

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

**Date:** Thursday 24 September 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-Seventh Board Meeting** NES/20/94  
30 July 2020 for approval
- 5. Matters arising from the Minutes and notification of Any Other Business**
- 6. Actions from previous Board Meetings** NES/20/95  
For review
- 7. Chair and Chief Executive reports**
  - a. Chair's Report
  - b. Chief Executive's Report NES/20/96
- 8. Strategic items**
  - a. Progress Report: Digital Initiatives during the COVID-19 period NES/20/97  
for information and approval (G. Huggins and C. Wroath)
- 9. Governance Items**
  - a. Vice Chair – bi-ennial review of office (D. Garbutt, verbal report)
  - b. Significant issues to report from Standing Committees:
    - Staff Governance Committee held 6 August 2020  
(L. Dunion, verbal update)
    - Education & Quality Committee held 17 September 2020  
(D. Hutchens, verbal update)

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|---|------------|
| c. November 2020 – March 2021 Board Schedule of Business for approval (D. Thomas) | NES/20/98  |
| d. 2021/22 Board & Committee meeting dates for approval (D. Thomas)               | NES/20/99  |
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| <b>10. Annual Items</b>   |            |
| a. Draft 2020 Annual Self-Assessment Document for approval (D. Cameron)           | NES/20/100 |
| b. Risk Appetite for discussion and approval (A. McColl)                          | NES/20/101 |
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| <b>11. Performance Items</b>  |            |
| a. Financial Report for assurance and approval (A. McColl)                        | NES/20/102 |
| b. Risk Register Report for assurance and approval (S. Irvine)                    | NES/20/103 |
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| <b>12. Items for Noting</b>   |            |
| <b>Standing Committee Minutes</b>   |            |
| a. Staff Governance – 16 April 2020   | NES/20/104 |
| <br>  |            |
| <b>Other items for noting</b>   |            |
| b. Feedback, Comments, Concerns and Complaints report 2019-2020                   | NES/20/105 |
| c. COVID-19 NES Executive & Extended Executive Team Decisions Log                 | NES/20/106 |
| d. Training & Development Opportunities for Board Members                         | NES/20/107 |
| <br>  |            |
| <b>13. Any Other Business</b>   |            |
| <br>  |            |
| <b>14. Date and Time of Next Meeting</b>  |            |
| 26 November 2020 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-SEVENTH BOARD MEETING HELD ON THURSDAY 30 JULY 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
- Mrs Jean Ford (JF), Non-Executive Director
- Ms Lynnette Grieve (LG), Non-Executive Director/Employee Director
- Ms Gillian Mawdsley (GM), Non-Executive Director/Whistleblowing Champion
- Mr Douglas Hutchens (DH), Non-Executive Director
- Prof Stewart Irvine (DSI), Acting Chief Executive
- Ms Audrey McColl (AMcC), Director of Finance
- Ms Vicki Nairn (VN), Non-Executive Director
- 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:**

- 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 Morag McElhinney (MMcE), Principal Lead - HR
- Ms Della Thomas (DT), Board Secretary & Principal Lead – Corporate Governance
- Mr Christopher Wroath (CW), Director of Digital
- Ms Alison Shiell (AS), Manager, Planning & Corporate Governance (Minute Taker)

#### 1. Chair's Introductory Remarks

1.1. The Chair welcomed everyone to the meeting. He confirmed that the Board last met on 25 June, firstly in formal private session, to approve the 2019-20 Annual Report and Accounts. Then the Board met informally in a private development session to review the first phase Re-Mobilisation Plan in place from 25 May to 31 July 2020. To remind the Board and for the public record, the Chair outlined the areas considered during the private informal meeting including: Undergraduate and Pre-registration Education; Post Graduate Training; CPD, Primary and Community Based Care; Mental Health; Digital; Data Analysis, Intelligence and Modelling; Staff Health and Wellbeing; Finance; Properties and Facilities and the Board discussed the implications for the next-again re-mobilisation phase.

#### 2. Apologies for absence

2.1. Apologies for absence were received from Tracey Ashworth-Davies (Director of Workforce) who is usually a regular attendee at the Board. Morag McElhinney deputised

for Tracey Ashworth-Davies and the Chair particularly welcomed Morag McElhinney to her first full Board meeting.

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

- 3.1. There were no declarations of interest in relation to any of the items of business on the agenda for this Board meeting.
4. Before progressing further with the agenda, the Chair responded to an informal discussion that took place just before the Board began its formal session. The Board had received an informal update from the Director of Digital in relation to a letter that all NHS Boards have received from Scottish Government regarding public access to public Board meetings during the COVID-19 pandemic. CW had drawn the attention of the Board to the function on Microsoft Teams that enabled a meeting to be recorded. The Chair clarified that the Board were not being invited to make a decision about this now. There will be further discussion as part of a future Scottish Government (SG) Corporate Governance Blueprint Steering Group meeting and recommendations will follow outlining a Once for Scotland approach. The Board will await these before formally reviewing our current approach to public accessibility during the COVID-19 pandemic and changing any of our current practice and procedures. The Chair invited the Board to agree to a test of the Microsoft Teams recording function at this Board meeting. The Board agreed to this.

### **5. Minutes of the One Hundred and Fifty-Fifth Board Meeting** (NES/20/72)

- 5.1. The minutes of the Board meeting held on 28 May 2020 were approved, subject to the following amendment required to item 9e (2020-2021 Schedule of Board Business).
  - a. Item 9e, paragraph 9.8b – amend sentence to read that the 2019-20 Annual Report of the Audit Committee would be considered by the Board in ‘private’ session, rather than public. **Action: AS**
- 5.2. Gillian Mawdsley made the following observation regarding item 8 (COVID-19 NES Response):
  - a. Item 8, paragraph 8.4d – Gillian asked if there was a formal action resulting from the issue of the staff survey regarding their experiences of working during the pandemic. In her role as Chair of the Staff Governance Committee, Linda Dunion confirmed that the survey data has been sent to Non-Executive Directors and that the Staff Governance Committee will take forward any follow-up on behalf of the Board.

### **6. Matters arising from the minutes**

- 6.1. Gillian Mawdsley will provide an updated wording for item 9f (National Whistleblowing Arrangements), paragraph 9.11, to ensure that the next steps regarding the implementation of the national Whistleblowing Standards are expressed effectively. **Action: GM**

### **7. Actions from previous Board Meetings** (NES/20/73)

- 7.1. The Board received the rolling Board action list for review and agreement.
- 7.2. The following point was discussed:
  - a. In relation to the action from the 28 May Board meeting regarding the planned date of the Board development session on Key Performance Indicators, Stewart Irvine confirmed that he would be meeting with the Chair and Acting Deputy Chief

Executive to review the content of the remaining 2020-21 Board Development sessions on Friday 31 July. A communication will be sent to Board members after this meeting. **Action: CE Office**

7.3 The Action list was agreed.

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

### **a. Chair's Report**

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

- a. The Chair met with Gillian Russell (Director of Health Workforce, SG) in her role as head of NES's sponsorship directorate. They discussed the possibility of creating a more practical 'sponsorship' agreement between SG and NES.
- b. The Chair attended the first meeting of the Mobilisation Recovery Group chaired by the Cabinet Secretary for Health and Sport. The membership of this group comprises a broad range of representatives across Health and Social Care, Local Authorities and SG. The Chair explained that group will likely act as an authorising body for re-mobilisation workstreams. Future meetings will include discussions about the NHS Scotland workforce.
- c. The Chair has raised the challenges of standing back up medical education and training in Scotland during a regular meeting with Joe Fitzpatrick (Minister for Public Health, Sport and Wellbeing, SG)
- d. The Chair has raised the importance of consistent information-sharing between NHSS Chairs, Chief Executives and Scottish Government during the COVID-19 pandemic with Christine McLaughlin (Director of Planning, SG). Representatives from both the Chairs and Chief Executives group have met up to discuss future joint activities.
- e. The Chair has met with a representative from the Northern Ireland Confederation for Health & Social Care to discuss the role of the NHSS Board Chairs Group.
- f. The Chair has met with the Cabinet Secretary for Health and Sport; the outcomes from this meeting are that he has been asked to make two presentations to the NHSS Boards Chairs and SG Directors. The first will be on lessons learned and potential improvements as a result of the COVID-19 pandemic. The second on Active Governance, which the Board noted had been raised by the Chair at the Board meeting on 26 March.
- g. The Chair attended the NES/Scottish Social Services Council Partnership Group. This meeting provided an insight into the joint working between NES and SSSC. Karen Wilson leads on this area of work for NES.
- h. The Chair outlined his role in assisting with the recruitment process for the Chair of NHS Tayside and confirmed to the Board that he is progressing recruitment of the permanent Chief Executive position in NES.

8.2. In conclusion, the Chair noted that the period since the May Board meeting had been particularly busy. He thanked the Executive Team for their continued work in response to the COVID-19 pandemic alongside their substantive roles. He invited questions from the Board. There were no questions and the meeting moved on to consider the next agenda item.

### **b. Chief Executive's Report** (NES/20/74)

8.3. Stewart Irvine introduced this report, which Board members noted continues to be brief as directorates continue to focus on their COVID-19 response and this is reported to the Board separately. The majority of directorate updates are presented in detail within the

paper submitted under item 8. Stewart Irvine highlighted the following items in relation to past and present NES staff:

- a. Retirement of Jean Allan (Associate Director, Medicine) – Jean Allan has been with NES since its inception and has been involved in Medical Education and Training for over 25 years. She postponed her original retirement date to contribute to the COVID-19 response and will be much missed by her colleagues in NES and the wider UK medical education sector. Rowan Parks has successfully recruited a replacement for Jean Allan's post, and a start date of September has been agreed.
- b. Both Dr Amjad Khan (Medicine) and Prof Anne Watson (Pharmacy) have been awarded Professorships at the University of Edinburgh and Robert Gordon University respectively.
- c. The Board noted with sadness the recent deaths of Elaine Figgins (Associate Director, NMAHP) and Jim Rennie (former Postgraduate Dental Dean).

8.4. In relation to the directorate updates that were provided in the report, the Board welcomed the positive Round 1 recruitment fill rates in Medicine, which for 2020 are the highest recorded since 2013, when Scotland entered UK national recruitment. The Board also noted the recent launch of the NHS Pharmacy First Scotland community pharmacy service, for which the NES Pharmacy team have provided a large amount of supports including webinars, e-learning and peer discussion events.

8.5. During discussion, the following points were raised:

- a. In relation to the Medical fill rates, Sandra Walker asked why the 2020 fill rate has been so successful and how this achievement could be replicated in subsequent years. Rowan Parks clarified that this is before the COVID-19 pandemic and noted that this rise had been seen across the four devolved nations and that changes to the occupational shortage list have increased the overseas applicant pool. Promotion and social media activity have also contributed.
- b. Sandra Walker also asked for further information on the meeting between Stewart Irvine, Audrey McColl and Caroline Lamb (Director of Digital Reform and Engagement, SG) and the status of the NES Digital Service (NDS) commission in particular. Stewart Irvine confirmed that discussions are ongoing and that a formal commission from SG is still to be received.
- c. In response to a query from Anne Currie regarding the experience of using the NHS NearMe video consulting service, Stewart Irvine confirmed that feedback from users had been positive.
- d. Doreen Steele asked if the Pharmacy First Service will include polypharmacy. Stewart Irvine agreed to confirm this with Anne Watson outwith the Board meeting.

**Action: DSI**

8.6. The Chair thanked Stewart Irvine for his report and on behalf of the Board thanked Jean Allan for her significant contribution and wished her a happy and healthy retirement. He asked that the Board's congratulations be passed on to Amjad Khan and Anne Watson on their award of Professorships. He also offered the Board's condolences to the families of Elaine Figgins and Jim Rennie.

## **9. COVID-19 NES Response Update**

(NES/20/75)

9.1. Stewart Irvine introduced an update paper on the NES COVID-19 pandemic business response for the Board's discussion and assurance. Individual directorates have provided updates on their continued COVID-19 response and the attached annex is an updated record of the high-level, strategic decisions taken by the NES Executive Team and the NES Extended Executive Team for the period 10 March – 17 July 2020.

- 9.2. Stewart Irvine summarised that the severity of the pandemic in Scotland is abating and that activity is now focusing on re-mobilisation in the context of normal winter pressures, whilst also considering the possibility of a second COVID-19 wave and managing the resumption of scheduled care. SG have requested that all NHSScotland Boards submit a Phase 2 Re-Mobilisation plan for the period 1 August 2020 – 31 March 2021. This plan will replace the 2020-21 Annual Operational Plans that were previously approved by NHSS Boards in March 2020. The Board noted that NES is still awaiting clarity from SG in relation to 2020-21 updated funding arrangements.
- 9.3. In conclusion, Stewart Irvine acknowledged the continuing challenges of the current working environment. The re-mobilisation of NES's education and training activity is highly dependent on whether partner organisations can resume their own normal activity. NES will also be required to maintain its COVID-19 response, particularly in the Digital and Workforce domains and appropriate resources will need to be put in place to support this. Stewart Irvine did however highlight that the Extended Executive Team had reduced their daily meetings to three per week and were considering meeting only once a week from 3 August 2020.
- 9.4. The Board welcomed the COVID-19 response update. During discussion, the following points were raised:
- a. Paragraph 3.1.3, Research Activity – Gillian Mawdsley welcomed the award of a £236k research grant to the Scottish Medical Education Research Collaborative (SMERC) for a study looking into the improvement of doctors' wellbeing and resilience during COVID-19. She asked how the results of this study could be included in future Re-Mobilisation plans. Rowan Parks congratulated the NES staff involved in this work and confirmed that the study will be led by the University of Aberdeen but involving all partner Medical Schools in Scotland and NES. The study will involve interviews with Foundation Year 1 (FY1) Doctors in Training and related staff groups, with interim results planned for issue in six months' time. Rowan Parks offered to bring these results to the attention of the Board as appropriate **Action: RP**
  - b. Paragraph 3.1.4, Technology Enhanced Learning Short Life Working Group – Sandra Walker welcomed the establishment of this multi-professional group and asked whether progress updates could be shared via the Educational & Research Governance Committee (ERGC). **Action: KW**
  - c. Paragraphs 3.3.6 – 3.3.10, Open Badges in Oral Health – Sandra Walker queried whether these new Open Badges had been evaluated in terms of value for money as the ERGC had received a paper in 2019 stating that previous Open Badges had a low take up from potential users. David Felix noted Sandra Walker's comments and confirmed he would take these on board for future Open Badges evaluation. **Action: DF**
  - d. Doreen Steele noted that some webinars that have been given by directorates during the COVID-19 pandemic and that these may have been useful for Non-Executive Members to attend. It was agreed that the Chair & Executive's Office would gather details of future webinars in advance and share them with the Board. Karen Wilson advised that NMAHP webinars are recorded and published on Turas Learn (paragraph 3.2.3). This link will be shared with the Board after the meeting. **Action: CE Office**
  - e. Jean Ford noted the positive progress and intentions referenced by directorates in their individual updates and asked how this would continue to be monitored. Stewart Irvine confirmed that trainee progression reports would be included in the Board's schedule of business and reported back to the Board through routine reporting. **Action: Board Services**

- 9.5. The Board noted the information contained in the update paper. On behalf of the Board, the Chair thanked Stewart Irvine, the Executive Team and NES staff for their continued work in response to the COVID-19 pandemic.

## 10. Governance Items

### Significant issues to report from Standing Committees

#### a. Remuneration Committee held 4 June 2020

- 10.1. Doreen Steele gave a brief overview of the key issues discussed at the most recent meeting of the Remuneration Committee:

- a. The Committee considered the 2019-20 performance reviews of the NES Executive Team and approved the Annual Report of the Remuneration Committee for submission to the Staff Governance Committee.
- b. Members have also reviewed the additional work undertaken by the Executive Team during the COVID-19 pandemic.

#### b. Audit Committees held 11 June and 16 July 2020

- 10.2. Doreen Steele highlighted the key issues that were discussed at recent meetings of the Audit Committee, including a formal extraordinary meeting on 16 July:

- a. On 11 June 2020, the Committee received and approved the 2019-20 Annual Accounts for submission to the Board and also approved the Annual Report of the Audit Committee and Governance Statement.
- b. On 16 July 2020, the Committee held a formal extraordinary meeting to review the content and implementation of the new Board Standing Orders before their submission to this Board meeting.

#### c. Board Standing Orders (NES/20/76)

- 10.3. Della Thomas presented the new NES Standing Orders to the Board for approval. These standing orders have been developed in line with the NHS Board Standing Orders DL(2019)24 which forms part of a wider programme of work associated with the NHS Scotland Blueprint for Good Governance.

- 10.4. The new NES Standing Orders were submitted to the Audit Committee at its extraordinary meeting on 16 July. The Audit Committee's comments regarding the implementation of the standing orders have been incorporated into the paper and, as a result, the Board was asked to approve the new NES Standing Orders and the plan to receive an implementation action plan via correspondence for approval.

- 10.5. Della Thomas advised that the Board's approval of the new NES Standing Orders at this meeting is the first step in strengthening NES Board governance processes. In future the Board will receive a corporate governance 'package or framework' on an annual basis for approval. This package will comprise the Board Standing Orders, the Board Scheme of Delegation; the Standing Financial Instructions and Committee and Sub Committees Terms of Reference (ToRs).

- 10.6. The paper sets out the new NES Standing Orders (in line with the NHS Board Standing Orders) and details where changes/additions were accepted by the Audit Committee (red text) and the Audit Committee's own additional changes (blue text). A contents page will be added before the document is formally published, as well as relevant hyperlinks.

10.7. During discussion, the following points were raised:

- a. Doreen Steele highlighted that currently section 9.1d was added further to discussion at the Audit Committee “No expenditure shall be incurred by a Committee without the consent of the Chief Executive and Accountable Officer”. She suggested that a line specifying that approval will not unreasonably be withheld should be added to clause 9.1d. The Board agreed this addition.
- b. Clause 5.2.6 of new NES Standing Orders – Vicki Nairn asked for clarification on the ‘consent agenda’ technique and whether this would ever be utilised within NES. The Chair confirmed this is an optional process that is only used by one NHS Scotland Board. The Board agreed that reference to the consent agenda technique should be removed from the NES Standing Orders as the technique is unlikely to be used in NES.
- c. Jean Ford asked for further information on the timeframe of the implementation action plan. Della Thomas confirmed that the action plan would be circulated to the Board via correspondence before the next Board meeting on 24 September 2020. The action plan will set out realistic timeframes for each area of improvement, as some changes, will be easily implemented, whilst other changes will require some time to allow for scheduling through the Standing Committees for example the development and approval of Committee ToRs. Critical success factors, recommended by the Audit Committee, will also be included in the action plan.
- d. The Board discussed the governance route of the Standing Orders action plan going forward to ensure that both the Audit Committee and Board received updates on progress. Della Thomas will confirm this process with the Board Chair and Chair of the Audit Committee in due course.

10.8. After discussion, the Board approved both the new NES Standing Orders, subject to the amendments noted in minute 10.7a and 10.7b, and the approach to receive the implementation plan for approval via correspondence. On behalf of the Board, the Chair thanked Della Thomas for her work. **Action: DT/Board Services**

d. Caldicott Guardian – 2019/20 Annual Report (NES/20/77)

10.9. David Felix presented the 2019/20 Caldicott Guardian Annual Report to the Board for approval. The Board noted the mismatch between the agenda (approval) and cover paper (noting); confirmation was given that the report had been submitted to the Board for approval. David Felix thanked the Executive Team for their contributions to the report and also acknowledged the work of Tracey Gill (NES Information Governance Data Security Lead) in the report’s preparation.

10.10. The report provides the Board with assurance that NES is complying with the Caldicott Principles for the protection of patient information. David Felix advised that the 2019-20 report is in a different format to that of previous years and this reflects the significant shift in NES’s role and responsibilities regarding the processing of patient-identifiable data. This is due to the implementation of the Turas Family Nurse Partnership and the inception of the National Data Platform. The report also includes reference to the recent COVID-19 related activities for the Board’s information.

10.11. The Board welcomed the publication of the Caldicott Guardian 2019/20 Annual Report. During discussion, the following points were raised:

- a. Douglas Hutchens and Sandra Walker praised the level of detail provided in the report, particularly in relation to NES’s new responsibilities for patient-identifiable data.
- b. Doreen Steele queried the process for removing data from any devices that are lost. Christopher Wroath confirmed that NES is in the process of updating legacy equipment with devices that can have their data removed remotely. David Garbutt

followed up by highlighting that there was a wider issue. What is the protocol for staff to follow to report a missing device? Is there a window of opportunity for someone to access the data before it has been removed remotely? He reminded Christopher Wroath that he was awaiting a report on this for assurance, further to a discussion at Audit Committee. Christopher Wroath confirmed that he would get this to the Board. **Action: CW**

- c. Doreen also asked if NES has considered using the Fairwarning cloud-based security solution as part of its data protection measures. David Felix agreed to discuss this with Doreen Steele outwith the Board meeting. **Action: DF**
- d. In response to a query from Doreen Steele regarding NES's liability as an employer in relation to its GDPR (General Data Protection Regulation) responsibilities, Stewart Irvine confirmed that CNORIS (Clinical Negligence and Other Risks Indemnity Scheme) provides cover in this area.

10.12. After discussion, the Board approved the 2019/20 Caldicott Guardian Annual Report.

## 11. Performance Items

### a. Risk Report (NES/20/78)

11.1 Audrey McColl presented the NES Risk Register and associated COVID-19 Risk Annex as at July 2020 to the Board for approval. Audrey reminded the Board that the Annex details additional key risks identified for the organisation as a result of the impact of, and the NES response to, the COVID-19 pandemic.

11.2 There have been no updates to the Corporate Risk Register since the public May Board and June private Board development session. Within the COVID-19 Risk Annex, risks 7 and 11 have been updated to include additional NES actions and information relating to the COVID-19 Accelerated Recruitment Portal (CARP) and a new risk 16 has been added as a result of NES employing students via the CARP who have been deployed to work in non-NHS placements such as care homes.

11.3 Audrey McColl recognised the continued pace of the pandemic and advised that the Executive Team had discussed further amendments to the COVID-19 risk Annex at its meeting on 28 July 2020. NES will now have more of a focus on risks to recovery. The Annex will be further updated to include reference to the capacity of the service to support clinical placements and concerns in relation to the viability of this, the impact of processing the remaining CARP applicants so that redeployed NES staff can return to their substantive roles and a further update to the risk associated with NES's employment of student nurses. **Action: AMcC**

11.4. During discussion, the following points were raised:

- a. Douglas Hutchens asked if NES would be incorporating the COVID-19 risk Annex into the overall corporate risk register, as per other government organisations. In response, Audrey McColl commented that this was being considered but that it may result in the layout of the COVID-19 risk Annex being used in future as this had been a strength highlighted by KPMG in their Risk Maturity Assessment report.  
Jean Ford raised a similar point and asked whether the risk Annex becomes part of NES's 'business as usual' given that there is no immediate end in sight for the pandemic. Audrey noted this point and advised that NES risk reporting would be covered in detail at the Board Development session on 24 August 2020, subject to the meeting she and Stewart Irvine would be having soon with the Chair.
- b. In response to a comment from Linda Dunion highlighting a need to be pro-active, not reactive, to enhance reputation and credibility, Audrey McColl agreed it would

be helpful to update risks 12 and 13 in the Corporate Risk Register to include reference to a communications plan as a mitigating measure. **Action: AMcC**

- c. In response to a comment from Gillian Mawdsley, in her role as the Non-Executive Director - Whistleblowing Champion, Audrey McColl agreed it would be helpful to update risks 14 and 15 in the Corporate Risk Register to include reference to the new Whistleblowing role and associated national standards in relation to a potential legislative/statutory failure. **Action: AMcC**

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

b. Finance Report (NES/20/79)

11.6. Audrey McColl presented the financial results to 30 June 2020 and the current forecast outturn for 31 March 2021. The Board noted that this is the first finance report of the 2020-21 financial year and that it also included an update on the anticipated costs of the NES response to the COVID-19 pandemic.

11.7. Audrey McColl highlighted a number of key points from the report, including a current year end forecast overspend of £1.5m. This is made up of a £1.8m overspend in Medical Training Grades, which is underwritten by Scottish Government but which will not be received until the end of the financial year, offset by a £300k underspend across the rest of NES. The current estimate of the cost of the COVID-19 NES response is £10.4m. Work is ongoing across directorates to determine the full cost impact of Covid-19 and the £10.4m figure may change as directorate plans and Scottish Government requests for further work are reviewed.

11.8. During discussion, the following points were raised:

- a. The Board recognised the challenges in relation to the ongoing pandemic and that other NHS Boards would be in the same position, however members agreed that the lack of notification from Scottish Government (SG) regarding 2020-21 funding allocations was a concern. Vicki Nairn commented on the challenges of NES delivering additional services in response to the pandemic, such as CARP, without budget clarity.
- b. Audrey McColl confirmed that she and her team are meeting weekly with SG Finance colleagues and that SG are content with the financial reports that NES have been providing during the pandemic.
- c. Audrey McColl noted a mismatch in the Medical directorate data provided within Table 4 (page 8) and paragraph 3.5. The £8.83m figure stated in the table is the correct forecast cost for Medical, rather than the £13.4 figure in paragraph 3.5.

11.9 After discussion, the Board approved the financial results to the 30 June 2020 and the Chair thanked Audrey McColl for her work.

## 12. Items for Noting

### Standing Committee Minutes

12.1 The Chair began by noting that previous governance practice has been strengthened to ensure that only approved Committee minutes are presented at Board meetings for noting. As a consequence of the suspension of a number of NES standing committees due to the COVID-19 pandemic, the minutes of the first three Committees listed were approved via correspondence.

- a. Finance & Performance Management Committee – 19 February 2020 (NES/20/80)
- 12.2. The Board received and noted the minutes of this meeting.
- b. Educational & Research Governance Committee – 20 February 2020 (NES/20/81)
- 12.3. The Board received and noted the minutes of this meeting
- c. Digital Committee – 2 March 2020 (NES/20/82)
- 12.4. The Board received and noted the minutes of this meeting
- d. Audit Committee – 30 April 2020 (NES/20/83)
- 12.5. The Board received and noted the minutes of this meeting
- e. Annual Report of the Board (NES/20/84)
- 12.6. The Board received and noted the 2019-20 Annual Report of the Board that was originally submitted to the private Board meeting on 25 June, along with the 2019-20 Annual Accounts.
- f. 25 May Remobilisation Plan (NES/20/85)
- 12.7. The Board received and noted the Phase 1 Mobilisation Plan (for the period May – 31 July 2020) which NES submitted to Scottish Government on 25 May 2020, and which was shared and discussed during the private informal Board Development session on 25 June 2020. The plan has been submitted to this Board meeting for noting to allow it to sit as part of the formal public record of the Board.

### **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 24 September at 10.15 a.m.

### **15. Conclusion of Meeting**

15.1 This concluded the business of the formal public Board meeting and the Board then moved into formal private session to review and approve the Phase 2 Re-Mobilisation Plan.

NES  
August 2020  
AS/DT/DSI/DG/AMcC  
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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 30 July 2020</b>					
5.1	Minutes of 28 May meeting	Amend item 9e, paragraph 9.8b (2020-2021 Schedule of Board Business) to read 'private' session	Alison Shiell	August 2020	<b>Complete</b>
6.1	Matters arising from the minutes	Send through amendments to item 9f, paragraph 9.11 (National Whistleblowing Standards)	Gillian Mawdsley	August 2020	<b>Complete</b> GM provided amended minute.
7.2a	Rolling Action List	Confirm to Board members the content of the remaining 2020-21 Board Development sessions	CE Office	August 2020	<b>Complete</b>
8.5d	Chief Executive's Report	Confirm with Anne Watson (AW) that the new Pharmacy First service includes polypharmacy	Stewart Irvine	September 2020	<b>Complete</b> AW provided response and this has been sent to Doreen Steele for information.
9.4b	COVID-19 Response Update	Consider how progress updates from the Technology Enhanced Learning (TEL) SLWG could be shared with the Education and Research Governance Committee (ERGC)	Karen Wilson	17 September 2020	<b>Complete</b> Karen Wilson has confirmed that regular TEL SLWG updates will be shared via the ERGC.
9.4c		Take on board comments from Sandra Walker regarding future Open Badges evaluation as the ERGC had received a paper in 2019 stating that previous Open	David Felix	September 2020	<b>Complete</b> DF provided response and this has been shared with Sandra Walker for information.

Minute	Title	Action	Responsibility	Date required	Status and date of completion
		Badges had a low take up from potential users.			
9.4d		Share the dates of future directorate webinars with Non-Executive Board members. Share link to recent NMAHP webinars to Non-Executives for information	CE Office	September 2020	<b>Complete</b> Included in the Training & Development Opportunities for Board Members Board paper from September Board onwards
9.4e		Confirm inclusion of trainee progression reports included in the Board's schedule of business.	Board Services	September 2020	<b>Complete</b> Trainee progression reports included on 2020-21 Board Schedule of Business
10.8		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> a. Board Standing Orders now finalised and published on NES website. <b>On-going</b> b. Action Plan in development and scheduled for 1 October Audit Committee, after which it will be circulated to Board for approval by correspondence.
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>In progress</b> CE Office liaising with NES Digital colleagues to provide information to the Board.
10.12c		Discuss if NES has considered the Fairwarning cloud based security solution with Doreen Steele	David Felix	August 2020	<b>Complete</b> DF had conversation with Doreen Steele on 11 August. It was agreed that use of

Minute	Title	Action	Responsibility	Date required	Status and date of completion
					Fairwarning would not be appropriate here.
11.3	Risk Report	The Annex will be further updated to include reference to the capacity of the service to support clinical placements and concerns in relation to the viability of this, the impact of processing the remaining CARP applicants so that redeployed NES staff can return to their substantive roles and a further update to the risk associated with NES's employment of student nurses.	Audrey McColl	August 2020	<b>Complete</b> COVID-19 Risk Annex updated based on Board discussion and presented at item 11b.
11.4b		Corporate Risk Register – update risks 12 and 13 to include reference to communications plan as mitigating measure	Audrey McColl	August 2020	<b>Complete</b> The Risk Register has been updated based on Board discussion and presented at item 11b.
11.4c		Corporate Risk Register – update risks 14 and 15 to include reference to Non-Executive Whistleblowing role and associated national standards	Audrey McColl	August 2020	<b>Complete</b> The Risk Register has been updated based on Board discussion and presented at item 11b.
<b>Actions agreed at Board meeting on 28 May 2020</b>					
9.12d	National Whistleblowing Arrangements	Include reference to NES's 'Our Way' code of conduct in future paper iteration.	Donald Cameron	Paused due to the COVID-19 pandemic	<b>Complete</b> Whistleblowing delegated to SGC and the "Our Way" code will be included once further SG guidance is available for the SGC review
10.2a	2019/20 Q4 Performance Report	Arrange Board development session to review Key Performance Indicators and consider how strategic performance indicators relate to the key strategic priorities of the Board post-COVID.	Donald Cameron / Della Thomas / CE Office and Board Services	Date TBC post-COVID.	<b>Complete</b> This has been added to the Board Development session scheduled for 29 October 2020

Minute	Title	Action	Responsibility	Date required	Status and date of completion
	Risk Development Session	Prepare agenda for Risk Management Board development session once the KPMG report is available.	Audrey McColl / Board Services	August 2020	<b>Complete</b> The outcomes of the KPMG Risk Maturity Assessment formed part of the 27 August Board development session.
<b>Actions agreed at Board meeting on 26 March 2020</b>					
9b	2019/20 Q3 Performance Report	Consider requirements for 2020/21 performance management and Q1 performance report in light of COVID-19 pandemic	Donald Cameron	June 2020	<b>Complete</b> 2019/20 Performance reporting is complete and 2020/21 performance reporting will commence against the Board approved 1 August – 31 March 2021 Re-mobilisation plan
<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>Post 30 July</b> – In progress; AMcC/JS contacted for further update.  <b>30 July update 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 Paused</b>

Minute	Title	Action	Responsibility	Date required	Status and date of completion
					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

**September 2020**

## **1. INTRODUCTION**

- 1.1. The agenda for our September Board meeting recognises NES's continuing contribution to the COVID-19 pandemic. The Board will be aware that recent weeks have seen rising case numbers, admissions to hospital and patients requiring ventilatory support across the UK.
- 1.2. A progress report on the delivery of digital initiatives during the COVID-19 period has been submitted to this Board meeting for information and approval. The Directorate updates set out in this report also highlight the ways in which NES has adapted its ways of working to support health and care staff.
- 1.3. The Board are also receiving two Annual Items for discussion and approval. The draft Self-Assessment Document forms part of NES's Annual Review submission and sets out a selection of 2019-20 achievements that support the 2019-24 NES Strategic Framework and national priorities and policy drivers. The Risk Appetite paper has been developed following a recent Board development session and invites the Board to review the current levels of risk appetite in each of five risk categories and confirm if they are still appropriate for NES.
- 1.4. Under the Governance section of the agenda, the Board will receive a forward schedule of business for November 2020 – March 2021 and a set of proposed Board and Committee meeting dates for the 2021/22 year. The Board will continue to meet virtually using Microsoft Teams until Scottish Government guidance changes.
- 1.5. The Board will wish to note that a Quarter 1 performance report would usually be submitted to the September Board meeting, however COVID-19 has led to performance reporting being paused. It is intended that a 2020-21 Quarter 3 performance report, against the next phase Re-mobilisation Plan approved by the Board in July, will be submitted to Board meeting in January 2021.

## **2. ANNOUNCEMENTS**

- 2.1. **Recruitment of NES Chief Executive**  
The recruitment advert for the new Chief Executive of NES closed on 2 September. The process is due to conclude by the end of September. The recruitment of our new Chief Executive is being managed by an external recruitment company, Eden Scott.

## **3. STRATEGIC UPDATES**

- 3.1. **NHS Scotland – continued emergency footing**  
John Connaghan (Interim Chief Executive of NHS Scotland, Scottish Government) wrote to all NHS Board Chairs and Chief Executives on 11 September confirming that the health service will remain on emergency footing until at least 31 March 2021, as [announced](#) by the Cabinet Secretary for Health and Sport.

### 3.2. **NES Annual Review**

The NES Annual Review is expected to take place on 18 November and will be overseen by the Minister for Mental Health, Clare Haughey. Details remain to be confirmed, but it is currently anticipated that due to the COVID-19 pandemic, the meeting will be held virtually with the NES Board Chair and Chief Executive and Stephen Lea-Ross (Deputy Director of Health Workforce) and other Scottish Government colleagues.

## 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.
- 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. NES communications have been active in support of the new Chief Executive recruitment exercise, creating video and design assets, and in taking out paid social media promotion to ensure as wide a coverage as possible.
- 4.5. 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: this month saw a CEO article in Holyrood Magazine and a special edition of our stakeholder 'NES Current' newsletter.
- 4.6. 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.
- 4.7. 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. Prior to the cancellation of all face to face dental CPD events in March, NES Dental had previously delivered occasional webinars, including to other healthcare professions, such as Oral Cancer awareness for pharmacists. To enable all members of the dental profession to access CPD during lockdown, a rapid shift to webinars occurred in late March/early April. From the middle of April to the end of August, 75 webinars were run, most of which were free of charge. More than 100 hours of CPD were provided, with over 24,000 attendees enthusiastically taking up the opportunity to undertake learning on a wide variety of important topics.
- b. The two with the highest number of attendees were webinars on infection control and child protection, with 1400 and 1300 delegates respectively. Mindful that continued free provision was not sustainable, the Dental Directorate Executive Team has recently agreed on modest hourly rate charges. It has also been agreed that certain topics, such as infection control, can be run with no charges, Anticipating the eventual move towards a more blended approach for CPD, with hands-on face to face training, supported by online learning, we are now looking at charges to suit this mixed model of delivery.

### **5.2 NES Digital**

- a. **Care Homes Safety Huddle**  
The SG commissioned 'Care Homes Safety Huddle' tool went live in August after a very rapid design and development cycle. It has been extremely well received. There are 1046 (96.85%) care homes registered on the tool. On 10<sup>th</sup> September represents the highest number of safety huddle returns in a day, with 862 returns. Further development work to deliver enhanced capture is underway in collaboration with SG and the Care Inspectorate.
- b. **COVID-19 Assessment Tool**  
This tool is now live in all A&E and COVID-19 Assessment centres across NHS Greater Glasgow and Clyde (GG&C). The NES Digital team are now working on the programme to rollout the tool across the rest of NHS Scotland. The next three Boards in line for implementation are NHS Ayrshire & Arran, Lanarkshire and Highland. Work required to implement in Highland will be leveraged to assist in faster rollout across other

Boards not in the West region as new infrastructure interoperability will be required to integrate with local clinical data systems.

c. **Vaccination Service**

NHS GG&C in collaboration with NES Digital developed a proposal for an amended version of the Case Assessment tool to be developed to capture, check and pass data at the point of vaccination for the new, Scottish Government Vaccination Programme. This will be a collaboration with GG&C, NDS, NSS and Scottish Government. NES Digital are acting as one of the technology suppliers to the programme with a focussed contribution on the data capture at point of vaccination.

d. **NHS Scotland Workforce National Statistics**

The NES Digital Data Team have maintained this service through the COVID-19 emergency period. The required statistics have been published on time despite significant pressure on the team to deliver COVID-19 based services.

### 5.3 NES Digital Service (NDS)

a. **Protect Scotland App**

NDS is providing cloud hosting, compliance and other services for the Protect Scotland tracing app system, ensuring all of our data is stored safely and securely. The app went live on 10 September and garnered over half a million downloads in its first day.

b. **Vaccination Service**

NDS and NES Digital have been asked by the Scottish Government to collaborate with others build a system for planning, scheduling, communication, and recording the early delivery of influenza and pneumococcal vaccinations in Scotland. The team has been working to develop this service, including information governance requirements, at fast pace for delivery within the coming weeks (September 2020).

c. **Shielding Service**

Whilst the Shielding Service which was developed by NDS was paused in August, there continues to be messages sent out using the service, as and when required, following local clusters of COVID-19.

d. **Ophthalmology**

As part of our work on Ophthalmology, NDS continues to develop the 'Eyecare' product, bringing data onto the National Digital Platform using 'Openeyes'.

e. NDS continues to develop its thinking around equalities/inequalities in terms of service design across a range of NDS products. An EQIA of the Shielding Service has also been completed, outlining actions taken or planned in response to issues identified in the analysis.

## 5.4 Medicine

### a. **GMC Credential in Rural and Remote Health**

A GMC Task and Finish Group met on 7 September, followed by the Curriculum Oversight Group on 10 September where our submission for a Credential in Rural & Remote Health was tabled. Discussion in both these meetings was extremely positive and the submission has been very well received. An Associate Postgraduate Dean (Dr Pauline Wilson, Consultant Physician, NHS Shetland) has been appointed and her role is to provide operational leadership in delivering this credential, working with Professor Alan Denison.

### b. **Impact of COVID on Medical Trainee Progression**

Following this year's summer ARCPs, the Scotland Deanery have reviewed the ARCP outcomes to assess the impact of the pandemic on trainee progression. A new ARCP Outcome was developed following discussion with the GMC. Based on this, we estimate that there are approximately 85-90 additional trainees who have required an extension of their training due to missing compulsory curricular requirements or College examinations. This could have been significantly higher had it not been for a significant modification to the MRCGP examination which is taken by final year GP trainees. However, it should be noted that a significantly larger group of trainees (approximately 564 doctors in training) have been allowed to progress to the next level of training due to derogations permitted by their respective Colleges and approved by the GMC. These trainees either have outstanding competencies to gain or are awaiting an opportunity to sit a professional College examination or undertake a mandatory course.

### c. **2021 Medical Trainee Recruitment**

Discussions continue on a 4 Nation basis through MDRS regarding the processes to enable recruitment to Foundation, Core and Specialty training given the impact of the ongoing COVID pandemic. Recruitment principles have been agreed. These include – No in person face to face interviews will take place, where self-assessment is used evidence should be verified, any interview process should be undertaken digitally, minimal panel membership has been defined, lay representatives should be available to undertake quality assurance checks on a proportion of interviews, where applicant numbers exceed interview capacity shortlisting processes can be adopted. It has been agreed that there should be a Plan B should there be a significant second spike of the pandemic with an agreed escalation policy.

## 5.5 NMAHP

- a. **Graduate Diploma in Integrated Community Nursing**  
Working in partnership with Scottish Government, Queen Margaret University and the University of the West of Scotland, NHS Education for Scotland has launched the new **Graduate Diploma in Integrated Community Nursing**. More than 200 nurses have been recruited from across Scotland's district nursing, care home nursing, prison health and general practice nursing teams to complete the two-year, part time, work-based and distance learning programme.
- b. Designed for nurses working at level 5 of the Career Framework for Health, the innovative programme is suitable for nurses who are experienced or newly qualified; new to the community setting or experienced in the setting but with limited specific continuing professional development; with or without a first degree. As part of the wider transformational change agenda and the Transforming roles programme, it will equip them with the range of skills and knowledge they need to work flexibly and to their full potential across the integrated community nursing team.
- c. The programme will enable these nurses to continue their studies at postgraduate level to qualify as specialist, advanced and consultant nurses in district nursing, care home nursing, prison health and general practice nursing.
- d. **Healthcare Support Worker (HCSW)**  
COVID-19 changed everyone's practice and forced us to reassess how we engage with Support Workers during the pandemic and change the way we deliver services to meet their needs.
- e. Collectively there are more than 21,000 Support Workers across nursing, midwifery and allied health professions in NHSScotland. Within the wider health and social care workforce many Support Workers are based in GP practices, community teams, care homes and provide care at home services. This workforce is widely dispersed and sometimes hard to reach in terms of education.
- f. **Going social – the impact of Facebook in reaching HCSWs**  
With events and stakeholder network meetings cancelled, the HCSW Team had to get creative in finding different approaches to ensure that HCSWs were aware of and could access the COVID-19 education resources on Turas. With the help of NES corporate communications and our digital agency partners, the team took their first steps into Facebook, with targeted campaigns running between May and July 2020.
- g. The campaigns excelled with engagement statistics vastly exceeding industry averages and Facebook benchmarks. 98% of engagement was

via mobile devices and HCSWs were highly responsive to the campaigns as evidenced by the level of sharing, saving and tagging colleagues in the posts.

- h. The final phase of the campaign captured 'user testimonial' video featuring frontline HCSWs who were enthusiastic advocates for the COVID-19 learning materials. The video, available on [NES YouTube](#) channel, attracted just over 7,000 views within the two week campaign period.
- i. The team are working with colleagues across NES to share the results and explore the future potential of Facebook.
- j. **Staying connected – our first webinar**  
The HCSW team hosted a webinar on 4<sup>th</sup> August 2020 for support workers in primary care teams. This was the first interaction with this group of staff and followed the cancellation of events in March due to lockdown. The team partnered with colleagues in the GPN, utilising their experience of running webinars to support the team in their endeavours.
- k. The webinar was attended by 190 participants and the recording is available on [NES Vimeo](#). We were delighted to have David Garbutt speak about the valuable contribution of support workers. We asked participants what matters to them about their learning and development and they said:
  - l. *'support' 'protected learning time' 'recognition of learning undertaken' 'funding and access to training' 'upskilling' 'easy access to resources; 'relevant training opportunities' 'being valued'*
- m. Further webinars will be planned for support workers in all health and care settings and provided as an alternative to face-to-face events.
- n. **Keeping the HCSWs voice at the forefront of what we do**  
Work has begun to move [Support Worker Central](#) and [HCSW Toolkit](#) onto a new site in TURAS Learn. The Support Worker "voice" is at the heart of our programme of work and is enormously important in keeping NES in touch with what support workers want and need and letting us know if we are getting it right.
- o. A communications plan is currently in place to target support workers and those supporting their learning and development and encourage participation in a short [survey](#) (closing 16.09.20)The survey feedback will help us create a site that best meets the needs of our health and social care workforce.

## 5.6 Pharmacy

a. **NES support for `provisionally-registered` pharmacists and their senior pharmacists**

Due to the restrictions on public gatherings and the requirement for social distancing during the COVID-19 pandemic, the GPhC registration assessments scheduled for June and September 2020 have been postponed.

b. As a result, the GPhC has taken the unprecedented step of agreeing a policy for registering pharmacists on a provisional basis who must practise under the guidance and direction of a senior pharmacist, to provide clinical and practice support and guidance.

c. NES has created TURAS Learn pages to support both these `provisional registrants` and their supporting senior pharmacist in these new roles.

d. **National Foundation Programme and Independent Prescriber (IP) Career Pathway for Community Pharmacists**

NES Pharmacy will be supporting the Scottish Government strategy to increase the number of community pharmacist independent prescribers and enhance the pharmacy networks' role in the clinical management of acute common conditions: <https://www.cps.scot/media/3696/circular-pca-p-2020-16-national-career-pathway-and-introduction-of-a-common-clinical-conditions-independent-prescribing-servi.pdf>

e. Through NES funding and support, an increased number of existing community pharmacists will be offered the opportunity to undertake an IP qualification and appropriate clinical skills training to allow them to assess and treat common conditions which would otherwise require onward referral to another healthcare professional. In future, IP training will be linked to the new NES Community Pharmacy Foundation programme due to commence in September 2021.

f. This increase in capacity of prescribing in Community Pharmacy further contributes to the wider health policy aims of keeping people well as close to home as possible and shifting the balance of care into the community.

g. **Introducing `prescriber prepared` skills for foundation pharmacists in training as NHS Scotland remobilises**

GPhC regulation stipulates that pharmacists must have worked in a relevant, patient-facing area for two years before applying to train as an IP. Historically pharmacist prescriber training has commenced after the completion of foundation training to comply. However, as the value of pharmacist prescribers becomes increasingly clear there is a need to develop the confidence and competence of our Foundation pharmacists in skills such as clinical assessment, decision making and consultation. For this reason, in August 2020 at NHS Louisa Jordan the pharmacy

team piloted two face-to-face sessions with a cohort of 30 of our current Foundation trainees from across Scotland using clinical educators from pharmacy, medicine and nursing, with plans to roll-out further.

h. **Redesigning OSCE face-to-face assessments in a virtual world for the Pharmacist Foundation Training Programme**

The Pharmacist Foundation Training Programme final assessment consists of portfolio and face-to-face assessments following OSCEology principles. This is a critical career progression point as after completion pharmacists progress to post-graduate qualifications and more advanced pharmacist positions. Within the Covid-19 environment the face-to-face assessments were redesigned to be delivered virtually using MS team in August 2020. Evaluation of this new way of working is underway and will be shared across NES Pharmacy and the wider organisation

## 5.7 Workforce

a. **NES Staff**

Staff are continuing to work from home, in accordance with Scottish Government policy. A risk management process, including individual self-assessment, has been established for a small number of staff whose roles, or extenuating personal circumstances, mean they need to work in NES, or other non-home, facilities. This is being carefully monitored by People & Facility Recovery Teams working in partnership. A large majority of NES staff (c. 90%) remain working fully at home.

b. **COVID-19 Accelerated Recruitment Portal**

Pre-employment checking for those people being managed through the COVID-19 Accelerated Recruitment Portal (CARP) is on track to complete by the end of September. In addition to the deployment of student nurses and doctors, this has allowed c.1900 people to be added to the candidate pool from which Boards can recruit.

c. **Lead Employer**

The Summer 2020 recruitment of doctors-in-training, under the Lead Employer model, has been successfully completed. This was a key achievement given the pressures on NES staff supporting CARP and other pandemic related priorities. It was significantly aided by the Lead Employer model of working which enables more efficient management of trainees moving on placement and, importantly, an improved employee experience.

d. **NHS Scotland Shared Services Recruitment**

The NHS Scotland Shared Services Recruitment - Strategic Proposal Paper, approved by the Chief Executives Group in June 2018, outlined next steps and recommendations for work to be undertaken on the options of national and regional shared services for recruitment. An options appraisal (financial & non-financial) commenced in 2019 to

consider and evaluate potential delivery models for an East Region Recruitment Service that would deliver against the agreed benefits criteria. The NES Executive Team and Partnership Forum have endorsed a proposal by the East Region Recruitment Transformation Programme Board to move to a 'Single Employer, Multiple Location' model of recruitment in which NES would be a participating Board, alongside 2 other National and 3 Territorial NHS Scotland Boards (NHS Lothian; NHS Fife; NHS Borders; Healthcare Improvement Scotland (HIS); NHS Education for Scotland (NES) and the Scottish Ambulance Service (SAS). This option scored the highest across benefits criteria and was deemed to carry the lowest level of overall risk of model options. (Note: 'Single Employer' relates to 'recruitment' staff, 'Multiple Locations' relates to existing work locations.) Recruitment staff employed in participating Boards (5 posts in NES) will transfer to the NHS Board selected as Single Employer, on their existing terms and conditions of employment, and maintain continuity of NHS service. A process to select the Single Employer will take place in the next few months.

e. **Coaching for Wellbeing service**

In May, NES launched a digital coaching service "Coaching for Wellbeing" to support all health and care staff. The emphasis was on maintaining individual health, wellbeing and resilience, and to support those with responsibility for the health and wellbeing of other staff. This service, commissioned by the Scottish Government, resulted in 430 people across the sector being matched with coaches. At eight weeks, 1840.5 coaching hours had been allocated. Of the first 90 coaches completing coaching, 98% reported that the coaching had effectively/very effectively supported the issues they wanted to address.

