

**NES
Item 4
April 2014**

**NES/14/32
(Enclosure)**



CHIEF EXECUTIVE'S REPORT

Malcolm Wright
Chief Executive

April 2014

INTRODUCTION

There are a number of important items contained on the main Board agenda and in the Chief Executives Report that the Board is invited to discuss today. We welcome colleagues from Scottish Council for Voluntary Organisations to discuss our working with the Third Sector. The Board is asked to approve the draft memorandum of understanding with the General Pharmaceutical Council which will help to reinforce our partnership working as we move towards Continuing Fitness to Practice for the profession. The Board is also asked to receive and endorse a report on changes in Postgraduate Dental Education in Scotland

Announcements

Board members may wish to note that we are at the end of the first phase of works to refurbish the premises at 2 Central Quay, so that we can move to a single office in Glasgow by the Summer of 2014.

HR Shared Services: Lead Employer Medical and Hospital Dental Trainees

The development of a new model for the delivery of HR & OD in NHS Scotland is progressing under the NHS Scotland Shared Services Programme. Under the leadership of John Burns, Chief Executive Ayrshire and Arran Health Board, the HR Shared Services Programme Board has been undertaking an Options Appraisal process to determine a preferred operating model with the output being a Business Case including a financial appraisal which the Chief Executives will consider in June or July this year. Over the past two years, the Director HR has been working to promote the existing shared services that NES delivers in respect of the recruitment of trainees and our interest in the staff governance and employment framework for this key staff group. The recognition that consideration of the delivery model for trainees needed to include a wider range of stakeholders e.g. medical and medical education community, the BMA and trainees, has resulted in a separate option appraisal process being arranged for this workstream which will take place on the 14 May. Medical Trainees are a staff group who rotate employers – up to 4/6 times throughout the duration of their training- with the consequential duplication of pre-employment checks, induction and issue of contracts of employment. This represents considerable duplication of costs both direct and in HR processing. There are issues of staff governance, inconsistent policy treatment and potential barriers to Scotland being an attractive place to undertake post graduate medical education. For the trainees a series of fixed term contracts inhibits their ability to achieve their personal ambitions e.g. obtain a mortgage. The opportunity to address what has been a long standing issue in NHS Scotland has presented itself through the Shared Services programme.

In response to the significant issues with the current model of rotating employers and based on models in place in England, NES has been advocating a Lead Employer model for medical and hospital dental trainees in Scotland in response to the Once for Scotland agenda and Everyone Matters (2020 Workforce Vision). The issues with the current arrangements have been reviewed in detail by the Executive Team. The Staff Governance Committee has had regular discussions on the Shared Services agenda and issues for trainees including the possibility of advocating for a Lead Employer solution through the Shared Services programme.

In the course of the last three weeks, the Chief Executive has had the opportunity to make the case for a Lead Employer for Trainees in Scotland and for that Lead Employer to be NES. This has been well received by Scottish Government and the chair of the HR Shared Services Programme Board. The proposal has the support of the BMA and other stakeholder groups. Further work is being undertaken in NES- based on the review of Lead Employer arrangements in England- as to how such an arrangement could work within a Scottish context. The concept of the Lead Employer is to facilitate the operational delivery of a national HR shared service and not to perturb Territorial Board responsibilities for clinical governance and rostering. Existing models are designed on a risk sharing model with very carefully prescribed roles and responsibilities.

Key to being able to recommend formally to the Board that NES become the Lead Employer would be the successful negotiation of a Service Level Agreement with Territorial Boards including appropriate levels of resourcing. NES has been given access to data which will assist in understanding the costs of current service delivery with the possibility of assessing a future operating model and costs. This is essential to understanding how such a model could work in practice.

A Lead Employer model would also future proof the delivery of postgraduate medical education within the context of more complex and flexible training arrangements brought about through key strategic developments such as Health and Social Care Integration and the Greenaway report on the Shape of Medical Training.

The pace of this potentially very significant development for NES is accelerating and there will be further discussions at the HR Shared Services Programme Board on the 24th April, Staff Governance Committee 1st May, the Options Appraisal for the Trainee workstream on the 14th May and a meeting of the Shared Services Programme Board on the 27th May. There is the potential for the Chief Executives to have a proposition to consider on a preferred operating model for HR & OD delivery including a Lead Employer model for trainees in June/July and for the recommendation to be that this is NES.

