

**NES  
Item 4  
August 2013**

**NES/13/47  
(Enclosure)**



## **CHIEF EXECUTIVE'S REPORT**

Malcolm Wright  
Chief Executive

**August 2013**

## **INTRODUCTION**

Board members are asked to consider three important strategic items at this meeting. The first is the paper on Remote and Rural Healthcare, building on the recent Board Workshop, followed by a major development for the organisation in the amalgamation of properties in Glasgow. There will also be an update on the Knowledge into Action Strategy. The Chief Executive's Report contains updates on a number of important, ongoing issues and I will highlight these to the Board.

### **Announcement**

Board members will wish to congratulate Dr Stewart Irvine, who has been made an Honorary Professor of the College of Medicine & Veterinary Medicine of the University of Edinburgh.

Board members will also wish to congratulate Professor Jan Clarkson who has received the 2013 prestigious H. Trendley Dean Memorial Award. The prize is awarded by the [International Association for Dental Research](#) (IADR). Jan received the award for her contributions to research in the field of dentistry and oral health.

The award is given for distinguished accomplishments in research and development in the fields of behavioural science, epidemiology and public health, and is one of the highest honours bestowed by the IADR.

The award, one of sixteen IADR Distinguished Scientist Awards, in memory of H Trendley Dean, the 21st President of the IADR and first dental officer of the National Institutes of Health.

### **Public Records (Scotland) ACT 2011**

The Public Records (Scotland) Act 2011 has come into force and requires that each public authority has a Records Management Plan in place, approved by the Keeper of the Records of Scotland. The first authorities are due to submit in the coming month and a rolling programme should cover all the authorities subject to the Act by late 2015. NES, alongside NHS Fife, has been invited to be a "vanguard" Board for NHSScotland and to submit in the first wave. Our experiences will be shared with other Boards through a training event in September. Background is available here:

<http://www.nas.gov.uk/recordKeeping/publicRecordsActIntroduction.asp>

## GMC National Training Survey 2013

The Board will recall that the GMC published the headline results of the 2013 National Training Survey in June<sup>1</sup>. In addition to the core indicators contained in this report (and now available through the public online reporting tool), the Board will recall that the 2013 survey also included questions about patient safety, and in addition collected anonymous free text comments about the clinical environment, and undermining. These responses have been managed separately to the core survey dataset, according to a process set out by the regulator<sup>2</sup>. Briefly, the GMC reviewed all concerns on receipt, and those regarded as 'immediate' were passed directly to Deans for attention. Other concerns were collated and passed as a 'package' to Deans following closure of the survey in May. These concerns have now been reviewed by NES regional teams working with NHS Board Directors of Medical Education, and action plans developed where required, and returned to GMC for review in late July. We now await feedback from the regulator. The attached table summarises the volume of comments received broken down by category and region. The areas highlighted by respondents included: Clinical Supervision, Staff Capability, Working Practices, Workload/Staffing, Capacity/Facilities and Staff Interaction.

Region	Survey Responses	Patient safety	%	High Risk	%	Clinical Environment	%	Undermining	%
WoS	2502	130	5.20%	24	0.96%	80	3.20%	104	4.16%
SES	1199	44	3.67%	6	0.50%	31	2.59%	50	4.17%
EoS	499	34	6.81%	3	0.60%	13	2.61%	31	6.21%
NoS	713	26	3.65%	4	0.56%	16	2.24%	37	5.19%
All	4913	234	4.76%	37	0.75%	140	2.85%	222	4.52%

### Information Sharing

NES has participated in a series of meetings to explore the opportunities for the sharing of information amongst key partners with a quality assurance or scrutiny role across the NHS in Scotland. These meetings have been very positive, and have involved Healthcare Improvement Scotland, Information Services Division, Audit Scotland, the Care Inspectorate and Scottish Government. Consideration is being given to the development of a quality surveillance approach similar to that which has been developed elsewhere in the UK<sup>3</sup>.

<sup>1</sup> [http://www.gmc-uk.org/education/national\\_summary\\_reports.asp](http://www.gmc-uk.org/education/national_summary_reports.asp)

<sup>2</sup> [http://www.gmc-uk.org/NTS\\_2013\\_briefing\\_note\\_4.pdf\\_51569441.pdf](http://www.gmc-uk.org/NTS_2013_briefing_note_4.pdf_51569441.pdf)

<sup>3</sup> <https://www.gov.uk/government/publications/how-to-establish-a-quality-surveillance-group-guidance--2>