## **CALENDAR from 27 July – 11 September 2020**

This section of the report provides an overview of the meetings I have attended since 27 July 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 July CE report to the Board, the Executive Team have been once a week on a Friday so share directorate updates and take any decisions as required.

### **NES Executive Team**

The core Executive Team continue to meet on a fortnightly basis as per pre COVID-19 arrangements to discuss strategic and governance issues in detail.

### **NHS Board Chief Executives (BCEs)**

BCEs meet weekly via Microsoft Teams in addition to the formal monthly meetings of BCEs.

### **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 weekly separately with the senior team from Scottish Government to discuss the COVID-19 response. This has recently been reduced to twice weekly.

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

I hold weekly Skype calls with the Chief Executives of the 4 Nation statutory Education and Training organisations to co-ordinate our response to COVID-19, with a focus on our shared responsibilities for education and training in the UK.

## **Meetings since 27 July – 11 September 2020**

### **28 July – Sarah Gracie, Eden Scott**

Sarah Gracie and I discussed the recruitment process for the NES Chief Executive.

### **29 July - Discovery Oversight Board Meeting**

I attended this meeting to discuss recovery and renewal in the context of the Public Health Scotland Discovery system and possible data that could be used to support the NHS Scotland COVID-19 response.

### **3 August – Dr Navina Evans, Health Education England (HEE)**

I had an introductory meeting with Navina Evans, who has been appointed as the permanent Chief Executive of HEE.

#### **4 August - NBC Programme Board**

The agenda for this meeting included items on recovery and renewal, with a particular focus on the National Boards' collective contribution to key recovery and renewal themes.

#### **13 August - James Lucas & Clair Connor, KPMG**

I met with James and Claire to discuss the initial approach of NES's COVID-19 response audit and the key stakeholders that will be involved.

#### **2 September**

##### **Professor Ian Finlay, Scottish Government**

I met with Professor Finlay to discuss representations from the BMA regarding the recommencement of appraisal and revalidation.

##### **Dr Kim Walker, University of Aberdeen**

I met with Dr Walker to discuss a research project looking into the impact of COVID-19 on the wellbeing of doctors in Scotland.

#### **8 September - NBC Programme Board**

The agenda for this meeting included an item on the National Board's collaborative contribution to recovery and renewal including Digital Access to Primary Care and addressing health inequalities through shared data and improved intelligence.

#### **10 September - Amanda Barber, NES**

I had an induction meeting with Amanda, who has recently joined as our new Associate Director of Medicine.

## NHS Education for Scotland

### Board Paper Summary

#### 1. Title of Paper

Progress Report: Digital Initiatives during the COVID-19 period

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

Geoff Huggins, Director NES Digital Service (NDS)  
Christopher Wroath, Director NES Digital

#### 3. Purpose of Paper

For information and approval.

#### 4. Key Issues

4.1 The paper reports on the continued delivery of and progress against NES' strategic digital objectives as well as the significant additional contributions made during the pandemic period. It highlights the opportunity presented by the Scottish Government's announcement within the Programme for Government of a refresh to their Digital Health and Care Strategy.

4.2 In addition, in light of the review of the Digital Health and Care Strategy, the paper recommends the suspension *pro-tem* of the Board Digital and Information Committee, with reports coming directly to the Board via a Digital Executive Group.

#### 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

The work of NES Digital and NDS accounts for approximately 3.5% of the NES budget. Both directorates have been working closely with their Finance Business Partner and the Scottish Government Digital Directorate to progress the finalisation of detailed commissions for work, where appropriate. A significant amount of additional work has been required during the pandemic. This has been delivered through a combination of the reprioritisation of existing resources and additional COVID-19 funding from Scottish Government.

**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**

New risks have been added to directorate risk registers particularly in relation to workforce wellbeing and the recognition of the potential for 'burnout' during what has been a very demanding time for staff. At a corporate level, risks arising from digital activity in response to COVID-19 have been added to the COVID-19 risk annex which is reviewed regularly by the Executive Team and has been presented to both the Audit and Risk Committee and the Board.

**9. Equality and Diversity**

Digital work in NES is the subject of considerable equality and diversity consideration, working closely with the NES Equalities Adviser. The NES Digital Service has published an equality impact assessment for its shielding work and contributed significantly to the impact assessment by Scottish Government of the proximity app, Protect Scotland.

**10. Communications Plan**

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

Yes

No

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

The Board is asked to note the paper and to approve the recommendation to suspend the Digital and Information Committee *pro-tem*.

NES  
GH, CW  
September 2020

## Context

- 1.0 As the COVID-19 emergency has developed, there have been a series of planning documents requested by Scottish Government (SG) including;
- A Local Mobilisation Plan which was submitted to Scottish Government on 18 March.
  - A Draft Phase 1 Re-Mobilisation Plan, covering the period to the end of July, which was submitted to SG on 25 May and was shared with the Board during a private workshop in June.
  - A Phase 2 Re-mobilisation plan, covering the period from 1 August 2020 until 31 March 2021. This plan will replace the NES Annual Operational Plan for 2020/21 previously approved by the Board.

A first draft version of this plan (as at 27th July) was provided to a private Board meeting for consideration. The Board recognised that as this draft had been prepared in 8 working days it lacked the detail that we would normally seek to provide in an operational plan linked to a confirmed budget as submission was required by 7th August 2020. We have not yet had any formal feedback on this submission.

- 2.0 In addition, in preparation for the Annual Review of 2019/20 a Self-Assessment Document has been created which is also on the agenda for the September 2020 Board Meeting. This provides detail on what has been achieved in the digital space during 2019/20.
- 3.0 The response to the COVID-19 pandemic has included the rapid development and deployment of new digital technology and services and NES has been a significant contributor to the national programme of work.
- 4.0 Throughout the pandemic NES has been configured to operate as effectively as possible while Scotland learns to live with COVID 19. We have now deployed 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.
- 5.0 The Phase 2 Re-mobilisation Plan 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.
- 6.0 This paper, prepared by NES Digital and the NES Digital Service (NDS) provides an update on;

- the digital work that has been carried out to support the NHSS response to COVID-19 and;
- the work which is now being restarted or reprioritised in order to support existing strategic priorities particularly around key commitments to workforce data and establishment of the digital platform.
- Further detail is provided in Appendix 1 which is NES's Digital Health and Care Delivery Plan 2020/21 (the Digital Plan) which was submitted to support our Annual Operational Plan (AOP) 2020/21. It describes in detail the key digital outcomes and targets on which we had planned to focus over the next three years, priority targets have been highlighted in blue. Obviously, these will now need to be revisited but it has been used as a template to provide a progress update against what the NES strategic digital objectives were, prior to COVID.
- In addition, it provides an update on the revised national governance arrangements in relation to work under the digital health and care strategy 2018, which has implications both for digital and for NES' wider goals, particularly in connection with workforce development

## COVID-19 Update

7.0 Following a commission from SG Health Workforce, on 24<sup>th</sup> March 2020, NES staff worked closely with Scottish Government, NHS Boards, Higher Education Institutions and Professional Regulators to develop and launch the **COVID 19 Accelerated Recruitment Portal (CARP)** to support the return to service of registrants who had recently left, and to bring into service those who were close to qualification.

New digital development was required to capture expressions of interest and rapid development of existing Turas applications (Training Program Management and People) was required to support the batching for health boards of appropriate individuals and the processing of their pre-employment checks.

The Portal went live on Sunday 29<sup>th</sup> March and was temporarily closed to new applicants on 30<sup>th</sup> April when the total number of individuals, returning health professionals and senior undergraduates, then registered was 18,440.

The portal was re-opened to support the recruitment of staff to support contact tracing, and as at 18<sup>th</sup> May, there were over 35,000 expressions of interest.

Given that the initial deployment was within a week of receiving the commission from SG, the system required almost continuous development to keep pace with rapidly changing requirements which were supported by the iterative development of data dashboards in Turas Data Intelligence (TDI) to allow SG

real time access to data on Pre-employment checks and allocations to Boards of student and returning to service individuals.



Figure 1 : Screenshot of Turas Recruitment Portal Deployment Dashboard at 18 May.

- 8.0 Working with colleagues across health boards and at the Digital Health & Care Institute (DHI), services on the national digital platform were utilised to enable the flow of information between systems enabling **COVID-19 results, triage and assessment reports** to be shared. This was a key element in ensuring information and test results were securely handled and passed to clinicians and citizens in a timely manner.
- 9.0 The strategic work which was already underway to develop and deliver the OpenEyes ophthalmology electronic patient record (oEPR) was accelerated to provide **support for community eye care services** allowing community-based provision of emergency ophthalmology care, through support for virtual consultations between patients and staff. This meant that non-Covid patients avoided going to hospital while recognising that some non-covid care was still very urgent. The work carried out enabled the sharing of information needed to treat patients between optometrists and ophthalmologists as they moved their services to a virtual consultation model.
- 10.0 It was identified that a two-way communication method for people in the most at-risk group, known as the shielding group, was required so that whilst they needed to remain at home, they had appropriate access to food and medication. This was addressed by the **development of an SMS Service** that, through integration with the local authority support hubs, the six main supermarkets and NSS, connected people to services such as food parcel delivery, supermarket priority shopping slots, and delivery of key prescription medicines. The service also provided the latest, reliable information directly to

people so they could use it to protect themselves and self-isolate effectively. The service ran from April until the end of July, at which point shielding was paused, and supported the delivery of 933,000 food packages to at risk people.

- 11.0 As part of the Scotland response to the global coronavirus, an SBAR-style **COVID-19 case assessment tool** was developed in a partnership between NES Digital, NHS Greater Glasgow and Clyde, Daysix (creative agency), NDS, the Digital Health & Care Institute (DHI) and the Scottish Ambulance Service. The tool is being used across paramedic, emergency department, specialist assessment and treatment areas and clinical assessment centre contexts to improve situational awareness, decision making, safety and handover. The application allows clinical assessment data to be collected at the point of care, in real-time and in a structured format. It enables non-clinical staff to capture citizen symptoms to create a case that can then be assessed later (and potentially at distance) to support decisions about next steps. Capturing the data in a structured way means it can provide immediate analytics to clinicians, clinical leaders and senior managers and can also be integrated with other systems very easily. NES Digital was able to repurpose coding developed for the Family Nurse Partnership application (Turas FNP) to accelerate the time to delivery.
- 12.0 In response to the evolving Covid-19 pandemic the **Care Home Safety Huddle application** was developed to support the capture of Care Home staff and resident data. This data was captured on a daily basis in care homes on spreadsheets and emailed to IJBs and other stakeholders. By using the Turas platform as a single point of capture, the data is now reported through Power BI dashboards via security-controlled views. What data is seen by whom is determined by the role and organisation the individual works for, Care Home, Care Inspectorate, Health and Social Care Partnership or Scottish Government. The app uses the same design and interface as the Clinical Assessment app to ensure continuity of use for Social Care staff. This tool has enabled daily submissions on staff to resident ratios in adult care homes across Scotland. Reporting is in real time to care homes, care home groups, Health and Social Care Partnerships (HSCPs), Health Boards and SG.
- 13.0 The **Protect Scotland proximity smartphone app** was deployed on 10 September in support of wider strategic efforts to reduce the spread of coronavirus and avoid further lockdowns. The app alerts people if they have been in close contact with another app user who tests positive for coronavirus. It can help in determining contacts that people may have otherwise missed while keeping their information private and anonymous. It has currently been downloaded by 950,000 people. The app is hosted by NES, with NES also delivering the required security and compliance framework, as well as supporting integrations with other systems.

## **Progress against existing Digital Strategic Priorities**

Progress to date against the original priority Digital targets is detailed in *Appendix 1*. Further detail on some of these key areas of activity is provided below.

- 14.0 Work on the **underpinning infrastructure of the NDS national digital platform** included development of the care data repository, 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. Each of these areas of work will continue to develop and evolve over time but sufficient progress has been made to support the creation and deployment in NHS Scotland of the first NDS products.
- 15.0 Although work did continue during the pandemic period in connection with **Anticipatory Care Planning ACP** it was refocussed on work in partnership with Healthcare Improvement Scotland (HIS) on an Essential ACP digital product. The remobilisation work will allow the strategic work with Boards to implement **ReSPECT** which has largely been paused since March, to restart.
- 16.0 **TURAS Learn** has continued to be developed as *the NHS Scotland Learning Management System*. It hosts a continually expanding range of health and care related learning resources and provides general and targeted functionality to deliver, promote, track and record learning for all NHS and care staff. All of our developed and published learning and associated materials are now hosted and delivered through Learn.

In the last year the number of users visiting TURAS Learn increased by 30% from 266,241 to 403,787 visits and a further 20% in March 2020 with the start of the COVID-19 pandemic. TURAS Learn hosts over 750 e-learning modules, 2,500 Courses, 20 Learning sites, and 50 Learning programmes. New learning programme functionality was developed in 2019 to enable learners to progress through a series of activities with an overall completion certificate at the end. During 2019-20 other organisations have migrated their content onto the platform, most notably NHS Grampian, NHS Shetland and NHS24.

There is now a specific focus on further development of the TURAS Learn platform as the pandemic has fundamentally changed the scale and demand for remote/online learning and the Learn application will require significant development to meet these increased demands.

- 17.0 In December 2019, we achieved a key milestone towards transition of the workforce analytics functions from ISD, with the release of our first quarterly workforce publications. The transition of responsibility for **NHSS workforce data**, statistical and intelligence functions resulted from a review of existing arrangements including the vision outlined in the Health and Social Care Workforce Plan which sets out an enhanced role for NES in workforce intelligence.
- 18.0 We continued our work to support development of a digitally enabled workforce across the health and care system and have successfully secured additional funding to progress development of **Technology Enabled Care (TEC) resources**. Our first online learning module *Introduction to Technology Enabled Care (TEC)* has been accessed by 643 staff through TURAS Learn.

Work is underway on the second online module, *Using TEC in Health and Care Practice*.

- 19.0 Development work will continue on the TURAS platform including **TURAS People** in support of Doctors and Dentists in Training and **TURAS Appraisal**, where links to TURAS Learn will allow learning records to be created as part of the PDP.
- 20.0 To help address the weaknesses in NHS national business and workforce systems which have been highlighted by the pandemic, there is work ongoing to complete **the national e-Rostering procurement** programme and start the **Payroll procurement process**.
- 21.0 The **TURAS Data Intelligence** platform was successfully implemented at the beginning of April 2019, bringing together core workforce datasets across health and social care for the first time in a single cloud-based application. Workforce planning teams across the country can use it to gain access to a range of information about labour market supply, demand and outcomes. Our work on TURAS Data Intelligence is crucial to ensuring the availability of accurate data and intelligence, and improving how we understand and predict need, model service demand and inform planning at a local, regional and national level.
- 22.0 There has been continued work on 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. This has been delivered in partnership with Scottish Government, SSSC, the Digital Office for Local Government, SCVO and the Digital Health and Care Institute (DHI).

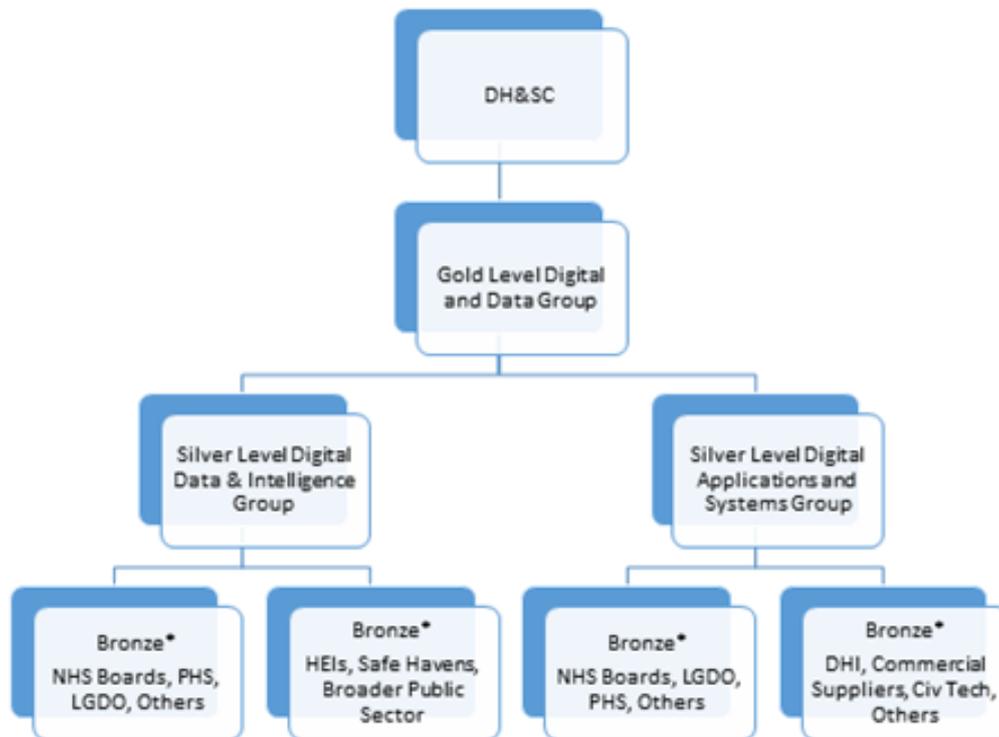
### **New Strategic Work**

- 23.0 Since the delivery of the remobilisation plan NDS and NES Digital have been commissioned by Scottish Government to work with NHS Greater Glasgow & Clyde and NHS National Services Scotland (NSS) to support the necessary development for a **national vaccination service, specifically for extended seasonal flu and anticipated COVID-19 vaccination**. NES development contributions will support cohort identification and risk assessment, data capture at point of vaccination and support of vaccination data records.
- 24.0 This represents the first necessary steps towards a national vaccinations record and service.

### **Revised SG governance and refresh to the digital health and care strategy**

- 25.0 It was announced through [Programme for Government](#) that there will be a refresh of the [Digital Health and Care Strategy 2018](#), as well as Scotland's first dedicated data strategy for health and care.

26.0 As well as refreshing the overall strategy, Scottish Government has reshaped the governance arrangements for digital. These are summarised in the diagram below:



27.0 The revision to the strategy presents a series of challenges and opportunities. Most notably, it offers the opportunity for greater cohesion across strands of work in the previous strategy. For example, this would include the specific opportunity for NES to bring greater coherence between elements such as the previous domain D work on inclusive learning for the workforce and elements such as the previous domain E work on the national digital platform.

28.0 The strategy refresh also offers the opportunity to embed outcomes, goals and commitments from the work set out above in the new context of more digitally enabled healthcare services.

29.0 As the pandemic has developed there has been a helpful move towards greater understanding of the benefits of national solutions based on cloud infrastructure. The strong performance across both NES Digital and NDS during the period has built greater confidence within the Scottish Government that we are highly capable of delivery against challenging requirements and ambitious timescales.

30.0 Overall, NES is well-placed to play an active, collaborative role in the shaping of the new strategy.

## NES Digital Committee and Executive Group

- 31.0 The Board will recall that following the publication of the Digital Health and Care Strategy in April 2018, Scottish Government established an overarching Portfolio Board to provide national direction and requested that NES establish a new entity, NDS to take forwards the development of the national digital platform (domain E) building on the significant experience within NES of developing digital applications. To support this work, NES established a Digital Sub-Committee in September of 2018, and subsequently a Digital Committee of the Board.
- 32.0 The NES Digital Committee held its inaugural meeting on 2 March 2020. It was then suspended as part of the move to the Board's 'core governance' arrangements during the Covid-19 response period. The NES Board has recently agreed that the full committee arrangements, including the Digital and Information Committee, should be re-established.
- 33.0 Within the [Programme for Government](#), the Scottish Government indicated their intention to review the Digital Health and Care Strategy. *"In responding to COVID-19, healthcare services have moved quickly and innovatively to ensure better access to flexible and digital health support. For individuals, this has increased choice and flexibility. For services, it has eased pressures, freeing up time and capacity for services which cannot be performed digitally. We will now, with COSLA, look to refresh our digital health & care strategy and create a dedicated data strategy for health & social care for the first time."*
- 34.0 In the light of this review, it was judged appropriate to defer the September meeting of the digital committee, in lieu of which the executive and non-executive members of the committee met to consider the position and resolved to **recommend to the Board that the Digital and Information Committee should remain suspended** until such time as the national policy direction is determined.
- 35.0 In the interim, the NES executive team will establish a **Digital Executive Group** which will be led by an executive member of the NES Board as lead for Digital (presently the Director of Finance and Acting Deputy Chief Executive), and will include the Director of Workforce, the Director of NES Digital and the Director of NDS. This group will provide a single executive-led forum at corporate level to ensure coherence for strategic planning, delivery and performance monitoring and management. The DEG will report via the Acting Deputy CE/DoF to the CE as Accountable Officer and will act as the primary interface for Digital with the Executive Team and the NES Board and will bring papers for assurance to the Board, until such time as the role and remit of the Digital and Information Committee is clear, following the review of the SG Strategy.

## Conclusion

36.0 The Board is invited to **note** the work of NES Digital and NDS summarised above.

37.0 The Board is invited to **approve** the suspension *pro-tem* of the Digital and Information Committee.

GH, CW  
September 2020



# **Digital Health and Care Delivery Plan 2020/21**

## 1. Introduction from our Chair and Chief Executive

NHS Education for Scotland (NES) is the national NHS Board with responsibility for education, training and workforce development. In addition, NES has a national digital role; providing workforce products and services and delivering key elements of Scotland's *Digital Health and Care Strategy*. Over the next three years we will work with our partners in Scottish Government and across health and social care to further develop the national *TURAS* platform, to support a digitally enabled workforce and put in place the National Digital Platform, that together will improve access to data and intelligence across care, administrative and business systems.

NES's *Digital Health and Care Delivery Plan 2020/21* (the Digital Plan) supports our *Annual Operational Plan (AOP) 2020/21* and describes in more detail the key digital outcomes and targets on which we will focus over the next three years with the emphasis on 'Once for Scotland' initiatives. This Digital Plan is also aligned with a key area of focus in the *NES Strategy 2019-24* entitled *a national digital platform, analysis, intelligence and modelling*, describing our ambition to develop a skilled and sustainable workforce supported by digital services and quality data.

This Digital Plan contributes to improved waiting times, creating more time for frontline services through digitally enabled models of care. Delivering this plan is reliant on an appropriate level of funding being available and takes account of the financial plan submitted alongside our AOP. This sets out an indicative breakeven position in each year of the three-year planning cycle to 2022/23.

**David Garbutt**  
Chair

**Stewart Irvine**  
Acting Chief Executive

## 2. Our Digital Approach

NES has an important role in developing 'Once for Scotland' data, technology and services, enabling and supporting NHS Boards and Integration Authorities to deliver key elements of Scotland's *Digital Health and Care Strategy*. We will do this through NES Digital and the NES Digital Service (NDS), directorates which sit alongside each other within our organisational structure. NES Digital has a strong development record through the national *TURAS* platform which uses *Agile* methodologies and cloud technologies to provide a wide range of workforce resources and applications across health and social care. In addition, in 2018 the Scottish Government established NDS to deliver the National Digital Platform, a central part of the *Digital Health and Care Strategy*. This work is now well underway through a multi-disciplinary and growing team which is building the infrastructure, products and services to support better health and care. Subject to funding, this Digital Plan describes the outcomes and targets of these teams over the next three years as well as our key contacts and our digital approach as summarised in Annex A,

Developing 'Once for Scotland' digital solutions, underpinned by a stable platform for use in multiple contexts, is central to the digital approach taken by NES whether it relates to care, administrative or business systems. NES Digital and NDS will apply the *Digital Scotland Service Standard* through cross-functional delivery teams that use collaborative user-centred design practice aligned with the *Scottish Approach to Service Design*. Where appropriate, our delivery teams will be supported by security, information governance and policy specialists.

We believe it is essential to get out and about and spend time with the people that rely on, use, manage and deliver frontline services to understand the challenges they face. We will apply engaged and engaging leadership, using *Agile* methodologies for product development and working in an iterative way, capturing feedback and improving the user experience over time.

Over the next three years NES will work with the Scottish Government and NHS Boards to develop 'Once for Scotland' digital products and services. Where these

are for a care or clinical environment; we will apply a clinical safety process through which our applications are assessed by experts and stakeholders to identify and mitigate risks throughout the development process. We will also ensure that rigorous information security and information governance processes are applied.

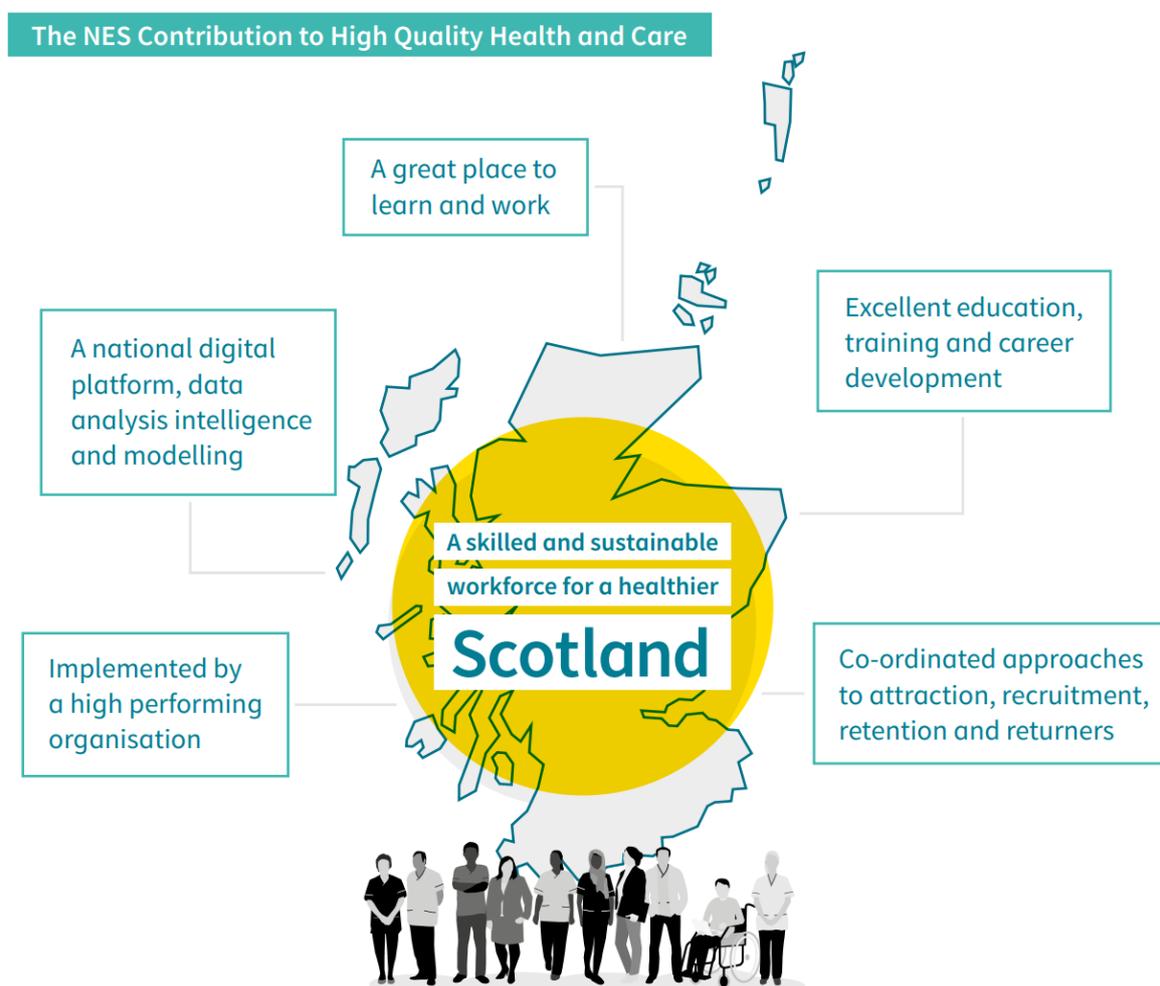
Our digital approach is designed to enable citizens and the health and social care workforce in Scotland to access information and data where and when they need it. However, we know that not everyone is able to go online and not all health and care staff have the skills to use the digital services available to them. We will take an inclusive approach, one that considers both why people are digitally excluded and the steps we can take to improve and support digital inclusion. We are committed to impact assessing our products and services and we will make sure that people are at the centre of everything we do.

### **3. National Digital Platform, Analysis, Intelligence and Modelling**

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. Over the next three years digital will play a key role in providing safer services which enable people to better manage their own health. In Scotland, health and social care providers will need to work together to build the digital infrastructure required to meet increasing demand, improve safety and create more time for care.

Key to meeting these challenges will be digitally enabled models of care which use data and intelligence for service and workforce planning. The development of modern digital products and services feature strongly within *Protecting Scotland's Future: The Government's Programme for Scotland 2019-20 (PfG)* and will play an increasingly important role in achieving *Scotland's National Performance Framework*. In addition, the *NES Strategy 2019-24* describes our five-year vision alongside key areas of strategic focus for our work. Of these, the activities,

outcomes and performance targets identified within a *national digital platform, analysis, intelligence and modelling*, provide the focus for this Digital Plan.



Within our digital 'key area of focus', the *NES Strategy 2019-24* describes a range of strategic outcomes which we aim to achieve through our digital performance targets over the next five years – these are listed below;

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

- *A workforce with up to date skills to deliver digitally enabled services*
- *Accessible, accurate and linked workforce data for planners and decision-makers*

Working towards these strategic outcomes, the following sections describe, in more operational detail than our AOP, the digital elements of our operational plan for 20/21. These are all subject to an appropriate and sustainable level of funding being made available, and the financial plan agreed by the NES Board.

### **3.1 National Digital Platform for Health and Social Care**

Over the next three years the NES Digital Service (NDS) will agree joint work plans with NHS Boards for the integration of major legacy systems, application of a Common Data Repository model to national resources such as SCI Store and NHS Board connections to the National Digital Platform (NDP). Key outcomes will also include a Clinical Data Repository with an agreed policy on secure access against a unique patient identifier, currently delivered through the Community Health Index (CHI) number.

For the NDP we will create digital architecture that supports the deployment of new products. We will host third party applications that require messaging and storage of patient identifiable information (PII) and lead the deployment of the first NDP services with notable examples being the *ReSPECT* product, digital solutions for treatment summaries and the implementation of an open source ophthalmology electronic patient record (all strong use cases that fit in the theme of provisioning the right data to the person who needs to know it, when they need it). Citizen-facing products and services will be core to the NDS portfolio with work planned to progress citizen access to support booking appointments, scheduling and waiting time management. We will also undertake projects that bring laboratory data onto the NDP for the first time and we will work with partners to position the NDP as an asset within a national model for the research use of data.

All our NDP work will be informed by joint planning with NHS Boards and underpinned by policies which ensure data is secure, and applications are accessible, inclusive and enable participation. Looking further ahead, we will agree areas of mutual benefit for local government engagement. The detailed NDP performance targets are described below, these are all subject to funding and will be reviewed quarterly and updated annually.

### NDP Performance Targets

Target Number	Priority Target	SMART Target	Progress Update – September 2020
TAR0003189	Yes	By March 2021, NDS will deliver a clinical data repository (CDR) in a secure cloud environment.	Version 1 (EtherCIS on Azure) Clinical Data Repository (CDR) has been delivered in a secure cloud environment. This is a key foundational building block that allows the recording of data in consistent ways to support its availability across the system. Work on cancer treatment summaries will be used to develop the clinical modelling processes required to re-use and create openEHR archetypes that will underpin the CDR of the National Digital Platform. We will upgrade to EHRBase on Amazon Web Services (AWS) cloud environment within agreed timescale.
TAR0003190	Yes	By March 2021, we will deploy citizen authentication for NDP products, engage citizens in design and development of products. By July 2022, we will enable all citizens in Scotland to create a digital identity so they can access, contribute to, and use their health information via an integrated authentication solution.	Authentication services are in place to allow NHS staff, other approved staff, and citizens to access and use the data and services on the platform via role-based permissions.  There is an external dependency on the SG work through Digital Identity Scotland, who are currently developing citizen authentication prior to NDS being able to deploy as planned.
TAR0003191	Yes	NDS will control transition from interim Azure Active Directory (AAD) access to access via national O365 tenancy, with all NHS Boards fully integrated onto AAD by July 2021 subject to successful O365 national rollout.	Microsoft Office 365 (O365) national rollout continues, led by NHS NSS, planned for completion by end 2020.  Provided this completes successfully, NDS will control the transition from interim Azure Active Directory (AAD) to O365 AAD as planned by March 2021.
TAR0003192	Yes	By March 2021, NDS will agree a policy position on access to the National Digital Platform for non-NHS staff, identify technology solution(s), and deploy first-version alpha solutions in one or two settings.	Resources for this work were redeployed to emergency COVID work.  Work to agree policy position continues, with development ongoing to prepare ReSPECT for deployment in a social care setting (i.e. to non-NHS staff), once resources are reinstated.

Target Number	Priority Target	SMART Target	Progress Update – September 2020
TAR0003193	Yes	By December 2022, new Community Health Index (CHI) services will be implemented as expected via NSS, with NDS to host (via the National Digital Platform) a national CHI.	Implementation of this work is reliant on external partners. CHI Advisory Group (CHIAG) has now approved NES for CHI usage and as a condition has asked that we hold a copy of CHI, however date for access is yet to be confirmed.
TAR0003194	Yes	Citizen-facing digital services (in this instance, messaging) will be developed in a range of clinical contexts by March 2021 to deliver common, reusable, core components.	<p>Citizen-facing digital services remain in development as planned for delivery by March 2021.</p> <p>The 2020/21 SG commissioning process is likely to be completed autumn 2020, with inclusion of citizen-facing digital services (CFDS).</p> <p>NDS delivery of citizen-facing digital services to-date include:</p> <ul style="list-style-type: none"> <li>• Co-production of the Protect Scotland Covid-19 proximity application, with over 1 million downloads to-date.</li> <li>• SMS Shielding Service was accessed by over 118,000 people, c. 1,500,000 messages sent, and continuing. Through this service, c. 933,00 food boxes were delivered through a delivery supplier. April-August 2020 data.</li> </ul> <p>Current engagement with SG for future CFDS includes citizen booking appointments for Covid-19 vaccination, extending from summer 2020 data integration work from GP-IT systems and SIRS (Scottish Immunisation &amp; Recall Service) for autumn 2020 flu vaccination delivery to a wider population group.</p>
TAR0003195	Yes	To improve adherence to Advanced Trauma Life Support, by March 2021 NDS will have supported development of a major trauma application, which will provide: robust data collection for forensic analysis; cognitive aids for trauma care clinicians; and a reliable framework to deliver care aligned to the highest clinical standards and reduce variability.	<p>This has largely been stood down during COVID-19</p> <p>Although we have in place a connection to the NHS Greater Glasgow &amp; Clyde system to support trauma work, it is unlikely that this application will be delivered in full by March 2021.</p>
TAR0003196	Yes	By March 2021, NDS will have completed a procurement exercise for the provision of Public Cloud (beyond the interim Azure Active Directory access); completed migration to new service (if required) and set the new Public Cloud service running live.	OJEU procurement exercise is now complete, with migration of platform services and applications using them, that are currently hosted on Azure, to Amazon Web Services (AWS) service underway and still expected by March 2021.
TAR0003197	Yes	<p>By March 2021, NDS's first 'need to know' product, Recommended Summary Plan for Emergency Care and Treatment (ReSPECT), will be available in all connected NHS Boards, with further products in development.</p> <p>By December 2022, ReSPECT will be available in all NHS Boards, with services accessible by NHS staff, non-NHS staff, and citizens.</p>	<p>Resources are currently being reprioritised back to ReSPECT following COVID work, the first version of which went live in NHS Forth Valley in March 2020.</p> <p>NHSS remobilisation plans and resource reallocation following COVID-19 will inform the appetite for uptake of ReSPECT within Boards, however we anticipate that V2 of ReSPECT will be live in NHS Forth Valley and Borders by Winter 2020.</p>

Target Number	Priority Target	SMART Target	Progress Update – September 2020
TAR0003198	Yes	By December 2020, NDS will agree a policy to select and commission the development of a set of capabilities/services such as: community monitoring through devices and sensors; use of patient reported outcomes to monitor health; digital communication with citizens and carers; virtual, telephone, and video appointments; and digital scheduling and appointments.	2020/21 commissioning process is likely to be completed by autumn 2020. This will inform the creation of a policy to agree future commissions - at this stage this is still planned for delivery by March 2021 however we recognise the possibility that this may be delayed.
TAR0003199	Yes	By July 2020, NDS will have project agreements in place, with alpha testing of historical data storage working with one pilot board (either GGC or Grampian).  By July 2022, a real-time shared data store will be in place and operating routinely and securely, with role-based access control and unique analysis resources in place.	Project agreements are now in place for the National Genomics Data Store with costings provided to NSS for further development and are awaiting formal handover, with further work subject to agreement with SG and other stakeholders.
TAR0003200	Yes	By December 2020, NDS will have responsibility for the National Integration Hub (NHI) and will have an agreed approach for how to address integration between the National Digital Platform and other local legacy systems.	NDS is supporting a series of integrations between new and legacy systems. NDS has an increasing capacity for integrations and as part of projects involved in such as autumn 2020 flu vaccinations, requiring integration with GP IT systems and SIRS (Scottish Immunisation & Recall Service).  NDS will support the development of a national media store and there are discussions in play about further reform of legacy systems.
TAR0003201	Yes	By July 2020, NDS will have defined a predictable architecture that allows for innovation and the development and deployment of new products, with an initial version in place, and a test environment available.  A mature version will be available with all common componentry in place by July 2022, and clear rules of engagement as to what can be hosted on the National Digital Platform.	We have in place the high-level architecture for the National Digital Platform itself, based on the following core components: Clinical Data Repository (CDR), Authentication Services, electronic Master Patient Index (eMPI), standards for holding and moving data. Version 2 of the platform with updates to CDR and other elements will be available in autumn 2020.
TAR0003202	Yes	NDS will meet with each NHS Board - by July 2020, all partner NHS Board engagement meetings will be complete, with common work plans in place to cover: connecting the board to the National Digital Platform; making ReSPECT and other 'need to know' products available to the NHS Board; and identifying work that can be taken forward within the NHS Board.	This work has been impacted by COVID-19, therefore partner health board engagement meetings are not complete. Meetings have taken place with NHSS Boards Lanarkshire, Lothian, Dumfries & Galloway, Fife, Glasgow & Greater Clyde, Forth Valley, Tayside, NHS24, Grampian, Western Isles, Shetland, Orkney, Borders, Scottish Ambulance Service.
TAR0003203	Yes	Through working with the Transition Group, by March 2021, NDS will have hosted a successful Local Government-focused engagement event and will have in place an agreed approach to address areas of mutual benefit for Local Government engagement.	This work is paused at the request of Local Government while national governance is re-evaluated.
TAR0003204	Yes	By March 2021, NDS will work with the research community; Scottish Government; and NHS NSS to consider how it supports research use of data and will have in place a first version research strategy (with an NDS focus).	This work is being progressed through discussions with Research Data Scotland and in the context of the Silver Command on Data and Intelligence, remaining on target for delivery by March 2021. National-level use of data, such as development of a Covid-19 risk stratification application, is progressing through Silver Command.

Target Number	Priority Target	SMART Target	Progress Update – September 2020
TAR0003205	Yes	As Data Processor, by March 2021, NDS will have in place: a System Security Policy (SSP) for the platform; completed Data Protection Impact Assessments (DPIAs) for each project, with these approved by Data Protection Officers and added to the Boards' information asset registers; and Data Processing agreements where required.	NDS Data Compliance team are working to create Data Protection Impact Assessments (DPIAs) for each project, along with an SSP for the platform. All projects have DPIAs and project level SSPs. Updated security documentation following the move from Azure Active Directory to Amazon Web Services, will be completed by March 2021.
TAR0003206	Yes	By July 2020, NDS will have initial clinical risk management documentation and processes in place and with NES integration as directed by NES.  By July 2022, mature versions of these processes will be in place and routine.	Initial clinical risk management documentation and processes are currently in place and will mature as planned over the coming year.  Clinical safety ultimately rests with the treating NHSS Health Board. Clinical safety is evaluated on a product by product basis, adopting NHS Digital Clinical Safety process noting this likely to be rolled out across Scotland. In addition, NDS have regular monthly discussions with the NES Caldicott Guardian.
TAR0003207	Yes	By July 2020, NDS will establish an adequate level of skill in clinical modelling for the internal NDS team, with sustainable access to the required tooling.  By July 2022, the internal NDS team will be able to support clinical modelling to support Scotland, with cohort practitioners trained to contribute to archetype and template reviews and establish a wider community of clinical modelling expertise.	Internal training delivery has ensured an adequate level of skill in clinical modelling for the internal NDS team, with a further session planned for September 2020.
TAR0003372		Subject to resources, provide subject specialist, discovery and stakeholder facilitation support which supports NDS to develop equality outcomes, embed equality and human rights planning and impact assessment processes into governance, planning and product development frameworks by March 2021.	NDS leadership has ensured throughout COVID-19 that completion of deliverables, corporate reporting and governance oversight continues. We have continued to recruit throughout and are also mindful of the impact of the pandemic on staff.

## 3.2 Administrative and Business Systems

Over the next three years NES Digital will continue to provide and develop a range of 'Once for Scotland' workforce administrative systems focused on enhancing the employment experience, improving recruitment, attraction and retention and supporting workforce planning. This will principally focus on the *TURAS* digital platform providing a range of cloud-based workforce resources, applications, information and data.

In addition, NES will continue to support the development of national business systems and the deployment of Office 365 to all NHS Boards. A key element of this is the development of a national *eRostering* system 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 frontline care.

Subject to funding, priorities over the next three years include: further developing *TURAS People* and *TURAS Learn*; providing a 'Once for Scotland, workforce policies digital solution; enhancing *TURAS* to enable trainees to access more applications; and developing a digital tool to support educational governance. In addition, we will improve linkage between *TURAS Learn*, *TURAS Appraisal* and *TURAS ePortfolio* and extend the mechanisms for gathering feedback to join up with existing employment experience tools. In the longer term, we may also consider how *JobTrain*, the national digital recruitment system, could be better integrated with *TURAS* workforce applications.

The full range of our performance targets for administrative and business systems is described below, these are all subject to funding and will be reviewed quarterly and updated annually.

