p>	<p><b>TBC</b></p>	<p>Director of Planning and Corporate Resources</p>	<p><b>In progress</b></p>

## Implementing NES Board Standing Orders: Action Plan

<u>Board Standing Orders</u>	Action	Success Criteria	Date	Lead	Progress
<p><i>the Board, or when the chief internal auditor is engaged through a contract with an external provider. The audit committee should advise the Board on the appointment, and the Board may delegate to the audit committee oversight of the process which leads to a recommendation for appointment.)”</i></p>					
<b>Committees (Section 9 of Board Standing Orders)</b>					
<p>10. “Subject to any direction issued by Scottish Ministers, the Board shall appoint such committees (and sub-committees) as it thinks fit. NHS Scotland Board Development website will identify the committees which the Board must establish.  <a href="https://learn.nes.nhs.scot/17367/board-development">https://learn.nes.nhs.scot/17367/board-development</a>”</p> <p>Note: The NHS Standing Orders do not go into any detail in relation to Standing Committee governance arrangements as this is included in the Terms of Reference for each Standing Committee. As NES currently does not have Terms of Reference, rather brief Committee “Remits” the following was added to the NES Standing Orders:</p>	<p>10.1 Once the Board Committee ToRs are developed, the Board will review and revise as appropriate sections a-d in the Board Standing Order as it may now be appropriate to remove this.</p>	<p>10. Board Committee ToRs dovetail with Board Standing Orders in terms of core governance practice, behaviour and conduct, whilst setting out specifically the individual Committees Constitution; Purpose; Remit; Membership, Quoracy and Attendees; Frequency of Meetings; Authority; Duties; Minutes &amp; Reporting Procedures Review.</p>	<p>January/ February 2021</p>	<p>Board Chair/ CEO/ Board Secretary</p>	

## Implementing NES Board Standing Orders: Action Plan

<u>Board Standing Orders</u>	Action	Success Criteria	Date	Lead	Progress
<p><i>"a) All of the Standing Committees shall consist of, or have a majority of, non-executive Board members.</i></p> <p><i>b) The quorum of a Standing Committee of the Board shall normally be two non-executive members.</i></p> <p><i>c) Each Standing Committee shall normally meet four times per year.</i></p> <p><i>d) No expenditure shall be incurred by a Committee without the consent of the Chief Executive and Accountable Officer. Consent for this expenditure will not be unreasonably withheld".</i></p>					

Della Thomas

Board Secretary, Principal Lead Corporate Governance

November 2020