## **Tier 2 Visas for Medical Trainees**

At the time of writing this report, NES was in the process of submitting a paper to the Management Steering Group with a proposal to assume responsibility for taking a lead sponsor role for Scottish Medical Trainees who have Tier 2 Visa status. This is the employer led category which allows NHS employers to sponsor skilled workers from outside the EEA to enable them to work as a doctor in training in the UK. The current position is that this trainee group are required to seek a new sponsorship licence each time they change employer. This is a personal cost to the trainee each time and an additional cost to NHSScotland as Boards are required to pay sponsorship licence costs on each rotation. This issue has been raised by a group of trainees in the West of Scotland through their MSP with NES and with Scottish Government. At the request of the Scottish Government, and in partnership with the service, NES has developed a proposal which would see NES becoming the sponsor for the duration of the training programme thereby eliminating the need to issue a certificate of sponsorship for trainees on changing employers.

The BMA have also been pressing NES on this matter. The proposal has particularly been made possible as a result of a change of position by the Home Office/UKBA who have advised NES that we could be the lead sponsor for the durations of the training programme without being the employer.

The principles underpinning the proposal are:- (a) removing any barriers to the attractiveness of Scotland as a place to undertake medical training; (b) reduce direct costs to NHSScotland and minimise disruption to training programmes; and (c) contributing to the wider efficiency and productivity agenda and removing unnecessary duplication in employment processes.

The Staff Governance Committee are discussing this at the July meeting and an update on developments will be provided in due course.

## **Human Resources & Organisational Development**

Following up on a commitment agreed through our Partnership Forum, the Executive Team have agreed to fund two Modern Apprenticeships in NES commencing September 2013. Modern Apprenticeships are focussed on young people who face barriers to entering training and the workplace, providing them with essential employability skills as well as creating specialist skills in a given field. They last for one year.

We have identified the potential to have apprenticeships in Creative and Digital Media however this has to be finalised and other options include the Administration Modern Apprenticeship. The OD & Learning team are leading on putting this arrangement in place including induction and supervision. Expert advice is being provided by the Educational Development Directorate who have been providing wider support on this to NHSScotland.

## **NES Work Placements (27 May – 18 July 2013)**

NES has an important role in supporting the learning of the NHS workforce across Scotland. Recently we extended this role to look at how the newly-launched Certificate of Work Readiness (CWR) might support NHS employers who offer work experience placements for young people. Working in partnership with JobCentre Plus, Skills Development Scotland and a local college, we established experience placements and selected the CWR as the framework to underpin those placements. The CWR has a number of potential benefits; it provides guidance for NES staff who are managing the work placements on how to support the young people during their placement and provides young people with a certificate which attests to their abilities to work effectively in an office environment.

In May, Rachel Kidd and Nicole Griffin joined NES for their 8-week placement, working in administrative support roles. This experience has provided us with the opportunity to test this new national development and provide information and guidance for colleagues across NHSScotland who may be looking at ways of extending the opportunities which they offer for young people. As a result of this experience, we will be developing case study material to help illustrate how each partner contributes to this success.

## **How Do We Improve Pharmaceutical Care for Older People Conference**

Over 130 delegates attended the Conference 'How do we improve Pharmaceutical Care for Older People' on 20<sup>th</sup> June 2013 in Glasgow. Jointly run by NHS Education for Scotland (NES Pharmacy), Healthcare Improvement Scotland (HIS), the NHS Scotland Directors of Pharmacy (DoPs) and The Royal Pharmaceutical Society (RPS).

The Older Peoples Collaborative will provide a bridge between practitioners and strategy and policy. It is a forum for practitioners and national organisations to maximise outputs and collectively influence. The collaboration is a conduit for identifying, sharing and promoting good practice.

## **Educational Governance Review of Psychology Directorate**

Following the revision and re-publication of NES's Educational Governance Framework in December 2012 the Educational Development Directorate has put arrangements in place for the review of whole directorates. The purpose of this review is to enable the organisation to take a broad overview of quality in the educational directorates including their quality management processes, key successes and challenges, and future priorities. The process comprises a self-assessment by the directorate together with a review of supplementary documents by a review panel, and culminating a half-day review event. Membership of the review panel includes representation from other NES directorates and external stakeholders (such as service users, health board partners, professional bodies and peers from other UK countries etc).

The first Directorate Review event, for the Psychology Directorate, was held on 17<sup>th</sup> June 2013. This review, chaired by Jane Cantrell, Programme Director, NMAHP, enabled the wider organisation to develop a more detailed understanding of Psychology workstreams, including those not normally the subject of Educational Governance reports. A full report of the event, which includes several commendations, recommendations and requirements, will be presented to the Executive Team and the Educational & Research Governance Committee later in the summer/early autumn.