Target Number	Priority Target	SMART Target	Progress Update – September 2020
TAR0003416		Prepare for other staff groups to record re-employment checks and occupational health checks in TURAS People. This will involve making changes to the business rules and terminology in TURAS People to prepare for and accommodate the expansion of the single employer model across NHS Scotland.	<p>Turas People and Turas Training Programme Management (TPM) system were the systems used to manage the Accelerated recruitment programme for the COVID-19 crisis (CARP) - the entire team had to be reallocated to the Covid-19 Accelerated recruitment programme. This was a challenging and time-consuming programme of work which required the entire team to be focussed on a readjustment in the use of Turas People to cater for this other recruitment process.</p> <p>This has meant any changes related to the use of Turas People and TPM for Dentists had to be put on hold and any refactoring to allow for other professional groups to be added to the single employer model could not be carried out as the demands of CARP meant a quick turnaround of changes. A change to the employment relationship for Dental trainees would also have required legislative change.</p>
TAR0003417		Develop TURAS to allow training grade doctors and dentists to manage their own employment by providing the ability to apply for less than full time training, out of programme training and study leave.	<p>Turas People and Turas Training Programme Management (TPM) system were the systems used to manage the Accelerated recruitment programme for the COVID-19 crisis (CARP) - the entire team had to be reallocated to the Covid-19 Accelerated recruitment programme. This was a challenging and time-consuming programme of work which required the entire team to be focussed on a readjustment in the use of Turas People and TPM to cater for this other recruitment process.</p> <p>This has meant any changes related to the use of TPM for less than full time, out of programme and study leave self-management were put on hold whilst the team focussed on these other priorities</p>
TAR0003418		Reduce duplication of data entry and time taken to onboard dental trainees by 50%.	<p>Similarly, to TAR0003416, Turas People and Turas Training Programme Management (TPM) system were the systems used to manage the Accelerated recruitment programme for the COVID-19 crisis (CARP).</p> <p>This has meant any changes related to the use of Turas People and TPM for Dentists had to be put on hold. There are plans to revisit this in 2021 once it is known when the required legislative change will be in place.</p>

Target Number	Priority Target	SMART Target	Progress Update – September 2020
TAR0003421	Yes	Work with Scottish Government and NHS Scotland colleagues to further develop the 'Once for Scotland' workforce policies digital solution. Ensuring consistency of policies across NHS Boards in Scotland.	Delayed by COVID. The overall programme has been suspended by Scottish Government until further notice.
TAR0003168		Deploy phase 1 of a 'Once for Scotland' workforce policies portal with 6 core policies ensuring that they meet our content development guidelines. Design and deploy phase 2 and phase 3 policies as in line with the OFS Policies Programme Board timelines, subject to availability of resources.	Phase 1 delivered. Subsequent phases delayed by COVID. The overall programme has been suspended by Scottish Government until further notice.
TAR0003403		Work with NES content owners to ensure governance of eLearning modules shared with other platforms e.g. LearnPro. Provide reports to the Education and Research Governance Executive Group on the implementation of the quality assurance processes for learning resources delivered via TURAS Learn including facilitating groups to increase sharing and reduce duplication of resources.	This is on track and is expected to be further influenced by the outputs of Technology Enhanced Learning work.
TAR0003404	Yes	Support and enhance the management and improvement of quality in education providers by developing a digital solution to monitor quality and arrange activities that will improve quality.	Delayed by COVID. Work has restarted and the Quality Management tool will be released to Production for Pharmacy by end of Quarter 4.
TAR0003406	Yes	Reduce time taken to plan and record quality management (QM) activities by providing a digital solution with the ability to record QM activities and track progress through to outcome.	Delayed by COVID. Work has restarted and the Quality Management tool will be released to Production for Pharmacy by end of Quarter 4.
TAR0003407		Set up a reporting in the new TURAS QM system to report on the quality of pharmacy education providers and identify education providers that need further support.	The release of the Quality management application has been delayed due to the COVID-19 crisis - so the ability to report on the quality of education providers has not been reached because the system is not yet live. We aim to have the Quality management application live for Pharmacy only by the end of Q4. Subject to funding this could then be extended to non-pharmacy education providers in the next financial year
TAR0003750		Quarterly review with NES Digital colleagues for the continued maintenance and development of the Scottish Online Appraisal Resource (SOAR) and helpdesk facilities to address systems improvement.	The COVID pandemic has meant Soar maintenance and development work was not been prioritised.
TAR0003446	Yes	Support health and care staff by providing: a literature search and summary service; a journal club; current awareness bulletins; and literature search training and promotion to raise awareness of The Knowledge Network (TKN) resources and the TURAS Learn 'Guidance for Educators'.	Demand has increased due to COVID related requirements. Evidence summaries contributed to the Technology Enhanced Learning SLWG

Target Number	Priority Target	SMART Target	Progress Update – September 2020
TAR0003400	Yes	Develop the ability to sign on to iMatter from TURAS to reduce the number of logins NHS Scotland staff need and reduce friction in accessing the system. Integration will be in place by end of Q1 2020.	Ongoing. This was paused however SG and the iMatter supplier have been in contact in September 2020 wishing to resume the work. It is expected to be complete by end Q4
TAR0003431		Provide a digital solution for NHS Scotland staff to understand the career pathways available to them.	This was part of an unconfirmed funding bid, delayed by COVID.
TAR0003167		Promote the NHS Scotland Careers portal in accordance with national priorities/plans, working in partnership with NES Digital and Organisational Leadership and Educational Development teams and other internal and external partners including NHS Boards and Scottish Government.	This was part of an unconfirmed funding bid, delayed by COVID.
TAR0003422		Link TURAS ePortfolio and TURAS Learn to allow learning records and resources to be accessible from an individual's ePortfolio.	Delayed
TAR0003423	Yes	Link TURAS Learn and TURAS Appraisal to allow learning records to be viewed and created as part of the PDP.	Ongoing, delayed by COVID as all Appraisal development work was de-prioritised to focus on COVID-related work.
TAR0003444	Yes	Digital learning records made available for staff to support compliance regardless of the platform utilised.	Done. Turas Learning Record Store (LRS) core functionality delivered providing the capability for learning data to be shared between compliant systems.
TAR0003424		Deliver efficiencies and improve accessibility to appraiser training by introducing remote learning and online applications in the Scottish Online Appraisal Resource (SOAR) - the application that supports the appraisal process for doctors working Scotland.	Delayed by COVID.
TAR0003432		Rationalise the ePortfolio systems offering on TURAS by amalgamating the Professional Portfolio and Training Portfolio and decoupling from TURAS TPM and the training grades.	This was part of an unconfirmed funding bid, delayed by COVID.
TAR0003433		Make ePortfolio information available to other TURAS applications.	This was part of an unconfirmed funding bid, delayed by COVID.
TAR0003434	Yes	Review TURAS TPM security to enable more groups in training to use the application e.g. student indexing.	Delayed by COVID. Still required.
TAR0003436		Quality assure the content on TURAS Learn by implementing agreed content processes and procedures. This includes supporting and training content owners and administrators to self-manage content.	Guidance and processes to upload content available and regular training sessions delivered.
TAR0003437		Facilitate the NES Digital Learning Group to support educators, ensure digital learning resources follow good instructional design and adhere to NES eLearning standards.	Underway and expectations are that this will be further enhanced by the Technology Enabled Learning work under way.

Target Number	Priority Target	SMART Target	Progress Update – September 2020
TAR0003439		Manage expectations of TURAS Learn external stakeholders by ensuring MoUs are in place, facilitating 4 meetings a year of the National Learn User Group, production of a quarterly newsletter, regular release notes circulated to admins and ongoing engagement with NHS Boards on how to use TURAS Learn.	All delivered as per plan with quarterly meetings and newsletter produced
TAR0003443		Improve TURAS Learn through further development of search and browse functionality by March 2021.	Work underway to improve search by March 2021
TAR0003449		Use Agile development methodology to maintain, improve and integrate legacy Knowledge Network services to TURAS, ending reliance on the Umbraco 4 Content Management System.	Legacy services have been reviewed and any services which needed to be hosted in the cloud have been moved, eliminating the need for external hosting
TAR0003453		Enable users to access content not provided by current subscription arrangements, principally via the CLA Licence Plus agreement with the British Library. Monitor requests and provide guidance for the librarians to encourage good resource sharing practice to ensure value for money.	On target and process to share articles supplied via British Library requests in place
TAR0003454	Yes	Continue to develop the Alma and Primo TKN digital library services to ensure return of investment for NES and an improved experience for users across health and care.	This is a BAU area of Digital. We continue to develop Alma and Primo to ensure best use of the platforms and an improved experience for users. Monitor monthly Alma updates and quarterly Primo updates to implement appropriate features, in consultation with librarians, to improve the user experience.
TAR0003456		Reduce reliance on external hosting and support solutions for TKN services.	This work is completed ahead of schedule
TAR0003458	Yes	Develop a new core data model in TURAS so that we can accurately store information about an NHS employee, where they work and what they do. Understanding this data will allow us to then improve the employment experience through tailored employment support and advice.	Delayed by COVID. Whilst initial work on this modelling progressed well at the end of Q4 19/20, progress has been delayed. As part of COVID-priority work a reference data service was created that contains health and social care organisational data for use across the Turas platform, which can be used across the NHSS systems landscape.
TAR0003426	Yes	Develop a mechanism to integrate the eRostering data with Scottish Single Timesheet System, thereby eliminating manual data entry duplication by NHS staff.	Ongoing. Programme has been long delayed by not having engagement/prioritisation from Atos/SSTS Management board. Current pandemic brought new impetus to the work, particularly if staff were going to working in locations that could not access SSTS (e.g. Louisa Jordan). Atos development team available from October 2020. NES Digital team have completed all development work they can until then.
TAR0003171		Develop an integrated careers and recruitment portal including an applicant tracking system to deliver a talent pipeline from inquiry, education, recruitment and on-boarding, subject to the availability of resources.	This was part of an unconfirmed funding bid, delayed by COVID.

### **3.3 Data Analysis, Intelligence and Modelling**

Over the next three years NES Digital will take an increasingly high-profile data role as the responsibility for national workforce statistics transfers to our organisation from NSS ISD. We will achieve accreditation as a national statistics provider and complete our new data team for national workforce statistical analysis, reporting and publication. This new team will finalise the dataset for the *TURAS Data Intelligence* platform and provide data analytics services for workforce planning which better predict the impact of changes in policy, training capacity and supply on workforce availability. We are also developing data sharing agreements to support this work.

Subject to funding, there is also the potential to address the variation in workforce data and analytics related to the staff governance standard by providing NHS Boards with improved access to their own data and the ability to analyse it. Detailed performance targets are described below, these will be reviewed quarterly and updated annual

Target Number	Priority Target	SMART Target	Progress Update – September 2020
TAR0003460	Yes	Deliver quarterly workforce data publications for the Psychology and CAMHS workforce.	Done. NES Digital successfully deliver their quarterly publications however there is still work outstanding that has been delayed by COVID that will make this process more efficient which will be delivered in Q3 and Q4 20/21
TAR0003461	Yes	Deliver quarterly workforce data publications for the core NHS Scotland workforce.	Done. NES Digital successfully deliver their quarterly publications however, as with the psychology workforce statistics, there is still work outstanding that has been delayed by COVID that will make this process more efficient which will be delivered in Q3 and Q4 20/21
TAR0003463		Provide detailed data analysis of the dental workforce for the Student Intake Reference Group.	Done
TAR0003464		Provide detailed data analysis of newly qualified nurses and midwives for the Student Intake Reference Group.	Done
TAR0003465		Provide detailed data analysis of the medical workforce to support postgraduate medical intake planning.	Done BAU
TAR0003466		Continue to engage stakeholders, gather requirements, update data sets and build reports and scenario planning tools in TURAS Data Intelligence to support workforce planning.	This was impacted by Covid and remains an ongoing area of focus.
TAR0003468		Provide data collection support and regular reporting to Community Planning Partnerships delivering the Psychology of Parenting programme.	Done and still required therefore on-going.
TAR0003728		By March 2021, provide a pharmacy workforce data report to inform workforce planning with data on undergraduates, PRPS exit data, the managed service, community pharmacy and pharmacist prescribers.	**This is a Pharmacy TAR**
TAR0003796		Contribute to the development and functionality of the NPCCD launched in December 2018. Ensure data is transferred according to agreed protocols and agreements with other NHS Boards of post CCT GPSTs to host NHS Boards. Ensure API for data transfer from TURAS to NPCCD is maintained.	***This is a Medical TAR***
TAR0003711		Develop new systems utilising TURAS Data Intelligence and Power BI to assess the output from and employment destination of graduates of all applied psychology training courses.	***This is a Psychology TAR***
TAR0003712		Provide detailed data analysis to support the Psychology of Parenting projects through reporting of key data indicators including clinical outcomes.	***This is a Psychology TAR***

Target Number	Priority Target	SMART Target	Progress Update – September 2020
TAR0003713		Provide psychological therapies workforce data analysis and reporting for publication.	***This is a Psychology TAR***
TAR0003165		Initiate workforce analytics that provide workforce capability improvements and people processes improvements by developing and deploying usable interactive dashboards that provide managers with data to generate insight to drive action.	***This is a HR TAS***
TAR0003169		Provide a fully integrated people and OD suite of KPI data platform enabling NHS Boards to upload their data, use standard dashboards and develop custom dashboards, subject to availability of resources and NHS Board commitment to adopt the platform.	***This is a HR TAR***
TAR0003371		Subject to funding, 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 support statutory reporting.	***This is a Equalities TAR***

### **3.4 Digital Skills Development (Digitally Enabled Workforce)**

NES will continue to provide national support for digital leadership and a workforce that is confident using digitally enabled services and the National Digital Platform. Subject to funding, we will support NHS Scotland digital teams to host, develop, manage, procure and deploy cloud-based applications. We will also focus on the digital capabilities and confidence of the workforce, ensuring they are able to take advantage of technologies that improve their own practice and care.

NES will work in partnership to increase leadership capacity for digital literacy and participation, up-skilling and re-skilling the workforce to attract the future talent for digitally enabled service redesign. Subject to funding, over the next three years we will focus on developing a network of digital champions with the right knowledge, skills and capabilities supported by new learning resources and the *Digital Scotland Service Standard*. Detailed performance targets are described below, these are all subject to funding and will be reviewed quarterly and updated annually

Target Number	Priority Target	SMART Target	Progress Update – September 2020
TAR0003459		Continue to provide consultancy services to other agencies within and outside NHS Scotland to help them develop their own cloud-based applications.	Ongoing. The current pandemic has seen an increase in the call on NES Digital expertise in this area as organisations explore re-platforming their SWAN-based applications.
TAR0003470		Promote digital information and health literacy skills through the 'Skills for Learning at Work' section on TURAS Learn, for all staff including information specialists, librarians and others and continue to create and promote 'open badges' for social care staff.	On track and sessions delivered online
TAR0003471	Yes	Develop and deliver the user engagement plan for health and social care staff to provide outreach activities for The Knowledge Network (TKN), digital library, health literacy and TURAS Learn including social media, newsletters, webinars and face to face sessions.	This is a BAU area for Digital where we will continue to BAU develop and deliver the user engagement plan for health and social care staff to provide outreach activities for The Knowledge Network, digital library, health literacy and Turas Learn including social media, newsletters, webinars and face to face sessions. Host content on Turas Learn to support the digital, information and health literacy skills for all staff including information specialists, librarians and others.
TAR0003472		Manage the Knowledge into Action Network of NHS Scotland librarians and others by providing newsletters; monthly webinars; 4 network meetings a year; knowledge broker training modules; and Alma TKN digital library services support, guidance and training for health and care staff.	Delivered as to plan with webinars increased to weekly to support the pandemic. The Network delivered a centralised enquiry system for COVID-19 related searches
TAR0003428	Yes	Continue to develop inclusive learning for the health and care workforce in support of Domain D of the Digital Health and Care Strategy, including online resources, education standards and pathways, In partnership with Scottish Government, SSSC, Local Government Digital Office, SCVO and Digital Health and Care Institute. Elements of this target are subject to funding.	There has been continued work on 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. This has been delivered in partnership with Scottish Government, SSSC, the Digital Office for Local Government, SCVO and the Digital Health and Care Institute (DHI).
TAR0003429		Subject to national resourcing, establish nationally managed and locally oriented expert education support infrastructure to enable the adoption, spread and scale of inclusive digital capability building approaches by the wider health and care system with 22 local digital champions identified and trained in NHS Boards.	
TAR0003450		Provide information literacy training and promote access to subscription content to social services staff through collaboration with the Care Inspectorate, IRISS, SSSC and others to meet the targets agree with Scottish Government, Office of the Chief Social Work Adviser.	Work underway, some delay in work with Care Inspectorate due to COVID-19 but now started. Work with IRISS progressing well

### **3.5 NES (Internal) Digital Support Services**

Over the next three years NES will continue to provide modern digital support to our own organisation based around cloud-based services and Office 365. These technologies will be important in enabling our staff to achieve work outcomes in a *Smarter* way that suits their personal and team circumstance and achieves efficiency and effectiveness in terms of savings and productivity improvements.

Over the next year we will implement a communications solution, integrated with Office 365, to replace our telephone systems and we will put in place a backup service to ensure critical data and services are recoverable within a day. Detailed performance targets are described below, these will be reviewed quarterly and updated annually.

Target Number	Priority Target	SMART Target	Progress Update – September 2020
TAR0003409		Apply suitable technical solutions, where we find them within Office 365 / Flow / PowerApps, to automate all processes within NES Digital core services by 31/03/2021.	Work progressing well and a suite of suitable solutions will be in place by the end of the year. This work will continue into FY 2021/22
TAR0003410	Yes	Apply suitable technical solutions, where we find them within Office 365 / Flow / PowerApps, to replace Kenexa as part of a wider joiner, mover and leaver NES wide workstream.	Delayed by COVID. Re-engagement with Workforce required on whether a replacement digital solution for establishment control is still required or a priority.
TAR0003411	Yes	Ensure there is a suitable technical replacement for MiTracker to support operational and financial planning by 31/03/2021 when our SNOW licence agreement ends.	Delayed by COVID. Business case research proposal was due to take place in Q1/Q2 20/21. Feeling now is that licensing/replacement window has been missed and work will need to carry forward into the next 2-year cycle.
TAR0003574		Implement SWAN roam WIFI to allow NES staff to access the SWAN network from other health and social care organisations and other health and social care partners to access via NES network infrastructure.	Done.
TAR0003575	Yes	Continue to drive the national adoption of the Office 365 platform across the NHS in Scotland, by supporting other NHS Boards and maintaining the Azure infrastructure required.	Ongoing. NES Digital provide significant technical support the Microsoft 365 programme.
TAR0003576		Continue to deliver technologies to support the NES Smarter working vision by ensuring suitable devices are available to allow communication via multiple technologies.	This work has accelerated due to COVID, as our staff have been asked to work from home.
TAR0003577		Increase user awareness of the Office 365 applications and best uses, and application usage/adoption of collaborative products such as Teams/OneDrive/SharePoint.	This work has accelerated due to COVID, as our staff have been asked to work from home. Digital have handed much of the on-going work over to OL&D now.
TAR0003401		Setup Trickle, a web-based feedback system allowing NES staff to provide feedback on a day to day basis.	Delayed by COVID until further notice.
TAR0003409		Use Office 365 / Power Automate / PowerApps, to automate internal processes within NES Digital core services by 31/03/2021. This will showcase this technology to the rest of NES, allowing wider adoption in time.	Work progressing well and a suite of suitable solutions will be in place by the end of the year. This work will continue into FY 2021/22
TAR0003485		Supply adequately planned and resourced technical resource, by way of an agency worker, to the maintenance of the NES Portal to support legislative changes as they are known, until 31/03/2021.	This maintenance work is agreed and technical resource is in place to cover all work items identified.
TAR0003576		Subject to funding - refresh 20% of NES user computing estate to ensure no devices fall out of warranty.	

TAR0003583	Yes	Service Desk (Operations and Turas) call closure feedback rating to be averaging at least 4.5/5 for customer satisfaction, reporting on quarterly basis. Base line questionnaire to all staff with regards service satisfaction levels.	Ongoing. Service desk average rating is 4.9/5 for internal service desk and 4.6/5 for Turas service desk. Baseline questionnaire to all staff delayed by COVID.
TAR0003584	Yes	Implement a cloud-based backup service to ensure business critical NES on premise data and services are recoverable within a business day. Target Date by end Q1.	Done.
TAR0003587	Yes	Subject to funding - continue the refurbishment and improvement program of meeting room audio visual/video-conferencing equipment at an average rate of one per month, ensuring any new specifications are compatible with the future technologies being adopted (such as Microsoft Teams). Progress reported quarterly.	Delayed by COVID due to access to NES office buildings not being possible Installation of Microsoft Surface Hub hardware was completed in 12 rooms, including 5 x Westport, 5 x Central Quay, 1 x Bayes, 1 x Ninewells.
TAR0003590		Increase our cloud-based infrastructure as a service, ensuring suitable infrastructure to allow the data transit from on premise to cloud platform. SCCM Cloud Management Gateway, target by end Q3.	Ongoing – increased cloud-based infrastructure to support the new backup service, along with increasing cloud technology footprint with cloud based Active Directory Domain Controller and Microsoft Exchange mail management server.
TAR0003591	Yes	Implement an integrated communications solution to replace existing NES telephone systems, ensuring integration with current cloud productivity platform O365. Target date by end Q4.	Ongoing. The pandemic has brought on tactical solutions to communications challenges around the way people are now working and collaborating. An example of this is being able to test O365 calling plans with NES staff and the rapid rollout of Microsoft teams across NHS Scotland. The overall communications strategy should be reviewed in light of events of the financial year.
TAR0003592		Ensure NES Digital security protection is being maintained and enhanced in accordance with industry best practice, ensuring device/endpoint security configuration is deployed to all endpoints, evaluating other suitable protections and reporting on a quarterly basis via the NES Information Security Forum.	Ongoing – NES computer/laptop endpoints are protected by an industry leading Antivirus/Antimalware, McAfee Endpoint protection, additional protection via Microsoft ATP (Advanced Threat Protection) is also now being deployed, but currently challenging with the user base being remote from offices. Mobile devices – Tablets/mobile phones are protected via the Microsoft Endpoint Manager – ongoing action from the Information Security Forum to recall and update security on historical device issued prior to the Microsoft Endpoint Manager platform being available.
TAR0003593		3yr Activity - implementation of an automated service desk response system chat bot, utilising existing knowledge base archives to supplement the support provision provided by Service Desk staff. First year target implement the cloud-	Delayed by Covid although still expected within proposed timescales.

		based infrastructure to support the bot technology and pilot a limited scope chatbot service Q4.	
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## **4. Our Digital Health and Care Plan for 2020/21**

This *Digital Health and Care Plan 2020/21* is aligned with the *NES Strategy 2019-24* and describes the digital elements of the *NES Annual Operational Plan (AOP) 2020/21* based on the activities, desired outcomes, performance targets and budgets in our detailed operational and financial plan. This Digital Plan covers a three-year period and its targets will be performance reviewed quarterly and updated annually to take account of progress and changing circumstances. Delivering the plan will require a sustainable and appropriate level of funding to be made available.

This Digital Plan, the AOP and the *NES Strategy 2019-24* can be found at: [www.nes.scot.nhs.uk/about-us/corporate-plans-and-annual-reports.aspx](http://www.nes.scot.nhs.uk/about-us/corporate-plans-and-annual-reports.aspx). The more detailed information contained in our 2020/21 operational plan can be obtained by e-mail from [nes.planning@nes.scot.nhs.uk](mailto:nes.planning@nes.scot.nhs.uk)

## ANNEX A

### Leadership

Executive/Strategic Lead for Digital Health and Care (SRO)	Christopher Wroath – Director of Digital Geoff Huggins – NDS Director.
Operational Lead for Digital Health and Care	David McColl – Associate Director Digital: Alistair Hann – NDS Chief Technology Officer.
Clinical/Professional Lead(s) for Digital Health and Care	Steve Baguley, Paul Miller and Sameer Patel – NDS Clinical Leads.
Integration Authority Lead for Digital Health and Care	N/A
Other notable leads	Liz Elliot – NDS Associate Director.
Contact for Digital Health and Care Plan	Donald Cameron – Director of Planning and Corporate Resources
Contact for knowledge exchange/dissemination of practice	Christopher Wroath – Director of Digital: Geoff Huggins – NDS Director.

### Principles

Adopting the Scottish Approach to Service Design	NES will apply the Digital Scotland Service Standard through user-centred design aligned with the Scottish Approach to Service Design.
Adherence to the Digital Scotland Service Standard	As above.
Equality and Accessibility	NES will take an inclusive approach, one that considers both why people are digitally excluded and the steps we can take to improve and support digital inclusion. We are committed to impact assessing our products and services and we will make sure that people are at the centre of everything we do.
Reuse and utilising of 'low tech' options	NES will work on the principle that existing systems (i.e. TURAS) are developed for future inclusion within the National Digital Platform.
Digital Participation <ul style="list-style-type: none"> <li>• for staff</li> <li>• for citizens</li> </ul>	NES will apply engaged and engaging leadership, using <i>Agile</i> methodologies for product development and working in an iterative way, capturing feedback and improving the user experience over time.
'Once for Scotland' system implementation	NES systems are 'Once for Scotland'.
Security, resilience and adherence to national standards	NES will ensure rigorous data security and information governance processes are applied to national standards.

### Implementation and Benefits Realisation

Is your plan clear on what you expect to achieve through this period? What are the clear, realisable and measurable benefits?	The plan lays out the NES digital performance targets and strategic outcomes. Within the detailed planning system impact is assessed and benefits described for each activity.
How will citizens benefit? How many will benefit? How will this be benchmarked and how will citizen	Citizens and the health and care workforce in Scotland will be able to access information and data where and when they need it. Feedback will be based on engagement with the people

experience and feedback be incorporated?	involved in accessing and delivering services to understand the challenges they face.
How are you engaging/working with staff locally on making Digital improvements and promoting a Digital is for everyone culture?	As above
How will you measure progress, attribute outcomes to activities/inputs, learn, and develop from operational experience?	The targets in this plan will be reviewed and reported on quarterly through the NES corporate performance management process.
What are the likely key milestones, key actions and interim targets/achievements?	Key milestones and actions are included through the operational planning targets described in this plan.
How will your proposal(s) contribute to the national health and wellbeing outcomes, National Performance Framework, local single outcome agreements, etc.?	'Once for Scotland' digital products and services support Protecting Scotland's Future: The Government's Programme for Scotland 2019-20 (PfG) and will play an increasingly important role in achieving Scotland's National Performance Framework.
For local initiatives, what consideration has been given to whether they could be national initiatives (or regional)?	All NES key digital products and services are national initiatives.
How will you share learning/celebrate success/acknowledge and highlight failure?	NES will apply a partnership approach to development and will share progress and challenges through a communications plan.

### Governance and Management

Please show how your governance, leadership and management will be achieved to keep a focus and drive on digital health and care across the Board and the Integration Authorities.	After a review of internal governance, the NES Board in 2019 established a Digital Sub Committee as a standing committee of the Board to provide strategic overview and governance for all our digital work. It has a remit and membership in accordance with our Standing Orders.
Please give any details of any existing Strategies/Plans that are of direct relevance, including links to any publicly available documents.	The NES Strategy 2019-24. <a href="https://www.nes.scot.nhs.uk/about-us/corporate-plans-and-annual-reports.aspx">https://www.nes.scot.nhs.uk/about-us/corporate-plans-and-annual-reports.aspx</a>

### National Support

Please set out what national support you would welcome. This can be from the Scottish Government, National Boards or others. Please be as specific as possible, including on why such support is required.	NES will agree the commission and workplan for NDS with Scottish Government and will seek support in the form of a sustainable NDS recurrent budget along with clarity on NES's legal powers for the delivery of this Digital Plan nationally across Scotland. In addition, new non-recurrent funding will be required for some of the NES Digital <i>TURAS</i> and digitally enabled workforce targets.
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## **NHS Education for Scotland**

### **Board Paper**

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

Board Schedule of Business 2020-21

#### **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 next 6 months schedule of Board business.

#### **4. Background**

- 4.1 In response to the COVID-19 pandemic, the Board took the decision to delegate real time strategic decision-making to the Executive Team 'Gold Command' and agreed 'Core Board Governance' arrangements at the 26 March 2020 Board meeting.
- 4.2 The consequences of the COVID-19 pandemic meant that whilst the Board continued to meet as scheduled, the business of the Board was not subject to usual sequencing and some items that would have normally come to Board were paused, whilst other items that would have first gone through a suspended Board Committee, came straight to Board.
- 4.3 The Board approved a schedule of business for the 1 April – 31 October 2020 at 28 May 2020 Board meeting. The Board agreed that this should be iterative and be adapted as circumstances unfolded.
- 4.3 The Board requested that a more succinct, user-friendly format, should be adopted to present the schedule to the Board in the future. This is included as Appendix 1 of this paper.
- 4.4 The schedule has been updated in real time as items emerged or if items were confirmed as no longer appropriate amidst the pandemic. The 28 May 2020 – 24 September 2020 sections (Appendix 1) provide an up to date record of the public business the Board has considered. A section has been added which includes a record of the formal private business of the Board over this same time period.

- 4.4 The 26 November 2020 - 25 March 2021 sections (Appendix 1) provides the proposed schedule for the next 6 months of public Board business. Appendix 1 also details two items of formal private business for the Board in January 2021, if planning cycles resume to post COVID scheduling next year. A section for Property Transactions has been added. There are no items anticipated under this heading for 2020/21, but this is an item that is anticipated will come to a future 2021/22 Formal Private Board meeting.

## **5. Key Issues**

- 5.1 The Board have stepped back up to full Board governance as of 1 September 2020. The Board is currently in the process of reviewing roles and responsibilities of the Standing Committees, whilst also responding to the on-going ramifications of the COVID crisis. Therefore, the next 6 months Board schedule of business may also need to be flexible and be adapted in an on-going way.

## **6. Educational Implications**

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

## **7. Financial Implications**

- 7.1 There are no additional 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?**

- 8.1 A High Performing Organisation

## **9. 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.

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

- 10.1 The key risk and mitigation measures are included in risk 12 of the NES COVID risks 'Ability and Capacity to meet Board Governance Standards'. The action relating to this risk is to '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', and will be met through the implementation of the Board Standing Orders Action Plan.

## **11. 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 items coming to the Board, particularly those staff involved in preparing papers.

12.2 The agendas for the forthcoming Board meetings will be published on the external NES website along with the papers in advance of the meeting.

## **13. Recommendations**

The Board is invited to:

- Approve the 2020/21 Board schedule of business for the 26 November 2020 - 25 March 2021 meetings inclusive, noting that some flexibility may be required.
- Comment on the revised format and presentation of the Board schedule of business.

DT  
September 2020



NES Formal Private Meetings 20/21							
Item	Recurrence	Owner	28/05/2020	25/06/2020	30/07/2020	27/08/2020	28/01/2021
Finance Report	Individual Item	Director of Finance					
NES Annual Report & Accounts 19/20	Annual Item	Director of Finance					
Board Annual Report	Annual Item	CEO					
Draft Mobilisation Plan Aug 20 to Mar 21	Individual Item	CEO					
Re-instating NES Board Governance Arrangements	Individual Item	Chair					
Property Transactions (as required)	Individual Item	Director of Finance					
Draft 2021/22 Local Delivery Plan	Annual Item	Director of Planning					
Draft 2021/22 NES budget financial plan	Annual Item	Director of Finance					

**KEY**

Item Scheduled	
Item not Scheduled	
Item Suspended	

## NHS Education for Scotland

### Board Paper

#### 1. Title of Paper

Schedule of Board; Board Development and Board Committee meeting dates for 2021/22.

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

Della Thomas, Board Secretary and Principal Lead Corporate Governance

#### 3. Purpose of Paper

- 3.1 The purpose of this paper is to seek Board approval for the 2021/22 schedule of meeting dates in line with section 4.1 of the Board Standing Orders: "The Board shall meet at least six times in the year and will annually approve a forward schedule of meeting dates".

#### 4. Background

- 4.1 The Board has approved, the stepping down of the Executive Gold Command and the re-instating of Board governance; the discontinuation of the Finance and Performance Management Committee; the renaming of the Education and Research Governance Committee to the Education and Quality Committee; the Digital Committee to the Digital and Information Committee and the Audit Committee to the Audit and Risk Committee. The Board has agreed that the Staff Governance Committee (SGC) will not be renamed and the Remuneration Committee will continue to be a sub-Committee of SGC as per the Staff Governance Standard.
- 4.2 The Board has stepped back up to full Board governance as of 1 September 2020. The Board is currently in the process of reviewing roles and responsibilities of the Board Committees and developing new Committee Terms of Reference (ToRs), whilst also responding to the on-going ramifications of the COVID-19 crisis.

#### 5. Key Issues

- 5.1 In the development of the 2021/22 Board meeting schedule (Appendix 1) the following have been considered:
- Schedules have replicated past sequencing as appropriate.

- Meetings have replicated the past frequency. The Board should note that as per the Board Standing Orders, the Board has been scheduled to meet a minimum of six times in public session. The seventh Board meeting (June 2021) is the private formal meeting for the Board to approve the annual accounts.
  - Checks have been made that we have not inadvertently scheduled on a 2021/22 public holidays. Audit and Risk (8 April 2021) is scheduled during the Easter holidays, but not on the Easter public holidays.
- 5.2 Further to governance lessons learnt during COVID-19; the changes to Board Committee roles and the development of Committee ToRs - the frequency of Committee meetings will be included in the specific ToRs for each Committee as appropriate. Currently section 9.1c of the Board Standing Orders state that each Standing Committee shall normally meet four times per year. In terms of potential changes to frequency of Committees meetings, the Board are asked to note that the frequency of meetings for the Remuneration Committee Sub Committee follows section 9.1c of the Board Standing Orders as four meetings and this will be reviewed against the new ToRs developed for that Committee and their new schedule of business.
- 5.3 The Finance and Performance Management Committee has been discontinued, and the other Committee roles are in development, therefore the Board is asked to note that some flexibility may be required with some dates and sequencing, as the new Committee ToRs and Committee schedules of business emerge. This is particularly in relation to the sequencing of financial reports to the Audit and Risk Committee and therefore the number of meetings required for the Audit and Risk Committee per financial year may require to be reviewed.
- 5.4 The Board should note that the schedule of dates (Appendix 1) for the remainder of this financial year (up until 31 March 2021), have already been approved by the Board. However, as per point 5.3 and the scheduling of financial reports through the Audit and Risk Committee, the sequencing of the Audit and Risk Committee meetings for the remainder of this financial year may require adjusting and/or another meeting potentially may require to be added.

## **6. Educational Implications**

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

## **7. Financial Implications**

- 7.1 There are no additional 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?**

8.1 A High Performing Organisation

**9. 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.

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

10.1 The key risk and mitigation measures are included in risk 12 of the NES COVID risks 'Ability and Capacity to meet Board Governance Standards'. The action relating to this risk is to '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', and will be met through the implementation of the NES Phase 2 Remobilisation Plan and the Board Standing Orders Action Plan.

**11. Equality and Diversity**

11.1 Equality and diversity remain 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 Staff will be informed of the meeting dates, particularly those staff involved in preparing papers and attending meetings.

12.2 The dates for the 2021/22 Board meetings will be published on the external NES website.

**13. Recommendations**

The Board is invited to:

- Approve the 2021/22 schedule of Board, Board Development and Board Committee meetings, noting that some flexibility and change may be required.
- Agree to further consider scheduling of Committee business; sequencing of Committee meetings and the number of Committee meetings required to conduct the business of each Committee, going forward, as part of the development of the Committees ToRs.

DT  
September 2020

**Appendix 1 2021/22 schedule of Board, Board Development and Board Committee dates**

2020-21 YEAR													
Month		Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21					
<b>BOARD &amp; COMMITTEES</b>													
NES Board	Dates approved 3rd August	Thurs 24 Sept		Thurs 26 Nov		Thurs 28 Jan		Thurs 25 Mar					
NES Board Development Days			Thurs 29 Oct				Thurs 25 Feb						
Education & Quality Committee	Meets four times a year	Thurs 17 Sept			Thurs 10 Dec			Thurs 04 Mar					
Audit and Risk Committee	Meets four times a year		Thurs 1 Oct			Thurs 14 Jan							
Staff Governance Committee	Meets four times a year			Thurs 5 Nov			Thurs 04 Feb						
Remuneration Sub-Committee	Meets four times a year			Thurs 12 Nov		Thurs 28 Jan PM							
Digital and Information Committee	Meets four times a year	Mon 14 Sept*			Mon 14 Dec			Mon 01 Mar					
2021-2022 YEAR													
Month		Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
<b>BOARD &amp; COMMITTEES</b>													
NES Board			Thurs 27 May	Thurs 24 June	Thurs 29 July		Thurs 23 Sept		Thurs 25 Nov		Thurs 27 Jan		Thurs 24 Mar
NES Board Development Days		Thurs 29 Apr				Thurs 26 Aug		Thurs 28 Oct				Thurs 24 Feb	
Education & Quality Committee	Meets four times a year		Thurs 20 May				Thurs 16 Sept			Thurs 09 Dec			Thurs 03 Mar
Audit and Risk Committee	Meets four times a year	Thurs 08 April		Thurs 10 June				Thurs 07 Oct			Thurs 13 Jan		
Staff Governance Committee	Meets four times a year		Thurs 06 May			Thurs 05 Aug			Thurs 04 Nov			Thurs 03 Feb	
Remuneration Sub-Committee	Meets four times a year		Wed 19 May		Wed 07 July				Wed 10 Nov			Wed 09 Feb	
Digital and Information Committee	Meets four times a year			Mon 14 June			Mon 13 Sept			Mon 13 Dec			Mon 28 Feb
* The Digital and Information committee on Mon 14 Sept was postponed													

## **NHS Education for Scotland**

### **Board Paper Summary**

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

Draft 2019-20 Annual Self-Assessment Document

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

Lorraine Turner - Planning and Corporate Resources, Manager  
Contributions from: Stewart Irvine, Acting Chief Executive and NES Directorates

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

To present the 2019-20 Self-Assessment Document and 'At a Glance' briefing for approval.

#### **4. Key Items**

- 4.1 The NES Self-Assessment Document and the 'At A Glance' briefing are produced annually to support Scottish Government Annual Review requirements.
- 4.2 It has been confirmed by Scottish Government that the NES Annual Review for 2019-20 will be held on Wednesday 18 November 2020, 10:00 - 11:30 and will be conducted with the Board Chair and Chief Executive via video conference. The Minister to oversee the review is the Minister for Mental Health, Clare Haughey and the Scottish Government director lead is Stephen Lea-Ross, (Deputy Director of Health Workforce); this latter detail may be subject to change.
- 4.3 The content of the 2019-20 Self-Assessment Document has been informed by Directorate Self-Assessment/Annual Report submissions, Executive Team and Board papers, NES Chief Executive reports, the NES Strategic Framework 2019-24, NES Annual Operational Plan 2019-20 and other published information.
- 4.4. The NES Self-Assessment and At A Glance documents were approved at the Executive Team Meeting on 7 September 2020, subject to the inclusion of an additional item in relation to the NES Assurance Framework.

#### **5. Educational Implications**

The report illustrates a selection of achievements during 1 April 2019 to 31 March 2020 which support the 2019-24 NES Strategic Framework and national priorities and policy drivers.

## **6. Financial Implications**

These activities and deliverables relate to planned work contained in the NES Annual Operational Plan 2019-20 and the detailed Operational Plan 2019-20. In response to the COVID-19 pandemic new areas of work were commenced in March 2020 commissioned by Scottish Government, the financial consequences of which have been tracked by NES Finance.

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

Educational activities and work programmes are aligned to the key areas of focus and outcomes set out in NES Strategic Framework 2019-24.

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

Our work supports the quality ambitions of safe, effective and person-centred care.

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

Planned work is subject to risk identification through NES Risk Management Strategy.

## **10. Equality and Diversity**

Equality and diversity are at the heart of the NES strategy and due regard to equalities duties is embedded in our educational activities and work programmes.

## **11. Health Inequalities**

A range of activities in the NES detailed Operational Plan 2019-20 support health inequalities. Illustrative examples are contained in the report.

## **12. Recommendation(s) for Decision**

This paper is for final approval.

NES  
LT  
September 2020



# **2020 Annual Review**

# **Self-Assessment Document**

September 2020

v1.0

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## 2019-20 SELF ASSESSMENT : AT A GLANCE

- a As a national health board, our role is delivery of education, training and workforce development to support a skilled, person-centred workforce which is well prepared to respond to the demands placed on our health and care services. Our role has continued to extend into new areas and during 2019-20 we provided a wide range of initiatives and programmes which support national priorities and policy drivers including the [Digital Health and Care Strategy](#) and health and social care integration. An overview of some of our achievements is presented below.
- b To provide the future medical workforce to UK standards, during 2019-20 we supported 5,912 trainee doctors in approximately 300 GMC approved training programmes (which range from 2 to 8 years in length) and achieved an expansion in GP Speciality training numbers. We extended our employer responsibilities to include 400 national programme trainees, enhancing their employment and training journey. We successfully implemented our Scottish Deanery Training Management Vision to standardise activities, achieve increased efficiencies, and deliver best value administrative systems. We implemented a series of enhanced features and new content on the NHSScotland Careers website to support improved awareness and promotion of careers opportunities.
- c To ensure high quality training programmes and training placements, we delivered a range of activities including quality assurance of 386 applied psychology placements, 467 site visits and 373 end of placement reviews. In medical education and training quality management we completed 81 panel visits to hospital departments and 86 visits to GP surgeries. To support more consistent, modern and flexible employment experiences, we designed and implemented a national portal to host Once for Scotland workforce policies.
- d To ensure excellence in clinical practice we delivered training in patient safety within complex healthcare systems for 406 NHS Scotland staff; launched a Realistic Medicine website on TURAS Learn; provided additional resources for the Scottish Infection Prevention and Control Education Pathway, launched a new dental app, the Dental Companion; delivered 196 in-practice Infection Control training sessions for dental teams; provided clinical skills training for 1,431 staff; and launched the first clinical application on TURAS, designed to support the Family Nurse Partnership Programme.

- e To support improved health and reduce health inequalities: 119 senior health and social care staff were trained as part of our Essentials In Psychological care programme; and a total of 98 participants successfully completed the Dementia Champions programme in March 2020. To support a culture of continuous improvement we delivered a portfolio of quality improvement programmes and launched a new quality improvement module on the TURAS Learn QI Zone.
  
- f To improve access to data analytics, intelligence and information we launched TURAS Data Intelligence delivering workforce planning tools and the Scottish Government official [NHS Workforce Statistical service](#) on TURAS our cloud-based digital platform. To improve patient care and experience we implemented a pilot of the the anticipatory care planning application ReSPECT in March 2020, and delivered a virtual system for dermatology services on the National Digital Platform.
  
- g To provide improved development for support workers: we delivered masterclasses in six NHS Boards; provided structured development for Facilities support staff in workbook and workshop format; launched a healthcare support workers' newsletter; and held regional learning events attended by 210 staff. To raise awareness of career opportunities for young people and school-leavers, we-co-produced a toolkit to support NHS Boards in the Prince's Trust Get into Healthcare Programme.
  
- h To support access to leadership and management development we offered a range of programmes including [You as a Collaborative Leader](#) Cohort 8 and [Leading for the Future](#) for 108 participants. We provided interventions to support Project Lift including: the Leadership component for Cohorts for 1, 2 and 3; Executive and Senior Manager Appraisal sessions for 50 participants; and 133 Talent Management Career Conversations. A new Leadership Foundations e-learning programme with linked modules was launched in May 2019 to support health and social care staff across Scotland.

## Introduction from our Chair and Chief Executive

- (i) NHS Education for Scotland (NES) is the national NHS Board with responsibility for education, training and workforce development. We work with key partners in the Scottish Government, NHS Boards, regions, social care, the academic sector and UK professional bodies and regulators across Scotland's diverse geography.
- (ii) Education, training and workforce development remains at the core of what we do. However over the last five years our role has grown rapidly into new and different areas to meet the increasingly challenging workforce pressures faced by health and social care. We are now one of the four Lead Employers for Doctors and Dentists in Training, employing over 1,000 doctors in training. Our published vision as the people and workforce organisation for NHS Scotland is *a skilled and sustainable workforce for a healthier Scotland*. We continue to extend our core business into areas that improve the attractiveness of healthcare careers and enhance the training and employment experience supported by digital innovation. We also have a key role in developing *Once for Scotland* data, technology and services, enabling and supporting NHS Boards and Integration Authorities to deliver key elements of Scotland's [Digital Health and Care Strategy](#)<sup>1</sup>.
- (iii) This document has been prepared for our 2020 Annual Review and illustrates a selection of our achievements during 2019-20. Our work supports the [Health and Social Care Delivery Plan](#)<sup>2</sup> and the quality ambitions of [safe, effective and person-centred care](#)<sup>3</sup>. As well as national policy drivers, our work activities were also aligned to our new [Strategic Framework for 2019-24](#)<sup>4</sup>; [Annual Operational Plan 2019-20](#); and our stakeholder priorities. The National Performance Framework includes the target to *Increase Healthy Life Expectancy* and we have aligned with this through our work in mental health; children and young people; oral health improvement; support for people with care needs; and palliative and end of life care and bereavement.
- (iv) Our Annual Operational Plan 2019-20 supports the National Board Collaborative Programme, regional planning, and the Cabinet Secretary's priorities on waiting times, integration, mental health, primary care, healthcare associated infection, and maintains a focus on providing the right numbers of trained staff in the right place at the right time. Our Annual Operational Plan is aligned to our Strategic Framework for 2019-24, which sets out five areas of strategic focus underpinned by cross-cutting principles and key outcomes. In addition to contributing to national priority areas, these themes and

outcomes also support delivery of the [National Clinical Strategy](#)<sup>5</sup> and [Realistic Medicine](#)<sup>6</sup>.

- (v) Our work in the areas of education and training, workforce systems, workforce planning data, *Once for Scotland* services, improving the employment experience, and organisational and leadership development reflect our continued commitment to transformational change and new models of delivery which cross traditional public services boundaries. We continue to have a strong focus in working collaboratively and deploying our expertise, resources and digital leadership to support the [Health and Social Care Delivery Plan](#) and the triple aim of better health, better care and better value at a local, regional and national level.
- (vi) This document illustrates the vital contribution of digital leadership and innovation in our approach to education, training and workforce development. Through our cloud-based workforce support platform TURAS, we continue to achieve significant progress in developing, expanding and implementing digital capability, working with our partners, and maximising all opportunities to deliver educational solutions that support excellence in health and social care. In 2018 at the request of the Scottish Government we established the NES National Digital Service to lead the development of the National Digital Platform, a central element of the [Digital Health and Care Strategy](#). This work is now well underway through a multi-disciplinary and growing team which is building the infrastructure, products and services to support better health and care.
- (vii) The [Health and Social Care Workforce Plan](#)<sup>7</sup> sets out an enhanced role for NES in workforce intelligence, and aligned to this we launched a new application on our digital platform TURAS to support improved access to information, data analytics and intelligence. We successfully progressed transfer of responsibility from Information Services Division (ISD) for Workforce Data, Statistics and Intelligence functions to NES. A new data team was established in NES in October 2019, we acquired Official Statistics provider status in December 2019 and launched our first quarterly workforce publications.
- (viii) During March 2020 in response to the escalating COVID-19 pandemic and in line with Scottish Government guidance we undertook a rapid review and reprioritisation of our organisational activities. Much of our existing business was paused and we began planning for new activities including development and delivery of educational materials

and supporting new arrangements for redeployed learners and trainees. At the request of Scottish Government we undertook business-critical digital development and employment-related support for the accelerated recruitment of returners and students. We launched our COVID-19 TURAS Learning platform on 24 March 2020, our COVID-19 Accelerated Recruitment Portal for health and social care staff on 29 March 2020, and implemented a Shielding SMS Service on 28 March 2020 for more than 100,000 shielding households to access food, medication and information.

- (ix) Through our leadership commitment, collaborative working, and effective use of our resources we continue to respond to new and emerging challenges and build on our past successes to support health and social care services that are fit for the future.

**David Garbutt**  
**Chair**

**Stewart Irvine**  
**Acting Chief Executive**

## 1. A HIGH-QUALITY LEARNING AND EMPLOYMENT ENVIRONMENT

### **Strategic Outcomes: NES Strategy 2019-24**

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

1 This section focuses on our work in ensuring the quality of the learning and employment environment which we recruit to, and in which we manage and quality assure undergraduate, post-graduate and pre-registration training. This is a core part of our work, contributing to the supply of suitably skilled healthcare professions for the health service supported by educational governance, quality management, supervision and practice education support. In addition, we continued to support effective revalidation and appraisal systems, provide educational support for the remote and rural workforce, and play a leading role in the programme to implement a new generation of national business systems.