The Board is asked to note and comment on the potential for the Scottish Government to ask NES to assume a Lead Employer role for medical and hospital dental trainees. There would have to be a significant period of negotiation before a recommended operating model and agreement could be presented to the Board who would have responsibility for final decisions.

The Executive Team believe this would be a very positive development for Trainees, NHS Scotland and NES giving us a significant platform to position ourselves as a very significant national deliverer of shared services on a 'Once for Scotland' basis. The Board is asked to note and comment any issues arising from this update.

The Law Commission

On 2nd April 2014 the Law Commissions of England and Wales, Scotland, and Northern Ireland published their final report and a draft Bill on the regulation of health and social care professionals.

This recommends that a UK-wide single statute be established for the regulation of health and social care professionals that would provide regulators with new powers and duties, and set them a clear main objective of protecting the public. If implemented, the recommended reforms, would:

- Empower regulators to investigate suspected poor conduct and practice.
- Extend and make consistent the sanctions that can be imposed by regulators' fitness to practise panels.
- Empower regulators to discipline or strike off professionals who are not able to communicate clearly in English.

We are currently undertaking an analysis of the report to understand the potential implications for our organisation.

Single Deanery Launch Event

Following the approval by the Board of the single system approach to postgraduate medical education and training, the medical directorate held a launch event in Stirling at the beginning of April. This event was attended by staff from all NES regions and across all of the workstreams within Medicine, and provided an opportunity to formally launch the one Scotland Deanery.

Medical Education Conference

The 4th National Scottish Medical Education Conference will be taking place at EICC on Tuesday 6th May. This event has now become a highly successful fixture in the medical education calendar, and attendance continues to grow year-on-year. This year, for the first time, we will be holding an awards ceremony to allow us to acknowledge and celebrate the many significant contributions of colleagues across Scotland to the work that we do. Awards to be presented include team of the year, staff support, innovation in training, scholarship and lifetime achievement. The awards will be presented by the acting Chief Medical Officer.

Child Health Training for General Practitioners

A new approach to Higher Professional Education for General Practitioners in Scotland, relating to child health, was implemented by NHS Education for Scotland (NES) in 2010/11. The purpose of the scholarship is to offer a focussed CPD experience for trained GPs with the aim that they will go on to play an enhanced role in providing, leading or developing child health services in primary care or in the primary care/ secondary care interface in Scotland. We will shortly be recruiting to a fifth cohort of scholars for the 2014/15 year.

The experience of the first two cohorts of paediatric scholars was closely evaluated and an evaluation of the impact on the delivery of child health services has been undertaken and will shortly be published in 'Education for Primary Care'. Scholars were highly satisfied with the programme and described a number of resulting benefits for their clinical practice including; possessing enhanced knowledge and skills in primary care and acute settings, using this knowledge in GP with more confidence, passing on learning through teaching in a variety of forms, applying for/ doing specialist sessions, and seeking more coherent relationships and understandings of pathways from primary to secondary care. A longer term evaluation will be required to determine whether a lasting impact has been made.

GMC Enhanced Monitoring

Board members will be aware of the key role of the GMC in the quality assurance of medical education and training. The GMC has now implemented a process for enhanced monitoring, and are publishing details of concerns under this process on their public website. Issues that require enhanced monitoring are those that GMC believe could adversely affect patient safety, doctors' progress in training, or the quality of the training environment. As at the first publication of this data there are 28 issues under EM across the UK. Currently there are no such issues in Scotland, although we would expect this position to change as GMC updates this information on a quarterly basis.

http://www.gmc-uk.org/education/enhanced_monitoring.asp

Vocational training - update on recruitment for 2014-5.

New streamlined process of trainer selection worked well with significant lowering of costs and favourable feedback from stakeholders. Nationalisation of workstream had desired outcomes of reduced time spent on process and increased national consistency.

Outcome of trainer selection process at time of writing we still have a shortfall although this is less than anticipated. Second round of recruitment ongoing.

CPD in Dentistry

This year the output of the Dental Schools is at an unprecedented high and therefore trainer recruitment was always going to be challenging. A recent task and finish group identified a number of incentives which could potentially improve recruitment. NES successfully negotiated delivery of a package of e-learning resources which will be provided to **all** staff in practices who have a vocational trainee. There is also an increase in the trainer grant and these measures appear to have been successful in maximising trainer recruitment.