## **Quality Improvement Educational Activities 2013 – 2014**

This update outlines the key Quality Improvement (QI) Education work stream activities planned for 2013 -2014.

### **Quality Improvement (QI) Hub**

NES continues to be one of the key partners in the national QI Hub and has lead responsibility for:

- Building QI capacity and capability through our QI Education Programme
- Leading Quality Network
- Quality Improvement Hub website

Based on needs identified by our key stakeholders, QI Hub partners have developed a work plan for 2013- 2015 with a focus around:

- Measurement for Improvement
- Spread and sustainability
- Communications and marketing
- Quality Innovation Centre development

### **Quality Improvement Education Programme**

The NES Quality Improvement Education Programme aims to support capacity and capability building in quality improvement skills by delivering a range of relevant, accessible educational solutions to support the delivery of high quality care. The key activities for the coming year include:

- Transfer of responsibility for delivery of formal taught education programmes (Scottish Patient Safety Fellowship, Improvement Advisor, Scottish Improvement Skills) from Healthcare Improvement Scotland (HIS) to NES by April 2014.
- Review of existing Quality Improvement Education Framework and development of versions of the Framework for a wider range of audiences

- Progressing a programme to evaluate and continuously improve existing quality improvement learning resources (e.g. suite of 14 e-learning resources and prototype blended programme 'Skills for Improvement - Measurement')
- Continuing to work with key stakeholders to identify further learning resources mapped against the Quality Improvement Education Framework (e.g. measurement for improvement resources, trainer resources for core quality improvement topics, quality improvement workforce planning tool – previously called the QI Register)
- Development of new delivery models which focus on transfer of learning into practice (e.g. practicum model)

### **Leading Quality Network**

The Leading Quality Network (LQN) is hosted by the National Leadership Unit. The purpose of the LQN is *'To support problem solving and improve the services with people by connecting, engaging and mobilising those in health and social care with an interest in leadership and quality improvement'*. It connects existing clinical and non-clinical networks, communities and partner organisations to increase our collective capacity and capability in applying QI methodologies and leadership to improve quality and outcomes. The key activities for the coming year include:

- Delivery of a series of master classes, action learning sets and establish mentoring relationships
- Increase spread / reach of the LQN by development of QI hub website and social media tools
- Evaluate the LQN using the Health Foundation Network Maturity Model and develop option appraisal for sustainability of the LQN

### **QI Hub Website**

The QI Hub website [www.qihub.scot.nhs.uk](http://www.qihub.scot.nhs.uk) is a one stop shop for quality improvement tools, techniques and implementation guidance to support individuals and teams to deliver high quality care. A QI Hub website Knowledge Manager, operational delivery group and strategy group have been established. Key activities for the coming year include:

- Promotion and training around the website to increase levels of awareness and use of the website
- Enhancement of specific sections of the website (e.g. Networks and Communities, Education & Learning)
- Evaluation of the website.

## **Scottish Improvement Science Research, Development and Knowledge Translation Collaborating Centre**

Universities have been invited to bid for funding to support the research and development of improvement approaches for health services. The closing date for universities to make a submission is by 16<sup>th</sup> August. A joint funding package of over £600k per year has been established for a three to five year period by NES, Scottish Funding Council and the Chief Scientists Office. The Health Foundation is also participating in the selection process and may provide additional funds to support the initiative. The Scottish Funding Council Strategic Research Development governance arrangements will be used to process the selection and grant awarding process for the successful university or collaboration of institutions. Given the role of NES in supporting improvement activities across the Service it is likely that NES will be approached to participate and support the research activity.

### **Community Hospitals Improvement Network Update**

At the last Community Hospitals Improvement Network (CHIN) Board meeting held on 28<sup>th</sup> May, a composite report of key priorities was tabled in order to facilitate Board discussion and priority planning for 2013-14. The paper provided a summary of the main themes to emerge since the network began which are:

- Patient Flow/Referrals and Pathways
- Telehealth and Telecare
- Data Collection including coding issues
- Clinical Priorities- Dementia
- Whole Systems-Integration

Board members agreed in principle on the key priorities with the provision that the NHS Board Leads be consulted before the priorities are finally agreed and approved. In order to debate these issues a video conference meeting was held at Westport on 20<sup>th</sup> June with a group of Board Leads, and the key priorities were agreed. Board Leads unable to take part in the VC approved the priorities by email correspondence.

A baseline survey using the priorities is now underway in collaboration with ISD, to identify the current programmes in place for the agreed priorities with the aim of determining how the Network can support an Improvement Programme.

### **Health Environment Inspection (HEI) visits to Community Hospitals**

The Improvement Network were contacted by HEI and informed that a number of Healthcare Associated Infection inspection visits to Community Hospitals will commence in August 2013.