### 1.1 QUALITY MANAGEMENT OF THE LEARNING ENVIRONMENT

- 2 In collaboration with partners in NHS Boards, our work to drive forward improvements in medical education and training in Scotland was ongoing, with many activities and interventions delivered over the course of the year. This included 81 panel visits to hospital departments, 94 follow-up enquiries, and 86 visits to General Practitioner surgeries. We were able to issue 212 good practice letters to units and departments which excelled in delivering education and training to the required standards.
- 3 Our pan-Scotland approach to [Quality Management](#) is now well established and the in-depth knowledge our teams have built up is now reflected across each of the eight specialty areas covered. In conjunction with Directors of Medical Education, NHS Boards, and GP Practices, we continued monitor and analyse the delivery of medical education in the learning environment. We also worked with the GMC around their Enhanced Monitoring process and during 2019-20 the number of training sites being supported through Enhanced Monitoring reduced by two from nine to seven.

- 4 We co-chair the [Sharing Intelligence for Health and Care Group](#) to support early identification of systems that may be coming under pressure, and allow action to be taken to ensure high quality training and safe effective patient care. Through the Taskforce to Improve the Quality of Medical Education we continued our work to effect wider change and tackle system-wide issues which span the remits of the Deanery, universities, and NHS Boards in Scotland. Development of our quality system was ongoing and over the course of the year we further refined our policies and invested further in team training to ensure greater consistency and quality across our outputs. Going forward, we will undertake preparatory work to adapt our systems in line with the introduction of the new [GMC Quality Assurance system](#).
  
- 5 In conjunction with the five medical schools, an integrated single system approach to trainer recognition was adopted using TURAS Training Management System, and SOAR, the Scottish online appraisal resource. During 2019-20 we recognised 372 new postgraduate trainers. Postgraduate trainers are reviewed on a five-yearly basis to ensure they are up-to-date with GMC requirements for continued professional development as a trainer and in 2019-20 we carried out 982 reviews for re-recognition. These figures demonstrate an encouraging level of engagement with the Recognition of Trainer process. Our reviews have also shown that named trainers are actively engaging in professional development for their trainer role.
  
- 6 The Doctors in Training Lead Employer model successfully introduced in August 2018, has been a key element in improving the employment experience for trainees whilst also contributing to improved waiting times by reducing duplication, rework and time lost to administrative duties. We continued our work to develop new employment models, and through collaborative working across NHS Boards in February 2020 over 400 national programme trainees were transferred to NES employment, enhancing their employment and training journey.
  
- 7 We continued to co-ordinate programme management and reporting for the Lead Employer model for doctors and dentist in training and began work to extend the Lead Employer arrangements to dentists in training. TURAS People was further enhanced, including development of processes to share information from TURAS with eESS (Electronic Employee Support System). We also contributed to exploratory work in relation to learning management systems to facilitate reporting of statutory and mandatory training completion by doctors in training across placement boards.

- 8 We supported a programme of transformation change involving Scottish Government, national staff side, and NHS Boards, aimed at delivering the vision of promoting NHS Scotland as a modern exemplar employer. We were commissioned to design, develop and deploy a digital solution to host *Once for Scotland* workforce policies. The national [Once for Scotland Policies portal](#), a key element of the programme, was successfully launched across NHS Scotland in March 2020 with the agreed first tranche of policies. The portal provides users with readily accessible policies and associated guidance and templates in an easy-to-read, consistent format.
- 9 The Quality Management of the Practice Learning Environment ([QMPLE](#)) web-based system provides access to, and reporting of, data relating to the quality of the practice learning environment for pre-registration nursing and midwifery students in Scotland across health and social care. All Scottish universities offering pre-registration programmes are now using QMPLE and implementation of an interface to placement software is now in progress in five of these. A national student feedback tool has been revised to support the new Nursing and Midwifery Council standards, and now contains a post-registration section.
- 10 We continued to improve quality across learning environments, training experiences and evaluation processes for applied psychology trainees. We coordinated and quality assured 386 placements, including intensive support for supervisors and trainees. In addition, we completed 467 site visits and 373 end of placement reviews to monitor trainee competence and ensure validity and consistency of assessment and quality assurance of placement supervision. A total of 171 annual learning reviews were undertaken involving trainee applied psychologists, line manager and clinical tutors to review trainee development across employer and education systems.
- 11 Supervisor training was provided to supervisors of applied psychology trainees across all funded programmes to ensure consistent levels of support, opportunity, and evaluation for trainees. Introductory supervisor training was delivered to 55 new supervisors; supervision CPD training to 44 experienced supervisors; CBT supervision skills training to seven clinical psychologists; and competence awareness sessions to five health psychology supervisors.
- 12 During 2019-20 we undertook a review of funding to ten NHS Boards for the provision of dental outreach teaching for final year dental students across 17 outreach centres in

Scotland. The review aims to improve service delivery and evaluation to ensure best value in terms of the funding provided.

- 13 In conjunction with University of Strathclyde, Robert Gordon University, and relevant stakeholders we undertook a review of the PRPS (Pre-Registration Pharmacist Scheme) visit process for approval of training bases. The process was adapted to incorporate assessment for suitability as an Experiential Learning training site and piloted in six training sites between November 2019 and January 2020. Feedback from the pilot visits was used to further adapt the visit process for future implementation. During 2019-20 we approved 265 training sites for pre-registration training which encompassed the sites utilised for our 2019-20 cohort and in planning for the 2020-21 cohort to start training. Several visits (around 40) planned for March 2020 were postponed due to COVID-19.

## **1.2 REVALIDATION AND APPRAISAL**

- 14 As the mandated provider of appraiser training for doctors requiring appraisal and revalidation in Scotland, during 2019-20 we delivered 11 new appraiser events attended by 129 clinicians, and provided eight refresher courses for 132 primary and secondary care doctors (an increase of 66 from 2018-19). We also delivered an Appraiser Course Tutors event, and successfully trained 14 new course tutors to join the existing tutor cohort. This ensures a sustainable and clear system for doctors to review and manage performance, and to meet GMC requirements for revalidation. In addition, we continued to support the appraisal and revalidation process in Scotland by organising the annual Scottish Medical Appraisers Conference in May 2019 (as part of the Scottish Medical Education Conference) and an Appraiser Course Tutors Conference in September 2019. We also continued to support the Scottish Online Appraisal system ([SOAR](#)), and deliver an annual [Medical Appraisal & Revalidation Quality Assurance report](#) across Scotland.
- 15 We worked in partnership with stakeholders across all NHS Scotland Boards to identify, prioritise and refine requirements for further iterative development of our TURAS Appraisal system. We also continued to provide support for TURAS administrators in NHS Boards including producing guides on new application features. Further developments have focused on the priorities to support the pay reform policy.

### 1.3 NHS SCOTLAND BUSINESS SYSTEMS DEVELOPMENT

- 16 We have a key role to play in delivering the [Digital Health and Care Strategy](#) which identified the need for better data sharing and access, digital leadership, a national digital platform for service and business systems, and greater systems integration. During 2019-20 we continued to lead on the strategic approach to management of NHS Scotland business systems. This programme of work is based on priorities identified in the National Boards' Collaborative Plan and focuses on modernisation of NHS Scotland business and workforce systems. A central element of this is procurement of national rostering (eRostering) to improve the transparency and equity of rota creation and the deployment of staff, which in turn will contribute to reduced waiting times. It will enable removal of the requirement for re-keying data between existing eRostering systems and the Scottish Standard Time System (SSTS).
- 17 The work to develop an implementation plan for NHS Scotland business systems was on-going. Discussions took place with key stakeholders to update the high-level roadmap and to consider options for implementation. Future work will include management of contract extensions and development requirements for existing systems against the planned procurement and implementation of improved technologies.

### 1.4 EDUCATIONAL SUPPORT ROLES AND NETWORKS

- 18 During 2019-20 our Clinical Skills Managed Education Network ([CSMEN](#)) developed more specific and accountable contracts to deliver relevant and timely training for the NHS Scotland workforce in areas of pre-hospital emergency care, simulation education and surgical skills. A training needs analysis of educators and practitioners indicated a clear recognition of the added value of simulation-based education for non-technical skills development (clinical communication, teamworking, communication with patients and families, and decision making). This information informed update of the Safety Skills and Improvement Strategy 2019-24 which supports our commitment to upscaling the use of simulation.
- 19 We delivered a wide range of educational developments to support improved capacity in psychological interventions and psychological therapies including Generic Supervision Competences (GSC) training to 121 attendees; Specialist Supervision Training for Cognitive Behavioural Therapy to 28 delegates across Scotland; and two

masterclasses for supervision of Psychological Therapies to 31 participants. We also disseminated our new e-module on supervising low intensity interventions for high intensity psychological therapists and gathered feedback.

- 20 We provided a programme of 29 training events in evidence-based Psychological Therapies and Interventions comprising 497 places for staff working in adult mental health, substance misuse and forensic mental health. We supported 42 staff across the NHS Scotland Boards undertaking our commissioned Cognitive Behavioural Therapy Postgraduate Certificate and Diploma and provided funding support for backfill. These training events contribute to the increase in adequately trained clinicians in the NHS Scotland workforce who are trained to deliver high quality evidence based psychological care safely and effectively at different levels of the tiered care system
- 21 We supported the implementation of the Autism Training Framework (ATF) by providing 73 national and regional training places and resources for multi-professional practitioners (CAMHS and Adult) involved in identifying, screening or diagnosing people who may have autism to improve equity of access to autism diagnosis and promote consistent good practice in assessment and diagnosis.
- 22 We continued to deliver training to support psychological care in physical health and improve the quality and outcomes of physical health care, including primary care interventions for long-term conditions and medically unexplained symptoms. We piloted Developing Practice modules and launched a revised Developing Practice programme in March 2020. We supported local trainers to deliver Astley Ainslie Psychological Skills and Education Training (AsSET) training to eight clinicians; Developing Practice (DP) to 16 clinicians; and DP Trainers Refreshed to ten clinicians in their Health Board. We continued to monitor the use of the Emotion Matters Module: 84 people accessed the module and 19 completed it via TURAS Learn. We also received 503 unique visitors to our Knowledge Network resource page.
- 23 We supported Primary Care innovations in person-centred approaches to long-term conditions by delivering Accessible Depression and Anxiety Psychological Therapy (ADAPT) training to 30 MSc Psychological Therapies in Primary Care (PTPC) trainees; developing CPD training for qualified Clinical Associates in Applied Psychology; and delivering *Reclaim Your Life* training to 18 Primary Care staff who will utilise the

materials with patients. We also gathered data from 240 patients who have received ADAPT services.

- 24 We maintained support for our Psychology trainer network through network events and masterclasses: the Trauma masterclass was delivered to 24 clinicians; Health Anxiety and Persistent Physical Symptoms masterclass provided to 50 trainers; Developing Practice Trainer network event was attended by 10 delegates; and 85 delegates attended the Parity of Esteem Conference.
  
- 25 We continued to sustain, develop and enhance the national Practice Education infrastructure within health and care settings. Thirty-one annual NHS Board visits were undertaken in the period April 2019-2020 with bi-annual monitoring of Practice Education Facilitators/Care Home Education Facilitators/Practice Education Leads' compliance, and Nursing and Midwifery annual reports compiled. Nineteen NMAHP practice education meetings/events were undertaken in the period April 2019-March 2020, providing regular support and guidance for national networks and leads within NHS Boards and Care Homes.
  
- 26 Extensive stakeholder engagement enabled a *Once for Scotland* approach to the implementation of NMC (Nursing and Midwifery Council) and HSCP (Health and Care Professions Council) regulatory requirements. Outcomes and successes include: the revision of the National Nursing and Midwifery (NM) students' guidance for raising concerns in practice; a refreshing of the Scottish NM practice learning experience memorandum of agreement between universities and practice learning experience providers; implementation of refreshed governance arrangements and increased capability, capacity and diversity for all AHP student experiences; and achievement of agreed deliverables within the AHP practice education programme to meet national and local priorities. Collectively, these provide national consistency across Scotland and contribute to the enhancement of the quality of the practice learning experience for students and the wider workforce.
  
- 27 As part of the [Future Nurse and Midwife Programme](#), the Quality Standards for Practice Placements and Practice Learning were reviewed and redeveloped. A capacity and capability report, national framework, handbook and e-learning resource for practice supervisors and practice assessors were developed to support the implementation of the new standards for student supervision and assessment from the Nursing and Midwifery Council.

- 28 Three regional clinical supervision training days based on a national model, and resources for experienced and new supervisors were developed and delivered to around 100 nursing and midwifery participants. The training has been positively evaluated in terms of educational impact on participants' knowledge, skills and confidence. Some of the NHS Boards have adopted the course's train-the-trainer delivery model to provide education locally, increasing the capacity for clinical supervision.
- 29 A project to nationally engage and educate AHP practice educators to implement a peer assisted learning experience for students, enabled 268 AHP's across NHS Scotland to attend workshops to gain the skills and knowledge to plan, prepare and provide learning to enhance the quality of student learning experiences and support an increase in capacity to meet future workforce demands. A suite of educational resources was developed to support this project.
- 30 Access and recruitment to AHP roles and careers was promoted, widened and sustained through a number of activities including the development of information packs for each of the 14 Allied Health Professions group; the creation of an AHP Careers in Scotland digital resource for schools and colleges; 14 national/local careers strategic meetings; and careers information leaflets for each Allied Health Profession.
- 31 In conjunction with the Scottish Social Services Council (SSSC) and Healthcare Improvement Scotland (HIS) we provided national support to Phase 2 of the Scottish Government Neighbourhood Care Programme. A learning network was established with participation by partnerships who are delivering new models of care and developing integrated teams. A skills survey was launched for social services staff in Neighbourhood Care sites and across the learning network. The survey findings will inform the 2020 Workforce Skills Report.
- 32 We continued our facilitation and coordination support to the National Learning and Development Leads group, maintaining high-level engagement with learning priorities across NHS Scotland, enabling collaboration to share best practice and reduce duplication of effort. As part of our key role in the implementation of the policy reform, to link Agenda for Change pay progression to appraisal and statutory and mandatory training, we ensured engagement with the network through a series of six discovery workshops to develop user personas and identify key deliverables required

to facilitate implementation of the policy. Over 60 participants were involved in this engagement process.

- 33 We held two development workshops for the Workforce Planning community in October 2019 attended by 45 delegates. Following these sessions, a further workshop was held in January 2020 which addressed leadership for the workforce planning community with a further 25 delegates attending. We also commissioned a CIPD one day Foundation in Workforce Planning workshop for our staff and extended the invitation to the wider system.

## **1.5 REMOTE AND RURAL EDUCATIONAL SUPPORT**

- 34 A programme of webinars and video conferencing (VC) was delivered across remote, rural and hard to reach locations to support and ensure access to education for Remote and Rural pharmacists and pharmacy technicians. The second phase of the Remote and Rural longitudinal clerkship for pharmacy undergraduates was completed and now involves five student pharmacists, increasing from two last year.
- 35 A range of online learning modules were developed to support access to education for pharmacists and pharmacy technicians in all areas of Scotland. We also reviewed and refreshed a number of e-modules and delivered an e-learning programme to support the launch of the new NHS Pharmacy First Scotland service for all community pharmacies. This included live and recorded webinars and a clinical decision-making e-learning module. In addition, we expanded our ability to deliver ACT-funded Preparation for Facilitating Experiential Learning training to remote and rural boards via VC and remote group interaction.
- 36 Our Remote and Rural Education Alliance ([RRHEAL](#)), an early adopter of TURAS Learn, continued to design and deliver a range of technology enhanced learning, educational programmes and resources to help ensure that remote, rural and island hospital workforce teams are trained and supported to deliver high quality care.
- 37 Monthly education sessions were delivered across our RRHEAL VC Education Network and Rural General Hospital VC Education Network on a wide variety of topics specifically tailored to meet the needs of remote, rural and island practitioners. Initial work was completed on the development of the first Scottish multi-professional Rural

Practitioner Advanced Level Education Programme in collaboration with the Scottish Rural Medical Collaborative.

- 38 We continued to contribute to the design of a new Rural Hospital Practitioner High Dependency and Critical Care Accredited Programme. In addition, work was progressed as part of the international Remote and Rural Recruitment and Retention Making it Work Project which has delivered a Workforce Sustainability Framework and a range of practical tools. We also commenced work on the design and development of the first Rural Health and Social Care TURAS Learn site aimed at Rural health and social care support staff.

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

### **Strategic Outcomes: NES Strategy 2019-24**

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

- 39 Supporting recruitment targets for postgraduate and pre-registration to ensure an adequate supply of well-trained staff is an key aspect of our work. We maintained a focus on improving the attractiveness of NHS Scotland as an employer, developing career pathways and widening access to opportunities as part of the drive to improve waiting times. This section also includes examples of our work to promote careers in healthcare and help equip young people for jobs.

### 2.1 PRE-REGISTRATION EDUCATION

- 40 To provide a well-trained pharmacist workforce for NHS Scotland, we successfully delivered the national Pre-Registration Pharmacist Scheme (PRPS) in Scotland with 200 trainees recruited to commence their training in 2019 (2019-20 cohort) and 200 recruited to commence in 2020 (2020-21 cohort). We provided the quality management function of the national NES Pre-Registration Pharmacist Scheme (PRPS) for all 200 trainees during their training in 2019-20 on behalf of the regulator,

the General Pharmaceutical Council (GPhC), with data recorded on TURAS including information on trainees, tutors and training sites during 2019-20.

- 41 We were successful in becoming a Modern Apprenticeship provider for Dental Nursing. The additional income will allow withdrawal of the course fees that are applicable to dental nursing candidates and modern apprentices. During 2019-20 pre-registration training was undertaken by 148 dental nurses through courses offered across Scotland with the majority accessing the training through the new Modern Apprenticeship Scheme: 98 Modern Apprenticeships were offered and taken up in 2019-20 and an additional 28 Modern Apprenticeships secured for 2020-21. The first two groups, in Dundee and Inverness started in April 2019 with Aberdeen and Glasgow groups joining in Autumn 2019.
- 42 We undertook annual performance management of pre-registration nursing and midwifery programmes across ten universities, with another two universities starting to become part of the process. Data was collected and analysed, including: a student mentor and charge nurse survey; recruitment and retention data; and feedback from NHS Board Nurse Directors, all of which informed the annual performance management report submitted to the Chief Nursing Officer in November 2019. A continuous improvement process has been initiated and early findings shared with internal stakeholders.
- 43 In support of our work to increase collaboration with Scotland's colleges to strengthen access and articulation into pre-registration nursing and midwifery programmes, we undertook a series of activities during 2019-20. This included delivery of a national conference with 100 delegates; a national Widening Participation Education Forum for Health was established with two workshops delivered; and a stakeholder event with around 50 participants was held to consider how to operationalise Nursing and Midwifery Council preceptorship principles in Scotland.
- 44 We led a joint programme with the Scottish Ambulance Service to integrate paramedic education into universities as part of a three-year initiative. We progressed development of a commissioning framework for paramedic education, and in conjunction with the Scottish Ambulance Service, commissioned five preferred Higher Education Institutions to deliver the paramedic ordinary degree.

45 We continued to support the report of the Chief Nursing Officer Commission on widening participation in nursing and midwifery through a number of initiatives. Work was undertaken to clarify routes into the nursing profession and to develop and refresh the [My World of Work](#) website in conjunction with Skills Development Scotland. A short life working group produced a report on the Higher National Certificate Health and Administrative Practice which was submitted to the Chief Nursing Officer Directorate. A report exploring the reasons for men leaving pre-registration nursing programmes in Scotland was completed in June 2019 and recommendations from this are being taken forward by the Attracting and Retaining Men in Nursing Working Group.

## 2.2 ADDITIONAL COST OF TEACHING (ACT)

46 We continued to manage the Additional Cost of Teaching (ACT) fund, the Scottish Government funding which meets the additional costs of teaching medical and dental undergraduate students within the NHS. Medical ACT work is supported by an annual budget of £80 million which was fully distributed across all NHS Boards and GPs in Scotland based on the Medical ACT allocation model. We continued to work with groups within the Medical ACT structure to improve the quality of undergraduate teaching in Scotland. Key activities included review of hospital and GP teaching activity to ensure Medical ACT funding remains responsive to changing curricula and Scottish Government medical workforce policies. The ACT funds were also used to deliver the Medical Education Package, a widening access initiative which supports entry into the profession of more students from deprived backgrounds; and ScotGEM, a four year graduate entry medical programme with a focus on rural medicine and healthcare improvement to support recruitment and retention in remote and rural areas.

47 Pharmacy Additional Costs of Teaching funding provided by Scottish Government is aimed at experiential learning and clinical experience for all pharmacy undergraduate students in Scotland to support the increasing clinical roles of pharmacists particularly within the primary care setting. We coordinated a full programme of Experiential Learning for undergraduate pharmacists in Scotland, ensuring training is available across all sectors. We delivered a suite of Experiential Learning training to 370 facilitators and progressed development of the TURAS Quality Management app (a Once for NES activity) to support quality management of placements.

## 2.3 POSTGRADUATE TRAINING GRADES

- 48 Across our activities to recruit and train medical trainees to agreed UK standards and to meet NHS Scotland current and future service and workforce demands, we supported 5,912 trainee doctors in approximately 300 programmes and successfully progressed 831 Foundation Year 1 doctors through full registration into their second year while 803 completed Foundation Year 2 and were then able to progress to speciality training. A total of 248 completed their training in General Practice and 413 completed training in other specialties. We filled 83 Scottish Clinical Research Excellence Development Scheme (SCREDS) posts for academic training in Scotland and recruited a total of 1,883 trainees to postgraduate training.
- 49 In 2019 we recruited to 848 Foundation year one places and filled 841 and recruited to 326 Core and 805 Specialty posts and filled 301 and 741 respectively – some 1,883 new recruits altogether. Overall in 2019, 98% of all posts were filled by recruitment against establishment compared with 96% fill rate in 2018. We sustained an increase in GP Speciality recruitment with 325 posts filled from the 340 advertised, 33 more than in 2018. In GP training posts which were previously seen as difficult to fill and are eligible for the Scottish Government bursary, there was a rise of 21% in applications. A total of 7,688 Annual Reviews of Competency and Progression (ARCP) were undertaken, of which 7,247 (94%) were positive or neutral with a small proportion of trainees requiring additional time or support to continue training.
- 50 During 2019-20 we delivered a major project, the Training Management Vision Project, taking forward the work of our Medical Vision which brought the four Scottish Deaneries together as one single Deanery in 2014. This enabled alignment of our Training Management processes with the Quality Framework through working nationally across specialty groupings, replacing a formerly regional focus. This change was successfully introduced in November 2019. We published an [Annual Report](#) on our work in postgraduate medical education and training.
- 51 At the same time, we continued to build on the use of our single and national processes for core training management functions: ARCPs (Annual Review of Competence Progression); ARCP Appeals; LTFT (Less Than Full Time) applications; IDT/IRT (Inter-deanery transfers/Inter-regional transfers); OOP (Out of Programme) applications; and Study Leave. These new arrangements allow further cross-

regional/national ARCPs, enabling streamlined and efficient review of trainee progress within a specialty across the whole of Scotland. This results in positive outcomes which include equitable experience for trainees, with expert ARCP Panels drawing on experience from up to four regional programmes and delivers increased cost-effectiveness and efficiency benefits.

- 52 In the last year we updated the study leave function within TURAS Training Programme Management (TPM) module and improved links to Oriel, the UK recruitment system for doctors in training. We also updated and improved the functionality for Recognition of Trainers in line with GMC standards. In addition we progressed development of a Less than Full Time online application form to streamline this process for trainees, NHS Board colleagues and supervisors. The strength of the TURAS platform is that it provides an interface between TURAS Training Programme Management and TURAS People, the HR module supporting the Lead Employment arrangements; and TURAS Portfolio and Learn, allowing learning to be recorded and seamlessly updated for Scottish Foundation trainees.
- 53 The four devolved nations work together to recruit trainee doctors on a national basis using [Oriel](#), the single online system. Work was undertaken during 2019 to commission a new updated version of this platform involving collaboration across the four nations. Oriel 2 is now in deployment with the first phase due to commence in May 2020.
- 54 We participated fully in UK recruitment for doctors in training, working with lead recruiting bodies across the UK to provide assessment centres and panellists, and support the management of applications. For the first time we led on the provision of recruitment and assessment centres, releasing other NHS Boards from this work, successfully delivering a consistent, cost-effective process for assessment centre venue sourcing and management.
- 55 We continued to maintain a focus on increasing the visibility of Scotland in national recruitment processes. We provided a range of digital and other materials to support the attraction and retention of doctors and dentists in training including social media to promote Scotland as the training destination of choice and new technology (Oriel 2) to attract and recruit trainees to Scotland. This single IT system for UK recruitment has reduced duplication and improved equality and fairness in the recruitment and selection process for all parties. Greater cohesion has been achieved in the trainee

journey by joining up the systems, resulting in a better flow of information from recruitment through to employment utilising the TURAS workforce platform.

- 56 Our ninth Scottish National Medical Education Conference took place in April 2019, in conjunction with the Dental, Medical Appraisal, Practice Managers, and NMAHP conferences. In total 1,650 participants attended including from across NHS boards, Scottish Government, universities, learning institutions and NHS England. Feedback from the event was extremely positive.
- 57 A total of 161 dental vocational trainees achieved satisfactory completion of curricula by July 2019. We provided 152 training posts for dental vocational training in 2019-20 to match the final output of the Scottish dental schools, and 89 core training grade dentists were recruited to post with access to study leave.
- 58 We commissioned and recruited to Psychology programmes and met our targets for 2019-20 training grades: 59 clinical psychology trainees commenced in October 2019 (54 clinical psychology trainees completed pre-registration training by March 2020); 35 MSc trainees in psychological therapies in primary care commenced in January 2020 (28 completed training by March 2020); and 29 MSc trainees in applied psychology for children and young people commenced in February 2020 (28 completed by March 2020). We supported the current cohort of five child and adolescent psychotherapy trainees due to complete in September 2021, and the ongoing annual MSc Neuropsychology programme. Two Health Psychology trainees commenced in May 2019, while three completed at the end of January 2020 and a further cohort of three trainees commenced in March 2020. These activities will help ensure the NHS is provided with suitably trained professionals and the required numbers of applied psychology and psychotherapy trainees as guided by Workforce Planning.
- 59 We successfully delivered the Vocational Training Foundation programme across all sectors of Pharmacy, with 85 new trainees joining a current group of over 150 trainees.
- 60 As part of our quality monitoring and quality assurance of Healthcare Science postgraduate education, we attained a response rate of 98% in relation to submission of training plans, a positive outcome as a satisfactory training plan is essential for progression. A response rate of 93% was achieved in relation to annual review of competency progression submissions. During 2019-20 we implemented the

GoToMeeting platform to conduct 20 *vivas* for final stage clinical scientists, avoiding travel time and costs for all.

- 61 During 2019-20 we supported 21 pre-registration clinical scientists across laboratory sciences, medical physics and clinical engineering, and provided support to healthcare science programmes including: 79 clinical scientist trainees across different stages of development; 31 undertaking postgraduate level development; and 20 NHS-employed clinical physiologist practitioners in key specialties (audiology, cardiac physiology, neurophysiology). Funding support and monitoring was provided to a total of 195 healthcare science trainees across all types/specialties.
- 62 We held three national events to support development of the healthcare science workforce and improve networking opportunities. A total of eleven trainer courses were delivered across Scotland attended by 153 healthcare science supervisors, while our six leadership courses were attended by 90 staff. We also established e-learning for healthcare science staff on TURAS Learn which will enable validated and controlled national learning to be made available.

#### **2.4 POST-REGISTRATION NMAHP EDUCATION**

- 63 We commenced development of a *Once for Scotland* Return to Practice programme for nurses and midwives, in partnership with providers, which will be introduced following approval by the Nursing and Midwifery Council. A total of 134 nurses and midwives met Scottish Government criteria to undertake the Return to Practice programme currently being offered at four Scottish Higher Education Institutions. Those who have completed the programme to-date are employed across NHS Boards, care homes, local authority and the independent sector.
- 64 We worked collaboratively with colleagues from Scottish Government, NHS Boards and Higher Education Institutions (HEI) to support the drive to increase the size and scope of the health visiting workforce, ensuring that health visiting programmes meet the requirement of the Universal Health Visiting Pathway, the refreshed role for health visitors, and the current and future health and wellbeing needs of the population of Scotland. In conjunction with partners we supported health visitors through the facilitation of a variety of resources including: the community of practice for health visitors on the Knowledge Network; a health visiting self-assessment tool; a digital

speech, language and communication resource and a national event for practice teachers.

- 65 A further 36 healthcare professionals undertook development to lead service improvement through maximising the use of technology via our NMAHP Digital Health and Care Leadership Programme with an additional 26 due to complete in 2020-21. This initiative has included a strong emphasis on building capacity and capability in virtual consultation, to deliver health and social care services using *NHS Near me* on the *Attend Anywhere* platform and supporting discharge and self-management for people living with long term conditions within the community.
- 66 We progressed development of an education and career pathway to support integrated community nursing teams. The pathway for district nursing, general practice nursing, care home nursing and prison health care nursing will contribute to creation of a more flexible and better-prepared community nursing workforce in line with the aspirations of the Transforming Roles programme and the Nursing 2030 Vision. The first stage, a Graduate Diploma in Integrated Community Nursing, was successfully commissioned and 200 places will be offered from September 2021 to Band 5 nurses from across the different community settings.
- 67 In 2019 our [Effective Practitioner](#) website was refreshed to deliver a new style and structure, simplified content, and new resources. The site aims to support nurses, midwives and allied health professionals assess their learning needs and to plan their continuing professional development. It also provides guidance for managers and educators on how to support their staff and is the central resource for wider workplace activity.

## **2.5 POST-REGISTRATION DENTAL NURSES AND DENTAL CARE PROFESSIONALS**

- 68 We delivered 31 places in 2019-20 for Dental Practice Managers to access the SVQ Professional Development Award (SCQF Level 8). The programme was subsequently adapted to an online study day programme from mid-March 2020 using the GoToTraining platform in response to COVID-19.
- 69 We also provided seven vocational training places for experienced dental nurses wishing to upskill as Orthodontic Therapists, and 85 post-registration training places for dental nurses to achieve enhanced skills beyond the minimum regulatory

requirements. These activities contribute to providing a well-trained dental workforce to improve access to NHS dental services through quality assured programmes.

## 2.6 CAREER SUPPORT ADVICE AND SCHEMES

70 The [NHS Careers](#) website provides a focal point for information about careers in NHS Scotland and specific promotion campaigns (including internationally). The website target audience extends to young people, parents and carers, teachers and careers advisors, career changers and the NHS Scotland workforce. Work was undertaken in early 2019 to identify improvements to increase engagement resulting in a series of design, architecture, and content enhancements as well as new features. There was a significant increase in visits to the NHS Careers website illustrated by 298,000 visits in 2019 in comparison with almost 100,000 visits in 2018. There was also a steady increase on social media platforms with a net growth of seven followers per day across platforms.

71 Work was taken forward with Scottish Government, NHS Boards and other national groups to develop promotional resources including posters for nursing career pathways, pharmacy technician careers, international recruitment banners, and nursing, midwifery, AHP and healthcare science flyers. We also provided support for the *careersinhealthcare.scot* campaign covering nursing, allied health professionals and healthcare science roles, to help raise awareness of these roles.

## 2.7 YOUTH EMPLOYMENT

72 We progressed work to expand opportunities for young people by supporting all NHS Boards in Scotland to promote NHS Scotland as an employer of choice, widening access routes and opportunities for under-represented groups, increasing the number of young people entering the service, including apprentices.

73 In our partnership role with Scottish Government and the Prince's Trust in the delivery of the Trust's *Get into Healthcare Programme*, we co-produced a toolkit to support NHS Boards. During 2019-20 six NHS Boards ran the programme with 68 young people completing, of which 76% gained employment. We also worked with Scottish Government to support the establishment of a multi-agency national working group - the National Youth Employment Steering Group - with the aim of providing strategic direction and support for stakeholders to increase youth employment. In conjunction

with Skills Development Scotland we took forward work in relation to development of plans to support pilot Foundation Apprenticeships in NHS Boards.

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

#### **Strategic Outcomes: NES Strategy 2019-24**

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

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

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

75 Our Practice-based Small Group Learning ([PBSGL](#)) remained popular in General Practice in Scotland with membership of approximately 40% of GPs. Increasing numbers of groups are inter-professional with pharmacist and nurse numbers showing the highest growth in the past three years. In 2019-20 active membership grew by 13.4%, with an increase in groups of 4.8%; 30.5% of members are non - GPs. We supported the development of PBSGL in other parts of the UK as well as in Denmark and specifically Wales during 2019-20.

- 76 We continued to deliver the Practice Managers' Vocational Training Scheme. Cohort 15 commenced in September 2019 with 23 participants, and a further 17 Practice Managers completed the programme in 2020. We also delivered 20 Practice Manager educational workshops, with events held across Scotland. In addition, we developed a Supervisory Management in General Practice programme: Cohort 1 commenced in May 2019 with 18 participants; Cohort 2 in October 2019 with 24 participants; and Cohort 3 commenced in January 2020 with 40 participants. Work commenced on the *Transforming Practice Manager and Administrative Staff Roles* programme to support the evolving roles of Practice Managers' and General Practice administrative staff.
- 77 We supported enhancement of the current General Practice Nurse (GPN) workforce by adopting a positive recruitment and retention strategy to provide an opportunity for newly qualified nurses to enter the GPN workforce. We successfully recruited 24 General Practices as GPN training practices for newly qualified nurses. This initiative is part of the wider *Transforming Roles Programme*, across hospital, community and third sector which includes nurses working in General Practice at all levels of the career framework to play a pivotal role in integrated community nursing teams.
- 78 We delivered and expanded the General Practice Nurse (GPN) Programme following a positive external evaluation in 2018. During 2019-20, Cohort 9 comprising 32 GPNs commenced in September 2019, while Cohort 10 with 26 newly qualified nurses commenced in March 2020. We have 18 Educational Supervisors in place to support the GPN programme and nine GPN Education Advisors across Scotland, with work ongoing to assess refocus of the role in line with the *Transforming Roles Programme*.
- 79 Through Scottish Government funding, we significantly increased our educational opportunities for General Practice Nurses. Demand for courses remains high and they have evaluated exceptionally well. A total of 85.6% places were filled across courses during 2019-20, compared to 79.3% in 2018-19, an increase of 6.3%. Overall 946 General Practice Nurses attended training compared to 522 in 2018-19, an increase of 81%. Practice Based Small Group Learning membership for nurses increased by 31.6% in the last 12 months.
- 80 During 2019-20, to support CPD programmes for dentists and dental care professionals we delivered 19,786 hours of verifiable CPD. National events were run in Glasgow and Edinburgh, and a joint event with the Clinical Effectiveness workstream. Each event was attended by around 150 delegates. Good progress was

made to further develop and provide access to a wide range of online resources, including webinars, webcasts, SDEO ([Scottish Dental Education Online](#)) resources and e-learning for the whole dental team, enabling them to keep up to date in relation to topics areas, without the need to attend face to face training.

- 81 We worked collaboratively with the General Dental Services and Public Dental Services to provide intravenous and inhalation sedation training. We delivered several training courses with up to 15 places on each course for Public Dental Service and General Dental Practitioners. Overall 67 participants took part and successfully completed the training. We also continued to provide support for the HND Module in Decontamination with seven courses offered, with up to 10-12 places on each, as part of the SVQ post-qualification.
- 82 We provided training to two cohorts of General Dental Practitioners to enable them to be appointed as enhanced practitioners, providing domiciliary care in care homes in support of the Oral Health Improvement Plan. The training was successfully completed by 28 participants. The programme was refined following evaluation in preparation for further courses. An e-portfolio was developed to support the course and to enable General Dental Practitioners to upload their evidence towards assessment.
- 83 We undertook to provide access and support for dental registrants to enter, remain and return to the workforce. As part of a mandatory training programme for dentists from outwith Scotland wishing to work in the General Dental Service in NHS Scotland, five courses were delivered in 2019-20. A Mandatory Training Plus course was developed and delivered for those requiring support beyond the initial Mandatory training course. Remediation support was provided for 16 General Dental Council registrants, utilising a pool of trained mentors.
- 84 The Professional Development Award in Supporting the Healthcare Team in the Workplace (Scottish Credit Qualification Framework Level 8) was successfully completed by the first cohort of Dental Practice Managers. The two-day programme aims to develop the knowledge and skills required to effectively induct, mentor an existing or new member of staff, and facilitate performance management processes in the delivery of high-quality and safe patient care within the workplace. Subsequent student assessment and programme evaluation evidenced changes made within the workplace as a result of students' participation, demonstrating effective impact of learning.

- 85 Our tenth NES Optometry Annual Conference, held in October 2019, was our largest to date with 250 delegates from across Scotland. Participants included Optometrists, Orthoptists, Dispensing Opticians and Ophthalmologists, as well as representatives from Scottish Government. A broad spectrum of education to support clinical care was provided, including topics such as accessibility and evidence-based practice, and a range of interactive workshops.
- 86 In support of CPD for the Optometry profession, training programmes were developed and delivered to increase knowledge and safe practice around consenting patients and paediatric patients, with 22 professionals enrolled. A programme of CPD on Dementia for Optometry practice staff as well as practice professionals was developed as a result of our engagement with RNIB and Alzheimer's Scotland, and supported by our Dementia team. TURAS Learn modules of our existing dementia training resources were released, and two webinars were provided.
- 87 A total of 45 Optometrists enrolled in the Ocular Therapeutics course commencing in March 2019, while over 120 Optometrists accessed the available Teach and Treat Sessions. A programme of education and training to support the management of Ocular Hypertension and Glaucoma was designed, with delivery to first cohort of 22 optometrists commencing in early 2020. The course has been approved by the SQA, and rated at level 11. We supported expansion of the Optometry Peer Assisted Learning network by extending the range of topics, as well as the audience and the format. New resources included a QI pack, autoimmune pack and an All Practice Staff training resource on dementia.
- 88 We delivered a flexible Pharmacy CPD Programme through provision of two programmes of courses and resources per year to meet the regulatory and service development needs for all pharmacists and pharmacy technicians registered with the General Pharmaceutical Council (GPhC) in Scotland. This included a range of events and webinars and also extended to national education to support the new community pharmacy NHS Pharmacy First Scotland service. We developed key e-learning modules to support the NHS Pharmacy First Scotland initiative and commenced face-to-face training in NHS Board areas. This face-to-face delivery was paused in March due to COVID-19 impact and replaced with online delivery (live and recorded webinars) which received very positive feedback.

- 89 We commissioned and ensured delivery of a fully integrated standalone Independent Prescribing (IP) course which includes clinical assessment and consultation skills training. During 2019-20, four IP courses were provided across the two schools of Pharmacy with 107 pharmacists funded. We also commissioned two bespoke IP courses for community pharmacists with 63 pharmacists funded; and a collaborative of experts in clinical skills training to deliver the required Advanced Clinical Skills courses for pharmacist Independent Prescribers. Based on national NHS Board requirements, 20 clinical assessment skills courses were commissioned in 2019-20 totalling 266 attendees, and four consultation skills courses with 70 attendees.
- 90 We provided a bespoke leadership course, *A Taste of Leadership* (85 attendees), and *SOS - Self, Others and Service* (54 attendees) to support pharmacists and pharmacy technicians undertaking their Foundation Programme training during 2019-20. We also delivered the six-day Advanced Leadership course for pharmacists and GPs with 84 attending the courses during 2019-20.
- 91 We supported the roll-out of a Teach and Treat service for community pharmacist prescribers. This is aimed at those who have completed the Common Clinical Conditions clinical skills course and who have been asked to deliver services to patients from community pharmacies to reduce GP workload in relation to acute self-limiting conditions. It is intended to expand this Teach and Treat model to all NHS Boards in the future

### **3.2 PERSON-CENTRED CARE**

- 92 The principles of person-centred care are embedded throughout all undergraduate, postgraduate and CPD (continuing professional development) activities. During 2019-20 we provided a range of education, training and workforce development to support and enhance delivery of person-centred care.
- 93 We delivered educational interventions and support to improve health and social care professionals' preparedness for effective communication and practice aligned to death, dying and bereavement care. We shared information on this work through a variety of channels including a quarterly newsletter with over 1,200 subscribers, social media, and national and international conferences.

- 94 Our [Support Around Death Website](#) which provides a range of information for health and social care professionals was further enhanced to deliver additional content. During 2019-20 there were over 16,000 users on the site with over 41,000 page views. More resources were added to the suite of short, scenario-based animations which support practitioners in conversations around death, dying and bereavement. Overall, the animations have been viewed over 35,000 times and feedback continues to be positive.
- 95 We took forward work with the Death Certification Review Service to develop educational resources and work is underway on support materials for non-certifying staff. We also worked with third sector organisations and a range of healthcare professionals to develop educational resources for staff that focus on increasing their awareness of how to support LGBT+ people around death and bereavement.
- 96 We hosted quarterly learning events for the NHS Board Bereavement Lead and Strategic Coordinator network across Scotland, providing an opportunity for the sharing of best practice in relation to bereavement care/education on a national basis. We also hosted the inaugural NES Bereavement Education Conference in November 2019, *Starting with the end in mind; A realistic approach to bereavement and resilience*. This event was attended by 170 delegates, with almost 50% of the places taken up by doctors across Scotland, and close to 20 medical specialties represented with positive participant feedback evidenced in the event evaluation.
- 97 We undertook further embedding of Values Based Reflective Practice (VRBP) by provision of: Essential Tools training (48 attendees) aimed at providing health and social care staff with an introduction to the VRBP toolkit; Dynamics and Processes training (24 attendees) for those whose role requires them to enhance work based practice; and Train the Trainer (6 attendees) for experienced VRBP facilitators. We continued to provide leadership and co-ordination of the Personal Outcomes Network; undertook a research project on the PROM (Patient Report Outcomes Measurement) tool and provided three CPD opportunities for 15 participants to develop leadership skills and provide ongoing CPD for spiritual care teams across Scotland.
- 98 In support of the vision of a carer-friendly Scotland in which carers are recognised and valued, we worked with the Scottish Social Services Council and a wide range of stakeholders, including carers and carer organisations, to produce a learning resource called Equal Partners in Care (EPiC). Based on six core principles, the resource

supports collaborative working with carers across health and social care to help improve outcomes for carers and the people for whom they provide care.

### **3.3 PATIENT SAFETY AND CLINICAL SKILLS**

- 99 We continued to deliver patient safety education for the NHS workforce. A total of 32 multi-disciplinary workshops were delivered to 406 NHS Scotland staff, focusing on patient safety within complex healthcare systems using Human Factors and ergonomic principles. We updated our e-learning module *Introduction to Human Factors and Ergonomics* and delivered *Effective Clinical Handover* education sessions to Foundation Doctors across nine NHS territorial Boards.
- 100 With the aim of supporting clinical skills training contributing to better and safer patient care, 1,431 staff received training by our Mobile Skills Unit (MSU), involving 128 different training sessions and 26 site visits. In conjunction with our training partner BASICS Scotland, 11 separate portfolio events for pre-hospital emergency care were undertaken with a total trained of 318 GPs, nurses and Scottish Ambulance Service staff. In conjunction with our training partner, the Scottish Centre for Simulation and Clinical Human Factors, we delivered four Faculty Development courses and trained 27 individuals. We also provided interactive clinical skills sessions for over 400 school pupils from Lanarkshire and delivered Minor Surgery workshops for GPs and training for HM Prison staff.
- 101 During 2019-20 we provided in-practice infection control training for dental teams across Scotland through our Quality Improvement in Practice Training team (QliPT), with 195 sessions of training delivered across Dental Practices in Scotland.

### **3.4 HEALTHCARE ASSOCIATED INFECTION (HAI) AND HEALTH PROTECTION**

- 102 We continued to support the public health workforce in delivery of key public health priorities. Our Public Health team published new resources for the Intermediate and Improvement Layers of the Scottish Infection Prevention and Control Education Pathway (SIPCEP). The new e-learning modules have been made available on TURAS Learn for health and social care staff and students. The improvement layer is designed for those who wish to develop knowledge and skills in relation to infection prevention and control, and quality improvement, and to lead on or actively participate in a project in their place of work.

- 103 A Train the Trainer programme was provided to support care home education staff in the implementation of infection prevention and control training. This builds local capacity to deliver the programme which can be incorporated into existing in-house training provision. Impact assessment undertaken with 67 trainers from Cohorts 7 and 8 of the programme indicated that participants demonstrated increased confidence after programme completion.
- 104 We launched a new educational resource *Raising Awareness of Antimicrobial Stewardship: For Nurses and Midwives*, to coincide with European Antibiotic Awareness Day. This was developed in partnership with the Scottish Antimicrobial Prescribing Group and aims to support learning around antimicrobial stewardship, highlighting the key role of nurses and midwives across all health and social care settings.

### **3.5 QUALITY IMPROVEMENT (QI) EDUCATION**

- 105 We continued to deliver a range of QI activities to contribute to improving the delivery of safe, effective and person-centred care, and efficient health and care services.
- 106 In November 2019 we hosted the annual Scottish Improvement Leader (ScIL) networking event in Scotland marking the graduation for our latest Scottish Improvement Leaders. A total of 119 participants graduated from across public services and showcased their learning and improvement projects. Four cohorts of the ScIL programme are delivered each year and to date we have trained 508 Improvement Leaders with a further 200 participants undertaking the training in Scotland and Northern Ireland at the time of reporting.
- 107 The twelfth cohort of the [Scottish Quality and Safety Fellowship](#) (SQSF), which supports healthcare staff to develop leadership skills and to improve the delivery of safe patient care, commenced in September 2019. There are now over 290 Fellows with skills to deliver stronger clinical leadership across NHS Scotland and beyond. The Fellowship has reached nine different countries including Norway, Denmark, Canada, New Zealand, England, Wales, Ireland and Northern Ireland.
- 108 With the aim of building further QI capacity across Scotland, a set of accessible resources and shadowing opportunities were developed to allow graduates of SQSF

and ScIL to deliver the programme to individuals within their own organisations. In total 92 staff have so far requested access to these resources to support delivery in their own areas.