DCP training - award of status as SVQ provider

The five regional dental centres (Aberdeen, Dundee, Edinburgh, Glasgow and Inverness) are all now approved to deliver the SVQ level 3 and Professional Development Award in Dental Nursing. These qualifications together are recognised by General Dental Council for registration as a Dental Nurse. In the post-registration arena the Directorate is moving towards provision of a larger number of Higher National Units to enhance Dental Nurses' skills and their Scope of Practice. The centres are all now approved or working towards approval to deliver a wide range of HN Units that can lead to the award of a Higher National Diploma in Dental Nursing.

Decontamination training

There has been an almost three fold increase in demand for NES infection control and decontamination in-practice training following the introduction of the new Combined Practice Inspection in January 2013 as this training and production of an action plan are essential requirements of this process.

Scottish Government Action Plan for Pharmaceutical Care: *Prescription for Excellence*

The Cabinet Secretary for Health and Wellbeing, Alex Neil invited a number of key organisations to a meeting on 27th March to hear views first hand from a selection of pharmacy stakeholders including the professional body, contractor body and education representative, including NES. The meeting generally endorsed the positive views for the principles outlined in the government Vision and Action Plan, which was launched in September 2013.

Professor Bill Scott, Chief Pharmaceutical Officer is holding a Scottish Government stakeholder event on *Prescription for Excellence*, being held on 22nd April 2014. The event aims to bring together a wide range of interested parties, to discuss how stakeholders can best contribute to, and be involved in, implementation of *Prescription for Excellence*. NES will also be represented at this event.

The Health and Sport Committee is holding a meeting on 29th April 2014, to consider the Scottish Government Action Plan for Pharmaceutical Care *Prescription for Excellence*. The Health and Sport Committee will focus on how the Scottish Government's strategy will be taken forward, and how it is proposed to address potential challenges to its implementation. It is anticipated that the session will look at the following key areas; *How the new role envisaged for pharmacists will work in practice across all settings, and what the implications will be for existing roles and services, with specific attention focussed on how it will be taken forward in community pharmacies; What achievements have already been made in building collaborative working between GPs and pharmacists (i.e. through the joint initiative by RCGP Scotland and RPS Scotland) and what more will need to be done to bring about the changes envisaged in the strategy? ; What are the workforce planning implications of the strategy, and how will these be addressed?*

NES will also be represented at the Health and Sports Committee and also submit written evidence beforehand, as requested.

Adverse Drug Reactions- Educational Programme

NES Pharmacy in conjunction with the Yellow Card Centre Scotland has launched six new e-learning modules to support healthcare professionals in identifying and reporting Adverse Drug Reactions (ADRs). The modules are available on the NES website for all healthcare professionals to access but will be particularly targeted at doctors, nurses and pharmacists in all sectors of care, to support them in appropriate reporting rates and ultimately to improve medicines safety for patients.

Adverse drug reactions are a common occurrence in modern healthcare and are the primary reason for around 3% of general practice consultations and 7% of acute hospital admissions. Most studies show that half of these events could have been avoided if the drugs involved had been prescribed

with greater care. This educational package is intended to raise awareness of the frequency of adverse drug reactions amongst all healthcare professionals, shows how they can be avoided and highlights the need to report reactions when they are suspected. This initiative forms part of a wider NHSScotland strategy to improve medicines safety for all patients in Scotland.

Integrating Infection Prevention and Control educational resources into care at home sector

Working in partnership NES, Scottish Care and the Care Inspectorate aim to build capacity, capability and sustainability in Infection Prevention and Control by supporting implementation of resources in care at home services in Lanarkshire.

The HAI team were approached by Scottish Care Development Officers in Lanarkshire to provide support for the implementation and evaluation of the recently released NES Preventing Infection in Care at Home resource. This resource is based on the Standard Infection Control Precautions and is offered as a media application (Apple and Android versions), and as a pocket guide booklet.

Scottish Care purchased 5,000 copies of the pocket guide booklet for distribution to all of the staff within 15 care at home organisations across North and South Lanarkshire.

Feedback, Comments, Concerns and Complaints

Following the successful launch of the e-learning modules for Feedback and Complaints, NES working in partnership with SPSO have now launched a new module on Complaints Investigation Skills. This new module will support those staff who have to investigate complaints and provides scenario based learning to take them through an investigation step-by-step, providing practical materials and resources to assist them.

Health Education England have approached us to make use of the content of our modules and we are currently in negotiation about this. They want to use them across the NHS in England following the recent review into hospital complaints when training for staff was raised as an issue.