A meeting was held with Susan Brimelow, Chief Inspector (HEI) to discuss the visits and it was agreed that a paper on the proposed Inspections will be



circulated to board members prior to the next meeting, with a view to discussing how the Network can support the Community Hospital Workforce prepare for inspection visits, and also to ensure that HEI are informed on any good practice identified by the Improvement Network across Community Hospitals.

### **Dental Vocational Training**

NES has a commitment to provide a sufficient number of Vocational Training (VT) places which at least matches the output of the Dental Schools in Scotland. As highlighted at previous Board meetings the first round of trainer recruitment resulted in a significant shortfall of places to match the output of the Dental Schools in Scotland in 2013, set at 172. In recent weeks the Directorate has recruited additional trainers.

The number of Scottish graduates continues to diminish and the position at 24 July 2013 is as follows:-

- 174 Scottish dental graduates applied along with 305 from outwith Scotland
- 170 VT places filled
- 162 Scottish dental graduates have secured a VT place in Scotland
- 8 students from outwith Scotland have secured a VT place
- 1 Scottish graduate still unmatched along with 9 graduates from outwith Scotland

One post currently advertised with the potential of a further three posts to come on stream. Accordingly there is optimism that we will attain the target of providing a sufficient number of posts to at least match the output of the Dental Schools. The situation is clearly fluid and the latest update will be presented at the Board meeting.

The output in 2014 is significantly higher at approximately 193. Discussions have started with colleagues at Scottish Government on how to address this challenge.

### **Healthcare Science - Postgraduate Scientist training**

As at end of June, NES will be supporting 18 preregistration Clinical Scientist trainees, commencing 2013 and bringing our supernumerary complement in-training to 74. For 2013 intake, 4 of these posts are specific to radiotherapy physics training, to address Government priorities around further workforce supply and access to service. In addition, we have offered training award support to 26 practitioners (graduate) grades drawn from laboratories and clinical physiology services. These are substantively employed staff who will now undertake postgraduate scientist development. They were selected via external assessment of their training plans against our healthcare science Common Core List for postgraduate scientists. In total our complement of postgraduate scientists in training of all types numbers 150. We will run a postgraduates event for trainees and supervisors later this year.

## **Healthcare Science – Modernisation**

At the end of June, we organised and ran a very well-attended event (121 attendees) at the Beardmore, chaired by Dr Rob Farley, NES HCS Lead. Our event was in partnership with the UK Academy for Healthcare Science and the National School for Healthcare Science, which is based in the West Midlands Deanery. Both agencies are key to the HCS modernisation, driving new UK curricula for postgraduate scientist and undergraduate training. The Scottish approach is to seek alignment with the learning outcomes underpinning these curricula. The event highlighted some opportunities to work much more closely with the Academy, and with the National School, which has developed an On-Line Learning and Assessment tool (OLAT) for UK trainees.

In June, The Academy for Healthcare Science joined our NES Healthcare Science Advisory Group, to give a UK perspective. This complements the existing reciprocal arrangement with Dr Rob Farley's membership of the HEE Healthcare Science curricula working group.

## **Clinical Physiology - Practitioner development**

NES has been in close dialogue with academic providers in Scotland servicing the clinical physiology workforce. In June we brokered a training place to restart clinical perfusionist development in Scotland - this trainee is part of our postgraduate scientist cohort. We have contributed to 14 pre-registration clinical physiologists to enter year 1 on the Glasgow Caledonian NHS trainee programme, covering cardiac, respiratory and neurophysiology specialities. The Glasgow programme is vital to NHSScotland interests and NES Healthcare Science has pump-primed service to support trainees on the programme.

## **Preventing Infection in Care at Home Resources**

The above toolkit was launched on 31<sup>st</sup> May 2013 at the Scottish Care, Care at Home Exhibition and Conference. The toolkit is presented to community health and social care staff in the form of a digital app and a pocket guide for easy reference. The toolkit allows staff to choose information when presented with common infection risks when caring for someone in the home and reveals the "must do" Standard Infection Control Precautions (SICPs) guidance.

The feedback on the digital App has been very positive and there has been great demand for the pocket guide. The HAI team have already sent out all the available 3,000 copies of the pocket guide to care at home services and home support services, and there are additional requests logged for more than 6,000 copies in total. The resources were developed in collaboration with Health Protection Scotland, Care Inspectorate and Scottish Care and compliment the Preventing Infection in Care DVD education programme available for all staff working in older person care homes.