- 109 The [Scottish Improvement Foundation Skills](#) programme supports individuals to develop the skills, knowledge and confidence to contribute to the improvement of local services. During 2019-2020, 80 staff from across the public sector completed the programme, comprising seven virtual sessions using the GoToTraining platform. In line with aims to expand NES workforce capability to use quality improvement as a method to implement change, a total of 42 of our staff completed the programme during 2019-20.
- 110 During 2019-20, four cohorts of the [Scottish Coaching and Leading for Improvement Programme](#) were commissioned by the Chief Nursing Officer in support of the Excellence in Care programme of work, with 77 managers successfully completing the programme. The Programme enables managers to develop leadership skills and gain knowledge and confidence in the core components of quality improvement whilst embedding a coaching approach in how teams are enabled and empowered. The programme has adopted a partnership model to allow local delivery in NHS Boards, with national faculty supporting local faculty to deliver the course. As an NHS Board we have engaged with this approach in addition to NHS Grampian, NHS Greater Glasgow and Clyde, and NHS Dumfries and Galloway; and the programme has also been commissioned for external delivery to the Western and Southern Health and Social Care Trusts in Northern Ireland.
- 111 We launched a new QI e-learning module *Implementation and Spread* on the QI Zone accessible from TURAS Learn. The module focuses on understanding the differences between testing and implementation, how to implement change, and explores the ideas behind how to spread successful changes to other locations. A suite of five introductory e-learning modules are now offered which follow the established Scottish Improvement journey. The online learning resources are free to access and suitable for anyone working in the public sector workforce aiming to improve local services. The QI Zone has been exceptionally well received and international partners have expressed interest in the content to share within their own organisations.
- 112 We continued our work as lead in the development of educational resources, provision of coaching and training for the Value Management Collaborative. This partnership

programme of work with Scottish Government and Healthcare Improvement Scotland (HIS) focuses on the use of quality improvement to improve performance, cost and capacity in microsystems, and work has been progressed with 18 teams across six NHS Boards.

- 113 We also continued to lead in the development of educational resources, provision of coaching and training to support the QI for Access Programme. This is a further partnership programme of work with Scottish Government and HIS, which targets the use of quality improvement to meet the challenge of delivering sustainable improvements in waiting times whilst maintaining or improving the quality of care. NHS Lothian, NHS Tayside and NHS Grampian have been recruited as accelerator sites where educational interventions are currently being tested.
- 114 Since 2018 we have provided our virtual programme, *Scottish Improvement Foundation Skills* (SIFS) to enable 'First 5' GPs to become involved in CPD activities to develop their skills, knowledge and confidence in quality improvement and actively contribute to supporting positive changes in primary care delivery. During 2019-20, programme access was extended to include staff from across all primary care. A total of 83 'First 5' GPs have completed the programme, in addition to 53 staff from primary care.
- 115 We created a dedicated Board Development learning platform on TURAS Learn which includes relevant education and support material on induction, integration, mentoring and coaching and CPD. The new induction approach combines local and national induction with new appraisal arrangements for non-executive Board Members. A mentoring scheme for non-Executive Board Members and Chairs was launched in August 2019, and ten mentoring partnerships are now underway.
- 116 Realistic Medicine is an approach to healthcare that aims to put the patient at the centre of decisions made about their care. We launched a new website on TURAS Learn to support this approach providing information, e-learning modules, guides, and frameworks aligned to the educational strategy for this programme of work. A significant element of this was development and publication of the Shared Decision-Making e-learning module. Analytics show that in a two-month period 418 staff completed the module, whilst 517 staff are in progress to complete the module. The site is open to everyone and will be updated and expanded as the practice of Realistic Medicine becomes embedded across Scotland.

- 117 In 2019-20 we worked as part of the Quality Improvement in Pharmacy Practice (QIPP) collaborative in Scotland to support quality improvement developments in Pharmacy. We organised and delivered face-to-face education to support the implementation of the NSAID (non-steroidal anti-inflammatory drugs) Safer Care Bundle in Community pharmacy, and distributed NES Safety Culture Discussion cards to all community pharmacies in Scotland. We have also started scoping educational opportunities to support Human Factors training for Pharmacy.
- 118 A number of activities were undertaken to support quality improvement in the Optometry profession. A survey of safety concerns in Optometric practice was developed, and a PAL (Progressive Addition Lens) QI pack was created. A training framework for introducing Leadership and QI training into Optometric practice was developed and a programme of Optometry-specific Leadership and Management training was completed by 25 practitioners incorporating a focus on locum workers.

### **3.6 CLINICAL EFFECTIVENESS GUIDANCE**

- 119 During 2019-20 our Scottish Dental Clinical Effectiveness Programme ([SDCEP](#)) continued to provide user-friendly, evidence-based guidance on topics identified as priorities for dentistry in Scotland and the rest of the UK.
- 120 In support of the Oral Health Improvement Plan, we took forward work to update the Oral Health Risk Assessment guidance. We also published an interim update to the Prevention and Treatment of Periodontal Diseases in Primary Care guidance. In addition, the Dental Prescribing app was updated in line with British National Formulary (BNF)78. The Practice Support Manual, which supports practice management and organisation, was maintained and updated to provide up-to-date advice for dental practices undergoing practice inspection.
- 121 A second smartphone app was launched in August 2019. The [SDCEP Dental Companion](#) is aimed at dental professionals working in primary and secondary care dental practice, those involved in dental education, and undergraduate trainees, and augments the popular Dental Prescribing app to support improvements in patient care. The *Dental Companion* app provides access to SDCEP evidence-based dental clinical guidance and focuses on four priority clinical topics. Within the first month of launch, the app was downloaded nearly 2,000 times and the website was accessed by over

850 new users. Evaluation of the app is underway and will help inform future strategy for app development and use by both SDCEP and other programmes.

### 3.7 PRACTITIONER ROLE DEVELOPMENT

- 122 In support of Primary Care Transformation, during 2019-20 the bespoke GP Learning Pathway, comprising learning events, e-learning, interactive webinars and completion of a competency framework, was delivered to a further 112 pharmacists and 34 pharmacy technicians. Seven GP Practice pharmacists were accredited at Advanced Level I of the GPCP Competency Framework in addition to the first GP Practice pharmacist accredited at Advanced Level II. While some elements of the final delivery had to be cancelled due to non-release of staff (COVID-19 impact) the pathway was completed. Further cohorts will be recruited to commence training in 2020-21.
- 123 We disseminated key resources developed as part of the National Trauma Training project. In 2019-20 there were 15,700 visits to the [Transforming Psychological Trauma Knowledge and Skills Framework](#); 28,900 views of the [Opening Doors: Trauma Informed Practice](#) for the Workforce animation; and 7,100 views of the [Sowing Seeds](#) animation focusing on children and young people's services. We also delivered training events to increase the capacity of the workforce to deliver evidence-based interventions for people affected by trauma: *Safety and Stabilisation* was delivered to 314 delegates; *Survive and Thrive* Training to 61 delegates; and evidence-based exposure/processing therapy training to 32 delegates.
- 124 We delivered Scottish Trauma Informed Leaders Training (STILT) to 109 attendees. We also developed a network of 13 NHS Board *Transforming Psychological Trauma* Implementation Leads and supported them in their delivery of local training, supervision and coaching sessions. This group delivered training to 1,838 delegates during 2019-20.
- 125 A number of frameworks were launched to support the Perioperative and Nurse Endoscopy workforce including: a Perioperative NMAHP Career Framework and Development Framework to enable greater standardisation across the Perioperative workforce; an Anaesthetic Assistant revised competency framework; and the Career and Development Framework for Nurse Endoscopists in Scotland. In addition, a new TURAS Learn Perioperative site, a regular newsletter, and a variety of national events (both distance and face to face) were delivered. The Accelerating the Development of

Enhanced Practitioners (ADEPt) programme within the national Scottish Access Collaborative commenced in 2019, supporting an additional learner cohort of eight nurse endoscopists.

- 126 In line with the Scottish Government manifesto commitment to train additional Advanced Nurse Practitioners, 970 nurses have received funding over the last three years to undertake the Postgraduate Diploma in Advanced Practice. Around 679 nurses are expected to have completed the programme by September 2021 with approximately 50% working in acute care settings, most of the remainder in primary care and community, and a smaller number in mental health, paediatric or neonatal areas. An evaluation of the impact of this additional workforce is planned to commence in 2021 as new roles begin to embed.
- 127 Funding was awarded to NHS Boards for the Postgraduate Diploma in District Nursing to support 61 places. These additional places were allocated in response to the shortfall identified in the Scottish Government review of the district nursing workforce. We also continued to support and fund a cohort of 48 newly qualified nurses in General Practice in the second year of their training post.
- 128 Continuing professional development modules for District Nurses were commissioned and delivered to support their transition to the District Nurse refocused role with 50 places for nurse independent prescribing, 50 places for advanced clinical assessment, 25 places for leadership and 25 places for research. Funding was provided for 20 Band 5 nurses in district nursing teams to access part-time core modules leading to qualification as a District Nurse. This enabled nurses to remain in practice whilst studying a large part of the course and helps accelerate the increased number of qualified District Nurses required for the service.
- 129 Educational development for General Practice Nurses was provided and in total 889 short courses, 216 residential courses, 396 practice-based small group learning places and two leadership development workshops were delivered. In post-course evaluations, participants reported positively across all courses on the relevance of the learning to practice. We also commissioned modules on topics which support the development of the refreshed General Practice Nurse role aligned with the General Medical Services Contract (2018). In total 299 nurses accessed 19 modules at three Scottish Higher Education Institutions.

130 We delivered a competency framework for pharmacy technicians across all pharmacy sectors with an ongoing pilot of the framework by GP Practice and Acute pharmacy technicians to support the training of pharmacy technicians working in GP Practices in line with the Scottish Government agenda for Primary Care transformation. Supported e-learning and two bootcamps were developed and delivered and we also finalised TURAS Portfolio development for this group.

### 3.8 MENTAL HEALTH AND DEMENTIA

131 We continued to support the [National Dementia Strategy](#) through a number of interventions including: the Dementia Specialist Improvements Leads Programme; training for trainers; learning events and masterclasses; the Dementia Champions Programme; the *Promoting Excellence* dementia Knowledge And Skills Framework; and training in palliative and end of life care in dementia.

132 We co-hosted a national conference and graduation event marking the graduation of health and social services Dementia Champions. A total of 98 participants from Cohort 10 of the Dementia Champions programme graduated in March 2020 taking the total number of dementia champions to over 1,048. The programme supports the implementation of the national knowledge and skills framework for staff working with people with dementia; extends the reach of workforce learning and training opportunities; and supports improvements across Scotland's Dementia Strategy priority areas. A range of evaluation methods have confirmed the impact of this programme in improving the experiences and outcomes of care for people with dementia in acute and community hospital settings.

133 A national conference took place in February 2020 to mark and share the work of 45 health and social care staff who have completed the NES Dementia Specialist Improvement Leads (DSIL) programme. Over 100 staff across health and social care have now been prepared as DSILs. The programme further develops participants' knowledge and skills in a range of specialist areas of dementia practice and includes development opportunities in leadership, change management, practice development and quality improvement. The event marked the launch of the report [Driving Improvements in Specialist Dementia Care](#). The report highlights the achievements of 121 participants from three cohorts of the NES Dementia Specialist Improvement Lead (DSIL) programme between 2014 and 2020 and the significant impacts at an educational, practice, and service improvement level. The programme has been

successful in supporting and promoting cross-sector working to enhance health and social care integration.

- 134 We delivered training to increase cross-sector reach of existing education and training in Psychological Interventions for Dementia and to improve support and sustainability. Cognitive Stimulation Therapy (CST) workshops were delivered to 173 health and social care staff; two Stress and Distress Coaching Workshops were provided for 13 health and social care staff; and a Cognitive Rehabilitation workshop was delivered to 20 senior health and social care staff. We launched our revised Stress and Distress training programme in 2019-20. A total of 39 senior health and social care staff attended Stress and Distress trainer events in 2019-20. We also commissioned and progressed a Stress and Distress e-learning module.
  
- 135 We continued with our training programme specifically for the care home sector, [Essentials in Psychological Care - Dementia](#) and trained a total of 119 senior health and social care staff as Essentials Trainers across Scotland. We developed an Essentials Coaching workshop, with the first event attended by 10 Essential Trainers from both health and social care. We also developed a new educational resource for carers of people with a diagnosis of Fronto-temporal Dementia (FTD) which will be launched in 2020-21.
  
- 136 We revised and updated the Cognitive Rehabilitation in Dementia mobile application in 2019 to improve the usability of the resource. The app, launched in 2017 and the first of its kind in Scotland, has proven to be a popular addition to the resources available for frontline staff when working with a person in the mild stages of dementia. This educational resource continues to facilitate the development of core skills related to supporting and implementing cognitive rehabilitation interventions and complements the hard copy learning resource and twice-yearly workshops.
  
- 137 We undertook a range of programmes to increase CAMHS (Child and Adolescent Mental Health Service) knowledge and skills in evidence-based psychological interventions to support client access to psychological interventions. Our updated Essential CAMHS resource was implemented across NHS Boards during 2019-20 and over 556 clinicians accessed the modules. We developed a 'New to CAMHS' training programme for 93 clinicians and continued to increase supervision capacity in the CAMHS workforce by providing CBT supervision training to 34 CAMHS clinicians, and Interpersonal Therapy (IPT) supervision training to 7 CAMHS clinicians.

- 138 We continued to provide trauma training to children's services professionals through access to the child trauma module and face-to-face trauma informed practice including newly developed day-two training for CAMHS which was attended by 41 clinicians. Trauma Focused CBT training was completed by 26 clinicians.
- 139 We provided access to training in family therapy at Foundation level to eight clinicians and at Intermediate level to nine clinicians. We also provided a short two-day introduction to the working with families course to 28 new to CAMHS clinicians. CBT training at Certificate level was delivered to 12 CAMHS clinicians and Diploma level to 11 CAMHS clinicians. We also delivered training in CBT for Eating Disorders to 17 clinicians, and 34 participants attended our CBT Approaches CPD day.

### **3.9 CHILDREN AND YOUNG PEOPLE**

- 140 We provided a range of training and support for Children, Young People and Families. This included Infant Mental Health online training to 60 practitioners; Infant Mental Health (IMH) delivery support to 13 practitioners; and evidence-based Infant Mental Health intervention training for 20 IMH practitioners. We also provided Solihull Approach foundation level training to 393 practitioners and Solihull Approach Foundation Level Train-the-Trainer to 16 practitioners.
- 141 We delivered phase two of the implementation science informed Early Intervention Framework in partnership with Scottish Government. We provided 33 Connecting with Parents' Motivations (CWPM) trainings to 346 multi-sector practitioners, and two CWPM train-the-trainer training events to 44 practitioners. In addition, 36 authorised practice support/supervision/coaching sessions were provided to 84 multi-sector Early Years practitioners, previously trained in either the Incredible Years or Triple P programmes (including Incredible Years Peer Coaches in training). Authorised Incredible Years training was delivered to 47 practitioners and Triple P training to 25 practitioners in established Psychology of Parenting Project (PoPP) sites.
- 142 Eleven NHS Boards responded to the School Nursing education needs analysis which, in addition to four regional events for 78 School Nurses, will inform developments to enhance knowledge and skills within the School Nursing Pathway for emotional mental health and wellbeing. Evaluations from the regional events reported the benefits of networking and learning with peers. Stakeholder engagement has also been

undertaken to inform new digital resources to support school nursing and health visiting pathways, which will be launched next year.

- 143 The [Psychology of Parenting Project](#) (PoPP) continued to improve the availability of high-quality evidence-based parenting approaches (the Incredible Years Preschool Basic and Level 4 Group Triple P interventions) for families with children aged 3-6 years who have elevated levels of behaviour problems. In 2019-20, 41 practitioners were trained to deliver these interventions (bringing the total to over 800 practitioners trained since January 2013) and 81 PoPP groups were delivered to 537 families (bringing the total numbers to 974 PoPP groups and 6,223 families since 2013). Outcome data collected on 3,332 children since 2013 indicates that 81% of children have demonstrated an improvement, with 60% of children who started in the clinical range moving out of this high-risk range by the time their parents had completed a group.
- 144 In October 2019, we delivered a significant milestone with TURAS Family Nurse Partnership (FNP) the first clinical system developed and launched on the TURAS platform. The FNP is a programme for first time, younger mothers, available in most locations in Scotland aiming to improve health, social and economic outcomes for clients and to give their babies the best start in life. Delivered since 2010, over 7,000 families have participated to date in the programme. We have performed a key role in supporting the programme in Scotland, providing bespoke education and professional development to FNP staff and analytical support to monitor the quality of programme delivery and client outcomes.
- 145 The new FNP national data system directly supports the needs of the FNP programme and replaces an existing, legacy system hosted at a territorial board. TURAS FNP will offer major benefits to the FNP service - for the first time in Scotland, family nurses will have live and direct access to data captured about their own clients. The system has been designed to adapt to mobile devices and will eventually be accessible from any web-enabled device, allowing Family Nurses to view and update data from remote locations and community settings. In 2019 we signed a contract with Family Nurse Partnership (FNP) England spanning five years.
- 146 In support of the Family Nurse Partnership, 47 days of face-to-face learning were delivered to 91 practitioners, with 22 family nurses graduating this year. Evaluations reflected high-quality learning experiences with above 90% respondent satisfaction.

CPD sessions were delivered focusing on specific learning needs in response to stakeholder feedback. FNP maintains international links and welcomed two nurses from Norway and one from Northern Ireland to participate in *Foundations in FNP Practice*.

- 147 The Scottish Multiprofessional Maternity Development Programme (SMMDP) delivered 93 clinical skills courses to a range of maternity teams and pre-hospital care practitioners. Through continuous improvement, one course has been adapted from two days to one day, reducing cost and time, and positively contributing to service impact. As part of core mandatory training, 39 neonatal resuscitation courses were successfully delivered and positively evaluated. In response to workforce requirements through [The Best Start: Five-year Plan for Midwifery and Neonatal care](#), 14 workshops on continuity of carer were facilitated.
- 148 A preceptorship resource was developed for Health Visiting and School Nursing which will be informed by Nursing and Midwifery Council guidance prior to publication. Five Performance Enhancement Reviews were undertaken and reported in relation to the Higher Education Institutions (HEIs) delivering Health Visiting education. These reviews positively reflected the ability of HEIs to meet the needs of the Health Visiting workforce and contemporary practice. School Nursing education was commissioned in three HEIs with students commencing September 2019 and January 2020. Performance Enhancement Reviews for School Nursing will be undertaken during 2020-21.

### **3.10 DEVELOPMENTAL AND LEARNING DISABILITIES**

- 149 We continued to support and monitor the use of our educational framework, [Supporting Psychological Wellbeing in Adults with Learning Disabilities](#), by facilitating sharing of practice, training opportunities, resources, and also by supporting local initiatives and identification of national training needs. This will help to ensure staff have the knowledge and skills to provide effective interventions and services contributing to improving the health and wellbeing of adults with learning disabilities.
- 150 We took forward further development of Positive Behavioural Support (PBS) in collaboration with Scottish Government through promotion of our existing PBS resources. The learning resources aim to provide participants with knowledge in PBS

and to help participants identify how they could use PBS in their practice, to support positive behavioural change to improve the lives of people with a learning disability.

- 151 Our BEAT-IT e-learning resource which provides an introduction to a behavioural intervention for people with intellectual disabilities and depression has been accessed by 206 staff since launched and 93 have completed the full course. We also worked in collaboration with NHS Fife on a potential learning and development trauma resource at *Skilled* level.

### **3.11 ORGANISATIONAL, LEADERSHIP AND MANAGEMENT DEVELOPMENT (EXTERNAL)**

- 152 During 2019-20, we continued to contribute to the implementation of the [Everyone Matters:2020 Workforce Vision](#)<sup>8</sup> and provide support for NHS Scotland leadership and management priorities and national policy initiatives including the Quality Strategy.
- 153 [Leading for the Future](#), a collaborative, multi-professional Adaptive Leadership programme for staff in health and social care and connected public sector organisations, completed its tenth year. The tenth annual cohort, comprising 108 staff from across Scotland, worked together in geographical groups to undertake leadership modules, skills workshops, adaptive learning sets, and masterclasses, concluding with a national consolidation event.
- 154 A new Leadership Foundations e-learning programme, developed to support Health and Social Care staff, was launched in May 2019. The programme of linked modules aims to support all staff as they develop their leadership and management capabilities, in line with the NHS Scotland values. The e-learning modules explore the six Leadership Capabilities: self-leadership; vision; creativity and innovation; motivating and inspiring; collaborating and influencing; and empowering.
- 155 We continued to lead on the leadership and development component of Project Lift which has an explicit focus on collective and compassionate leadership. In addition to Project Lift we offered a range of national multi-professional programmes. During 2019-20 we commissioned, delivered and embedded high impact OD, Leadership and Management Development interventions for NHS Scotland and Health and Social Care Partnerships including:

- a. Cohort 8 of You as a Collaborative Leader (YACL) for 23 participants attending from the health, social care the third/independent sector. Five *Readiness for Collaboration* half-day workshops were delivered in Health and Social Care Partnerships across Scotland attended by a total of 73 participants from a mix of sectors, with extremely positive feedback. We continued to focus on building capacity across the system including delivery of Action Inquiry events for our Train the Trainer cohort of YACL facilitators.
- b. Across the nationally funded GP Coaching Programme to support retention of GPs, offering 150 places recruited over three waves, 45 GPs completed coaching by March 2020 while the remaining participants are due to complete during 2020. An evaluation of the 2018-19 pilot programme was completed and demonstrated a powerful positive impact of coaching on wellbeing, resilience and retention of GPs.
- c. We supported Collaborative work across the public sector through Collective Leadership Scotland: two Core Concepts workshops on basics of Dialogue were delivered for the Dialogue Community of Practice with a total of 28 participants from the public sector. We also supported the online coaching matching platform for the Scottish Coaching and Mentoring Collaborative.
- d. Tailored organisation and leadership development support was provided to the Chief Nursing Officer/Scottish Executive Nurse Directors including quarterly induction events and monthly development events covering up to 50 existing and aspiring nurse directors. The Beacons of Hope Midwifery programme commenced, and an Excellence in Care YouTube channel was developed with Healthcare Improvement Scotland.
- e. Engagement with the Project Lift Talent Management TURAS based app continued to rise, with 2,428 leadership self-assessment questionnaires (SAQ) completed. A total of 133 Career Conversations have been held to date with 106 aspiring/established directors. SAQ version 2 has been developed and implemented to allow returning participants to measure progress. A bespoke 360 tool linked to the leadership profile was developed and tested prior to launch in April 2020.
- f. Project Lift – Leadership: Cohort 1 (20 participants) of the programme for aspiring directors concluded. Evaluation results found that 79% of participants who provided feedback reported that the programme was meeting their needs. Cohorts 2 (14 participants) and Cohort 3 (16 participants) commenced, with adjustments to the programme design in response to survey feedback.
- g. Project Lift - Executive and Senior Manager Appraisal: In partnership with the Scottish Government and the National Performance Management Committee, we held a number of sessions for 50 Board Chairs, CEOs and HR Directors on the role and remit of the Board Remuneration Committee as well as the new TURAS Appraisal system and online Good Practice Guidance. The outputs from these sessions informed the development of an updated national guide for Remuneration Committee members.

- h. Project Lift – System Engagement: Work with key contacts in the health and care system and the Project Lift Community, drawn from over 10,000 website visitors, continued with a range of events and interventions. Through our relationships with Scottish Social Services Council we also supported work to include the social services workforce in Project Lift going forward.
- i. Supporting the work of National Boards Collaborative: We led development of a draft three-year OD Strategy with the National Boards' OD leads Group. A summary of key implementation considerations was presented to the National Boards' Programme Board in December. Two workshops were delivered to consider the future role, shape and governance of the programme.

156 We undertook regular evaluation of all our national leadership programmes and stand-alone events. We commissioned tailored evaluations of new and time limited initiatives, most notably *Coaching and Leadership for Integration*. We also established a dashboard for TURAS Learn Zones enabling us to baseline engagement and understand the impact of marketing and interventions during 2020-21.

### 3.12 HEALTHCARE SUPPORT WORKERS

157 During 2019-20 we retained a focus on facilitating access to educational tools, resources and learning for healthcare support workers in support of the *Everyone Matters Implementation Plan* and to contribute to improved career development and succession planning.

158 We undertook work to support improved access to learning, qualifications and education pathways, and role development for health and social services support workers. The Healthcare Support Worker (HCSW) Learning Survey National Report was presented to a range of stakeholders and NHS Board specific reports were provided to each NHS Board to aid workforce planning. Masterclasses exploring HCSW role development and skills mix within teams were delivered in six NHS Board areas with additional masterclasses in development for a further two NHS Board areas. Three regional learning and development events were held with a total of 210 nursing, midwifery and allied health profession healthcare support workers in attendance.

159 In response to feedback from the national HCSW Learning survey we undertook to promote and enhance communication of the learning and development opportunities available to HCSWs. A newsletter for the HCSW workforce was launched in July

2019, with the first edition focusing on themes from the national learning survey and providing information to support HCSWs in accessing learning and development opportunities, events and funding. Following the launch of the newsletter, positive feedback was received and a 50% increase in subscriptions was achieved during 2019-20.

- 160 Working with Health Facilities Scotland (HFS) we continued to support the development and implementation of workbooks aimed at increasing levels of knowledge, skills and confidence of Facilities support staff. Workshops were attended by 54 participants in the North region to introduce the workbooks and to support supervisors and managers in using these in personal development planning discussions. Education pathways were also developed for Capital Planning and Property Services. The completed pathways were launched at the Health Facilities Scotland conference in November 2019.
- 161 We continued to hold HCSW regional learning events with successful events for non-clinical Healthcare Support Workers held in the West and East regions attended by 129 staff in total.

### **3.13 HEALTH IMPROVEMENT**

- 162 We were commissioned by the Chief Dental Officer to produce a training package for General Dental Practitioners (GDPs) to become Practitioners with Enhanced Skills in Domiciliary Care. The aim of the initiative is to improve the delivery of high standard oral care to this vulnerable priority group by enhancing the skills of GDPs. A training model was created which included collaboration with NHS territorial boards, the Public Dental Service, including those involved in the delivery of *Caring for Smiles* and the Care Homes. Training was delivered to support GDPs in this role, including for mentors in the Public Dental Service. Resources were made available on TURAS Learn and an e-portfolio was developed to record educational activity.
- 163 The Scottish Multiprofessional Maternity Development Programme (SMMDP), the Scottish Government approved training programme which we host, provides clinical skills-based courses and other resources to healthcare professionals in Scotland. SMMDP collaborated with the Scottish Prison Service at HMP/YOI Grampian to provide clinical skills training to prison nurses and in April 2019, the Scottish Maternity

and Neonatal Emergencies Course (SMNEC) was delivered to a group of prison nurses.

- 164 The MAP of Behaviour Change training programme for health and social care professionals uses an evidence-based, practical approach to support behaviour change, and the generic model is relevant for all behaviours, conditions, types of consultations and interactions. We developed and delivered face-to-face skills-based workshops and training for trainers and provided support for local coaching networks. A national coaching network for MAP trainers was implemented as part of the *Bridge the Gap Project* in partnership with NHS Borders, Fife and Tayside. MAP training was delivered to 235 people and our on-line *MAP of Behaviour Change* module was completed by 860 people in 2019-20.
- 165 Tools from the *MAP of Health Behaviour Change* Training Programme were incorporated into the Clinical Supervision CPD and Masterclass events for midwives and nurses. As well as the take-home tools for use in practice, clinical supervisors are also introduced to the full *MAP of Health Behaviour Change* Blended Learning Programme for their personal development and to share with colleagues in nursing and midwifery. The MAP programme is available on TURAS Learn to all health and social care practitioners who have the opportunity to support patients to make changes, and feedback from participants has been positive.
- 166 New online resources, created in conjunction with NHS Health Scotland, were launched to support implementation of Scotland's public health priorities for mental health and [Every Life Matters, Scotland's Suicide Prevention Action Plan](#). In addition to three new animations, a new Knowledge and Skills Framework aimed at people working across health and social care settings and other settings was launched. The Framework adopts a public health approach to mental health improvement and the prevention of self-harm and suicide across the lifespan, seeking to improve staff capability and capacity across specific domains and articulates the knowledge and skills required across four levels of practice: Informed, Skilled, Enhanced and Specialist.
- 167 A new campaign was launched in June 2019 to encourage people to make use of everyday technology such as mobile phones and tablets to control and manage their own health, care and wellbeing. The resources have been produced as part of a national approach to learning and education to raise awareness across Scotland's

population and the health and care workforce of the positive impact on health, care and wellbeing outcomes when technology is considered as part of everyday health and care services.

### **3.14 DIGITAL KNOWLEDGE SERVICES**

168 Our [Knowledge Network](#) platform is the national knowledge management platform for health and social care in Scotland providing access to electronic resources and print collections in the NHS Scotland libraries. We annually fund the digital library collection of evidence summaries, journals, databases and e-books and during 2019-20 we continued to promote a range of knowledge management tools and techniques to support the use of evidence in practice and learning.

169 From April 2019 to March 2020, 1,089,436 searches were conducted on the Knowledge Network, 1,173,747 articles downloaded, and 1,936,205 views of ebooks and ebook chapters were conducted. All health and care staff can now access over 25,000 ebooks and following a successful tender process, from April 2019, nearly 3,000 fulltext journals. In total 56,575 Knowledge Network accounts were created by users across health and social care at the end March 2020, and in addition many staff access the Knowledge Network from NHS Scotland sites without needing to register. During the year we provided digital, information and literacy skills training and delivered face-to-face and online sessions to 1,697 staff from NHS Scotland, the Care Inspectorate, local authorities, higher education and others, and supported 388 social care staff to demonstrate their learning by achieving Open Badges, equivalent to certificates, on the Scottish Social Services Council's platform.

### **3.15 EQUALITY AND DIVERSITY**

170 We completed the third year of our four-year equality and diversity outcomes and mainstreaming priorities plan. Our plan sets out eight equality outcomes in areas such as: developing interventions to address differential attainment in postgraduate medical education; delivering educational support to enable staff to address health inequalities; and supporting refugee and asylum-seeking doctors to access training and language support. We also identified the need to improve accessibility for disabled learners and trainees as a mainstreaming priority. In 2019-20 we undertook work across our portfolio to attain these aims.

- 171 Our achievements included making improvements to our online products to ensure conformance with the public sector web accessibility guidelines, and improving access to business systems, policies, and learning for disabled people. We also supported the *Once for Scotland* workforce policy initiative with digital support and user experience research, involving a diverse range of users (including disabled users) in the research to deliver a policy portal which maximises the accessibility of workforce policies for all.
- 172 We worked with our practice education facilitators and care home education facilitators to review and extend our inclusion tools for educational planning in our training for trainers. Practice Education Facilitators and Care Home Education Facilitators reported on how using the tools helped them to change their educational practice and offered recommendations for further development, which are being incorporated into the next edition.
- 173 We delivered training to address health inequalities and to build capacity in human rights, including for 155 front line staff from the Care Home and Care at Home sector in palliative and end of life care in dementia, providing them with development which supports them to promote human rights and evidence-based care and support, and to promote health equalities for people living with dementia and their families and carers.
- 174 We established an Equality, Diversity and Human Rights learning zone on TURAS Learn, providing a national platform to host and promote *Once for Scotland* resources in support of learning and a healthy organisational culture, available to anyone working in or with the public sector in Scotland. Our content development focus in 2019-20 was accessible and inclusive communication, curating resources on sensory impairment, communication skills, augmentative and alternative communications and British Sign Language. Building on NHS Scotland's partnership with the Business Disability Forum (BDF), we established a BDF microsite to support managers to develop their awareness, skills and knowledge to support, manage and develop disabled staff in ways that reflect best practice.

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

**Strategic Outcomes: NES Strategy 2019-24**

- A national digital platform with a coherent architecture
- The ability to rapidly introduce and scale up new technologies based on consistent standards
- Products developed on the national platform that improve patient care and experience.

- Business, administrative and workforce systems that create time for care and improve the employment experience.
- Improved access to information, data analytics and intelligence
- Improved capability and capacity in our specialist digital workforce
- A workforce with up to date skills to deliver digitally enabled services
- Accessible, accurate and linked workforce data for planners and decision-makers

175 This section focuses on our work to improve access to data and development of modern digital systems which are key elements of new models of care to address Cabinet Secretary priorities and to support the delivery of the [Digital Health and Care Strategy](#). As well as the development of a national digital platform, our priorities included continued development of the TURAS workforce platform to reduce cost, promote efficiencies and provide improved access to workforce data and resources. We also continued our work to support development of a health and care workforce able to deliver digitally enabled services.

#### 4.1 THE HEALTH AND CARE NATIONAL DIGITAL PLATFORM

176 We continued to take forward work to develop a single national data platform, a key deliverable of the Digital Health and Care Strategy, which enables the health and social care workforce, and citizens, to easily access and understand the information they need, where and when they need it.

We undertook recruitment of software engineers, product designers, data security specialists and clinicians to create the capability to take forward the work, as well as establishing planning, risk management, information governance, security, clinical safety and other systems to underpin the work. The core architecture of the National Digital Platform (NDP) is in place and an initial product road map developed.

Work on the underpinning infrastructure of the platform included development of the clinical data repository, 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. Each of these areas of work will continue to develop and evolve over time but sufficient progress has been made to support the creation and deployment in NHS Scotland of the first NDS products.

177 The procurement of cloud services to enable deployment of the NDP in the Cloud was progressed and we engaged with a number of stakeholders, including NHS Wales, Police Scotland and the Alliance to consider collaborative opportunities and promotion

of the NDP. We led a number of meetings on innovation where progress was made and actions agreed.

- 178 The first small-scale trial of the anticipatory care planning application, ReSPECT, was launched in March 2020 with five clinicians and five GPs in NHS Forth Valley. Roll out will continue in four phases. 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. In addition, we progressed work on the National Genomics Data Store and a number of new workstreams, including ophthalmology, endocrinology and cancer treatment summaries. Meetings were held with third sector organisations to discuss future collaboration, including Voluntary Health Scotland, SCVO and Support in Mind.
- 179 A pilot virtual system for dermatology services was 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. A wider range of asynchronous appointments are planned to be commissioned by NHS NSS and supported on the NDS.
- 180 The Scottish Government National Ophthalmology Workstream identified the urgent need for an ophthalmology Electronic Patient Record (oEPR) as an enabler to reform eyecare services and to replace largely paper-based records. During 2019-20 it was agreed that the application OpenEyes, developed in collaboration with the ophthalmology community, will be deployed on the NDP. This work aligns with the proposed ophthalmic service redesign and the delivery of care by community optometrists working to the full extent of their professional licence.

## **4.2 THE TURAS DIGITAL PLATFORM**

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

- 182 [TURAS Learn](#) continued to be developed as the NHS Scotland Learning Management System. It hosts a continually expanding range of health and care related learning resources and provides general and targeted functionality to deliver, promote, track and record learning for all NHS and care staff. All of our developed and published learning and associated materials are now hosted and delivered through Learn.
- 183 In the last year the number of users visiting TURAS Learn increased by 30% from 266,241 to 403,787 visits and a further 20% in March 2020 with the start of the COVID-19 pandemic. TURAS Learn hosts over 750 e-learning modules, 2,500 Courses, 20 Learning sites, and 50 Learning programmes. New learning programme functionality was developed in 2019 to enable learners to progress through a series of activities with an overall completion certificate at the end. During 2019-20 other organisations have migrated their content onto the platform, most notably NHS Grampian, NHS Shetland and NHS24. We also began exploring opportunities to work with Scottish Ambulance Service, Golden Jubilee and NHS NSS. In addition, Angus, Dundee City and Perth and Kinross councils are also hosting content for external learners, and we are working with Aberdeen Council to coordinate their requirements with NHS Grampian.
- 184 Our [TURAS People](#) application supports the Lead Employer model for medical trainees. Pre-employment checks, engagement and change information is available to users, and it also allows the electronic transfer of payroll data from placement Boards to employing Board payroll teams. We continued to improve and support TURAS People service integration with eESS (Electronic Employee Support System) to inform the flow of data to employing Boards. At the Public Finance Awards in 2019 TURAS People received a highly commended award in the category of Digital Finance Project of the year.
- 185 [TURAS Appraisal](#), our application for recording appraisals and personal development plans for health and care staff across Scotland, was successfully launched across all 22 NHS Boards in NHS Scotland in April 2018, replacing the e-KSF annual appraisal process for NHS staff. It has also been extended to include the appraisal process for the Executive Cohort. We continued to support emerging requirements, specifically around incremental progression and mandatory training.
- 186 We redesigned and oversaw the delivery of the Computer Assisted Job Evaluation (CAJE) system and in conjunction with NHS Boards, developed a single TURAS

based Learning Record. This single Learning Record allows multiple applications access to each individual learning record for NHS staff across Scotland.

### 4.3 DATA ANALYSIS AND WORKFORCE INTELLIGENCE

- 187 We progressed our workforce analysis, information and modelling activities to support the actions from the [Everyone Matters: 2020 Workforce Vision](#) Implementation Plan and to provide statistical analysis and workforce data to support workforce planning in NHS Scotland. Through data tools, data analysis and reporting platforms, and dashboards, we delivered support for workforce planning in dentistry, nursing and midwifery, optometry, psychology, and medicine.
- 188 Our [TURAS Data Intelligence](#) platform was successfully implemented at the beginning of April 2019, bringing together core workforce datasets across health and social care for the first time in a single cloud-based application. Workforce planning teams across the country can use it to gain access to a range of information about labour market supply, demand and outcomes. Our work on TURAS Data Intelligence is crucial to ensuring the availability of accurate data and intelligence, and improving how we understand and predict need, model service demand and inform planning at a local, regional and national level.
- 189 The application launched with five reports identified as high priority areas for workforce planning: Consultant Scenario Planning; Medical Profiles; Regional Radiologists and Radiographers; Nursing and Midwifery Pathways; and Trainee Programme Statistics. In addition, workforce planning teams can now connect their preferred reporting tools to 24 open datasets in areas such as: establishment, staff and vacancies for multiple NHS specialities; council area population projections; reference data such as Agenda for Change Bands and General Medical Practice lists; supply pipeline data such as Scottish Funding Council intake targets; and longitudinal education outcomes.
- 190 TURAS Data Intelligence Version 2 is in development, which will deliver more targeted reporting and wider ranging, linked datasets which have been defined in partnership with workforce planners. This work is explicitly designed for workforce planning teams across the NHS and Social Care in Scotland, to support them in delivering the National Health and Social Care Workforce Plan. In the pipeline is the capture of a wider range of data to bring about a more complete picture of the labour market supply, demand and outcomes.

- 191 In December 2019, we achieved a key milestone towards transition of the workforce analytics functions from ISD, with the [release of our first quarterly workforce publications](#). The transition of responsibility for NHSS workforce data, statistical and intelligence functions resulted from a review of existing arrangements including the vision outlined in the [Health and Social Care Workforce Plan](#) which sets out an enhanced role for NES in workforce intelligence. Additional stages of the transition will involve the transfer of workforce data and the replacement of existing reporting dashboards on the ISD website with a suite of customised dashboards within TURAS Data Intelligence. The transfer offers an opportunity to achieve greater alignment of workforce analytics with development of our supply-side workforce data platform.
- 192 During 2019 we commenced work on the 2020 Dental Workforce biennial report and supported the Dental Student Intake reference group. The report aims to inform workforce planning for dental services in Scotland by using information from a variety of sources to both estimate and future forecast the demand for, and supply of, dentists and dental services. Preparation for the 2019 Dental Student Intake reference group saw the acquisition and analysis of several key data sets which will inform the 2020 Dental Workforce Report.
- 193 We supported the impact assessment of funding on mental health services capacity and capability. We continued to expand the Psychological Therapies workforce survey data and analysis. National Statistics for Psychology and CAMHS were published as NES-owned publications to the preannounced timetables and we began transition of databases from NSS to NES. We also assessed the output from and employment destinations of graduates of all Applied Psychology training courses, and we continued to support the Psychology of Parenting projects through reporting of key data indicators including clinical outcomes.
- 194 We developed a workforce report for Pharmacy across Scotland, provided to Scottish Government and Directors of Pharmacy, and a high-level overview of National Pharmacy Aseptic Dispensing staff. We also commenced planning for the next Community and NHS Scotland Workforce surveys and began engagement with the Directors of Pharmacy Workforce subgroup to develop future workforce modelling approaches.

#### 4.4 A DIGITALLY ENABLED WORKFORCE

- 195 We continued our work to support development of a digitally enabled workforce across the health and care system and successfully secured additional funding to progress development of Technology Enabled Care (TEC) resources. Our first online learning module [Introduction to Technology Enabled Care \(TEC\)](#) has been accessed by 643 staff through TURAS Learn. Work is underway on the second online module, *Using TEC in Health and Care Practice*.
- 196 As part of the development of the Professional Development Award (PDA) in Telehealthcare, collaborative work with a range of partners on an upgrade from an SCQF Level 6 to Level 7 award was completed. All required documentation was submitted to Scottish Qualification Agency (SQA) for completion of the final stages in preparation for launch.
- 197 We further progressed our work aligned to the Domain D Steering Group in leading the development of a cross-sector collaborative approach to the research, planning and development of learning resources. User Personas were developed with the Steering Group and tested with over 50 participants from a range of organisations. These will be used to signpost colleagues to appropriate learning resources on the TURAS Digital Health and Care Learning Zone, and shape programme development for the different workforce stacks in the agreed Strategic Workforce Capability building model.

#### 5. A HIGH PERFORMING ORGANISATION

**Strategic Outcomes: NES Strategy 2019-24**

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

- 198 We continued to focus on development of a more integrated and efficient organisation through organisational change, improvement and efficiency plans, and the development of new and improved ways of working. This included particular emphasis on process improvement, digital solutions and *Once for NES* activities, supporting the organisation to respond efficiently and effectively to increasing demands for education and training across the health and care workforce.

## 5.1 NES (INTERNAL) ORGANISATIONAL PERFORMANCE IMPROVEMENT

- 199 We progressed a range of initiatives aimed at delivering improvement by bringing together activities and products duplicated across our organisation to deliver a *Once for NES/Once for Scotland* approach. This included streamlining and standardising Training Programme Management activities to deliver increased efficiencies and implement the Training Programme Management Vision.
- 200 Improvement activity was also progressed in relation to our Mental Health, Learning Disabilities and Dementia Workstream to achieve *Once for NES* delivery which will support improved efficiency and effectiveness through closer collaborative working. A *Once for NES* Dementia Learning Site was created on TURAS Learn to host Dementia resources from across the organisation. In support of the Suicide Prevention Action Plan a multi-disciplinary training event to enable trainers and staff to support trainees who may be at risk of suicide was piloted with favourable feedback received and it is planned to extend the reach of this training.
- 201 Work was ongoing to achieve improved efficiency, reduced duplication and to introduce changes in practice in our leadership management training, education and development including identification of cost efficiencies. The anticipated impact of this work is improved and enhanced leadership and management provision as a result of greater alignment in design and delivery, and increased consistency in approach across Directorates. Planning is underway to provide a *Once for NES* multi-professional leadership and management resource.
- 202 We continued our work to deliver a more standardised approach to the provision of CPD across the organisation – *Once for NES* Impact – with the aim of supporting improvement across all Directorates including avoidance of unnecessary variation and duplication; reduction in rework; and to optimise use of platforms to organise, manage and deliver our CPD offerings.
- 203 In December 2019, we launched the procured cloud-based national recruitment system, Jobtrain, as part of the National Recruitment Service model. Training was delivered to hiring managers and a communications plan implemented to support the roll out across the organisation. The transition to Jobtrain delivers key benefits, enabling hiring managers to view, track and access applications instantly and provides greater flexibility and control during all stages of the recruitment process. Jobtrain will

help streamline our existing recruitment activities and will eventually reduce our time to hire.

- 204 We further progressed our Smarter Working Improvement Programme to provide the tools and leadership, and promote the culture required to enable effective and innovative ways of working among teams and individuals across the organisation. We developed an interactive guide and delivered a series of workshops to support this initiative.
- 205 During 2019-20, in response to the Scottish Government Blueprint for Good Governance and the Audit and Assurance Framework (2018) we developed a detailed framework to provide assurance on the delivery of our strategic, operational and financial plans. The Assurance Framework provides our Board and Board Standing Committees with awareness of the levels and sources of assurance they receive in relation to our work, systems and processes. Further enhancements were added to the Framework following review by our Audit Committee in January 2020. The Framework is incorporated as a standing item in our Audit and Risk Committee (formerly Audit Committee) meeting agenda and content will continue to evolve to ensure it reflects the assurance needs of our Board and Board Standing Committees.

## References

- 1 Scotland's Digital Health and Care Strategy (Scottish Government, April 2018) ([Link](#))
- 2 Health and Social Care Delivery Plan (Scottish Government, December 2016) ([Link](#))
- 3 Quality Strategy (Scottish Government, May 2010) outlines three quality ambitions: Safe, Person-Centred and Effective ([Link](#))
- 4 NHS Education for Scotland Strategy 2019-204, (NHS Education for Scotland, 2019) ([Link](#))
- 5 The National Clinical Strategy for Scotland (Scottish Government, February 2016) ([Link](#))
- 6 Realistic Medicine: Chief Officer's Annual Report 2014-15 (Scottish Government, January 2016) ([Link](#))
- 7 Health and Social Care : Integrated Workforce Plan (Scottish Government, December 2019) ([Link](#))
- 8 The Everyone Matters: 2020 Workforce Vision has five priority areas: Healthy Organisational Culture; Sustainable Workforce; Capable Workforce; Integrated Workforce; and Effective Leadership and Management (Scottish Government, June 2013) ([Link](#))

## NHS Education for Scotland

### Board Paper Summary

#### 1. Title of Paper

Risk Appetite

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

Audrey McColl, Director of Finance

#### 3. Purpose of Paper

To enable the Board to review and amend if necessary, the current levels of risk appetite defined in the [NES Risk Management Strategy](#).

#### 4. Key Issues

4.1 As part of the NES internal control framework there is a requirement to review the Risk Strategy on an annual basis which includes a review of the stated Risk Appetite. The Risk Management Strategy was last reviewed by the Audit Committee in October 2019. To support the next review in October 2020, a discussion on Risk Appetite was planned for the August Board development day, however it was agreed this agenda item would be deferred and considered by the Board at its September formal meeting.

4.2 In December 2017, a new approach to defining risk appetite was approved by the Board which distinguished between 'business as usual', projects in 'pilot' and activities in 'concept'. The Board's appetite for risk is higher for projects in concept or pilot stages.

#### 5. Educational Implications

Any amendment to the current risk appetite will be incorporated into the internal training provided for risk champions and the training under development for other staff groups across NES and Board Members.

#### 6. Financial Implications

There are no direct financial implications from the review of risk appetite levels.

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

Ensuring there is a strong internal control environment, which Risk Management is a key part of, supports the ambition of a High Performing Organisation.

**8. Impact on the Quality Ambitions**

Not directly applicable to this paper.

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

This review creates no new risks for NES.

**10. Equality and Diversity**

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

**11. Communications Plan**

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

Yes

No

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

The Board is asked to consider;

- Is the matrix approach to risk appetite still appropriate?
- Are the risk appetites defined for each risk type still appropriate?
  - Or are we bearing more risk than our current appetite levels suggest?
  - Or could we tolerate more risk to innovate and use our resource more effectively?