CALENDAR

27th February: Alison Petch, Director, Institute of Research and Innovation in Social Services (IRISS)

NES and IRISS have been working in partnership for a number of years underpinned by a Memorandum of Understanding. This meeting was one

of our regular update meetings with Alison, Bob Parry and I, which provided an opportunity to review Business Plans for 2014 – 15 and explore opportunities for further partnership working.

IRISS is a charitable organisation whose work is organised into three inter-related programmes (i) Evidence Informed Practice, (ii) Innovation and Improvement and Knowledge Media. NES partnership work is cited in several areas of IRISS Business Plan 2014-15 related to Social Services Knowledge Scotland, Technology Enabled Learning, Collaborations around Integration and Research Unbound. Our joint work this year has included the development of 'Your Person Learning Network- - 21st Century Knowledge Management – Animation which focuses on the move from bookshelves and filing cabinets to bytes of information located in the cloud.

3rd March: Selection and Recruitment Delivery Board

I Co-Chair this meeting and items for discussion included selection and recruitment for 2014 and Shape of Training update.

4th March: Board for Academic Medicine

I attended this meeting and items for discuss included Medical Schools Council update, MSC Report 'Selection for Excellence', GMP Point of Registration, Clinical Academic Training in Scotland Event and the Board for Academic Medicine Annual Report 2013.

5th March: Launch of the Strategic Framework

Board members will be aware that NES launched its Strategic Framework for 2014-19 at the Stirling Management Centre. The Chair gave the welcome and overview of the day and I presented 'Plotting our Course: Executive Team Objectives. Colleagues then broke up into groups for group work on 'Understanding our Role in the Organisation'. After coffee, Sir Peter Housden, Permanent Secretary, Scottish Government, gave a talk on why workforce development is so important, followed by a panel discussion and questions from the floor. The afternoon began with Caroline Lamb giving a talk about our refreshed Strategic Framework, which was followed by parallel sessions. Paul Gray, Director General Health and Social Care and Chief Executive of NHSScotland presented on Aims for NHSScotland and the role NES can play.

A copy of the Strategic Framework 2014-15 can be accessed below

<http://www.nes.scot.nhs.uk/media/2559910/strategicframework2014-2019-web.pdf>

7th March: UK Healthcare Education Advisory Committee (UKHEAC)

I attended the UKHEAC meeting as the NHSScotland representative and items for discussion included Shape of Training, Health Education England, UK Funding for 2014-5, Scottish Issues, Welsh issues and Northern Irish issues and consultant contract negotiations.

10th March: Review of KSF Content in NHSScotland

I Chair this group and the focus of this meeting was around the Oracle Performance Management Module (OPM) and Ian Stewart, National eESS Team came along to provide a demonstration of the system and a discussion followed this. We also discussed the Project Plan Update.

12th March: NHS Board Chief Executives Meeting & Development Session.

Items for discussion included Youth Employment and Careers Bill. This was followed by a development session in the afternoon which covered two topics: Leadership and Inequalities. The Cabinet Secretary joined this meeting and led a discussion about priorities for NHSScotland.

14th March: NHS Grampian Engagement Meeting

The Chair and I, along with colleagues attended one of our regular series of engagement meetings with NHS Grampian in Aberdeen. The meeting focussed on developments in Postgraduate Medical Education, supporting the 2020 Vision, developments in pre and post registration nursing education, workforce and priorities arising from Health and Social Care integration. A follow up meeting is being organised in the Autumn.

17th March: Scottish Leaders Forum Planning Group Meeting

I attended the Scottish Leaders Forum Planning Group and we discussed the SLF Leading for Improvement Event, the Constitutional Reform Agenda, Workforce development, SLF Value Framework and Communications Strategy Proposal.

18th March: Early Years Taskforce

I attended this meeting, which was chaired by Angela Campbell, MSP, Children and Young People Spokesperson and items for discussion included an update and presentation on GIRFEC and implementation, strategic direction of the Early Years Taskforce and Taskforce subgroups and the Early Years Change Fund

19th March: Human Factors Conference

A national conference 'Human Factors for Quality Healthcare' was organised by NES at the Beardmore on March 19th with a mixed audience of over 200 from all over Scotland. The chair and I were delighted to participate given the increasing evidence of the benefits that Human

Factors science can deliver to staff and patients. The morning sessions demonstrated a variety of whole systems approaches by different Health Boards and systems to integrating Human Factors approaches into providing safe, effective and person centred care. The range of approaches and innovative practice was impressive.