## **Cleanliness Champions Programme**

An event to celebrate 10 years of the Cleanliness Champions Programme will be held on 26<sup>th</sup> Sept 2013. The event will celebrate the 10<sup>th</sup> anniversary of the programme by showcasing achievements and sharing user stories, demonstrating the impact the programme has had at a local and national level in the Prevention of Healthcare Associated Infections and shaping the future direction of the programme through the voices of stakeholders. Invitations and registration information have been circulated.

## **Early Years**

CEL 13 (Public Health Nursing Services Future Focus), published on 28<sup>th</sup> June, takes account of the current and emerging policy landscape related to early years, children and families and the need to ensure we have a workforce with the capacity and capability to focus on this group. It advises NHS Boards that the current Public Health Nursing (PHN) role should be refocused and the titles of Health Visitor and School Nurse introduced. The role of the Health Visitor should focus on 0-5 years (including preconception) and that of the School Nurse on 5-19 years. The work to implement this CEL will be carried out under the Governance of the newly established Children Young People and Families Nursing Advisory Group. Initial priority will be given to defining the roles of Health Visitor and School Nurse; Education and Training; and to developing a caseload weighting tool.

NHS Education for Scotland have been asked to lead the work on education and career pathways and are now seeking engagement with Higher Education establishments via Scottish Academic Heads of Nursing and Allied Health Professions (SHANAHP).

## **Advance Practice and Neonatal Nursing**

NES has been successful in securing a three year funding stream of just under £1million for Advance Practice and Neonatal Nursing Education. A stakeholder group consisting of Senior NHS Managers, Directors of workforce planning and Higher Education representatives have been meeting since the end of 2012 and coproduced the Project Initiation Document (PID) for a national education programme to commence October 2013.

## **Extension to the Scottish Immunisation Programme**

Over recent months there have been a number of recommendations from the expert scientific UK advisory group on immunisation (the Joint Committee on Vaccination and Immunisation) (JCVI) which will affect the childhood, adolescent and adult immunisation programmes in Scotland. In particular:

- Extending the seasonal flu immunisation programme to all children and young people aged 2- under 17 years (roll out over a three year period beginning Autumn 2013);

- Offering Meningococcal C vaccine to adolescents (Autumn 2013) and a small one off catch up programme for a small number of young people entering higher education who would otherwise miss out on the new programme (2014);
- Adding Rotavirus vaccination to the universal childhood vaccination programme (July 2013); and
- Introducing Herpes Zoster (shingles) vaccine for all those aged 70 years, with a catch-up for 70-79 years (Autumn 2013).

These programmes are being implemented across the UK and detailed programme discussions are now well advanced/completed with Scotland this will approximately double the Immunisation Programme to nearly 2 million doses. NHS Education for Scotland is supporting this extension by:

- Facilitating the Scottish Immunisation Programme Workforce Education Development Advisory Group (SIP WEDAG)
- Production of educational resources for registered healthcare practitioners at a national and UK level e.g. rotavirus, men C , shingles and flu
- Ongoing management of the national e-learning immunisation resource 'Promoting effective immunisation practice' which has completed by 1500 practitioners to date

Workforce capacity remains a significant challenge for the extension of the immunisation programme with insufficient capacity for vaccine administration from 2014/15 onwards.

Scottish Government (Public Health Directorate) is currently leading a work-stream looking at future workforce provision. This work will a) analyse/scope the gap between future requirements in 2014/15 and the 2013/14 baseline b) define the parameters to be explored to resolve the workforce risk going forward c) review professional regulations and legislation associated with delivery of the programme. This work is looking at a number of options in relation to addressing this capacity issue including increasing workforce numbers by the possible utilisation of allied health practitioners, Pharmacists, Nursing interns and the use of non registered healthcare practitioners (HCSWs) as vaccinators.

NES will continue to support this programme in relation to education and training requirements as they develop.

## **Psychology**

In order to deliver the ambitious 18 week Psychological Therapies HEAT Access Target, NHS Boards will have to have in place well-trained staff, delivering effective interventions, and working within efficient systems of care. NES is working in partnership with the Scottish Government 'Mental Health Quality and Efficiency Support Team' (MHQuEST) to present a conference on 23/24 October -

'Delivering the Psychological Therapies HEAT Target: Improving Efficiency without Compromising Quality'

which integrates these two strands of service improvement.

Through a series of keynote presentations, participants will gain a fresh perspective on the role of training and service re-design in ensuring high quality, efficient services. They will have the opportunity, within a series of interactive workshops, to discuss with colleagues from across the country the most effective ways of implementing the key ideas presented to help their Boards meet the HEAT target.

I have been invited to open this event.

### **NES at the NHSScotland Annual Event: 11-12 June 2013**

Some 1200 delegates attended this annual event and NES was well represented over the two days.