AMcC  
NES  
September 2020

## NES Risk Management Strategy

- 1.0 Within the NES Risk Management Strategy five *risk categories* are identified; Strategic, Financial, Operational, Governance and Reputational.
- 2.0 Risks which have been identified in each of these categories are then assessed. The likelihood of the risk materialising is given a score between 1 and 5, and the impact the risk would have if it did materialise is also given a score of 1 to 5 – the combination of these 2 is the *inherent risk*.
- 3.0 All mitigating controls are then considered and the likelihood and impact of the risk is reassessed. This, usually reduced score, is the *residual risk*. It is frequently necessary to take further action to further reduce the residual risk score (addressing the likelihood, impact or both).
- 4.0 *Risk Appetite* reflects the level and type of risk an organisation is prepared to accept (and not accept) in achieving its objectives. It acts as a reference point for directorates in the management of risks. It is a control mechanism which prompts the question ‘does the residual risk level match the Boards stated risk appetite?’. This then enables a decision on whether corrective action is required.

## Development of Risk Appetite in NES

- 5.0 In December 2017, the Board agreed a recommendation to change the NES approach to the articulation of risk appetite from a statement of a single risk appetite for each category of risk to a matrix approach.
- 6.0 The range of activity carried out in NES was increasing in complexity from significant changes which were taking place in the operating environment at that time. Health and Social Care Integration was highlighting new models of care and support would be required; the National Clinical Strategy proposed a large expansion of GP trainee numbers which NES supported by implementing a number of innovations designed to restructure and improve the attractiveness of our GP training rotations; the Digital Health and Care Strategy meant the start of developing a ‘supply side’ digital platform to bring together data sources and analysis to inform workforce planning; Supporting the Health and Care Workforce by developing a new employment model for Doctors and Dentists in training, return to practice initiatives, careers advice and resources as well as high quality training and career development opportunities.
- 7.0 This new approach developed from a recognition that given the level and range of activity NES was involved in and the pace of change, that risk appetite would be different at different times and in different projects. The matrix approach which was introduced is based on where an activity is at in the development lifecycle. The aim of this change was to encourage ‘blue sky thinking’ and innovation, ensuring that opportunities were being identified yet maintain an appropriate level of internal control as proposals became more developed.

**Current NES Risk Appetite**

8.0 The different levels of risk appetite are detailed in the table below.

<b>Risk Appetite Classifications</b>	<b>Description</b>
Averse (very low)	Avoidance of risk and uncertainty is a key organisational objective
Minimalist (low)	Preference for safe options where the inherent risk has low impact and there is a potential for limited reward
Cautious (Medium)	Preference for safe options where the inherent risk has relatively low likelihood and there is limited potential for reward
Open (high)	Willing to consider all options and choose the one that is most likely to result in success, despite a relatively high level of risk
Hungry (very high)	Eager to be innovative and to choose options offering the highest potential rewards or transformation, despite a high level of residual risk

9.0 The current risk appetite matrix for NES is detailed in the table below. The level of risk appetite reduces as an activity develops from being an idea through to implementation.

<b>Type of risk</b>	<b>Current NES Risk Appetite</b>		
	<b>Concept Stage</b>	<b>Pilot/Test of Change</b>	<b>Business as usual</b>
Strategic / Policy	Hungry	Open	Open
Operational / Service Delivery	Hungry	Hungry	Open
Finance	Cautious	Cautious	Averse
Reputational / Credibility	Open	Cautious	Cautious
Accountability / Governance	Cautious	Minimalist	Averse

\* Descriptors of risk appetite for each risk type are included in Appendix 3 of the Risk Management Strategy.

10.0 Before an activity moves to ‘Business as Usual’ the relevant Director must ensure that sufficient controls are in place to bring the residual risk level in line with the risk appetite.

11.0 The matrix was not adjusted for the impact of COVID-19 as a separate risk register was maintained and essentially, we had no choice in our risk appetite.

12.0 The risk appetite for Finance at the concept stage of an activity is 'cautious' to reflect the fact that whilst in Agile Development it is accepted that it is better to 'fail fast' when not a lot of resource has been invested, we would not want to risk large sums of money. The Board's appetite for financial risk is averse for established workstreams.

### **Future developments**

13.0 Board Members will be aware that KPMG conducted a Global Risk Maturity Assessment designed to benchmark NES's risk management processes and practice. This exercise concluded that NES is a 'risk mature' organisation but identified several areas where arrangements could be strengthened further.

14.0 A key recommendation from the KPMG review was the establishment of a NES Risk Management Group to act as a review mechanism. This Group is currently being established as a means of standardising risk management practice across the organisation and helping us to better understand the overall risk profile of the Board. A key element of this will be the consideration of how the risk profile aligns with the defined risk appetite.

### **Recommendation**

15.0 The Board is asked to consider;

- Is the matrix approach to risk appetite still appropriate?
- Are the risk appetites defined for each risk type still appropriate?
  - Or are we bearing more risk than our current appetite levels suggest?
  - Or could we tolerate more risk to innovate and use our resource more effectively?

## NHS Education for Scotland

### Board Paper Summary

#### 1. Title of Paper

Finance Report as at 31<sup>st</sup> August 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 5 months of the year to 31<sup>st</sup> August 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 £1.1m. This is made up of a £1.9m overspend in Medical Training Grades 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, which is underwritten by the Scottish Government. The underlying deficit is significantly higher- full details are provided in section 4. The forecast deficit on Medical Training grades has reduced from £2.47m, when the 2020/21 budget was set and reported to the Board, to £1.9m based on current assumptions.
- 4.3 The current estimated net cost of the NES response to COVID-19 is £9.8m for 2020/21 (Table 4) which is net of savings relating to activities no longer expected to take place. Scottish Government have confirmed an interim allocation will be made in October and the value of the total allocation required will be finalised in January 2021 when we have more robust cost data available.
- 4.4 It is accepted that NES financial planning for 2020/21 will be an iterative process as we assimilate the anticipated costs of the remobilisation plan and the potential impact of a second wave of COVID.

4.5 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 finalisation of our Remobilisation Plan and 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 5.

## **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.

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

### 1. Funding Overview

- 1.1 As reported to the Board on 26th March 2020 we anticipate recurrent baseline funding of £463.3m in this financial year.
- 1.2 We also expect to receive additional Scottish Government Non- recurring and Earmarked allocations in year. The expected value of these has increased from £71.3m reported in July to £76m (Table 1). The main movements include;
- a) recognition of an estimated £2.1m in the Chief Nursing Office Directorate (CNOD) 'Bundle' which we receive as part of the Outcome Framework funding allocated by SG,
  - b) an additional £1.5m in Psychology, finalising the CAHMS and Mental Health Bid funding,
  - c) An additional £0.8m recognising the potential move of the SCI-diabetes team from NHS Tayside to NES as part of the NDS Directorate. Further information is included in the Digital update paper also being considered at this Board.
  - d) An additional £0.5m recognising the agreed carry forward of funding from the Transformational Change fund in 2019/20.
- 1.3 In August we submitted our Quarter 1 results which were then reviewed at a meeting with SG on 10<sup>th</sup> September. It was agreed that an interim allocation will be made in October to cover the first three months of expenditure incurred on COVID related activities as well as a proportion of the remaining forecast cost. It was agreed that this position will be revisited in January to assess any additional allocation required for the remainder of this year and on a recurring basis for future years. Table 4 details our current net anticipated COVID spend of £9.8m.
- 1.4 There are now very few allocations anticipated that we have not yet received formal confirmation of from SG which would enable them to be recognised in our budgets. Whilst we will keep these under review, the focus is now on ensuring we receive the allocations detailed in Table 1 as soon as practicable.
- 1.5 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 (detailed in section 4) on medical training grades 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 the estimate of the additional in year funding which will be required has reduced from £2.47m when the budget was set, to £1.93m following an update to the forecast assumptions used.
- 1.6 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 in 2020/21, which is reflected within provisions.

1.7 It has been confirmed that the Medical and Dental Pay increase for 2020/21 will be 2.8%, which is 0.3% higher than the 2.5% increase which we had budgeted. Overall the impact of this increase for NES is an additional cost of £864k of which £775k relates to Medical Trainees and has been included in the overall MTG funding gap of £1.9m. The remaining £89k has been funded through corporate budgets held within Provisions.

**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
<b>Original budget</b>	<b>463,326</b>	<b>0</b>	<b>0</b>	<b>463,326</b>	<b>461,739</b>	<b>1,587</b>
General COVID-19	0	0	9,766	9,766	0	9766
Specific COVID 19						
Allocations	0	0	750	750	376	374
NDS	0	3,639	854	4,493	854	3,639
Transformation Fund carry forward	0	0	490	490	0	490
Aberdeen Dental School	0	3,113	0	3,113	0	3,113
Dental Outreach (Elgin & Trainee T&S)	0	250	0	250	0	250
Speciality Training Expansion posts	0	0	8,581	8,581	0	8,581
ACT additional funding	0	0	4,694	4,694	0	4,694
MEP funding gap	0	0	7,544	7,544	0	7,544
IST & IMT Funding	0	0	680	680	0	680
Psychology Trauma Funding	0	0	875	875	0	875
Psychology Mental Health	0	0	13,697	13,697	9,595	4,102
Pharmacy AEIPC	0	0	780	780	621	159
Pharmacy PRPS	0	5,869	0	5,869	0	5,869
Other Pharmacy	0	200	101	301	0	301
Pharmacy ACT	0	223	2,224	2,447	0	2,447
GPN Funding - Primary Care	0	0	1,279	1,279	0	1,279
GP Bursary - Primary Care	0	0	2,400	2,400	0	2,400
Other Primary Care Fund inc PRPS	0	69	2,450	2,519	0	2,519
Project LIFT	383	0	0	383	383	0
Outcome Framework-CNOD Bundle (NMAHP only)	0	0	2,206	2,206	2,050	156
Other allocations (under £300k)	286	1,155	2,156	3,597	608	2,989
<b>Total</b>	<b>463,995</b>	<b>14,518</b>	<b>61,527</b>	<b>540,040</b>	<b>476,226</b>	<b>63,814</b>

All figures are in £000's

As noted in paragraph 1.5 The anticipated allocation of £1.9m to fund the in-year recurrent MTG funding gap is not included in this table.

## 2. Summary Financial Position

- 2.1 As shown in table 2 below we are currently forecasting a year end overspend of £1.1m. This is made up of a £1.9m 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.
- 2.2 The underspend on the rest of NES budget has moved from a £281k underspend as reported in July to a £825k underspend as at the 31<sup>st</sup> August. The £544k movement is primarily due to the recognition of £350k of funding towards Digital's Data group and £250k of funding towards Ophthalmology work in NDS, the amounts were not previously recognised as the allocation had not been confirmed by SG at that time.
- 2.3 The outturn reflected in this report 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.

**Table 2: Corporate Summary Financial Position**

MONTHLY REPORTING FOR AUGUST 2020						
Directorate	Year to Date			Full Year		
	Current Budget	Outturn	Variance	Current Budget	Outturn	Variance
Training Programme Management - MTG Salaries	109,814	110,309	(495)	273,040	274,973	(1,933)
NES - Non MTG Salaries	94,816	100,553	(5,737)	267,000	266,175	825
<b>TOTAL NES</b>	<b>204,630</b>	<b>210,862</b>	<b>(6,232)</b>	<b>540,040</b>	<b>541,148</b>	<b>(1,109)</b>
SG allocation required to balance historic funding gap				1,933	0	1,933
<b>Forecast Year end Total NES</b>	<b>204,630</b>	<b>210,862</b>	<b>(6,232)</b>	<b>541,973</b>	<b>541,148</b>	<b>825</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 outturn as a result.

\*\* All COVID costs relating to Medical Trainee Salaries (except COVID related Extensions) are reflected within NES Non-MTGS in order to separate the COVID-19 impact from the underlying gap for Medical Training Grades as far as possible.

### 3 NES – Excluding Medical Training Grade salaries

3.1 Table 3 below details the Financial position of NES (excluding Medical Training Grades) by Directorate. The full year net financial impact of COVID-19 is also noted. Table 4 then breaks down the COVID impact 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 3.5 to 3.21.

3.2 The total year to date overspend of £6.2m (table 2) is made up of a £6.6m overspend (table 4) relating to COVID due to costs incurred where we have yet to recognise the funding now agreed with SG offset by a £0.4m underspend across the rest of NES which is largely due to timing differences.

**Table 3: Information by Directorate**

MONTHLY REPORTING FOR AUGUST 2020				Period 05			
Directorate	Year to Date			Full Year			
	Current Budget	Outturn	Variance	Current Budget	Outturn	Variance	Net COVID impact included
Quality Management	34,181	34,238	(57)	89,446	89,438	8	53
Strategic Planning and Directorate Support	2,795	2,332	463	6,083	6,056	27	269
Training Programme Management Excl Training Grades**	8,243	12,003	(3,760)	24,195	24,213	(18)	(5,508)
Professional Development	2,439	1,989	450	6,648	6,499	149	874
Pharmacy	3,631	3,629	2	12,656	12,692	(36)	(170)
<b>Medical Total</b>	<b>51,289</b>	<b>54,191</b>	<b>(2,902)</b>	<b>139,029</b>	<b>138,899</b>	<b>130</b>	<b>(4,482)</b>
Dental	18,852	17,810	1,043	45,899	45,267	631	638
NMAHP	2,483	4,824	(2,340)	16,242	16,346	(104)	(2,453)
Psychology	8,724	8,575	149	27,081	27,120	(39)	(15)
Healthcare Sciences	1,184	1,158	26	3,161	3,189	(28)	5
Optometry	460	453	8	1,187	1,195	(9)	5
NDS	1,368	1,352	16	4,737	4,737	0	(317)
Digital	4,890	5,581	(691)	13,841	13,980	(139)	(1,629)
Workforce	2,329	2,541	(212)	5,737	5,726	11	(433)
Finance	1,037	932	106	2,609	2,630	(21)	(18)
Planning & Corporate Resources	2,592	2,564	28	6,268	6,277	(9)	(118)
Net Provisions	(393)	574	(967)	1,209	809	400	(148)
<b>NES Total (exc MTG)</b>	<b>94,816</b>	<b>100,553</b>	<b>(5,737)</b>	<b>267,000</b>	<b>266,175</b>	<b>825</b>	<b>(8,965)</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.

\*\*The COVID impact includes Interim FY1s as these were a temporary arrangement and the posts are not part of our Training Grade Establishment

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

Directorate	COVID YTD Costs	COVID YTD savings	COVID YTD Net	COVID Full Year Costs	COVID Full Year Savings	COVID Full Year Net
Quality Management	0	32	32	0	53	53
Strategic Planning and Directorate Support	0	229	229	(8)	277	269
Training Programme Management Excl Training Grades	(4,991)	975	(4,016)	(6,561)	1,053	(5,508)
Professional Development	(62)	302	240	(162)	1,036	874
Pharmacy	(27)	13	(14)	(183)	13	(170)
<b>Medical Total</b>	<b>(5,080)</b>	<b>1,551</b>	<b>(3,529)</b>	<b>(6,914)</b>	<b>2,432</b>	<b>(4,482)</b>
Dental	(274)	1,072	798	(814)	1,452	638
NMAHP	(2,391)	6	(2,385)	(2,694)	241	(2,453)
Psychology	(17)	39	22	(102)	87	(15)
Healthcare Sciences	0	23	23	(44)	49	5
Optometry	0	3	3	(49)	54	5
NDS	(186)	0	(186)	(317)	0	(317)
Digital	(837)	35	(802)	(1,664)	35	(1,629)
Workforce	(388)	49	(339)	(549)	116	(433)
Finance	(13)	6	(7)	(25)	7	(18)
Planning & Corporate Resources	(56)	77	21	(191)	73	(118)
Net Provisions	(92)	0	(92)	(148)	0	(148)
<b>NES Total (exc Medical Training Grades)</b>	<b>(9,333)</b>	<b>2,861</b>	<b>(6,472)</b>	<b>(13,511)</b>	<b>4,546</b>	<b>(8,965)</b>
Medical Training Grades	(106)	0	(106)	(801)	0	(801)
<b>Total</b>	<b>(9,439)</b>	<b>2,861</b>	<b>(6,578)</b>	<b>(14,312)</b>	<b>4,546</b>	<b>(9,766)</b>

All figures are in £000's

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

- 3.3 As detailed in Table 4 we are currently forecasting COVID costs of £14.3m to be offset by savings from suspended activity of £4.5m giving a net spend of £9.8m. It has been confirmed that we will receive appropriate funding for this with the first tranche included in the October allocation letter. The reduction of £0.6m from the £10.4m net position reflected in the July Board paper is detailed in Paragraphs 3.5 onwards but mainly relates to reduced staff costs for Interim FY1 and Out of Programme (OOP) trainees brought back into service, offset by increased costs for Digital Developers.
- 3.4 Of the £14.3m gross costs forecast in relation to COVID-19 £9.4m 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

- 3.5 Medical has a non COVID related forecast underspend of £130k, this arises mainly from pay costs, the majority of which is because new posts have been filled at a lower pay rate than anticipated.
- 3.6 The forecast net cost of COVID within Medical is £4.5m, within this £6.8m of costs for the additional staff resource put in place is offset by a reduction in forecast spend of £2.4m for activity which will no longer take place, or will be significantly reduced over the year. The expected net cost has reduced by £1.9m since the figures reported in July due to;
- New guidance on holiday pay for Interim FY1 doctors required all holidays to be taken as part of their placement rather than being paid at the end of contract as previously anticipated (£0.5m)
  - Confirmation of earlier than expected end dates for some of the additional staff (£0.4m) and
  - the cost of Core and ST COVID extensions are now being reported under the Medical Training Grades budget (section 4) (£0.9m).

Within the total forecast COVID costs the most significant elements relate to:

- a) 575 Interim FY1 Trainees employed by NES and placed in boards until mid-July - £5,129k
- b) 95 Out of Programme (OOP) Trainees returning to service posts for 4 months - £1,387k

These costs have been offset by some previously anticipated spend now unlikely to go ahead 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 - £889k. There will be an associated saving in 2021/22.
  - b) Reduced Study leave costs in year of £599k. This is likely to have a knock-on effect in 2021/22.
  - c) Reduced Training activity (£331k) this includes GP trainee and CPD courses and fewer Scottish Improvement Leadership (SciL) training cohorts.
  - d) Reduced travel and expenses being incurred across the directorate - £267k
  - e) the cancellation of the Annual Multi Professional Education Conference - £180k
- 3.7 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

- 3.8 As previously reported, within Dental there is a non COVID related forecast year-end underspend which has arisen due to 5WTE fewer trainees April-July, 14WTE fewer Dental therapist and vocational trainees August-March than anticipated (£550k) and lower than anticipated pay costs across the directorate (£64k) due to fewer employees in the pension scheme; and posts being filled on lower scale points than budgeted.

- 3.9 The overall COVID impact is a £638k reduction in anticipated spend where additional costs of £814k are being offset by an underspend of £1,452k.

The COVID cost pressures include;

- a) £455k of reduced income across CPD and the modern apprenticeship scheme. A further £115k of reduced income is shown within the Provisions budget line where 20% of all income generated is allocated as a contribution to overheads.
- b) £136k 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) £63k in overtime costs associated with those staff deployed 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) £145k to extend 5 vocational trainees by 3-6 months to allow for the achievement of satisfactory completion.

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

- e) £729k due to a 1-month delay in starting the 2020/21 cohort for Dental Therapist and Vocational Training,
- f) £102k due to delayed appointments to 5 STR posts because the roles use Aerosol Generating Procedures which cannot be used under current guidance and
- g) £542k reduced activity, travel and recruitment across the directorate. The largest areas include reduced study leave payments £58k, CPD £162k, Vocational Training support £83k, Dental Care Professionals (DCP) £51k, Clinical effectiveness £38k, SQA fees £28k and cancelled recruitment event £22k

## **NMAHP**

- 3.10 A non-COVID overspend of £104k is forecast. The most significant element of this (£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. A further £23k is due to increased staff training costs within the directorate.

The directorate and SG are currently finalising the value of the Chief Nursing Officer Directorate 'Bundle' and the associated outcomes required within pre-registration and post-registration training, practice education and Healthcare Associated Infections. It is likely the final funding agreed will be less than the £2.2m we have currently included in the budget however it is expected that the activity required will reduce in line with this.

- 3.11 There has been little movement to the NMAHP COVID position since the last report. The directorate are still forecasting to incur additional gross costs of £2.7m, £2.6m of which relates to the Scottish Government request that NES employ all the student nurses who have been placed in a non-NHS setting.

## NDS

- 3.12 NDS are forecasting to be in line with the current draft budget at year-end as funding for the Ophthalmology work has now been confirmed by SG (an additional £250k). Funding for the SCI-Diabetes team, previously part of NHS Tayside, has also been received which will allow work to continue to progress the TUPE transfer of 6 members of staff to NES, however this has been received on a non recurrent basis which has been highlighted to SG. Discussions continue with SG to finalise the detail of the NDS commission and the associated budget for 20/21.
- 3.13 In response to COVID, NDS forecast additional costs of £317k, mainly as a result of;
- redirecting resource to help improve the emergency eyecare response available during COVID-19 via an emergency pathway for optometrists to work remotely and access/share health records (£65k).
  - running the SMS messaging service for the 100,000 citizens shielding across Scotland (£227k).

This forecast has reduced by £117k since the figures last reported to the Board based on the recent number of texts sent by SG. This will change if there is an increase in texts to people who are shielding, for example as a result of local lockdowns, or if Scottish Government use the functionality to promote other services such as the Protect Scotland app.

## Digital

- 3.14 Digital are forecasting a non-COVID overspend of £139k, a reduction of £322k since Month 3, largely because we have now had non-recurrent funding for the Data group of £350k confirmed by SG. The remaining overspend is made up of range of variances (around £30k or less), this includes variances relating to pay (including maternity cover and secondment admin charges), FNP England income, O365 licences and cloud hosting.
- 3.15 Digital are forecasting significant costs in relation to COVID, these include £1.7m 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. £0.5m of direct SG funding has been confirmed to date for the Clinical Assessment, Care Management and Vaccination work and the remaining £1.2m is currently anticipated to be funded via the general COVID allocation; Additional licences (£160k), cloud storage (£75k), Graphic Design work (£87k) and hardware costs (£76k) are also included in the forecast COVID costs and make up the remaining COVID spend.
- 3.16 Since the position reported to board in July there has been a £429k COVID cost increase largely due to an additional £300k of developer costs recognising the need for work to continue over Q3 and Q4 and an additional £100k in O365 licence costs as we recognise the cost of providing licences to SG colleagues at the outset of the pandemic allowing them to access Teams for remote working.

## **Workforce**

3.17 Workforce non covid costs are currently in line with budget. Net COVID related costs of £433k include the costs of;

- 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 - £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 - £296k.

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**

3.18 The forecast outturn includes an estimate of £150k for the potential work required to NES office accommodation to facilitate a full return to office-based working. However, this cannot be finalised until more detailed guidance on return to work for non -essential offices is issued. In addition, costs of £35k for overtime are forecast which will be offset by £73k of savings related to reduced travel, printing and postage and COVID related rates relief.

## **Provisions**

3.19 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).

3.20 A negative impact of £147k 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 £115k is shown as the 20% income top-slice will reduce in line with reduced Dental Income.

3.21 A YTD overspend of £967k is showing in Provisions being the offset of the £1m vacancy savings identified across the organisation which show as YTD underspends in the individual directorates.

## 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: 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 Following the February 2020 rotations, a review of the assumptions used to calculate those figures was carried out based on information from the February rotations, the trend of CCT extensions in Q4 2019/20 and the latest forecasts of the impact of the August 2020 rotations. This reduced the anticipated funding gap from £2.47m to £1.76m in the July report.
- 4.4 Since then we have further updated the assumptions reflecting the latest information on rotations, pass rates, COVID extensions and Pay forecasts. This has increased the gap by £970k and is detailed in Table 6.

Cost pressures arise from;

- a) the increased Pay Award which includes an additional 0.3% not previously budgeted, (£775k),
- b) increased ST3 costs due to higher numbers of days being paid during the rotations and some higher salaries in GPST3s (£645k) and
- c) 35 extensions anticipated as a result of COVID which were previously reported under TPM (£801k).

These are offset by;

- a) 7 Fewer GP trainees requiring remedial training than budgeted following higher than average pass rates (£506k)
- b) Further reductions in the number of GP100 Hospital posts which we expect to pay for (£558k)
- c) Additional funding of £115k being confirmed by the Chief Scientist's Office to allow some trainees to spend part of their training doing lectures for other trainees.

**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>

*All figures are in £000's*

4.5 We expect this gap to be met from 2 funding sources;

- a) COVID funding £801k
- b) SG underwriting of the residual historic funding gap £1,933k

## **5 Risks to forecast Position**

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

## **Medical Training Grades Baseline Funding Gap**

- 5.2 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 whilst we will update Scottish Government on a regular basis as to the expected amount of funding required, a single drawdown figure will be agreed at year-end.

## **Vacancy Lag Recovery**

- 5.3 We have an anticipated vacancy lag recovery of £1.8m. To date we have secured £1.0m of this and we currently anticipate exceeding the target.

## **National Board Savings**

- 5.4 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.

## **COVID-19 Financial Implications**

- 5.5 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. However, the meeting held earlier this month and confirmation of an interim allocation October are very positive steps.

## **NDS Funding**

- 5.6 Discussions with Scottish Government to agree the final commission for NDS during 2020-21 have been delayed due to COVID-19 priorities taking precedence. We have reflected a full-year budget for NDS based on the submission made to SG in March, uplifted for the COVID costs. There is a risk that the final funding agreed may not match the assumption however progress is being made, as discussed earlier funding for SCI – diabetes has been received on a non recurrent basis and funding of £746k for work relating to Ophthalmology has also been agreed. We continue to work with SG colleagues to agree the final allocation as soon as possible.

## **Medical Education Package**

- 5.7 In August 2016 the Scottish Government introduced a Levy so that that non-EEA overseas medical students attending Scottish Universities contributed financially towards the costs of their clinical teaching within the NHS in Scotland. The income raised from the introduction of the levy is used to fund a set of measures known as 'the Medical Education Package'. It is recognised that the total cost of the Medical Education Package is more than the funding raised by the Levy, however the Scottish Government has agreed that additional funding will be provided each year to cover this gap.
- 5.8 In this financial year we still estimate the gap to be around £7.5m as detailed in our Original AOP but there is a risk that fewer overseas students take up university places in Scottish Medical Schools due to current travel restrictions. This would reduce the amount of Levy income generated, increasing the gap to be funded by SG. Confirmation of student numbers is not yet available from the Medical Schools, once available we will be able to quantify the risk, but in the meantime, it has been highlighted to SG.

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

- 5.9 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.

## **6. Financial Planning**

- 6.1 Scottish Government Finance have indicated that the Scottish Budget is likely to be published in December 2020 following the UK budget announcement in the autumn. On that basis we are planning to follow our usual Operational Planning process which is timetabled to begin in October. It is likely that, once again, budget setting will have to be an iterative process due to the current level of uncertainty.
- 6.2 We have agreed that SG will provide an interim allocation in October against the increased cost pressures we are facing as a result of COVID in this financial year. At the meeting planned in January with SG we will also review the anticipated financial implications for future years.

## **7. Recommendation for Decision**

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

NES  
September 2020  
AMc/JS/ LT

## NHS Education for Scotland

### 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 September 2020 which incorporates re-scoring, where appropriate, to reflect the impact of the COVID-19 pandemic on *existing* risks. Following the July Board meeting, additional mitigation measures have been added:

##### Risk 11

Amended to reflect confirmation of the first tranche of funding to support additional COVID-19 expenditure.

##### Risks 12 and 13

Development of focused communication plans as a pro-active measure to ensure awareness of NES activity and to support the management of stakeholder expectations in relation to NES capacity to deliver and support new systems development.

##### Risks 14 and 15

Specific reference has been made to the new Whistleblowing standards and policies and how these are accessible to NES staff.

- 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.

It was advised at the July Board that the COVID-19 Annex will be updated to include reference to:

- a) the capacity of the service to support clinical placements. Risk 2 has been amended to reflect this.
- b) the impact of processing the remaining CARP applicants so that redeployed NES staff can return to their substantive roles. Risk 7 has been amended to reflect this.
- c) and a further update to the risk associated with NES's employment of student nurses. Risk 16 has been updated to include an additional mitigation measure (Action 2) in relation to NES employment of student nurses in non-NHS placements such as care homes.

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  
September 2020

NES Corporate Risk Register - September 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. 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 - September 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 budget this assumes no material changes which impact the Scottish Budget (6 Feb) from the UK budget which will be released on 11 March. The budget will need to be reviewed when we have an approved Annual Operating Plan and the financial impact of COVID on the 2020/21 budget requirement is clearer.	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 budget this assumes no material changes which impact the Scottish Budget (6 Feb) from the UK budget which will be released on 11 March. The budget will need to be reviewed when we have an approved Remobilisation Plan and the financial impact of COVID on the 2020/21 budget requirement is clearer. The first tranche of additional funding for COVID has been agreed and will be included in the October allocation.	AVERSE (Score Range 1 - 3)	3 x 3	Contingency

NES Corporate Risk Register - September 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 - September 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.</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. <b>Cont'd over/</b> <b>Pharmacy: Potential workforce issues due to alternative recruitment arrangements required for 2021/22 PRPS (Pre-registration Pharmacist Scheme)</b> <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 Oriel recruitment (online recruitment model) enabling NES Pharmacy/NES HR to run effective recruitment processes compliant with likely requirement for social distancing. <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> <b>Action (1)</b> Sourcing/using as many online skills training materials as possible. <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. <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> <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> <b>Action:</b> Discussions with training leads to be progressed. <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> <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. <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 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 4 x 4</b>	<b>Contingency 3 x 3</b>	<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> </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> </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 Oriel, 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>

			<ul style="list-style-type: none"> <li>Continuing requirement to clear all remaining applicants in the Portal</li> </ul>	<ul style="list-style-type: none"> <li>Delays the NES staff redeployed to support this work from returning to their substantive roles therefore causes potential delays to the remobilisation plan.</li> </ul>			<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>  (Score Range 1 -3)

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	Unable to respond to demands and needs of the service  <b>Risk Owner (Lead Director):</b> Karen Wilson	Uncertainty in health and social care during the recovery phase from COVID-19.	<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> </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>	CAUTIOUS  (Score Range 4 - 9)
11.	Workforce/ Digital/ Finance	COVID-19 Accelerated Recruitment Portal  <b>Risk Owner (Lead Director):</b> Tracey Ashworth-Davies / Christopher Wroath/ Audrey McColl/ Karen Wilson	<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> <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> </ul>	<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><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>	CAUTIOUS  (Score Range 4 - 9)

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	Ability and Capacity to meet Board Governance Standards  <b>Risk Owner (Lead Director):</b> Donald Cameron	<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> <li>Meetings held without key stakeholders and public involvement.</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. <b>Action Due Date:</b> TBC <b>Action Owners:</b> Della Thomas and Karen Howe</p>	<b>AVERSE</b>  <b>Score Range (1 – 3)</b>
13.	Planning and Corporate Resources	Current NES properties and facilities will not be fit for purpose in the 'post COVID-19' world in terms of training, meeting and office space  <b>Risk Owner (Lead Director):</b> Donald Cameron	<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>	Primary 1 4 x 5	House-keeping 2 x 3	<p><b>Control (1)</b> The ability to work remotely using cloud-based systems and communications technology is already in place</p> <p><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>Action Due Date:</b> TBC <b>Action Owner:</b> Nicola Todd</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. <b>Action Due Date:</b> TBC <b>Action Owner:</b> various – PFM, local site Facilities Managers (Medicine and Dentistry) and staff side.</p>	<b>AVERSE</b>  <b>(Score Range 1 – 3)</b>

Accountability/Governance Risks (cont'd)								
Risk No.	Directorate	Risk Title	Cause	Effect	Inherent Priority I x L	Residual Priority I x L	Mitigation Measures (Controls/Actions)	NES Risk Appetite
14.	Workforce Directorate	The implementation of COVID-19 health protection measures could result in an unintended adverse impact on staff health and wellbeing  <b>Risk Owner (Lead Director):</b> Tracey Ashworth-Davies	<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>	<b>Primary 2</b> 4 x 3	<b>Contingency</b> 3 x 2	<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.</p> <p><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.</p> <p><b>Control (1.3)</b> Monthly management matters e-newsletters now issued weekly to support managers to mitigate staff health and well-being challenges.</p> <p><b>Control (1.4)</b> Guidance and training resources on using Microsoft Teams and remote working are available on Turas Learn.</p> <p><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.</p> <p><b>Control (2.2)</b> Support is available from Health and Safety Adviser including workstation ergonomics self-assessment support.</p> <p><b>Control (2.3)</b> Agile Working Health and Safety module available as part of staff essential learning.</p> <p><b>Control (2.4)</b> Staff retain the option to work in the office as their key workplace. (excluding Edinburgh University Bayes Centre).</p>	<b>AVERSE</b>  <b>Score Range (1 – 3)</b>
15.	Workforce Directorate	Failure to comply with legislative and statutory requirements  <b>Risk Owner (Lead Director):</b> Tracey Ashworth-Davies	<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> </ul> <p><b>Cont'd over/</b></p>	<b>Primary 2</b> 4 x 3	<b>Contingency</b> 3 x 3	<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.</p> <p><b>Cont'd over/</b></p>	<b>AVERSE</b>  <b>Score Range (1 – 3)</b>

Accountability/Governance Risks (cont'd)								
Risk No.	Directorate	Risk Title	Cause	Effect	Inherent Priority I x L	Residual Priority I x L	Mitigation Measures (Controls/Actions)	NES Risk Appetite
/15. Cont'd	Workforce Directorate	Failure to comply with legislative and statutory requirements  <b>Risk Owner (Lead Director):</b> Tracey Ashworth-Davies	<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>	(Cont'd)  <ul style="list-style-type: none"> <li>Failure to deliver the Directorate's operational plan.</li> </ul>	<b>Primary 2</b> 4 x 3	<b>Contingency</b> 3 x 3	<p><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>	<b>AVERSE</b>  (Score Range 1 - 3)
16	NMAHP/ Workforce	Students employed by NES, deployed to non-NHS placement such as care homes, where the rate of COVID-19 is higher than the general population.  <b>Risk Owner (Lead Director):</b> Karen Wilson/Tracey Ashworth-Davies	<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> <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>	<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 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.</li> <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> </ul> <p style="text-align: center;"><b>Cont'd over/</b></p>	<b>Primary 1</b> 5 x 4	<b>Primary 2</b> 3 x 4	<p><b>Control (1) Legal:</b></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>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>Update 26/8/20: Nurse student Placement Agreements now signed off.</p>	<b>AVERSE</b>  (Score Range 1 - 3)

Accountability/Governance Risks (cont'd)								
Risk No.	Directorate	Risk Title	Cause	Effect	Inherent Priority I x L	Residual Priority I x L	Mitigation Measures (Controls/Actions)	NES Risk Appetite
/16. Cont'd	NMAHP/ Workforce	Students employed by NES, deployed to non-NHS placement such as care homes, where the rate of COVID-19 is higher than the general population.  <b>Risk Owner (Lead Director):</b> Karen Wilson/Tracey Ashworth-Davies		(Cont'd)  <ul style="list-style-type: none"> <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>	<b>Primary 1</b> 5 x 4	<b>Primary 2</b> 3 x 4		<b>AVERSE</b>  (Score Range 1 - 3)

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**Draft**

**NHS Education for Scotland**

**NES/SGC/20/28**

**Minutes of the Sixty-Eighth Meeting of the Staff Governance Committee held on Thursday 16th April 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

**In attendance:** Audrey McColl, Director of Finance/Executive Secretary  
Stewart Irvine, Acting Chief Executive  
Morag McElhinney, Principal Lead, HR  
Tom Power, Associate Director, Workforce  
Kristi Long, Senior Specialist Manager, Workforce  
Donald Cameron, Director of Planning and Corporate Governance  
Della Thomas, Board Secretary and Principal Lead for Governance  
Chris Duffy, Senior Admin Officer

**1. Chair's welcome and introduction**

Linda Dunion welcomed everyone to the meeting. Introductions were given as this is the first the Staff Governance Committee have met using Microsoft Teams. Gillian Mawdsley was welcomed as a new non-executive board member and a new member of the Staff Governance Committee.

**2. Apologies for absence**

Apologies were received from Lynnette Grieve, Employee Director and David Cunningham, Staff Side (BMA). David Garbutt, Board Chair was called to another meeting and would attempt to join when possible.

**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 meeting held on 6<sup>th</sup> February 2020 (NES/SGC/20/18)**

Two amendments were noted. Firstly, item 07 had an incorrect heading, the correct heading of 'Performance Report – Appraisal & Essential Learning' was added. Secondly, under item 11 SMARTER Working in the 3<sup>rd</sup> sentence, output and presenteeism were switched to make the sentence accurate. With these amendments, the minutes of the 16 April meeting were approved by the Committee.

**Action: CD**

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### **5. Action Status Report**

(NES/SGC/20/19)

It was noted that items due to appear at this Committee have been deferred due to Covid-19. Donald Cameron gave an update on the Health and Safety report action. After reviewing previous minutes of the Committee and the Managing Health, Safety and Wellbeing Committee minutes it appeared that discussions arose due to an outstanding Fire Risk Assessment. The documentation has now been provided to the fire service. The Annual Health and Safety Report is currently being written for 2019/20 and Donald Cameron will provide to the committee once it is available. Committee members agreed that this would be useful to view more detailed health and safety information. Committee members also suggested a thorough review of the Action Status Report to organise and streamline, this will be completed by the Committee Chair, Lead Officer and Chris Duffy and the new report will be brought to the next Committee. Jean Ford will send comments to Chris Duffy.

**Action: CD**

### **6. Matters arising from the minutes**

There were no matters arising from the minutes.

Before the papers of the meeting were discussed the Committee Chair thanked NES staff for being incredibly flexible and rising to the challenges Covid-19 has brought. The committee are full of admiration for all staff in NES.

### **7. COVID-19 Accelerated Recruitment Portal**

(NES/SGC/20/20)

Audrey McColl delivered a summary of the NES Health and Social Care Covid-19 Accelerated Recruitment portal (CARP) and the role of NES in supporting the rapid deployment of staff to boost workforce capacity to support the response to Covid-19. It was highlighted that this development is changing rapidly.

NES has made significant progress in the following areas:

- Development and launch of the portal on the NHS Careers website;
- Allocation of expressions of interests to health or social care;
- Agreement on priority groups for deployment;
- The allocation of expressions of interest to Boards
- The pre employment checking processes for portal applicants, and
- The deployment, engagement and payroll arrangements for returners and students.

Following extensive collaboration with stakeholders it has been agreed that with the exception of interim Foundation Doctors; pharmacy students and returners being deployed to Community settings, and the OH staff being deployed to support NES, NES will not employ all portal candidates. For non NHS employed candidates, the completed Staff Engagement Form information submitted to Turas people will be passed to the payroll teams of the identified host Board, the host Board will input this data locally and will employ and pay these workers. This

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arrangement has been identified as the most pragmatic in minimising the system wide impact of the rapid deployment of this workforce.

Workforce and Digital staff have been working extremely hard to get this work off the ground and up and running. Over 100 NES staff from other directorates have been redeployed to support Workforce and Digital. The power to Turas people has been doubled to cope with the extra demands on the system.

The committee asked for clarification on the allocation splitting process, it was confirmed that firstly, they are split into hospital and health and social care, they are then split geographically, this is then shared with the relevant Boards. The Boards will then confirm to the Central Allocation Team the applicants they want to deploy. The expressions of interest have also been prioritised based on agreement from Scottish Government on priority groups. It was noted that the volume of Mental Health submissions could be useful for the future.

The committee commented that the risk section of the paper requires additional detail on potential impact. Audrey McColl will add the extra information. The committee also enquired if OH clearance is being completed in the boards alongside the NES OH team. It was explained that when Portal was created, some local processes were underway and were coming to completion. It was also referenced in the paper that the turnaround for pre employment checks is 6 working days, this remains true for the processes which are in NES control.

The Committee proposed that the papers from this meeting are shared with all Non-Executive members of the Board as they are excellent and concise. The Committee noted the update on the Covid-19 Accelerated Recruitment Portal.

**Action: CD**

### **8. Covid-19 Impact on NES Staff (Core)**

(NES/SGC/20/21)

Tom Power provided an update on the impact of Covid-19 on the employment arrangements for NES core (no training grade) staff summarising the initial responses to what has been a rapidly evolving and escalating situation. NES has been able to react quickly to the requirement to support home working, largely due to the digital infrastructure already in place for NES staff (e.g. Office 365, Microsoft teams, Agile working practices). A communications protocol is in place to ensure staff and managers have clear guidance on the reporting lines for absence.

Directorates have been supporting redeployment to clinical roles and internal redeployment within NES to support Workforce. Directorates have taken ownership of this and its working well, there is a strong sense of shared purpose. It is clear as time goes on NES will need a key focus on Mental Health and Wellbeing. Judy Thomson (Director of Psychology) has been appointed as the NES Wellbeing champion.

The Committee thanked Tom Power for another good paper and the following key points were raised. Firstly, a committee member suggested that the monthly Management Matters e-newsletter should include links to resilience resources.

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Building on this point it was also suggested that line managers could be given a checklist to go through with their staff. Tom Power took this point on board and reminded the Committee that there has been a big focus on resilience in the last 12 months. NES are in a good position currently and as the pandemic increases will re-visit the tools and resources available. Within the weekly newsletter line managers are given a range of ideas on how to engage with their staff. There has been excellent and regular corporate communications including CEO updates. It was also noted that the Healthy Working Lives Group have started discussion on ideas to engage staff throughout the pandemic, including re-starting the connecting over coffee programme.

**Action: TP**

The Committee noted the work being progressed across NES to support staff during the Covid-19 emergency.

### **9. Covid-19 Impact on NES employed doctors in training (NES/SGC/20/22)**

Morag McElhinney provided an update on the impact of Covid-19 on the employment arrangements for NES employed doctors in training. NES currently employs over 1,600 doctors in training across a range of specialty training programmes. These doctors in training provide clinical care in placement boards across Scotland and will be critical in the NHS Scotland response to the Covid-19 pandemic. The Scottish Government guidance on employment arrangements requires interpretation and communication to this cohort of the NES workforce and close working with placement boards.

This has resulted in April rotations for trainees being paused, onboarding for the trainees starting in August has also been paused and recruitment is currently being reviewed. The deanery are fielding a lot of queries on redeployment, effect on training programme, pay protection arrangements, pregnancy and placement board responsibility for PPE and testing. Trainees who were out-of-programme have returned to clinical work. The deanery continues to provide educational support and pastoral care to all trainees.

Morag McElhinney was thanked for the quality of the paper. A committee member enquired if, as the deanery are receiving a lot of the same questions, a FAQ document has been produced. It was confirmed that the deanery have developed comprehensive information and made this available on their website, this has been signposted to trainees. The deanery continues to maintain a log which allows them to spot emerging themes.

The Committee also asked if thoughts had moved towards an exit strategy. This will be responsibility of the Medical Director and his team and will also have to be consistent with a 4-nation approach. Weekly calls are taking place between the 4-nations and a series of detailed statements/updates have been given to trainees. It was noted that different specialties and trainees at different stages of training will be effected in different ways. It was also confirmed that the Director of Planning for NES has started initial work on a Recovery Planning Group. A committee member highlighted that there is a risk that national guidance may be interpreted in different ways and although the 4-nation approach is working well so far it is important to keep this under review.

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The Committee noted the work being progressed in NES and would like to receive a further update at the next meeting.

### 10. Covid-19 Impact: Managing statutory equalities compliance

(NES/SGC/20/06)

Kristi Long introduced a paper that sets out the planned approach for managing NES's response to the statutory requirements arising from the Equality Act 2010 (Specific Duties) (Scotland) Regulations (the 'specific duties') during the period of the Covid-19 pandemic. After a brief discussion it was agreed that Kristi Long should write to the National E+D network to agree a collective position and then a considered paper ratifying the new approach should be produced and presented to EHRi. It was noted that the paper should spell out the risks and how these will be mitigated.

**Action: KL**

The Committee confirmed the new approach.

### 11. Employment Tribunals

One case has been dropped and there are no further cases.

#### For Noting and Discussion, if Required

### 12. COVID-19 – DL (2020)/05: - Coronavirus (COVID-19): national arrangements for NHS Scotland staff

(NES/SGC/20/24)

The item was noted by the Committee.

### 13. Staff Wellbeing: Local Mobilisation Planning – Covid-19 – Mental Health Services - Directives

(NES/SGC/20/25)

It was confirmed that Judy Thomson (Director of Psychology) is the designated lead for Staff Wellbeing. The guidance was noted by the Committee.

#### For Information

### 14. Summary of circulars/ guidance issued by Scottish Government to date <https://www.stac.scot.nhs.uk/coronavirus-covid-19> (screenshot in papers for list of guidance/ circulars) - *business processes have been amended as required*

(NES/SGC/20/26)

The summary includes a list of everything produced by STAC, these have been coming out at pace and NES have been amending processes in line with them. The Committee noted the information and thanked the team for including them.

### 15. Any other business

Stewart Irvine made the Committee aware that the new Director of HR has been issued a contract and will start work on 1<sup>st</sup> May 2020.

### 22. Date and time of next meeting

## **APPROVED**

It was confirmed that the committee's next meeting will take place on Thursday 6<sup>th</sup> August 2020 at 10.15 a.m.

If there becomes a requirement to hold a committee sooner, members will be contacted to find a convenient date and time.

NES

Approved Minute 06 August 2020

Chair Signature:

Date:

## **NHS Education for Scotland**

### **Board Paper**

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

Feedback, Comments, Concerns and Complaints Annual Report 2019-2020  
(short report on complaints and concerns)

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

Rob Coward, Principal Educator

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

- 3.1 The purpose of this paper is to bring this report to the Board for noting, prior to its submission to the Scottish Government and the Scottish Public Services Ombudsman (SPSO).

#### **4. Background**

- 4.1 Feedback, comments, concerns and complaints are considered by NHSScotland as a performance indicator, and as a mechanism for driving continuous improvement. This is reflected in the requirement for all NHS Boards to publish an annual Feedback, Comments, Concerns and Complaints (FCCC) report as specified by the 2017 Patient Rights (Feedback, Comments, Concerns and Complaints (Scotland)) Directions and national complaints guidance. This states that relevant NHS bodies should prepare an annual report summarising action taken as a result of feedback, comments and concerns received. NHS Boards are also required to provide an annual return to NHS National Services Scotland (NSS) confirming complaints figures which are included in the NHS Complaints Statistics publication.
- 4.2 In the light of service disruption following the COVID-19 pandemic, the Scottish Government issued guidance to Health Boards giving an extension for the submission of FCCC reports. The guidance further indicated that an abbreviated report will be accepted given resource constraints. In line with this dispensation, and given the significant involvement of key members of the Complaints Team in COVID-19 Accelerated Recruitment Process (CARP) work until the end of August, the attached report covers only complaints received by NES during 2019-2020. Unlike previous years, the report does not detail the numerous ways in which NES collects and uses feedback from stakeholders. Nor does it include case studies illustrating how feedback has been used in reviewing NES products and services.