In the afternoon, there were three workshops focussing on the future - in particular how NES can facilitate single system solutions for Human Factors education across health and social care, including sharing and spreading best practice. The workshops focussed on 1) developing an educational network across Scotland; 2) engagement with Health Boards and; 3) integrating Human Factors education with other quality and safety initiatives.

With a view to building on the energy and ideas collected at this conference, NES will be bringing together expertise in the areas of quality, quality improvement, patient safety, Human Factors and clinical skills to further develop an integrated approach to developing educational resources and faculty to maximise the benefits that Human Factors interventions can provide for patients.

20th March: Public Service Collaborative Learning Steering Group

I Chaired this meeting and we discussed resourcing and activities for 2013-14, future development plans for workstreams, the proposed National Collaborative Leadership Development Programme and progressive workplace policies for Scotland.

21st March: Everyone Matters Implementation Group

The Everyone Matters Implementation Group (EMIG) has been set up to oversee the implementation of Everyone Matters:2020 Workforce Vision which is one of the 12 priority actions in the Route Map to the 2020 Vision for Health and Social Care. Everyone Matters supports the 3 Quality Ambitions: safe, effective, and person centred care. It is most closely linked with person centred care where it is focussed on supporting and developing staff so that they can make their contribution to helping people to live as long as possible at home or in a homely setting. This was the second meeting and we discussed the Terms of Reference, Project plan, Risk Register, OD/Comms Plan, Action Plan and Workforce Investment Plan.

25th March: Angiolina Foster

I met with Angiolina Foster in her role in Scottish Government to discuss Health and Social Care integration with particular reference to Postgraduate Medical Education. We also talked about her new role as Chief Executive of HIS and we resolved to work closely on issues such as sharing intelligence and the QI Hub.

25th March: National Collaboration Leadership Meeting

I was invited to join the National Collaboration Leadership Programme meeting which is being led by Leslie Evans, Director General Learning and Justice, Scottish Government. Work has taken place over recent months of the development of the National Collaborative Leadership Development Programme across the public service in Scotland. Initial scoping has been undertaken through the PSCL and interest is growing in a programme aimed at potential leaders across the public service to help build a sustainable network of collaborative leaders across services in Scotland

The purpose of this first meeting was to identify a small cohort of leaders from across public service organisations to undertake a “Pioneer Programme” in the summer/autumn of this year. Participants could then use their experience to help shape and inform the development of a leadership programme in its fuller form.

26th March: Management Steering Group

I represent the Chief Executives Group on MSG and items for discussion included Medical and Dental issues, including Consultant Contracts, Equal Pay, Compromise Agreements and Pensions.

27th March: Martin McGuire

On 27th March, I visited New College Lanarkshire to meet with Martin McGuire, Principal and Chief Executive, and with Susan Walsh, Chief Executive of Clyde College Glasgow and Chair of the Care Strategy Steering Group within the College Development Network.

The aim of the meeting was to explore ways in which NES and the new regional Colleges, working in partnership, might provide more strategic support for the education of support workers. In particular, we looked at ways in which such a partnership might support the development and implementation of education pathways for the main groups of support staff. The meeting focused on some of the key opportunities which the Scottish Credit & Qualifications Framework (SCQF) offers in this area, such as the potential for the recognition of learning which takes place in the workplace. However, it was acknowledged that funding and funding structures pose a challenge to innovative approaches. As a result, I will be meeting with colleagues within NES and with the Scottish Funding Council to discuss how NES might influence measures to ensure that can support access to recognised learning for support workers.

2nd April: Vale of Leven Advisory Group

I have been invited to join the External Advisory Group which has been set up to consider the Vale of Leven Inquiry report once it has been published. The first meeting took place and considered a background paper on the Vale of Leven Inquiry and Terms of Reference. The Advisory Group will represent NHSScotland stakeholders and will work with Scottish

Government to advise on the impact of the relevant recommendations in Lord MacLean's report for NHSScotland and to advise on the feasibility of implementing the relevant recommendations for NHSScotland. The Advisory Group will report to the Vale of Leven Project Board and is Chaired by Ros Moore, Chief Nursing Officer.