Our stand featured a number of key strands of our education and training support for NHSScotland staff.

- Medical Appraisal and Revalidation
- How to turn knowledge into action with the help of our Knowledge Network
- Tools and techniques to help staff improve patient safety
- Learning resources for support workers and their managers
- A partnership approach to joint health and social care learning and development
- E-Modules to help staff learn more about the harm that adverse drug reaction can cause to patients
- Using analysis, intelligence and modelling to inform workforce planning

12 June saw the Cabinet Secretary for Health and Well-being, Alex Neil, visit our stand to launch *Making the Most of PDP/R*, a new type of resource designed to help staff in support roles to engage effectively with personal development planning and review processes. It involves people who have been involved in PDP/R reviewing in non-clinical services across service areas and takes the form of a filmed workshop which can be used as a flexible resource to support reviewer/manager training. It builds on earlier work we carried out with the Workers' Educational Association.

Mr Neil then visited our Mobile Skills Unit to learn about simulation based education which enables healthcare students and staff to 'prepare for clinical practice' in a safe environment (for learners and patients) with the benefits of video based feedback or de-briefing as a powerful learning tool.

NES's strategy for high quality, standardised clinical skills training for all staff and all geographies in Scotland has included a commitment to ensuring staff and patients in Remote and Rural settings are able to benefit from the same

leading edge simulation based education that is available in specialised centres.

In 2009, we commissioned and evaluated a Mobile Skills Unit (MSU) with on board mid-fidelity simulation equipment and video based feedback facilities to assess the delivery of simulation based education in Remote and Rural settings. Following a highly successful evaluation, the MSU has been incorporated into mainstream NES funding with a dedicated team in the Clinical Skills Managed Education Network to manage the Unit and the delivery of varied educational events and courses.

In the last four years the Unit has delivered over 370 training sessions to more than 3300 staff in 36 Remote and Rural locations across Scotland. Over 20 different educational activities have been delivered from basic resuscitation training by local educators to advanced paediatric and neonatal resuscitation and stabilisation delivered by educators from specialist centres.

Increasingly, the Unit is being used by other public services (fire, police, RNLI) and for basic resuscitation training for the public through the Heartstart programme.

The Minister for Public Health, Michael Matheson, also took time out to visit the Unit. Mr Matheson was persuaded to test out the Heart Start resuscitation equipment which is used not only to train professional healthcare staff but also the general public.

Elsewhere in the exhibition hall, we shared a stand with the Scottish Public Services Ombudsman (SPSO). We used the opportunity to promote the launch of an online educational resource for all NHSScotland staff to deal with patient feedback, concerns and complaints called *Can I Help You?*

The interactive modules raise awareness of topics like the value of apology, and encouraging feedback from patients and provide staff with knowledge of the NHS complaints process. They emphasise front line resolution to prevent escalation and focus on person centred care.

[www.knowledge.scot.nhs.uk/making-a-difference.aspx](http://www.knowledge.scot.nhs.uk/making-a-difference.aspx)

We also had success in the poster submission process with five NES abstracts being accepted which give an idea of the range and depth of our work.

- Building Capacity for Remote, Rural Knowledge Exchange: A Global Health Collaboration
- Promoting Excellence in Person Centred Dementia Care and Support
- A Collaborative Approach to Improving Education for Patient Safety Training in NHSScotland
- Releasing Time to Learn – making our priorities possible
- Ensuring the quality of AHP Practice Education

A lunchtime session on patient safety was the final element of our contribution to the event.

## **CALENDAR**

### **10<sup>th</sup> June: Scottish Leaders Forum Planning Group**

I am a member of the SLF Planning Group, Chaired by the Permanent Secretary and we discussed the Commonwealth Games Event, Early Years Plenary and communities and the interaction with public service, as well as workforce development.

### **14<sup>th</sup> June: National Strategic Educational Alliance**

I Chaired the National Strategic Educational Alliance, which represents Chief Executives, Universities, Colleges, Scottish Funding Council and other Scottish Educational Bodies and items for discussion included 20:20 Workforce Vision, Public Sector Workforce Development, Developing support for the effective use of Recognition of Prior Learning within NHSScotland, Modern Apprenticeships in the NHS, Health & Social Care Integration, Quality Improvement in Public Service Reform and Return on Investment planning and evaluation.

### **19<sup>th</sup> June: Belford Hospital, Fort William**

I was accompanied by Dr Bill McKerrow, Associate Postgraduate Dean, Northern Deanery to visit the rural general hospital in Fort William. We met with Consultant Physicians from Belford Hospital and discussed training numbers, Advance Medical Training Fellowships and Out of Programme experience amongst other issues.