- 4.3 The Educational & Research Governance Committee (E&RGC) discussed the draft Feedback, Comments, Concerns and Complaints Report 2019-2020 at their 17 September 2020 meeting and recommended some changes. These included a steer for a clearer explanation of the revised content of the 2019/20 report due to the COVID-19 context and as per Scottish Government guidance; inclusion of references to Care Opinion information and revisions to the section on Accountability and Governance.

## **5. Key Issues**

- 5.1 The report focuses exclusively on complaints and expressions of concern received during the 1 April 2019 – 31 March 2020 period. This follows Scottish Government guidance on the submission of this report, which has been substantially shortened to reflect the restrictions placed on Health Boards during the COVID-19 pandemic.
- 5.2 Previous reports have focused largely on the methods by which NES elicits feedback and comment from learners, users of health and care services, partner organisations and others.
- 5.3 The report was revised following review by the E&RGC on 17 September 2020.
- 5.4 NES continues to receive very few complaints requiring investigation using the agreed corporate complaints handling process. There were only seven such complaints received during the year, plus five expressions of concern from individuals on general issues which were investigated by the Complaints Team or relevant directorates. Of the complaints, three were fully upheld although apologies were given and/or remedial action taken in response to three of the expressions of concern.

## **6. Educational Implications**

- 6.1 The education implications of this report have been discussed by the ERGC at their 17 September meeting

## **7. Alignment with 2019-24 NES Strategy (5 Key Outcomes)**

- 7.1 A High Performing Organisation

## **8. Financial Implications**

- 8.1 There are no direct implications arising from the Feedback, Comments, Concerns and Complaints report. Very little staff resource is currently required for complaints handling due to the small number of complaints received.

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

- 9.1 NES may be at risk of litigation or investigation by the Scottish Public Services Ombudsman (SPSO) if complaints are not handled to a high standard. All

staff involved in complaints administration and investigation have received relevant training. There are additionally thorough quality control measures in place for Level 2 complaints investigations.

## **10. Equality and Diversity**

- 10.1 There are no obvious equality and diversity implications arising from the complaints and expressions of concern received by NES during the past year. This may reflect the small number of individuals expressing dissatisfaction with services or behaviours. This militates against the identification of issues or trends.

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

The Board is asked to note the Feedback, Comments, Concerns and Complaints report, which will be submitted to the Scottish Government and published on the NES website.

NES  
RC  
September 2020

**NHS Education for Scotland**

**Feedback, Comments, Concerns and Complaints**

**Annual Report 2019-2020**

**(short report on complaints and concerns)**

**September 2020**

We are a national special NHS Board responsible for education, training and workforce development for those who work in and with NHSScotland. The summary table below precedes the full report and provides brief details of the complaints and expressions of concern we received between 1 April 2019 and 31 March 2020. Due to the restrictions placed on NES during the Covid-19 pandemic, and the changes to the reporting format for 2019/20 issued by the Scottish Government, this report does not detail our progress in collecting feedback from learners, partner organisations, service users and others.

**Table 1: Summary of complaints received and outcome 2019-20**

<b>Subject of complaint</b>	<b>Outcome of Complaint</b>	<b>Lessons learned</b>
1) Complaint about deadline for Expression of Interest	Not upheld	Apology and explanation of national process given.
2) Less Than Full-Time training process error and lack of NES response	Fully upheld	The need to check the validity of quarantined emails. Apology given for the administrative error and lack of NES response, with Digital explanation of why the emails had been quarantined.
3) NES staff conduct	Fully upheld	Deanery action plan recommended, based on 'Dignity at Work' policy.
4) Complaint about deadline for Expression of Interest	Not upheld	Apology and explanation of national process given.
5) Data breach	Fully upheld	Emails reconfigured so that personal information is contained within the 'bc' section, rather than the 'cc' section.

6) Professional dental complaint	Not applicable	This was an issue already following legal and professional conduct processes and therefore unsuitable for complaints investigation.
7) Activity of a clinical network	Not applicable	Not applicable – signposting information given to NSS.
CONCERN Health improvement suggestion	Not applicable	None – signposting information given.
CONCERN QMPLE Updates	Not applicable	None – signposting information given.
CONCERN Request for information and a review of presentation	Not applicable	Additional information provided and apology given regarding presentation.
CONCERN Job applicant seeking feedback after multiple unsuccessful applications	Not applicable	Feedback given
CONCERN Conduct of panel member during assessment	Not applicable	Apology given and incident will be used as part of the training/briefing for assessors for future recruitment.

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### **Introduction**

- 1. Learning from complaints (Indicator 1)**
- 2. Complaint process experience (Indicator 2)**
- 3. Staff awareness and training (Indicator 3)**
- 4. Complaint outcomes (Indicators 4, 5, 6, 7, 8 and 9)**
- 5. Accountability and governance**
- 6. Further information**

## **Introduction**

Welcome to our annual report on feedback, comments, concerns and complaints for 2019-2020. The report is a requirement of the 2017 Patient Rights (Feedback, Comments, Concerns and Complaints (Scotland)) Directions which specifies that relevant NHS bodies should prepare an annual report at the end of each year summarising action taken as a result of feedback, comments and concerns received in that year.

The NES report includes a summary of the complaints and concerns expressed by our service users during the year. It also provides brief information regarding our progress in handling and learning from complaints in accordance with the nine indicators set out in the Scottish Government's guidance to health boards. In a departure from previous years, the report does not detail NES's numerous mechanisms for collecting and using feedback from learners, partner organisations and other stakeholders.

Although the report includes simple commentaries describing NES's progress against the Scottish Government's Indicators, it does not include case study examples as in the 2018-2019 report. This reflects the guidance from the Scottish Government that Boards may submit a shortened version of the report in recognition of the additional pressures placed on Health Boards during the Covid-19 pandemic.

### **1. Learning from complaints (Indicator 1)**

NES received very few complaints or expressions of concern during the year, but each one was used as an opportunity to learn and improve. Information about each complaint or expression of concern is held centrally by the Planning and Corporate Resources Team. Summaries of complaints received, timescales for investigation and outcomes are presented in Tables 1 and 2.

Table 1. above sets out the specific learning points and improvements made in response to complaints handled by the corporate Complaints Team in the Planning & Corporate Resources department. The table contains brief information about the responses to complaints, which range from reviews of process, to staff training and enhancements of communications practice. Enhancements or reviews were conducted following complaints, including several where the complaint was not fully upheld, or NES had no locus of responsibility. The outcomes of each complaint were reported to senior managers in the directorates subject to complaints with the expectation that recommendations would be taken forward.

Although there were only seven complaints handled by the corporate Complaints Team, several further expressions of concern were considered. Some of these did not solely relate to dissatisfaction of individuals and in other cases, the individuals

expressing concern indicated that they were not lodging a formal complaint. These concerns were fully investigated and led to an apology or corrective action where NES was found to be at fault. Investigations of concerns do not lead to a final judgement. In some cases, it was found that NES was not responsible for the issue of concern and individuals were signposted to other organisations.

## **2. Complaint process experience (Indicator 2)**

Individuals and organisations dissatisfied with NES services or staff can communicate with us through a variety of routes. These include the Feedback, Comments, Concerns and Complaints mailbox on the NES corporate website, directly to the NES Chief Executive or Director of Planning by email or through local directorate staff, such as educational supervisors or quality management staff. The Medical Directorate also reviews expressions of concerns from medical trainees through its Notification of Concerns process. In addition to these processes, NES regularly reviews the Care Opinion website, which is used by service users to comment and complain about health and care services. Although education and training was mentioned in some of these posts, there were no specific references to NES warranting investigation and response.

NES has a clear two-stage process for receiving and investigating complaints as set out in our [Complaints Procedure](#), which may be accessed on the website. This explains our standards for investigating complaints, including the timescales for investigation and the support available to complainants. A report is produced for each complaint investigated by the corporate Complaints Team, which follows an agreed template. The report summarises the complaint and sets out the evidence reviewed. It concludes with the final judgement which is supported by the investigating team's reasoning for its conclusions. Complainants are encouraged to provide feedback on their experience of the NES complaints investigation process, although no one took advantage of this opportunity during the year.

The request for feedback from complaint investigations invites complainants to comment on issues such as the time taken to conduct the investigation, the clarity of the investigation process, support provided by the Complaints Team and the clarity of the final report.

## **3. Staff awareness and training (Indicator 3)**

Staff involved in complaints handling are trained in the principles and practice of effective complaints handling (including learning from complaints). A number of staff have completed NES's own Complaints Handling online learning, which was developed to support the health and social care sectors in Scotland. All four members of our corporate Complaints Handling team (plus the Director of Planning

and Corporate Resources who has executive responsibility for complaints) hold the Level 5 Professional Award in Complaints Handling and Investigations awarded by Pearson.

The corporate Complaints Team maintain their development and awareness of current practice in this aspect of their work through attendance at occasional events and reading reports from the Scottish Public Services Ombudsman and other authoritative sources of guidance.

#### **4. Outcomes from complaints investigations (Indicators 4, 5, 6, 7, 8 and 9)**

The outcomes from each of the complaint investigations conducted in 2019-2020 are summarised in Tables 2 to 5 below. This indicates that only seven complaints were received during the year, plus a further five expressions of concern, of which three were investigated. Two individuals expressing concern were signposted to other organisations with three resulting in an apology from NES and/or remedial action.

Of the seven complaints received, three were fully upheld, three were not investigated as they related to a national process for which NES is not responsible. One further complaint was not investigated because it was already the subject of regulatory body and legal action.

All complaint handling was conducted in accordance with the NHSS National Standards, including the timescales for acknowledging complaints, investigating complaints and reporting back to complainants with the complaint investigation outcomes. No extensions to the standard timescales for complaints handling were required.

Tables 3 to 5 refer to Stage One and Stage Two complaints. Stage One complaints are those that are resolved locally. Stage Two complaints are referred (or 'escalated') to the corporate Complaints Team.

**Table 2. Feedback, Comments, Concerns and Complaints Register - Year to 31 March 2020**

<b>Source (1)</b>	<b>Summary (2)</b>	<b>File Ref (3)</b>	<b>Is complaint suitable for frontline resolution?</b>	<b>Receipt Date</b>	<b>Acknowledged (A) and Response (R) Dates</b>	<b>Outcome (4)</b>	<b>Was complainant satisfied with frontline resolution?</b>	<b>Lessons Learned/ Improvements (5)</b>
Pharmacy training provider	Complaint about deadline for Expression of Interest	Locally held	yes	07/05/19	08/05/19 & 08/05/19	n/a	no	Explanation of national process given.
Council staff	Complaint about training programme and lack of NES response	LTFT Programme May 2019	no	15/05/19	22/05/19 & 23/05/19	Fully upheld	n/a	The need to check the validity of quarantined emails. Apologised for an administrative error.
Medical trainee	Complaint about NES staff member	Historical medical May 19	no	15/05/19	27/05/19 & 13/06/19	Fully upheld	yes	Deanery action plan recommended, based on 'Dignity at Work' policy

Pharmacy training provider	Complaint about deadline for Expression of Interest	Locally held	yes	23/05/19	31/05/19 & 31/05/19	n/a	unknown	Explanation of national process given
NHS Staff	Data breach	20190731	Yes	30/07/19	31/07/19 & 31/07/19	Fully upheld	Yes	Emails reconfigured so that personal information is not seen in the 'CC' section, but is instead in the 'BC' section.
NES staff	Professional dental complaint	20191115 Dental	no	15/11/19	15/11/19 & 19/11/19	n/a	n/a	This was an issue already following legal and professional body processes and therefore unsuitable for complaints investigation.
Private company	Complaint about a clinical network	Psychology January 2020	no	13/01/20	15/01/19 & 15/01/19	n/a	n/a	n/a - signposting information given

<i>Member of public (Concern)</i>	<i>Health improvement suggestion (Concern)</i>	<i>20191015 Condition Concern</i>	<i>n/a</i>	<i>15/08/19</i>	<i>15/08/19 &amp; 15/08/19</i>	<i>n/a</i>	<i>n/a</i>	<i>n/a - signposting information given</i>
<i>Trainee (Concern)</i>	<i>Concern over QMPLE updates (Concern)</i>	<i>20191021 Account process</i>	<i>yes</i>	<i>19/10/19</i>	<i>21/10/19 &amp; 21/10/19</i>	<i>n/a</i>	<i>n/a</i>	<i>n/a - signposting information given</i>
<i>Voluntary sector (Concern)</i>	<i>Request for information and feedback about how it's presented (concern)</i>	<i>FOI complaint May 2019</i>	<i>n/a</i>	<i>30/04/19</i>	<i>01/05/19 &amp; 11/05/19</i>	<i>n/a</i>	<i>n/a</i>	<i>Additional information provided and apology given regarding presentation</i>
<i>Member of public (Concern)</i>	<i>Job applicant seeking feedback after multiple unsuccessful applications (concern)</i>	<i>HR post application April 19</i>	<i>yes</i>	<i>17/04/19</i>	<i>17/04/19 &amp; 24/04/19</i>	<i>n/a</i>	<i>yes</i>	<i>Feedback given</i>

Trainee Pharmacist (Concern)	Concern about conduct of panel member during assessment	Locally held	yes	04/09/19	04/09/19 & 10/09/19	n/a	unknown	Apology given and incident will be used as part of the training/briefing for assessors for future recruitment.
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*NHS National Services Scotland (NSS) Guidance Notes for table:*

(1) Source: Indicate the status of the person e.g. "FYI Trainee", "External Contractors", "Educational Institution", "and Professional Organisation". For the purposes of logging, returns should be anonymous with the proviso that further information may be sought as necessary.

(2) Summary: Provide a brief outline covering the core substance of the feedback indicating whether it is a comment, a concern or a complaint.

(3) File Reference: Use your local identifier such that each case can be found as necessary.

(4) Outcome: Indicate current status if the issue has not been resolved, or indicate, in the case of complaints, whether it has been upheld, partially upheld or rejected and the grounds for that outcome.

(5) Improvements: Outline learning opportunities or improvements identified as a result of issue raised, either locally or corporately.

**Table 3: Total number of complaints closed by NES during the period<sup>1</sup>**

<b>Number of complaints closed by the NHS Board</b>	<b>Number</b>	<b>As a % of all NHS Board complaints closed (not contractors)</b>
Stage One	3	42.9
Stage two – non escalated	2	28.6
Stage two - escalated	2	28.6
<b>Total complaints closed by NHS Board</b>	<b>7</b>	<b>100</b>

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<sup>1</sup> Does not include expressions of concern.

**Table 4. Stage One complaints by outcome**

	Number	As a % of all complaints closed by NHS Board at stage one
Number of complaints upheld at stage one	1	33.3%
Number of complaints not upheld at stage one	2	66.6%
Number of complaints partially upheld at stage one	-	0
<b>Total stage one complaints outcomes</b>	<b>3</b>	<b>100%</b>

**Table 5. Stage Two complaints by outcome (non-escalated)**

	Number	As a % of all complaints closed by NHS Boards at stage two
<b>Non-escalated complaints</b>		
Number of non-escalated complaints upheld at stage two	1	33.3
Number of non-escalated complaints not upheld at stage two	2	66.6
Number of non-escalated complaints partially upheld at stage two	-	-
<b>Total stage two, non-escalated complaints outcomes</b>	<b>3</b>	<b>100</b>

**Table 6. Stage Two complaints by outcome (escalated)**

	Number	As a % of all escalated complaints closed by NHS Boards at stage two
<b>Escalated complaints</b>		
Number of escalated complaints upheld at stage two	1	100
Number of escalated complaints not upheld at stage two	-	-
Number of escalated complaints partially upheld at stage two	-	-
<b>Total stage two escalated complaints outcomes</b>	<b>1</b>	<b>100</b>

## **5. Accountability and Governance**

This draft annual FCCC report is submitted to our Executive Team for comment and to the Educational and Research Governance Committee for comment and approval. Recommendations arising from complaints are followed up by our corporate Complaints Team. The annual report is published on our website each year at [www.nes.scot.nhs.uk/about-us/planning-and-corporate-governance.aspx](http://www.nes.scot.nhs.uk/about-us/planning-and-corporate-governance.aspx) and sent to the Scottish Government and the Scottish Public Services Ombudsman (SPSO).

During the 1 April 2019 – 31 March 2020 period, the Educational and Research Governance Committee (E&RGC) met regularly to monitor and quality assure our educational services and to record recommendations made as a result of feedback. A formal minute of E&RGC meetings was reported to the Board as a routine and regular agenda item.

From 26 March – 1 September 2020 during the COVID-19 pandemic, the Board assumed a core governance approach and suspended some of the Board Standing Committees. As the E&RGC was one of these suspended Committees, interim arrangements for the governance of complaints, education and training were implemented during this period through the delegation of Executive Gold command and the reporting of strategic decisions and any other issues of significance through the full Board.

## **6. Further information**

For further information about NHS Education for Scotland's processes and performance in collecting feedback and handling complaints please contact:

Rob Coward, NHS Education for Scotland, Westport 102, Edinburgh EH3 9DN  
Tel: 0131 376 2380, [rob.coward@nes.scot.nhs.uk](mailto:rob.coward@nes.scot.nhs.uk)

To make a specific complaint or comment about any of our products and services please contact our corporate Complaints Team at: [complaints@nes.scot.nhs.uk](mailto:complaints@nes.scot.nhs.uk)

## NHS Education for Scotland

### Board Paper Summary

#### 1. Title of Paper

Strategic COVID-19 Decisions Log

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

Stewart Irvine, Acting Chief Executive

#### 3. Purpose of Paper

The purpose of this paper is for the Board to note 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 and note the completion and closure of the COVID-19 Decisions Log (the log).

#### 4. Key Issues

4.1 Given the COVID-19 situation, strategic decision making was delegated from the Board to the NES Executive Team. Between 10 March 2020 and 31 July 2020, the NES Executive Team and the NES Extended Executive Team recorded strategic COVID-19-related discussions, decisions and actions on the Strategic COVID-19 Decisions Log. This log (Appendix 1: COVID-19 Decisions Log) offers a high-level organisational overview of how we responded to changing demands and priorities.

4.2 There were no new entries to the log from 1 August 2020. The NES Executive Team and the NES Extended Executive Team reviewed existing entries and provided updates where appropriate. Full NES Board Governance arrangements (and hence Standing Committees) were re-instated on 1 September 2020.

The log was discussed at both the May 2020 and July 2020 NES Board meetings. Decisions that have been added since the July 2020 Board meeting are shaded in green. Orange boxes highlight updates to existing decisions.

## **5. Educational Implications**

In support of the Scottish Government's 'Re-mobilise, Recover, [and] Re-design' framework<sup>1</sup>, we have prioritised the resumption of some paused activities. With respect to resilience, we will review how our normal business could be adapted to support frontline services and to continue to provide workforce development activities through our evolving digital infrastructure. Normal activities are expected to resume once it is safe to do so. Our focus continues to be on developing a skilled and sustainable workforce that is supported by digital innovation and high-quality data.

## **6. Financial Implications**

Much of the work across our organisation had been focussed on responding to the COVID-19 situation. In line with Scottish Government directives and timescales, our finance department continues to work with directorates to respond to our remobilisation activities and to any changing demands.

## **7. Which of the Five Key Areas of Focus in the NES Strategy for 2019-2024 does this align to?**

[Key area of focus five](#): A High Performing Organisation

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

Quality infrastructure: Create the necessary governance and delivery structures so that the interventions we pursue are clearly and appropriately integrated, aligned and managed.

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

Key risks and proposals to mitigate the risks are outlined in the Corporate Risk Register and the COVID-19 Risk Annex.

## **10. Equality and Diversity**

We seek to ensure that our activities align with equality legislation. We have recently commenced a review of our equality outcomes to ensure that they are aligned and responsive to emerging priorities.

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<sup>1</sup> Scottish Government (2020). Re-mobilise, Recover, Re-design: The Framework for NHS Scotland (May 2020). Edinburgh: Scottish Government. Available at: <https://www.gov.scot/publications/re-mobilise-recover-re-design-framework-nhs-scotland/> (Accessed: 1 September 2020).

## **11. Health Inequalities**

One of our six cross-cutting principles ([NES Strategy 2019-2024](#)) is in promoting equality and diversity, and in tackling health inequalities. Our strategic intent is to ensure that we have the right numbers of skilled, trained and supported staff in the right places, at the appropriate times and in the right roles. Through high-quality health and care services, we seek to address health inequalities and to support people to take more responsibility for their own health and well-being.

## **12. Communications Plan**

A formal Communications Plan was (internally) published in March 2020.

## **13. Recommendation(s) for Decision**

The NES Board is invited to:

- Note the final log of the organisational strategic decisions made in response to the COVID-19 pandemic.
- Note the closure of the completed COVID-19 Decisions Log.

DSI  
NES  
September 2020

## Appendix 1: NES Executive Team COVID-19 – Record of Decisions

This document is a record of high-level, strategic decisions taken by the NES Executive Team and the NES Extended Executive Team during the 2020 COVID-19 pandemic (period 10 March – 31 July 2020).

This document was first submitted to the Board meeting on 28 May 2020, and then on 30 July 2020. Decisions that have been added since the July 2020 Board meeting are shaded in **green**. Boxes in **orange** indicate updates to existing decisions.

### Attendees:

Name	Role	Name	Role
Stewart Irvine (DSI)	Acting Chief Executive	John MacEachen (JMacE)	Head of Corporate Communications
Audrey McColl (AMcC)	Acting Deputy Chief Executive & Director of Finance	Judy Thomson (JT)	Director of Training for Psychology Services
Rowan Parks (RP)	Acting Medical Director	Anne Watson (AW)	Postgraduate Pharmacy Dean
Donald Cameron (DC)	Director of Planning & Corporate Resources	Janice Sinclair (JS)	Head of Finance
Christopher Wroath (CW)	Director of Digital	Kathryn Morrison (KM)	Programme Director – Optometry
David Felix (DF)	Postgraduate Dental Dean	Lesley Rousselet (LR)	Programme Director – Optometry
Karen Wilson (KW)	Director of NMAHP	Robert Farley (RF)	Programme Director – Healthcare Science
Geoff Huggins (GH)	Director of NES Digital Service (NDS)	Graham Haddock (GHa)	Chair of Surgery Specialty Training Board
Morag McElhinney (MM)	Principal Lead – Human Resources	Nancy El-Faragy (NE)	Planning and Corporate Governance

### 1. Decisions relating to Governance & Accountability

Date	Decision Number (ET Ref)	Area	Decision Taken	Owner	Conclusion/Further Notes
16/03/20	1 (ET 4)	NES Board	Chair & Chief Executive agreed that all Board/Committee meetings will be held remotely using Microsoft TEAMS until further notice.	DSI	<b>Complete.</b> 26 March Board minutes formally note this decision. <b>Approach to be reviewed July 2020</b>
17/03/20	2 (ET 7)	NES Board	Chair proposed that Digital, Educational & Research Governance and Finance & Performance Management Committees will be stood down during COVID-19	NES Board Chair	<b>Complete.</b> Chair emailed NES Board on 17/03 – decision confirmed to Board at meeting on 26/03 and included in the Board minute.

## 1. Decisions relating to Governance & Accountability

Date	Decision Number (ET Ref)	Area	Decision Taken	Owner	Conclusion/Further Notes
			pandemic. NES Board, Audit and Staff Governance Committees will continue to meet remotely.		This core-governance arrangement will be reviewed July/August
27/03/20	3 (ET 30)	Planning	Year-end performance report to be produced as normal, however DC noted that performance measurement against the AOP for 20/21 is suspended until further notice.	DC	<b>Complete.</b> Year end (Q4) performance report submitted to the 28 May 2020 NES Board meeting. 20/21 performance reporting against AOP 'paused' based on the letter from SG (John Connaghan) dated 08/04. No further SG guidance received as at 02/07/20. Update: new (Aug 2020) remobilisation plan prepared.
03/04/20	4 (ET 54)	Finance	A [SG] decision has been taken to extend the deadline for the 2019/20 Annual Accounts where required.	AMcC /JS	<b>Complete.</b> 2019/20 Annual Accounts presented to the Board on 25 June 2020.
06/04/20	5 (ET 56)	NES Board / SG Letter	Response issued to Richard McCallum (SG) regarding Board Governance arrangements during COVID-19.	NES Board Chair	<b>Complete.</b> Response issued by Della Thomas on 06/04/20
09/04/20	6 (ET 69)	All Extended ET	DSI noted that the ET will need to consider 'return to Business as Usual' (BAU) once COVID-19 is over. A paper will need to be developed, with recruitment being one of the key areas.	DSI/All ET	<b>Complete.</b> Need to align with SG Response / Recovery / Renewal approach. First phase Mobilisation Plan (to end of July 2020) submitted on 25 May. Next phase Mobilisation Plan (to March 2021) submitted to SG on 6 August 2020.
16/04/20	7 (ET 110)	All Extended ET	COVID-19 risks – It was agreed that all directorates will provide their top 2 risks in relation to COVID-19. These risks will help to support discussion of risks at 30 April Audit Committee.	ALL	<b>Complete.</b> COVID-19 directorate Risk Annex created and submitted to 30 April Audit Committee and 28 May Board meetings.
16/04/20	8 (ET 111)	PCG – PFM	All NES sites to undergo Fire Risk Assessments (FSA) during end April/beginning of May to ensure legal	DC	<b>Complete.</b> All NES site Fire Risk Assessments completed by end of May 2020.

## 1. Decisions relating to Governance & Accountability

Date	Decision Number (ET Ref)	Area	Decision Taken	Owner	Conclusion/Further Notes
			compliance. PFM team working with contacts as NES sites to arrange these.		
17/04/20	9 (ET 115)	Planning	Property Transaction NDS - a business case will be produced for new premises for NDS as planned, this will be submitted to the ET and then the June Board for approval. The impact of the lockdown on the commercial property market is not yet known.	DC	July 2020 update – all NES property transactions are now on hold until further notice. Space will be made available at NES Westport (Edinburgh) office for NDS colleagues in the meantime.
20/04/20	10 (ET 127)	Planning	DC has started to receive queries about revising current year OP planning targets and access to the MiTracker system. DC has recommended on the basis of the information received in John Connaghan's letter of 8th April 'pausing the current year AOP process' letter that the focus will be on establishing a year-end (Q4) performance report for 2019/20 'pausing' 2020/21 performance reporting until it's clear what is happening with the AOP.	DC	<b>Complete.</b> Communication sent on 20 April to NES planning/performance colleagues to 'pause' 2020/21 performance reporting. July 2020 update – awaiting further guidance from SG regarding 2020/21 planning and performance reporting. The remobilisation plan to end March 2021 was submitted to the SG on 6 <sup>th</sup> August. 20/21 performance reporting will be against this plan.
20/04/20	11 (ET 128)	Planning	Discussion on changes on return to BAU. Workplace arrangements as yet unknown but possible mix of home and office. Extra PPE may be required. Information on this phase will be added to the May Board paper if available. Health Protection and Health facilities may produce guidance on a 'new normal' for facilities and offices.	DC	<b>Complete.</b> How the physical facilities are adapted for return to the workplace (RTW) is just part of the process and a national HFS framework guidance is being prepared by NSS. We will follow that national guidance. RTW will be complex and will require a whole systems approach where behaviours, support and clear messaging will be important. Engagement with staff and staff side involvement will be critical. <b>Update</b> End July 2020 – Recovery working groups established. The NES Facilities

## 1. Decisions relating to Governance & Accountability

Date	Decision Number (ET Ref)	Area	Decision Taken	Owner	Conclusion/Further Notes
					Recovery Team has completed physical adaption of WP and 2CQ and they can reopen subject to NES Digital providing remote access to the FMEasy booking system. Regional offices and dental centres are not ready but work is ongoing. Final Update: Facilities and People Recovery teams now report to a RTW Steering Group and work ongoing.
20/04/20	12 (ET 129)	Planning	ET agreed that the COVID-19 decision log and Risk register should be submitted to the 30 April Audit Committee.	AMcC and CEO Office	<b>Complete.</b> Papers issued to Audit Committee.
27/04/20	13 (ET 157)	All	Directorates are starting to consider how to implement business as usual practices. Medical, Nursing, Pharmacy and Dental are in early discussions. DSI asked that information on resuming normal business be included in their summaries which will feed into the Board Paper – NES Response to COVID-19.	ALL	<b>Complete.</b> COVID-19 Response paper prepared for May 2020 Board, and subsequent request from SG for phase 1 mobilisation plan by 25 May.
28/04/20	14 (ET 170)	P&CR	ET agreed that it would be best to postpone the Staff Conference which is due to be held on 23rd September.	DC	<b>Complete.</b> Comms to directorate staff conference reps issued via Yammer and email on 29/04. Venue waived the cancellation fee.
29/04/20	15 (ET 176)	Planning	DC confirmed Planning will produce the performance information required for the Annual Accounts.	DC	<b>Complete.</b> Annual Accounts presented to the Board on 25 June 2020.
01/06/20	115 (ET 274)	Professional Directorates	KW in touch with Chair of Educational & Research Governance Committee (ERGC) regarding ERGC and COVID-19 implications for learners/students. Agreement that ERGC workshop will be delivered in July 2020.	KW	<b>Complete.</b> Workshop took place 20/07/2020.

## 1. Decisions relating to Governance & Accountability

Date	Decision Number (ET Ref)	Area	Decision Taken	Owner	Conclusion/Further Notes
02/06/20	<del>117</del> 117a (ET 290)	Digital/Workforce	CARP – Chair of the Staff Governance Committee asked for formal CARP update in relation to future plans and supporting CARP alongside a return to 'Business as Usual'. ET agreed a paper would be presented at the Board development session on 25 June 2020.	CW /TAD / AMcC/MMcE	<b>Complete.</b> Paper presented on 25 June 2020.
19/06/20	124 (ET 340)	PCR	Implementation work for the new Whistleblowing standards remains 'on hold' until we have a revised date for launch of the standards and associated legislation. In the meantime, we will draft a brief 'implementation plan' outlining the actions to achieve compliance with the new standards/legislation and the directorate responsible for each action (where that's clear). That way we can be prepared to take this to the next stage when we know more about the standards launch.	DC	<b>Complete.</b> Whistleblowing papers, guidance and implementation plan drafted.
06/07/20	140 (ET 368)	PCR	DC to send out a communication on broad planning guidelines.	DC	<b>Complete.</b> Guidance issued on 6th July 2020.
29/07/20	145 (ET 376)	Extended ET Team agreement	Following the Extended Executive Team (EET) meeting of Wednesday 29 July 2020, it was agreed that the next EET meeting will take place on Friday 31 July 2020. Thereafter the team will meet weekly, on Fridays. It is expected that normal Board Governance will resume from September 2020.	All	<b>Complete.</b>
29/07/20	146	Extended ET Team agreement	This COVID-19 Decisions Log will remain live until end July 2020. Therefore, no new decisions will be recorded with	All/NE	<b>Complete.</b>

**1. Decisions relating to Governance & Accountability**

Date	Decision Number (ET Ref)	Area	Decision Taken	Owner	Conclusion/Further Notes
	(ET 377)		effect from 1 August 2020. However, entries will be monitored until they have been closed/completed.		

## 2. Decisions relating to NES Staff

Date	Decision Number	Area	Decision Taken	Owner	Conclusion/Further Notes
11/03/20	16 (ET 2)	All-staff Comms	COVID-19 update sent setting out comms/contingency planning processes	JMacE	<b>Complete.</b> Comms Issued to all staff on 11/03
16/03/20	17 (ET 5)	All-staff Comms	NES adopted a general policy of postponing all non-urgent business such as meetings, conferences and developmental training (unless they are COVID-19 related)	JMacE	<b>Complete.</b> Comms issued to all staff on 16/03 – end date of July 2020 (subject to future review).
17/03/20	18 (ET 6)	All-staff Comms	NES Comms issued to staff that ‘to the maximum extent possible staff will be supported to work from home’	JMacE	<b>Complete.</b> Comms issued to all staff on 17/03  <b>NB -</b> We can evaluate through the staff tracker app on Turas – approx. 95%.
02/04/20	19 (ET 50)	NES Staff	ET agreed that staff should normally be encouraged to take their annual leave/upcoming Public Holidays.	All ET	<b>Complete.</b> Comms through acting Chief Executive to all staff.
09/04/20	20 (ET 72)	Workforce	Parental Leave – ET supported revised SG position regarding parental leave during COVID-19. Staff can now take 4 weeks paid parental leave during COVID-19. Previously only 2 weeks of 4-week entitlement could be taken in a single year.	MM	<b>Complete.</b> FAQs on intranet updated to reflect this.
10/04/20	21 (ET 86)	Workforce	Working hours – many colleagues have been working overtime, including weekends and it is important to be mindful of staff health and wellbeing and ensuring over time does not breach regulations.	ALL	<b>Complete.</b> FAQs developed and published on intranet.
14/04/20	22 (ET 101)	Psychology / Communications	There was a discussion around getting the right message across to NES staff regarding wellbeing and it was agreed that Sandra Ferguson (Psychology) would liaise with John MacEachen (JMacE) to include the Psychological first-aid message and TURAS resources in next week’s CEO briefing to all staff.	SF, JMacE	<b>Complete.</b> CEO message issued on 20/04/20

2. Decisions relating to NES Staff					
Date	Decision Number	Area	Decision Taken	Owner	Conclusion/Further Notes
29/04/20	23 (ET 171)	All	DSI reminded the extended ET that it is important to take some downtime and deputies would be welcome at these meetings. CE office to confirm and update list.	CEO OFFICE ALL	<b>Complete.</b> List updated on 05/05/2020
30/04/20	24 (ET 191)	All NES Staff	DC advised of increased queries from staff regarding home-working experiences and provision of equipment (ergonomic chairs etc). ET acknowledged importance of supporting staff and agreed current home-working policy (for contracted home-workers) is not sufficient to cover working during COVID-19. ET agreed HR should review and issue updated policy to NES staff, including reimbursement of any equipment purchases.	DC/MM/ AMcC	<b>Complete.</b> Revised homeworking policy developed and approved by ET for issue. Homeworking Support Team also in place led by Workforce.
30/03/20	25 (ET 32)	Clinical Staff	Return of clinical staff in NES to service - DSI confirmed that it is important that NES retains clinical skills and knowledge. Once the portal is fully up and running and Workforce is adequately supported this can be reviewed. DSI confirmed that if staff in NES had a skill that is required, then it would be delegated to an ET member to agree at directorate level.	RP/DF/KW/ GH	<b>Complete.</b> Information was included in the letter that was sent to Malcom Wright (Scottish Government) on 7 April 2020
07/05/20	105 (ET 223a)	All NES Staff	Email issued to all staff regarding COVID-19 testing process for NES staff and households	DF/JMacE	<b>Complete.</b> Email issued.
07/05/20	107 (ET 223e)	All NES Staff	COVID-19 Wellbeing survey issued to all NES staff – collaboration between Medicine (Patient Safety & Improvement) and Workforce directorates.	JA/TAD	<b>Complete.</b> Survey issued 1 June - closing date June 15 <sup>th</sup> .
07/05/20	108 (ET 223f)	All NES Staff	ET agreed that NES Homeworking Policy should be updated in light of COVID-19	DC/TAD	<b>Complete.</b> Comms to staff issued on 22/05/20

2. Decisions relating to NES Staff					
Date	Decision Number	Area	Decision Taken	Owner	Conclusion/Further Notes
19/05/20	110 (ET 250)	Planning & Corporate Resources / All NES Staff	NES Facilities Recovery Team created to oversee preparations across all NES sites in advance of staff returning to work in office locations	DC	<b>Complete.</b> Workforce representative provided.
02/06/20	116 (ET 289)	All NES Staff	ET webinar delivered to staff – 200+ staff joined. Agreement that session will be repeated in future.	JMacE	<b>Complete.</b> Session recorded and published on the intranet.
08/06/20	<del>118</del> 118b (ET 303)	PCR	NES Facilities Recovery Team – staff toolkit to be developed offering site-specific guidance on safely entering and using NES buildings.	DC	<b>Complete.</b> Taken forward through People and facilities Recovery Steering Group. Guidance development work started on 10 <sup>th</sup> June through the Facilities Recovery Team and is ongoing at end July. Work now being taken forward by the People and Facilities Recovery Steering Group.
15/06/20	121 (ET 326)	Finance	NSS have asked if first aid allowances should continue to be paid and it was agreed that they should.	JS	<b>Complete.</b> Confirmed with NSS that payments should continue to be paid
18/06/20	123 (ET 337)	Finance	Overseas travel insurance due for renewal in August. Decision needed about whether to renew insurance as a block or on a case by case basis.	JS	<b>Complete.</b> Options will be reviewed as part of the renewal process and informed by government guidance on overseas travel
22/06/20	125 (ET 341)	Workforce	From the staff survey, further analysis of data needed, along with some of the contradictory evidence around what staff do/do not like. TAD to explore this further, probably using small focus groups.	TAD	<b>Complete.</b> The Staff Survey Data Analysis Group is actively developing an analysis of the Burnout Question for the Executive Team. Focus Groups will be led by People Recovery Group. This Group working in tandem with Facilities Recovery Team, will act as coordinating forum for all of the work

2. Decisions relating to NES Staff					
Date	Decision Number	Area	Decision Taken	Owner	Conclusion/Further Notes
					relating to the way we support our staff as we transition to new ways of working in changed environment.
22/06/20	126 (ET 342)	CEO Office/Comms	Results from the staff survey need to be shared with staff quickly and fed through the Staff Governance Committee (SGC) (6th August) and Board.	Comms/CEO Office	<b>Complete.</b> Headlines shared with Board and will be on the agenda of the SGC 6 August. High level results with staff shared.
30/06/20	132 (ET 360)	Workforce	As per government guidance, all non-essential overseas travel is currently halted. In terms of future planning and given the number of requests received to work overseas (subsumed with annual leave), the Homeworking Policy will be revised. Colleagues will be invited to review this.	TAD	<b>Complete.</b> CLO advice sought on draft.
30/06/20	133 (ET 361)	Planning and Corporate Resources	Develop 'return-to-work' guidance for staff in relation to the physical workspace.	DC	<b>Complete.</b> Guidance has been developed for each site through the Facilities Recovery Team.
30/06/20	134 (ET 362)	Communications	Arrange for another ET webinar in approximately one months' time.	JMacE	<b>Complete.</b> Session delivered on 12 Aug 2020. An audio recording and additional Q/As have been published on the intranet.
14/07/20	141 (ET 370)	PCR	DC, in collaboration with our communications team, to send out information to NES colleagues about our Facilities Recovery Plans.	DC/Comms	<b>Complete.</b> Communications sent to staff on 17th July.
16/07/20	143 (ET 373)	PCR	To review a potential booking system for the use of office study booths.	DC	<b>Complete.</b> Final update: FMEasy is being reconfigured to include bookable study booths. NES Digital are working with the PFM team to provide remote access to the system - an essential component of facilities recovery.



### 3. Decisions relating to Education and Training

Date	Decision Number	Area	Decision Taken	Owner	Conclusion/Further Notes
10/03/20	26 (ET 1)	Medicine	4 Nations position issued - guidance to trainees regarding the potential impact of COVID-19 on medical education and training.	RP	<b>Complete.</b> Position Statement circulated widely in Scotland.
19/03/20	27 (ET 11)	Medicine	4 Nations position – guiding principles for redeployment	RP	<b>Complete.</b>
19/03/20	28 (ET 12)	Medicine	4 Nations position – Rotations paused (most take place in April)	RP	<b>Complete.</b>
19/03/20	29 (ET 13)	Medicine	4 Nations position – Revised ARCP process issued: light-touch, all by VC	RP	<b>Complete.</b> Further detailed guidance subsequently developed and circulated
19/03/20	30 (ET 14)	Medicine	4 Nations/Academy/GMC position – statement re Recruitment has been issued – Round 1 complete, round 2 will not be by face-to-face interviews but will use self-assessment submission.	RP	<b>Complete.</b> Concern from some Anaesthetic colleagues but agreed through UK Medical and Dental Recruitment & Selection Programme Board (MDRS).
19/03/20	31 (ET 15)	Psychology	Trainee placement rotations paused (like Medicine, changes take place in April)	JT	<b>Complete.</b> Psychology training has continued with adjustments to placement arrangements to take account of Covid-19.
19/03/20	32 (ET 16)	Dental	4 Nations position – statement issued on Dental education and training (similar to Medicine)	DF	<b>Complete.</b> Issued on 19/03
19/03/20	33 (ET 17)	Dental	Recruitment – paused	DF	<b>Complete</b> on 19/03. MDRS task and finish group established chaired by D Felix
19/03/20	34 (ET 18)	Dental	Rotations happened as normal at the beginning of March. Next rotations not until September/October.	DF	<b>Closed.</b>
25/03/20	35 (ET 23)	Medicine	Staff testing - Trainees employed by NES but working in a placement board will be advised that testing will be completed by the placement board.	RP	<b>Complete.</b> NES developed testing arrangements in April 2020 – paper submitted to ET on 14 April.
27/03/20	36 (ET 28)	Pharmacy	Pre-reg pharmacist trainees have their GPhC exams cancelled for both June/Sept, anticipated to take place Feb 2021. Plans are that the current trainees will be put	AW	<b>Complete.</b> Joint statement from NES/HEE/HEIW released.

### 3. Decisions relating to Education and Training

Date	Decision Number	Area	Decision Taken	Owner	Conclusion/Further Notes
			<p>onto a `provisional register` with restricted duties, which has potential issues for pharmacist workforce in Scotland and perhaps an additional supportive role from NES.</p> <p>NES national Pre-reg recruitment planned for Sept 2020 (2021-22 trainees) not going ahead, however working with HEE to agree and purchase their online SJTs to test applicants and rank applications for 2021 starters. Process to be agreed with stakeholders.</p>		
27/03/20	37 (ET 29)	Dental	DF asked to chair task and finish group under the auspices of MDRS to agree recruitment processes across the four nations. The principal aim is to reduce the amount of time involved from clinical staff both from the point of view of trainees and senior clinical staff who may be involved in the recruitment process.	DF	<b>Complete.</b> See decision 17 for update
27/03/20	38 (ET 33)	Healthcare Science	Final year biomedical science students are to be deployed into service. This will join HCPC Temporary Register	RF	<b>Complete.</b> SG has liaised with universities; "pass" list sent to HCPC (Health & Care Professions Council)
31/03/20	39 (ET 38)	Medicine	GP Trainee Progression - exit exams have been postponed for now. NES will continue to fill training programme as best as possible.	RP	<b>Complete.</b> Discussion and involvement with SG regarding numbers to include in R1R recruitment. RCGP developed a revised exam and initial results for Scottish trainees have been very encouraging. It is therefore anticipated that the vast majority of final year GP trainees will gain their CCT as expected in August 2020. Recruitment for new GP training posts has been very encouraging (97% fill rate after R1 +R1R).

### 3. Decisions relating to Education and Training

Date	Decision Number	Area	Decision Taken	Owner	Conclusion/Further Notes
31/03/20	40 (ET 40)	Psychology	Recruitment agreed in stripped back form for trainees. Placement agreements shaping up including with NHS24 as mini placement, trying to avoid double running - aim to get trainees out as normal.	JT	<b>Complete.</b> Recruitment undertaken remotely in April and May for September and October intakes. Placement adaptations agreed. Majority of trainees expected to complete on original schedule. NHS 24 declined psychology support via mini placements.
01/04/20	41 (ET 42)	Medicine	4 Nations position - approach agreed for FY medical students joining the workforce. Boards hoping the students can be ready to start work w/c 13 <sup>th</sup> April. A co-ordinating group has been created to oversee this process. The students will go onto TURAS under a single training programme for the whole of Scotland.	RP	<b>Complete.</b> Steering Group chaired by Clare McKenzie established with representation from Foundation School, DMEs and Medical Schools. Final deployed numbers available later in cycle. FiY1s started being deployed from w/c 20/4/20 and to 572 were placed. Deployment finished in mid-July and these trainees will start their FY1 posts in early August. A report on the learning from the FiY1 experience has been produced.
01/04/20	42 (ET 44)	Medicine	Trainee progression - potentially 100+ GP trainees will require an extension to training. RP will clarify estimated financial impact.	RP	<b>Complete.</b> Numbers have since been reduced and alternative arrangements being made for exit exams. Numbers potentially requiring training extension should be greatly reduced. Numbers have since been reduced to 86. Discussions started with RCGP, GMC and 4 Nations to see if a revised exam can be developed to allow GPSTs to complete training this August. Revised exam is now underway and to date 37/40 Scottish trainees have passed.

### 3. Decisions relating to Education and Training

Date	Decision Number	Area	Decision Taken	Owner	Conclusion/Further Notes
02/04/20	43 (ET 47)	Pharmacy	Pharmacy Schools Council statement - Pharmacy students not able to join COVID-19 response until May due to completion of exams.  Key staff seconded (2WTE) to Louise Jordan Hospital	AW	<b>Closed.</b>
03/04/20	44 (ET 52)	Healthcare Science	Sept 2020 clinical scientist trainee recruitment to take place virtually. NES support to enable this offered to training schemes	RF	<b>Complete.</b>
03/04/20	45 (ET 53)	Optometry	Universities have suspended trainee practice visits and it is unclear how students will be able to start in September due to practiced based learning	KM/LR	<b>Complete.</b> As at 21/05/20 practice visits are still suspended. Current trainees are still required to complete a final OSCE after passing stages 1 and 2. Those due to enter the pre-registration scheme may be delayed but will still have the same length of time to complete.
07/04/20	46 (ET 61)	Medicine	4 Nations position – recruitment position agreed	RP	<b>Complete.</b> Comms issued 07/04
07/04/20	47 (ET 63)	Healthcare Science	4 Nations position – how HCS staff can be deployed	RF	<b>Complete.</b> Paper agreed and circulated.
09/04/20	48 (ET 68)	Healthcare Science	Induction guide for clinical scientist final stage trainees' admission to HCPC Temporary Register. Liaison with 4-country partners.	RF	<b>Complete.</b> Draft guide cleared by STACC and published
10/04/20	49 (ET 89)	Medical	A travel policy for travelling trainees has been agreed with SG. Trainees should be free to travel to and from their accommodation during placement and their primary home.	RP	<b>Complete.</b> Well received by trainees and BMA SJDC

### 3. Decisions relating to Education and Training

Date	Decision Number	Area	Decision Taken	Owner	Conclusion/Further Notes
10/04/20	50 (ET 90)	Medical	The ARCP Trainees annual review process is being considered on a 4 Nation basis that will include agreed derogation from the Gold guide – A 4 Nation Position Statement is being prepared	RP	<b>Complete.</b> 4 Nation Statement on “Progression of Trainees at ARCP” published on 21/4/20
14/04/20	51 (ET 98)	Medical	Guidance is close to completion for the ARCP process during Covid-19. This has been a 4-nation agreement and involved modifying the process to make it clinician light, pragmatic and has introduced a new ARCP outcome code which takes into account the current situation.	RP	<b>Complete.</b> Guidance published on 21/4/20
16/04/20	52 (ET 107)	Dental	Dental recruitment plans agreed on four nation basis. Applications for Dental Core Training Posts will be ranked by a Situational Judgement Test. Applications for Dental Specialty training posts will be by self-assessment and validation of evidence. (No face to face interviews)	DF	<b>Complete.</b> Good engagement from recruitment teams across the four nations. Significant reduction in time required from senior clinical staff. UK wide recruitment to Dental Core Training and Dental Specialty Training posts completed. Feedback questionnaire circulated as part of the evaluation process.
22/04/20	53a (ET 142)	Medical	ET agreed to support the slow re-introduction of education and training where the is capacity with a focus on online delivery. RP will take to DME’s and MD’s this week for further agreement and then will share the plan with SG.	RP	<b>Complete.</b> Principle of gradually restarting education & training activity supported by DMEs and MDs. SG also informed.  Update - Letter issued by CMO to Boards requiring reinstatement of rotations, and letter issued by SG (Director of Planning) 3/7/2020 requiring Boards to set out plans for remobilisation of workplace-based learning.
24/04/20	53b	Medical	Discussions have taken place with the DMEs (Directors of Medical Education) on re-engaging future educational delivery in a slow and controlled way via speciality and	RP	<b>Complete.</b> Update in 53a refers.

### 3. Decisions relating to Education and Training

Date	Decision Number	Area	Decision Taken	Owner	Conclusion/Further Notes
	(ET 148)		geography. This approach is supported by Medical Directors.		
24/04/20	53c (ET 149)	Medical	RP noted that Territorial Health Boards support August rotations.	RP	<b>Complete.</b> Planning for August rotations continues as normal. Position statement added to Deanery website on 21/05/20. Update in 53a refers.
27/04/20	54a (ET 151)	Medical	There was a key meeting with Royal College of General Practice, GMC and SEBs last Friday. One of the issues discussed was the progression of GP trainees. It was now expected that a modified format of the MRCGP exit exam would allow those trainees approaching CCT to complete on schedule or shortly thereafter.	RP	<b>Complete.</b> New format of MRCGP exam being developed that should allow GPST3s to gain CCT by August. Exam now underway and 37/40 Scottish trainees have now passed.
28/04/20	54b (ET 167)	Finance/Medicine	SG have agreed to fund CCT dates for a 6-month extension.	JS	Assumption reduced by 50% to £925k. Timeframes currently being agreed alongside estimates of numbers requiring extension. No GP extensions anticipated as exams will take place online.
29/04/20	55 (ET 175)	Pharmacy	Paper taken to Directors of Pharmacy (DoPs)) on 29th April with outline plan and options for the PRPS recruitment this year due to COVID19. Final decision from DoPs on 11th May and dependent on access to Situational Judgement Tests (SJTs) through HEE for Oriel recruitment.	AW	<b>Complete.</b> Now agreed. 18 <sup>th</sup> May 2020.
06/05/20	56 (ET 212)	NMAHP	Recommence Future Nurse and Midwife Programme Board on 12th May to review impact of covid 19 on pre-registration nursing & midwifery programme changes and commence discussions/ planning for new academic year.	KW	<b>Complete.</b>

### 3. Decisions relating to Education and Training

Date	Decision Number	Area	Decision Taken	Owner	Conclusion/Further Notes
6/05/20	57 (ET 213)	NMAHP	NHS boards have been asked for information on their priorities for education and their intention to release staff to undertake commissioned education programmes	KW	<b>Complete.</b>
12/05/20	58	NMAHP	NMC made decision to not open the Temporary Register for Final Year Students following extensive discussion with stakeholders on 7/5/20.	KW	<b>Complete.</b>
13/05/20	109 (ET 225)	NMAHP / Medicine	The Executive Team agreed to support the use of the NHSS Louisa Jordan facility as a clinical skills centre.	KW / RP	<b>Complete.</b> This work will be taken forward by Prof Jean Ker (CS MEN)
26/05/20	113 (ET 266)	Medical	There may be some delayed starts for Foundation Training in August e.g. due to travel restrictions or awaiting delayed graduation from Medical School – estimates indicate this will affect 10-20 doctors in Scotland. However, there may also be an oversupply into Foundation Training this year.	RP	<p>Ongoing: RP in consultation with SG colleagues and will keep AMcC/JS informed. Awaiting further information from UKFPO regarding delayed start numbers and potential oversupply for August.</p> <p>Finalised costs for revised RCGP exam confirmed – total cost of £500K of which NES will be responsible for £45K using Barnett calculations</p> <p><b>Complete.</b> All medical graduates received places and there was no requirement for additional Foundation programme places.</p>
29/05/20	114 (ET 273)	Finance	SG have not yet confirmed 2020/21 NES Budget; therefore directorate budget letters are unable to be issued. ET in agreement that Finance will issue guidance in relation to 2020/21 budget management approach.	AMcC/JS	<b>Complete.</b> Budget management guidance was developed and approved however this was superseded by the remobilisation planning announcements. Finance Business Partners are working closely with directorates to

### 3. Decisions relating to Education and Training

Date	Decision Number	Area	Decision Taken	Owner	Conclusion/Further Notes
					develop revised financial plans for August 2020 to March 2021 (business as usual).
08/06/20	119 (ET313)	Comms – Events	In response to query from JMacE, ET confirmed that no face-to-face conferences/events will be held in 2020. Events will be delivered virtually as required	JMacE/All	<b>Complete.</b>
11/06/20	120 (ET 321)	Medical	Medical expecting there to be 9 unplaced Scottish medical undergraduates. RP to request additional funding from SG for an additional 9 Foundation training programmes. ET approved this decision.	RP	<b>Complete.</b> In addition to the 9 unplaced Scottish graduates, NES would have to take its share of the eligibility applicants. The current estimated additional requirement was funding for 14 additional programmes. This was initially requested from SG. Subsequently, all medical graduates were placed and there was no requirement for additional funding for Foundation places.
22/06/20	127 (ET 344)	Dental	DF would seek the advice of the CLO regarding dental vocational trainees who have received an unsatisfactory outcome. Agreement that NES should engage these trainees until they are given the opportunity to successfully complete their training.	DF	<b>Complete.</b> Advice from CLO sought.
02/07/20	135 (ET 363)	NMAHP	The Scottish Government has potentially agreed that we (NES) pay the nurse and midwife returners for their 7.5 hours induction - who have not yet received an offer of employment.	KW	<b>Complete.</b> CNOD agreed. Non-deployed nurses are to be paid at bottom of Band 5, midwives Band 6.
02/07/20	136	Pharmacy	Clarity and confirmation of funding required for current pre-registration pharmacists (regarding time extension)	AW	Sept. Remedial Trainee Extensions/funding part confirmed with SG, and final confirmation expected end Sept.

### 3. Decisions relating to Education and Training

Date	Decision Number	Area	Decision Taken	Owner	Conclusion/Further Notes
	(ET 364)		and for the new trainee cohort. Confirmation being sought from SG.		
02/07/20	138 (ET 366)	NMAHP	Potential cut-off date of 01 July 2020 – no new students into paid placement. To ensure that SG Health Workforce are aware of policy positions.	KW	<b>Complete.</b> Approved by Chief Nursing Officer Directorate (CNOD).
06/07/20	139 (ET 367)	Medicine	To scope out how many territorial health boards are using non-NHS facilities for training.	GHa	<b>Complete.</b> CLO contacted regarding medical indemnity cover and status confirmed. Guidance notes drafted on 15/9/20 to be circulated to TPDs/ APGDs and possibly trainees.
21/07/20	144 (ET 374)	Medicine	Further to a meeting with the BMA Scottish Junior Doctors Committee, GHa is to provide the committee with our lessons learned on the Interim FY1 process.	GHa	<b>Complete.</b>

#### 4. Decisions relating to new COVID-19 organisational priorities

Date	Decision Number	Area	Decision Taken	Owner	Conclusion/Further Notes
23/03/20	59 (ET 19)	Digital / Workforce	COVID-19 Accelerated Recruitment Portal NES commissioned by SG to develop online portal to support recruitment and onboarding of returners/undergraduate students to assist with COVID-19 response – NES Digital and Workforce to deliver - Turas People to be used as part of the process.	CW/MM	<b>Complete.</b> 24 March report of H&S Committee confirms NES as contracted employer for returners and joiners to service. NES will adopt same Lead Employer model that exists for medical trainees employed by NES. <b>This was later amended after agreement with SG that Boards were better placed to be the employers. Individuals placed in roles outside NHSS but affiliated were employed by NES.</b>
23/03/20	60 (ET 20)	NDS	NDS working on three areas as part of COVID-19 response – this work is agreed SG: <ul style="list-style-type: none"> <li>• GGC and Lothian on messaging results to patients.</li> <li>• Emergency Anticipatory Care planning</li> <li>• Working Shielding approach.</li> </ul>	GH	<b>Complete.</b> Shielding SMS service in place and operating effectively; NES have agreed to offer a cut down service from 1 August when shielding is lifted and maintain the capability to bring the wider functionality back on stream if required. Has been used to provide updates on local prevalence in Aberdeen City.  ACP in pilot deployment in Lanarkshire in September.
27/03/20	61 (ET 26)	Digital	NHS Workforce Status App – went live 27 March	CW	<b>Complete.</b> Full roll out to NHS Boards was not progressed, it was not considered to be a priority by territorial boards.
27/03/20	62 (ET 31)	NMAHP	Nursing, midwifery and AHP students cleared to go out into the service and contribute to COVID-19 response	KW	<b>Complete.</b> All NMAHP students out on paid placement or permanent employment. SG agree to no further deployment from 1 <sup>st</sup> July.

4. Decisions relating to new COVID-19 organisational priorities					
Date	Decision Number	Area	Decision Taken	Owner	Conclusion/Further Notes
					All students being processed with 3rd year nursing students commencing W/B 06/04
27/03/20	63 (ET 32)	Workforce	Internal redeployment – ET agreed that redeployment is agreed at directorate level, as teams/directorate leads know who available and what skills is are. Redeployment of clinical staff – ET agreed this should be discussed by directorates with Territorial Boards, who can identify priorities.	MM  RP/DF/KW/ GH	<b>Complete.</b> Directorate lists being maintained, supports reporting for finance and HR processes (e.g. issuing any secondment arrangements). Redeployments complete.
28/03/20	64 (ET 34)	Digital	COVID-19 Accelerated Recruitment Portal (CARP) went live	CW	<b>Complete.</b> BCEs informed by SLR. Cabinet Secretary formally announced on 30/03
30/03/20	65 (ET 37)	Dental	Scottish Dental Clinical Effectiveness Programme (SDCEP) has published guidance "Management of Acute Dental Problems During the COVID-19 Pandemic" which is of relevance to dentists as well as other healthcare professions including medicine and pharmacy.	DF	<b>Complete.</b> Guidance issued and received well by the profession in Scotland and further afield.
01/04/20	66 (ET 45)	Finance	NES staff who go to work in service will remain on the NES payroll and SG will be charged as part of the Covid-19 bill.	AMcC	<b>Ongoing.</b> Recording mechanisms in place.
02/04/20	67 (ET 49)	Finance	SG Finance now requiring weekly updates regarding impact of COVID-19 – NES would require estimated £74million additional funding to cover all returners and students joining NHSS and the related impact on TGs	AMcC/ JS	<b>Work in Progress</b> Additional funding required is now less given that NES will only employ Interim FY1's and those student nurse/midwives deployed in non-NHS placements (confirmed in DL (2020/6). The amount of additional costs at this stage also includes the potential impact of double-running costs for Medical and Pharmacy trainees. As at 22/07/20 estimated requirement is £10.4m

#### 4. Decisions relating to new COVID-19 organisational priorities

Date	Decision Number	Area	Decision Taken	Owner	Conclusion/Further Notes
05/04/20	68 (ET 55)	Planning	DSI agreed that 2CQ (Glasgow) could be used by staff involved in the NHS Louisa Jordan hospital at the SEC in Glasgow.	DC	<b>Complete.</b> Formal request sent to DSI on 02/04
06/04/20	69 (ET 58)	Finance	Change of position - Formal agreement that NES will not be the single employer for all returners/students, it will now be a mixed economy.	AMcC	<b>Complete.</b> (confirmed in DL (2020/6). NES can support the issue of offer letters and contracts where Boards have requested this. NES can also support the generation of data for Board payroll processing.
07/04/20	70 (ET 62)	Dental	CDO is writing to all General Dental Practitioners encouraging them and other dental practice team members to volunteer via the portal. This has the potential to reach 10,000 staff once other dental team members (dental nurses, dental admin staff) are included.	DF	<b>Complete.</b> Letter issued.
09/04/20	71 (ET 66)	NMAHP	AHPs - Decision taken that final year students will apply via the portal to become registrants. Yrs 1/2/3 will become HCSWs and assist where appropriate.	KW	<b>Complete.</b> See action 74. Final years students using portal 08/04. Discussions on-going for 3rd Years. Years 1&2 continuing programme.
09/04/20	72 (ET 70)	Workforce / Digital	CARP – Comms to be issued to 10K+ applicants advising them that their applications will be processed in due course and thanking them for their patience.	CW	<b>Complete.</b> CW agreed with SG that there would be regular comms to applicants to keep them updated, particularly in relation to the demand and timescales for coming through the portal. CW meeting with Grant Hughes from SG. Approximately 3745 reaffirmed interest on whom NES has been asked to carry out Pre-Employment Checks (PECs) by SG. Prioritisation will be as agreed with Boards (or SG in the case of an over-riding category of need).

#### 4. Decisions relating to new COVID-19 organisational priorities

Date	Decision Number	Area	Decision Taken	Owner	Conclusion/Further Notes
10/04/20	73 (ET 75)	Digital	Equipment loan to Disclosure Scotland – NES agreed to loan laptops to Disclosure Scotland so their staff can increase capacity in processing PVG checks. Maintaining asset registers for audit purposes is very important.	CW	<b>Complete.</b> X11 Laptops were provided to Disclosure Scotland. This was in addition to the agreement to loan NHS Lothian 50 laptops to enable staff to work remotely to process additional new staff.
10/04/20	74 (ET 82)	NMAHP	Year 3 AHPs - a decision has been made that year 3 AHP's will also be registered through the recruitment Portal, a process is being worked on for those AHP's who have already started to arrange placements with Boards as health care support workers.	KW	<b>Complete.</b> On-going discussions with HEIs and Scot Govt re 3rd Year Student AHPs. This group will have finished their programme for the academic year and do not require placements. HEIs have advised students to make themselves available as part of HCSW workforce. Awaiting Scot Govt Guidance for AHP student paper as at 21/4/2020. Final guidance published by SG on 21/05/20.
10/04/20	75 (ET 85)	Workforce	Returner Pathways – QI team are going to help to define the different student and returner pathways (including induction information, who the employer will be, start dates etc), they will be in touch with Directorates from next week to conduct interviews. Data will be compiled on a single spreadsheet on SharePoint. An update will be submitted to the ET in due course.	MM	<b>Complete.</b> Shared in ET Meeting papers 27/4.
10/04/20	76 (ET 87)	Healthcare Science	Final year bio-medical students – will be coming through the NES Portal and employed by Boards. RF will liaise with KW as similar arrangements are in place for AHPs. Clinical scientist trainees are already employed by Boards.	RF	<b>Complete.</b> Induction guide drafted and circulated by SG

#### 4. Decisions relating to new COVID-19 organisational priorities

Date	Decision Number	Area	Decision Taken	Owner	Conclusion/Further Notes
12/04/20	77 (ET 91)	Pharmacy	NES Pharmacy guidance to NHS Board Pharmacy leads re NES Portal recruitment for Pharmacy.	AW	<b>Complete.</b> Portal entry now suspended, with an exception for pharmacy graduates.
13/04/20	78 (ET 94)	Dental	CDO wrote to all Dentists last week encouraging them to volunteer. If interested they have been directed to note this through the portal. It was agreed that the Directors of Dentistry will make contacts in the NHS Boards who can provide them with details on interest shown from Dentists and dental team members	DF	<b>Complete.</b> Portal entry now suspended.
13/04/20	79 (ET 97)	Digital	NES Digital supporting the MS Teams roll out across Scotland.	CW	<b>Complete.</b> With ongoing collaboration as required.
14/04/20	80 (ET 100)	Medical	<p>The ET supported the recommendations in Adam Hill's testing paper,</p> <ul style="list-style-type: none"> <li>• NES will align with government backed testing centres rather than through NES sites.</li> <li>• NES will triage the enquiries and organise the appointments.</li> <li>• NES need SG agreement to include business critical staff in the testing.</li> <li>• NES advise against providing 50 NES staff as testers.</li> </ul> <p>After some small amendments, the paper will be escalated and shared with SG.</p>	AH, RP	<b>Complete.</b> Paper submitted to SG. Note that the position has since changed in line with policy development.
15/04/20	81 (ET 105)	Pharmacy	Pharmacy Staff seconded to NHS24 (from 16/4) – 0.9WTE	AW	<b>Complete.</b> Pharmacy staff returned from NHS24 25/05/20

4. Decisions relating to new COVID-19 organisational priorities					
Date	Decision Number	Area	Decision Taken	Owner	Conclusion/Further Notes
15/04/20	82 (ET 106)	Pharmacy	Joint statement from NES/HEE/HEIW and Scottish statement re pharmacy student recruitment from May into NES recruitment portal	AW	<b>Complete.</b> Joint statement issued w/c 18 May.
16/04/20	83 (ET 109)	Workforce	SG have asked that the Organisational Development, Leadership & Learning (ODLL) team accelerate the Executive Coaching offer that is managed by NES. Necessary funds will be made available for this. The initiative will support leaders to focus on staff mental health and wellbeing during COVID-19.	Tom Power/ ODLL	<b>Complete.</b> Over 400 applied in first offer. Discussions underway with SG to fund coaching for wellbeing for a further 12 months.
17/04/20	84 (ET 112)	Workforce	CARP: It was agreed that a standard set of responses will be developed to record why some staff will not be taken on by Boards. MM will liaise with colleagues to produce this.	MM	<b>Complete.</b> CLO advice received and shared with Deputy HRDs.
17/04/20	85 (ET 113)	Medical	Interim FY1 Drs graduation – 150 Edinburgh trainees have been inducted for deployment across Lothian, Borders and Fife. Trainees in the West will be inducted next week, likewise with Dundee, and Grampian will graduate today.	JA	<b>Complete.</b> FiY1s deployed throughout all regions of Scotland from w/c 20/04/20.
17/04/20	86 (ET 117)	Comms	Social media has gone out regarding shielding, an updated to NES staff regarding expenses will go out this afternoon. A video from DSI to staff will go out on Monday highlighting mental health & wellbeing, planning for the new normal.	JMacE	<b>Complete.</b> Video Issued on 19/04
17/04/20	87 (ET 120)	Psychology	SG are commissioning a website with resources for staff regarding mental health and wellbeing across the workforce. NES colleagues will work to ensure relevant	JT	<b>Complete.</b> 20/4/20 NES identified resources for different community health and care sector groups.

4. Decisions relating to new COVID-19 organisational priorities					
Date	Decision Number	Area	Decision Taken	Owner	Conclusion/Further Notes
			links to Turas are made and promote access to Turas site to Health & Care staff.		In July 2020 – Scottish Government sponsored website named 'Promis' launched including mutual signposting links with NES Covid-19 resources on Turas platform.
20/04/20	88 (ET 124)	Digital	<p>CW confirmed that the reporting dashboard that will be submitted to the SG will contain a comprehensive set of data notes, that will catalogue what the data means. SG will be asked what it is the need to know. Michele co-ordinates Grant Hughes office and will be asked</p> <p>The confirmed decision from this discussion was that a weekly message from NES will be submitted via the CEO Office. CW will confirm what day of the week that this will be needed, likely a Friday. Probably will link in with the ministerial updates.</p>	CW and CEO Office	<b>Complete.</b> Dashboard now live and well received by SG colleagues.
20/04/20	89 (ET 123)	Digital and NDS	Extra resources may be required. Suggest approaches to IT staff who have been furloughed and may volunteer to help. AH is pulling together a proposal, which will consider how staff could be onboarded and security issues.	GH	<b>Closed.</b> In practice for a range of reasons related to the industry this did not move forward.
23/04/20	90 (ET 145)	Digital	Position agreed with SSSC regarding CARP updates for social care placements	CW	<b>Closed.</b> Weekly update reports sent regarding social care placements. No further action required.
23/04/20	91a (ET 146)	Workforce	Letter sent to SG regarding risks associated with placing students/returners in non-NHS placements. Hazel Craik at CLO has contributed to content of this letter.	MM	<b>Complete.</b> Letter sent to SG May 2020.

#### 4. Decisions relating to new COVID-19 organisational priorities

Date	Decision Number	Area	Decision Taken	Owner	Conclusion/Further Notes
27/04/20	91b (ET 154)	Finance / NMAHP	SG issued guidance confirming that nursing students will remain on student placement terms until they are fully employed.	AMcC/KW	<b>Complete.</b> This mitigated the risk to NES in relation to the completion of all pre-employment checks set out in HDL 2020/10 prior to student nurses commencing employment.
30/04/20	92 (ET 186)	NMAHP	KW joined CMO Clinical & Professional Advisory Group – Care Homes	KW	<b>Ongoing.</b> Twice weekly meetings of key stakeholder. Producing guidance for care homes. Meetings became weekly from 25/02/20. Guidance for care home visiting published 25/06/20.
01/05/20	93 (ET 192)	Medical	UK FPO recruitment route to be paused, in line with pausing of the CARP.	RP	<b>Complete.</b> Following approval by SG, UKFPO were asked to switch off further allocation of provisionally registered doctors to Scotland
04/05/20	94 (ET 197)	Dental	SDCEP has been commissioned by four CDOs to undertake a rapid review of international recovery plans to inform policy making decisions on re-establishing dental services. Report expected later in week.	DF	<b>Complete.</b> Report was delivered to CDOs on 7 <sup>th</sup> May 2020.
05/05/20	95		Letter sent to all medical Royal Colleges on behalf of the CEs of all 4 statutory education bodies regarding flexibility in approaches to training progression.	DSI	<b>Complete.</b>
05/05/20	103 (ET 201)	Workforce / NMAHP	Framework for non-NHS placements agreed with Central Legal Office	MMcE / KW	<b>Complete.</b> Contract, secondment and MoU agreed and issued by Workforce/NMAHP. Directors of Nursing and Workforce have reviewed and agreed the framework.

4. Decisions relating to new COVID-19 organisational priorities					
Date	Decision Number	Area	Decision Taken	Owner	Conclusion/Further Notes
06/05/20	104 (ET 214)	NMAHP	NMAHP are providing educational contribution to two SG multi-organisation groups – the Clinical and Professional Advisory Group for Care Homes and the Care Home Leads Group	KW	<b>On-going</b> process. General guidance for Care Homes was produced and published 15/05. Developing guidance on visiting in care homes currently 28/05. Guidance on visiting for care homes published 25/6. Concentrating on rehab now. This work will continue meantime.
07/05/20	106 (ET 223c)	Digital	CARP to be used to capture expression of interest for SG Contact Tracing service.	CW	<b>Complete.</b> Public Health Scotland/NSS responsible for contact tracing applicant processing.
25/05/20	112 (ET 265c)	Dental	SDCEP produced Practice Recovery Toolkit for use in Scotland.	DF	<b>Complete.</b> Toolkit published on 25 May 2020.
03/06/20	<del>117</del> 117b (ET 291)	NMAHP	ET agreed that risk regarding NES employment of student nurses should be added to COVID-19 risk annex	KW	<b>Complete.</b> ET approved risk at ET meeting on 8 June 2020. Risk added to COVID-19 risk annex.
05/06/20	<del>118</del> 118a (ET 302)	Workforce / Digital	CARP – direction from SG to process employment check on remainder of CARP applicants. ET considered additional resource options and approved internal NES employees (subject to return to BAU) alongside external agency staff.	TAD / CW	<b>Complete.</b>
23/06/20	128 (ET 348)	NMAHP	Commission by CNOD on practice placement availability for NMAHPs. Will require working with HEIs, Boards, students, etc.	KW/DSI	<b>Complete.</b> Work commenced by small group in Nursing Midwifery and Allied Health Professionals (NMAHP) directorate.

#### 4. Decisions relating to new COVID-19 organisational priorities

Date	Decision Number	Area	Decision Taken	Owner	Conclusion/Further Notes
			DSI advised that he and DG have a meeting with Gillian Russell where he would have the opportunity to flag this.		Report complete and SG have now asked NES to set up a Rapid Action Group on Placement Learning which is also complete.
02/07/20	137 (ET 365)	Workforce/NMAHP	Review potential issues around payment for “final year”/ honours nursing students.	MM, KW	<b>Complete.</b>
16/07/20	142 (ET 372)	Dental	Noting the Facilities Recovery Plan communication, it is requested that risk assessments of clinical skills facilities (in dental centres) take place. This is to accommodate assessment of new trainees.	DF/DC	<b>Complete</b> - This was discussed at the Facilities Recovery Team and local dental teams will work with local partners to ensure clinical skills facilities are ready for trainees.

5. Letters/communications received from/with Scottish Government - actions taken					
Date	Decision Number	Area	Decision Taken	Owner	Conclusion/Further Notes
11/03/20	96 (ET 8)	SG Letter	Letter from John Connaghan received regarding NHS Board Mobilisation Plans in response to COVID-19. NES response created and submitted to SG.	DC	<b>Complete.</b> Submitted to SG - 18/03/2020
13/03/20	97 (ET 10)	SG Letter	Letter from Malcolm Wright to NHS Special Boards regarding their actions in response to COVID-19. Extended ET contributed to this response and response submitted to SG.	DSI/ET	<b>Complete.</b> Response submitted 19/03 and further updated and sent on 07/04/2020.
23/03/20	98 (ET 22)	CE Comms	DSI to write to BCEs regarding contribution to COVID-19 response	DSI	<b>Complete.</b> Letter issued 25/03/20
07/04/20	99 (ET 60)	SG Letter	Updated response issued to SG sponsor team regarding suspended/newly created work – original response sent on 19 March	All ET	<b>Complete.</b> Original letter received from Malcolm Wright (MRW) Office on 13 March.
09/04/20	100 (ET 73)	Planning / SG Letter	Letter received from John Connaghan at SG regarding the 2020/21 stating that the AOP will form a 'baseline' for a NES 'Recovery Plan' to be created later. In addition, Scottish Government have not agreed the proposals laid out in the 20/21 AOP and they are 'pausing discussions on these matters'.	DC	<b>Closed.</b> Letter discussed at ET on 14 April (alongside Finance letter received on 20 March). Final Update: AOP 'stood down' and replacement Re-mobilisation Plan (RMP) submitted to SG on 6 <sup>th</sup> August.
20/04/20	101 (ET 130)	SG Letter	Letter received from John Connaghan at SG regarding an Enhanced System of Assurance for Care Homes. Whilst the letter focused primarily on actions for Territorial Health Boards, there is an opportunity for NES to provide educational resources in this area.	DSI/KW	<b>Complete</b> Response sent on 23 April offering NES support to provide educational resources as required. KW contact details provided.
14/05/20	111	SG Letter	Letter received from John Connaghan at SG requesting that first phase Board Mobilisation Plans are sent to SG by Monday 14 May.	DSI / All	<b>Complete.</b> NES Mobilisation Plan sent to SG by required deadline.

## 5. Letters/communications received from/with Scottish Government - actions taken

Date	Decision Number	Area	Decision Taken	Owner	Conclusion/Further Notes
17/05/20	102	SG Letter	Correspondence from Cabinet Secretary varying the role of the Executive Nurse Director regarding the multi-professional oversight of care homes, making them accountable for the provision of; nursing leadership, support and guidance within the care home and care at home sector.	KW	<b>Complete.</b> Letter received 17/05/20
16/06/20	122 (ET 334)	Finance	DL received regarding Annual Leave. There will be an impact on this year's financials, Staff are being encouraged to take all their leave in 2021. NES may incur over-time or temp staff costs. Some Boards have put a cap on A/L for the first few months. JS to send more information to DSI.	JS	<b>Complete.</b> Annual leave accrual will be reviewed and additional costs if required, built into forecasts
26/06/20	129 (ET 351)	CEO	SG have announced that formal Annual Reviews will not be taking place, however meetings will take place in the Autumn with SG and CEs and Chairs.	DSI	The NES Annual Review will now take place on 18 November and will be overseen by the Minister for Mental Health, Clare Haughey. Details remain to be confirmed, but it is currently anticipated that due to the COVID-19 pandemic, the meeting will be held virtually with the NES Board Chair and Chief Executive and Stephen Lea-Ross (Deputy Director of Health Workforce) and other Scottish Government colleagues.
30/06/20	130 (ET 355)	CEO Office	John Connaghan letter re COVID-19 and BAME communities – to add to the next Executive Team agenda.	CEO Office	<b>Complete.</b>

### 5. Letters/communications received from/with Scottish Government - actions taken

Date	Decision Number	Area	Decision Taken	Owner	Conclusion/Further Notes
30/06/20	131 (ET 359)	Workforce	The COVID-19 Accelerated Recruitment Portal paper that was issued to the June 2020 Board Workshop will be updated to reflect later thinking and sent to the Scottish Government.	TAD	<b>Complete.</b> Sent to SG by TAD

## Glossary:

AHP	Allied Health Professional
ARCP	Annual Review of Competency Progression
BMA	British Medical Association
CLO	Central Legal Office
CCT	Certificate of Completion of Training
CSMEN	Clinical Skills Managed Educational Network Coronavirus Disease-19 (COVID-19) Accelerated
CARP	Recruitment Portal
DME	Directors of Medical Education
ET	Executive Team
FIY	Foundation Interim Year
FY	Foundation Year
GDC	General Dental Council
GMC	General Medical Council
GPhC	General Pharmaceutical Council
GPST	General Practitioner Specialty Training
HCPC	Health and Care Professions Council
HEE	Health Education England
HEIW	Health Education and Improvement Wales
HCSW	Healthcare Support Worker
MDRS	Medical and Dental Recruitment and Selection Membership of the Royal College of General
MRCGP	Practitioners
NES	NHS Education for Scotland
NDS	NHS Education for Scotland Digital Service
NMC	Nursing and Midwifery Council
OSCE	Objective Structured Clinical Examination
PPE	Personal Protective Equipment
QI	Quality Improvement

RCGP	Royal College of General Practitioners
SDCEP	Scottish Dental Clinical Effectiveness Programme
SJDC	Scottish Junior Doctors Committee
SG	Scottish Government
SSSC	Scottish Social Services Council
STAC	Scottish Terms and Conditions Committee
SMS	Short Message Service
SJT	Situational Judgement Test
SGC	Staff Governance Committee
UKFPO	UK Foundation Programme

## NHS Education for Scotland

### Board Paper

#### 1. Title of Paper

Training and Development Opportunities for Board Members

#### 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:

- List forthcoming and past virtual training provided by NES as information for the Board to note for assurance (**Appendix 1**).
- Notify the Board of the forthcoming live training NES is offering, in order to enhance Board member opportunities for triangulation, assurance and strategic engagement (**Appendix 1**).
- List Board member personal development opportunities (**Appendix 2**).

#### 4. Background

4.1 Prior to the COVID-19 pandemic the paper entitled, "Training and Development Opportunities for Board Members", was a regular standing item for noting at each Board meeting. The aim of the paper was to "provide details of any upcoming training and development events for Board members, together with details of opportunities for Board members to gain a deeper understanding of NES business".

4.2 During COVID-19 this paper was suspended, as was the delivery of face to face training. The paper therefore has not appeared on the Board agenda since March 2020.

4.3 At the 30 July 2020 Board meeting it was noted that some training has been delivered by Directorates during the COVID-19 pandemic using webinars or other technological solutions. It was suggested that these may have been useful for Non-Executive Directors to be informed of and to have had the opportunity to attend. (Details of these are listed in Appendix 1)

4.4 This, along with the re-instatement of full Board governance at the 27 August 2020 Formal Private Board meeting, has resulted in this agenda

item being re-instated on the Board Schedule of Business from 24 September 2020 Board meeting onwards.

## **5. Key Issues**

- 5.1 The training and development opportunities for Board members are now listed as “Virtual/e-Learning Training & Development Opportunities” in Appendix 1 of this paper. This includes training that is planned and also provides hyperlinks to training that has taken place or is available for self-directed learning. It has been collated using a Directorate approach.
- 5.2 Appendix 1 lists the forthcoming virtual training from September – December 2020 and past examples of virtual training from 1 April – 31 August 2020.
- 5.3 The Board is invited to note that we are working towards highlighting virtual training of strategic interest to enable Board members to better navigate this list. For example, the first virtual NES conference since the COVID-19 outbreak is taking place on 30 September, further details in Appendix 1.
- 5.4 Personal development opportunities for Board members are listed in Appendix 2 of this paper.

## **6. Educational Implications**

- 6.1 This paper is relevant to all Board members; however, the Education and Quality Committee members may have a particular interest in Appendix 1.

## **7. Financial Implications**

- 7.1 The finances required to deliver NES Education and Training are aligned with the NES Phase 2 Remobilisation Plan.

## **8. 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

## **9. 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.

## **10. 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.

## **11. 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 The opportunities to communicate Appendix 1 more widely internally across NES are being explored.

## **13. Recommendations**

The Board is invited to:

- Note this paper and participate in any of the virtual training opportunities as appropriate.

DT  
September 2020

## Appendix 1 – Virtual/e-Learning Training & Development Opportunities provided by NES

Key:

NDS	
Finance	
Medical	
NMAHP	
Optometry	
Dental	

NES Digital Service (NDS)				
Date	Event Title	Event Detail	How to register	Contact
<b>Forthcoming training September – 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 September – December 2020</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>
6 <sup>th</sup> October at 10:00am	TEL Governance Group	To make recommendations for the executive committee on technology enhanced learning (TEL).	Contact Adam Hill for the Teams Link.	<a href="mailto:Adam.Hill@nes.scot.nhs.uk">Adam.Hill@nes.scot.nhs.uk</a>

<b>NMAHP (Nursing, Midwifery &amp; Allied Health Professions)</b>				
<b>Date</b>	<b>Event Title</b>	<b>Event Detail</b>	<b>How to register</b>	<b>Contact</b>
<b>Forth coming training September – December 2020</b>				
Wed 30 Sept 2020, 11:00am – 12:15pm	Dietetic Pathways		Registration link: tbc	Carol.Curran@nes.scot.nhs.uk
Thurs 8 Oct 2020, 11:00am – 12:15pm	Rehabilitation Framework		Registration link: tbc	Carol.Curran@nes.scot.nhs.uk
Wed 30 Sept 2020, 11:00am – 12:15pm	AHP Support & Supervision: Introduction to Supervision		Registration link: tbc	Carol.Curran@nes.scot.nhs.uk
Thurs 5 Nov 2020, 09:30am – 11:00am	AHP Support & Supervision: Structuring Your Supervision		Registration link: tbc	Carol.Curran@nes.scot.nhs.uk

Optometry				
Date	Event Title	Event Detail	How to register	Contact
30 September 2020	Providing eye care for children with disabilities: why, what and how (Dr J Margaret (Maggie) Woodhouse)		<a href="https://learn.nes.nhs.scot/33819/optometry/course-booking/2020-annual-conference-providing-eye-care-for-children-with-disabilities-why-what-and-how">https://learn.nes.nhs.scot/33819/optometry/course-booking/2020-annual-conference-providing-eye-care-for-children-with-disabilities-why-what-and-how</a>	<a href="mailto:optometry@nes.scot.nhs.uk">optometry@nes.scot.nhs.uk</a>
1 October 2020	What lies beneath (Mr Steve Madill)		<a href="https://learn.nes.nhs.scot/33919/optometry/course-booking/2020-annual-conference-what-lies-beneath">https://learn.nes.nhs.scot/33919/optometry/course-booking/2020-annual-conference-what-lies-beneath</a>	<a href="mailto:optometry@nes.scot.nhs.uk">optometry@nes.scot.nhs.uk</a>

Dental				
Date	Event Title	Event Detail	How to register	Contact
<b>2020</b>				
24 September 2020 09.30 – 10.15	Pre-Registration Dental Nurse Training Programme: Preparing for GDC Registration	The session will provide support to trainee dental nurses in their preparation for GDC registration, as they embark on the next stage of their journey as a registered dental care professional.	Contact Caroline Taylor for the GoTo webinar link.	<a href="mailto:caroline.taylor@nes.scot.nhs.uk">caroline.taylor@nes.scot.nhs.uk</a>
7 October 2020 13:00 – 14:30	Ethics, Law and the GDC	To enable participants to drive positive change, and reduce their own and practice risks, in the provision of dental care.	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 October 2020 13:00 – 14:30	Ethics, Law and the GDC	To enable participants to drive positive change, and reduce their own and practice risks, in the provision of dental care.	Contact Tony Anderson for the GoTo webinar link.	Tony.anderson@nes.scot.nhs.uk

### Examples of past virtual training during September 2020

<b>NMAHP (Nursing, Midwifery &amp; Allied Health Professions)</b>				
<b>Date</b>	<b>Event Title</b>	<b>Event Detail</b>	<b>How to register</b>	<b>Contact</b>
Tues 15 Sept 2020, 11:00am – 12:15pm	Delivering Arts Therapies Services Virtually: Lessons from Lockdown		<a href="https://register.gotowebinar.com/register/258704500129289742">https://register.gotowebinar.com/register/258704500129289742</a>	Carol.Curran@nes.scot.nhs.uk
Tues 15 Sept 2020, 11:00am – 12:15pm	Delivering Arts Therapies Services Virtually: Lessons from Lockdown		<a href="https://register.gotowebinar.com/register/258704500129289742">https://register.gotowebinar.com/register/258704500129289742</a>	Carol.Curran@nes.scot.nhs.uk
Thurs 17 Sept 2020, 2:00pm – 3:30pm	Near Me video consulting: the benefits, the barriers and the surprises		<a href="https://register.gotowebinar.com/register/2162728785949093902">https://register.gotowebinar.com/register/2162728785949093902</a>	Carol.Curran@nes.scot.nhs.uk
Thurs 17 Sept 2020, 2:00pm – 3:30pm	Near Me video consulting: the benefits, the barriers and the surprises		<a href="https://register.gotowebinar.com/register/2162728785949093902">https://register.gotowebinar.com/register/2162728785949093902</a>	Carol.Curran@nes.scot.nhs.uk
Thurs 24 Sept 2020,	Sharing AHP Practice- based learning stories		Registration link: tbc	Carol.Curran@nes.scot.nhs.uk

2:00pm – 3:30pm				
<b>Finance</b>				
<b>Date</b>	<b>Event Title</b>	<b>Event Detail</b>	<b>How to register</b>	
14 <sup>th</sup> September 2020	Procurement for Health (P4H) Digital Event Invitation	The theme of "Delivering Economic Benefit for Scotland"	<a href="#">Click here to register</a>  <a href="mailto:Kenny.McLean@nes.scot.nhs.uk">Kenny.McLean@nes.scot.nhs.uk</a>	
<b>Medical</b>				
<b>Date</b>	<b>Event Title</b>	<b>Event Detail</b>	<b>How to register</b>	<b>Contact</b>
15 <sup>th</sup> September 2020	Managing bereavement in the workplace	More information: <a href="#">Support around Death website</a> <a href="#">webinar flyer</a>	<a href="#">registration link</a>	
<b>Optometry</b>				
<b>Date</b>	<b>Event Title</b>	<b>Event Detail</b>	<b>How to register</b>	<b>Contact</b>
16 September 2020	The benefits of Mindfulness in optometric practice (Dr Bridie O'Dowd)		<a href="https://learn.nes.nhs.scot/33822/optometry/course-booking/2020-annual-conference-the-benefits-of-mindfulness-in-optometric-practice">https://learn.nes.nhs.scot/33822/optometry/course-booking/2020-annual-conference-the-benefits-of-mindfulness-in-optometric-practice</a>	<a href="mailto:optometry@nes.scot.nhs.uk">optometry@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>
	Clinical effectiveness recorded resources	<a href="#">Link to resources.</a>		

**Examples of virtual training provided during the COVID-19 core governance period April - July 2020.**

<b>Near Me Webinars</b>	
OT Near Me Vimeo:	<a href="https://vimeo.com/408479590">vimeo.com/408479590</a>
Dietetics Near Me Vimeo	<a href="https://vimeo.com/408497122">vimeo.com/408497122</a>

SLT Near Me Vimeo	<a href="https://vimeo.com/409863644">vimeo.com/409863644</a>
Physio Near Me Vimeo	<a href="https://vimeo.com/409706071">vimeo.com/409706071</a>
Podiatry Near Me Vimeo	<a href="https://vimeo.com/411466146">vimeo.com/411466146</a>
MDT Near Me Vimeo	<a href="https://vimeo.com/412857242">https://vimeo.com/412857242</a>
Prosthetics & Orthotics Near Me Vimeo	<a href="https://vimeo.com/416038631">https://vimeo.com/416038631</a>
<b>All other Webinars</b>	
MS Teams Vimeo	<a href="https://vimeo.com/415227636">https://vimeo.com/415227636</a>
Morag (support worker) Vimeo	<a href="https://vimeo.com/413631151">https://vimeo.com/413631151</a>
Sarah (OT in Orkney) Vimeo:	<a href="https://vimeo.com/413873466">https://vimeo.com/413873466</a>
Paediatric Physio Vimeo	<a href="https://vimeo.com/418037035">https://vimeo.com/418037035</a>
AHP Supervision Vimeo	<a href="https://vimeo.com/418550231">https://vimeo.com/418550231</a>
Jane & Ruth Supervision for Vimeo	<a href="https://vimeo.com/418854420">https://vimeo.com/418854420</a>
Morag (support worker) for Vimeo	<a href="https://vimeo.com/413631151">https://vimeo.com/413631151</a>
Sarah (OT in Orkney) for Vimeo	<a href="https://vimeo.com/413873466">https://vimeo.com/413873466</a>
Jenn Supervision for Vimeo	<a href="https://vimeo.com/418856685">https://vimeo.com/418856685</a>
Katrina & Heather for Vimeo	<a href="https://vimeo.com/418863769">https://vimeo.com/418863769</a>
CYP SLC webinar for Vimeo	<a href="https://vimeo.com/428018096">https://vimeo.com/428018096</a>
AHP Professional Portfolio Vimeo	<a href="https://vimeo.com/431871111">https://vimeo.com/431871111</a>
Postural Care Vimeo	<a href="https://vimeo.com/432882535">https://vimeo.com/432882535</a>
Moving and Handling Vimeo	<a href="https://vimeo.com/432871250">https://vimeo.com/432871250</a>

Personal Outcomes Network Vimeo	<a href="https://vimeo.com/433717583">https://vimeo.com/433717583</a>
HV SN Near Me Vimeo	<a href="https://vimeo.com/434785459">https://vimeo.com/434785459</a>
Physio PrBL Vimeo	<a href="https://vimeo.com/436706065">https://vimeo.com/436706065</a>
MDT CF Clinical Near Me Vimeo	<a href="https://vimeo.com/437196226">https://vimeo.com/437196226</a>
AHP Physio PrBL resource Vimeo	<a href="https://vimeo.com/437198328">https://vimeo.com/437198328</a>
Collaborative Conversations to Promote Positive Outcomes: Transforming Referral, Changing the Conversation" webinar	<a href="https://vimeo.com/441079346">https://vimeo.com/441079346</a>
Allied Health Professions – providing 'virtual' practice-based' learning experiences for students	<a href="https://vimeo.com/441424252">https://vimeo.com/441424252</a>
Sharing Practice and Learning in the context of Covid: AHP Learning Disabilities Service, Dundee webinar	<a href="https://vimeo.com/443067900">https://vimeo.com/443067900</a>
Delivering Digital Groups webinar	<a href="https://vimeo.com/449559375">https://vimeo.com/449559375</a>
Delivering Digital Groups webinar: Near Me and PrBL webinar	<a href="https://vimeo.com/449989625All">https://vimeo.com/449989625All</a>
	<a href="https://learn.nes.nhs.scot/30460/allied-health-professions-ahp-learning-site/digital-solutions-to-deliver-our-services/examples-from-practice">https://learn.nes.nhs.scot/30460/allied-health-professions-ahp-learning-site/digital-solutions-to-deliver-our-services/examples-from-practice</a>

## Appendix 2 - Board Member Personal Development Opportunities

### Key

<b>Board Member Personal Development Opportunities</b>	
<b>Other events of interest</b>	

Board Member Personal Development Opportunities				
Date	Event Title	Event Detail	How to register	Contact
<b>Onboard Training</b>				
14 Oct 2020 15 Oct 2020  Online course (Half day)	The Effective Audit & Risk Committee	In this half day workshop, delegates will gain a detailed understanding of the roles and responsibilities of the Audit and Risk Committee and practical guidance on the critical success factors that will determine whether or not an Audit and Risk Committee is successful.	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>
21 Oct 2020  Online course (Half day)	Effective Board Oversight of Risk	In this half day workshop, delegates will learn what 'good' risk management looks like and receive practical guidance on how to exercise their oversight role effectively.	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>
5 Nov 2020  Online course	Effective Scrutiny and Challenge	In this half day workshop, attendees will learn about the key pre-requisites to enable effective scrutiny and	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>

<b>Board Member Personal Development Opportunities</b>				
<b>Date</b>	<b>Event Title</b>	<b>Event Detail</b>	<b>How to register</b>	<b>Contact</b>
<b>Onboard Training</b>				
(Half day)		challenge to take place, the characteristics of effective scrutiny and how to scrutinise in practice		

<b>Other Future Events of Interest</b>				
<b>Date</b>	<b>Event Title</b>	<b>Event Detail</b>	<b>How to register</b>	<b>Contact</b>
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>

<b>Examples of Past Virtual Events of Interest</b>	
<b>Event Detail</b>	<b>Event link</b>
QI Connect with Sir Harry Burns: Wellbeing – what is it and what causes it? Event took place on 29 July 2020	Healthcare Improvement Scotland (HIS) link to webinar recording: <a href="#">QI Connect: Sir Harry Burns</a>
CGI Events: Health and Social Care Special Interest Group – The Role of Digital in Responding to COVID-19 (Guest Speakers – Professor Jason Leitch and Dr Jim Peake) Event took place on 16 September 2020	CGI Events link to register and listen to the event: <a href="#">Health and Social Care Special Interest Group Webinar</a>

<b>Examples of Past Virtual Events of Interest</b>	
<b>Event Detail</b>	<b>Event link</b>
QI Connect with Michael West: 'The Courage of Compassion for High Quality Health and Care' Event took place on 17 September 2020	HIS link to webinar recording will be available on the <a href="#">QI Connect webpage</a> of forthcoming/past events.