### **20<sup>th</sup> June: NHS Greater Glasgow & Clyde**

The Chair and I were accompanied by senior colleagues to participate in one of our regular engagement meeting with the Chair and Chief Executive of NHS Greater Glasgow & Clyde and senior colleagues. We discussed Greater Glasgow and Clyde Workforce Plans, Medical Workforce, Nursing and Midwifery, AHP, Education Partnership, Modern Apprenticeships, Healthcare Science

### **25<sup>th</sup> June: Academy of Medical Royal Colleges and Faculties in Scotland**

I attended this meeting and we discussed quality and patient safety, the Francis Report, medical workforce, training, revalidation and professionalism and excellence in Scottish Medicine.

### **26<sup>th</sup> June: Public Service Collaborative Learning Steering Group**

I Chaired the Public Services Collaborative Learning meeting and we discussed communications and engagement, capacity building for CPPs, future development priorities and updates from the various workstreams.

### **26<sup>th</sup> June: Joint working between NHS Chief Executives' Group and Academy of Royal Colleges and Faculties in Scotland**

I organised the second meeting between NHS Chief Executives and colleagues from the Academy of Royal Colleges and Faculties in Scotland. We discussed joint working on the Shape of Training Review with further work to provide a joint response to the consultation, discussed the StART initiative (Strategy for Attracting and Retaining Trainees in Scotland), and health and social care integration.

### **28<sup>th</sup> June: Managers Passport Steering Group**

I chaired this meeting and we discussed participant guidance, practice and development guides, reflective development planning. Pilot implementation plan and communication plan.

### **5<sup>th</sup> July: Health and Care Professions Council**

Brian Durward and I met with Marc Seale, Chief Executive of Health and Care Professions Council and we discussed the developing UK regulatory environment, and joint work with HEE.

### **9<sup>th</sup> July: Graduation Management Training Scheme Cohort**

I was invited to speak, alongside Derek Feeley and Fiona Mackenzie at the graduation of the 2010 cohort which represents the sixth intake of NHSScotland's national General Management Training Scheme.

The graduation event is an opportunity to celebrate their success on the Scheme and the attainment of a Masters in Healthcare Leadership from the University of Stirling. It is also important to acknowledge the importance of their continued contribution to the NHS in Scotland.

### **11<sup>th</sup> July: Public Service Reform Meeting**

Colleagues and I met with Ian Crichton, Chief Executive of NHS National Services Scotland to discuss joint working between our two organisations in areas including Workforce Analysis Intelligence and Modelling, the development of the QI Hub in the context of Public Service Reform and training in the use of data.

### **12<sup>th</sup> July: Richard Carey, NHS Grampian**

I met with Richard Carey, Chief Executive of NHS Grampian and we discussed the recent GMC Trainee Survey and NHS Grampian Workforce priorities including unscheduled care.

### **15<sup>th</sup> July: Alan Baird**

I had an introductory meeting with Alan Baird, the Chief Social Worker Advisor at the Scottish Government. We discussed the NES Strategic Framework,



NHS workforce issues, his new role, Social Work and Social Service Workforce and Integration of Health and Social Care

### **18<sup>th</sup> July Visit by Dr Michael McBride and Dr Paddy Woods**

Stewart Irvine and I met with Dr Michael McBride, Chief Medical Officer, Northern Ireland and Dr Paddy Woods, Deputy Chief Medical Officer to discuss medical, dental and nursing education in Northern Ireland and how these link to the devolved nations together with the emerging role of HEE.

### **RISK**

A few adjustments have been made to the risk ratings attached to corporate risks since the last period:

Risk 12 the rating for risk attached to underspends has been increased to reflect the fact that we have moved into the new financial year and that, whilst the likely year end position is difficult to predict at this stage, indications are that we have a higher underspend than anticipated.

Risk 13 The rating attached to the risk that reduction of resources puts us into deficit has been slightly increased, again to reflect the fact that whilst we are confident of the 13/14 position, it is very difficult to forecast further out than that with any confidence.

The notes have also been updated to reflect on-going relevant activities particularly the agreement with regard to Glasgow Properties and the positive feedback with regard to organisational change in procurement.

### Key Corporate Risks - August 2013

Brief Description		Current Period			Notes	Appetite	Last Period		
		I x L	Inherent Risk	I x L			Residual Risk	I x L	Residual Risk
<b>Strategic/Policy Risks</b>									
1	Major re-organisation of HBs impacts NES	4 x 4	Primary 1	3 x 4	Primary 2	In current context 'major reorganisation' refers more to integration of Health and Social care and requirements for significant extra training agenda, without funding		3 x 4	Primary 2
2	NES budget substantially reduced	5 x 5	Primary 1	3 x 4	Primary 2	Balanced budget in place for 2013/14 but SGHSCD planning assumptions will be challenging for NES to manage in 2014/15 and 2015/16	Open	3 x 4	Primary 2
3	Lack of capacity and continuity at SGHD	4 x 4	Primary 1	3 x 3	Contingency	High inherent risk due to staffing reductions at SGHD, and need to maintain Scottish voice in UK negotiations, especially with formation of HEE. NES has measures in place to improve our capacity in some critical areas - we need to ensure that we manage the expectations of stakeholders in this respect. We are also engaging with HEE		3 x 3	Contingency
<b>Operational/Service Delivery Risks</b>									
4	NES estate not fit for purpose	4 x 5	Primary 1	3 x 3	Contingency	Implementation of Property Strategy in Edinburgh complete. Now implementing in Glasgow.		3 x 3	Contingency
6	SG requires NES to take on new work with risks attached - and no additional funding	5 x 5	Primary 1	2 x 4	Housekeeping	NES demonstrating good capability in a number of areas. Anticipate that capacity will be released as part of a number of improvement projects underway, but this may not be released in the right areas to assist in meeting pressures.		2 x 4	Housekeeping
7	Lack of shared processes to enable collaborative working - inability to redeploy/share resources	4 x 5	Primary 1	3 x 4	Primary 2	Significant work on going to mitigate this risk. Project Board and implementation plan now in place for the roll out of the Enterprise Content Management system which will assist in improving collaborative working across NES.		3 x 4	Primary 2
8	Dependency on key individuals	4 x 4	Primary 1	3 x 3	Contingency	Good recent experience of managing succession in senior roles		3 x 3	Contingency
9	Business disrupted due to Pandemic Flu or other (eg Fuel shortages)	3 x 4	Primary 2	3 x 3	Contingency	Have recognised that concentration of staff in one office in Edinburgh increases risk of cross infection - will consider flu vaccination for next year	Open	3 x 3	Contingency
10	Significant organisational change underway leading to pressure on organisational change capacity and potential industrial relation difficulties	4 x 4	Primary 1	3 x 4	Primary 2	Revised Organisational Change Policy accompanied by detailed procedures now in place. Temporary assignments agreed for majority of staff on redeployment register. Formal consultation process now completed for staff impacted by the Procurement Transformation and we have moved to implementation. Positive feedback on how the consultation went.		3 x 4	Primary 2
11	Major adverse incident - impacting on business continuity	4 x 4	Primary 1	2 x 4	Housekeeping	Additional VC capability has been rolled out. Move of Groupwise (email system) to webmail and access from anywhere also reduces reliance on physical bases		2 x 4	Housekeeping
<b>Finance Risks</b>									
12	Risk of underspends & resulting negative perception	4 x 5	Primary 1	3 x 4	Primary 2	First quarters accounts show increased underspend. Some actions taken to manage but need to carefully watch position particularly following new intake of trainees in August		3 x 4	Contingency
13	Reduction of resources puts NES into deficit	4 x 5	Primary 1	3 x 3	Contingency	Confident that we will manage a small underspend position for 2013/14 further out is more difficult to predict	Averse	2 x 2	Negligible
<b>Reputational/Credibility Risks</b>									
14	Lack of evidence of the impact NES makes and the value we add	4 x 5	Primary 1	3 x 2	Contingency	Good feedback from attitude and awareness. Government relatively well disposed towards what we do		3 x 2	Contingency
15	NES does not deliver on key targets	4 x 5	Primary 1	2 x 2	Negligible	Good results against LDP to date	Cautious	2 x 2	Negligible
17	Negative press coverage	5 x 4	Primary 1	3 x 3	Contingency	Good experience gained in responding to inaccurate stories.		3 x 3	Contingency
<b>Accountability/Governance</b>									
18	Failure in Corporate Governance	5 x 5	Primary 1	2 x 2	Negligible	Very strong internal audit opinion relating to system of internal controls. Good quality reporting from all NES Committees to Audit Committee		2 x 2	Negligible
19	Equality and Diversity challenge	4 x 5	Primary 1	2 x 2	Negligible	Believe we could respond robustly to any challenge	Averse	2 x 2	Negligible
20	Data security issue	4 x 5	Primary 1	3 x 2	Contingency	No change - but continue to implement policies to manage this risk down		3 x 2	Contingency
21	NES exposed to clinical risk for the first time through employment of GPSTs	4x4	Primary 1	3 x 2	Contingency	Positive internal audit report on governance arrangements for GPSTs		3 x 2	Contingency