2nd April: Simon Bradsheet

Bob Parry and I met with Simon Bradstreet, Network Director Scottish Recovery Network. The Scottish Recovery Network (SRN) was formally launched in 2004 as an initiative designed to raise awareness of recovery from mental health problems. SRN is fully core funded by the Scottish Government but operates as an autonomous and independent entity hosted by the voluntary sector organisation Penumbra. The SRN Strategic Plan 2012-16 'A Scotland where mental health recovery is a reality for all' is structured around 4 main high level goals: Raise awareness of recovery, Encourage empowerment, Develop the evidence base and Influence policy and practice.

NES/Scottish Recovery Network Partnership Working has resulted in the development of a number of educational resources, working to influence and support the development of the undergraduate mental health nursing programmes as well as delivering a number of workshops for NES GP, CPD Partnership Programme.

Discussion identified maintaining current activity as well as exploring potential future partnership activities including continuing engagement with key personal in NES and explore the promotion of the Peer Support role.

3rd April: Chief Pharmaceutical Officer

The Chair, Rose Marie Parr and I met the Scottish Governments Chief Pharmaceutical Officer Professor Bill Scott and we discussed the Scottish Government's Vision and Action Plan for Pharmaceutical Care, Prescription for Excellence and the role of NES and pharmacy education in helping to facilitate some of the changes for the pharmacy profession and the vision for pharmaceutical care for patients over the next 10 years. In addition we also discussed the forthcoming Scottish Government Stakeholders meeting on 22nd April and the Health and Sport Committee meeting into the Scottish Government Vision and Action Plan for Pharmaceutical Care on 29th April 2014. NES will be represented at both meetings by the Director of Pharmacy and Medicine respectively.

3rd April: National Leadership Board

The National Leadership Board, chaired by Paul Gray, met on 3rd April. Items discussed included leadership points for discussion at the Chief Executives' meeting, which followed on 9th April, and how the National Leadership Board could best be configured to meet the challenges of the Health and Social Care Integration agenda.

4th April: Child Protection Event

I Chaired the first Child Protection Clinical Engagement event which was one of a planned series of three events, leading to improved outcomes for some of the most vulnerable children. The aims of the event was to engage clinicians, Regional Planners, MCN, RCPCH and Scottish Government in developing a safe and sustainable workforce of specialist paediatricians in child protection across Scotland. We plan to develop an action plan and the group will report its progress to the Children and Young People's Health Support Group which I also Chair.

Local Delivery Plan

On 31st March 2014 we received a letter from John Connaghan signing off the NES LDP on a two year basis. The letter indicated that Scottish Government had looked closely at how well the LDP covered the Board's plans and preparedness to deliver the 2020 Vision and Route Map for health and care in Scotland; financial planning with the emphasis on securing a balanced budget and delivering efficiency savings while maintaining high quality patient services that fully reflect local needs; and workforce planning with the emphasis on integration and planning that has been developed in line with local partnership and governance arrangements.

The plan was found to be satisfactory in these respects.

The letter also noted that our financial plan for future years reflects current planning assumptions, including an assumption on the impact on employer contribution rates of the valuation exercise on the NHS Pension Scheme which will take effect from 2015-16. The letter indicates that this process is not expected to conclude before summer 2014.

Risk

There are no changes to the risk ratings this month although there have been slight changes to some of the narrative to reflect the approval of the budget for 2014/15.

Key Corporate Risks - January 2013

Brief Description		Current Period			Notes	Appetite	Last Period		
		I x L	Inherent Risk	I x L			Residual Risk	I x L	Residual Risk
Strategic/Policy Risks									
1	Uncertainty in the external environment	4 x 4	Primary 1	3 x 4	Primary 2	The external environment is very uncertain in the run up to a Referendum, with Scottish elections thereafter & in the light of legislation moving through parliament in relation to health & social care integration. This is a very difficult risk to manage but NES is positioning itself to be able to respond to the changing picture.		3 x 4	Primary 2
2	Pressure on SGHSCD budgets mean that NES is seen as a target for budget reductions	5 x 5	Primary 1	3 x 4	Primary 2	It is the case that SGHSCD are targeting NES and 3 other SHBs for significant savings. The quantum of this is now clearer for 14/15 & 15/16 and we are seeking to manage the impact.	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 wide discussions. 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
Operational/Service Delivery Risks									
4	20:20 Workforce vision is very ambitious but there are no identified resources to assist NES in delivery of aspects that fall to us.	5 x 5	Primary 1	3 x 4	Primary 2	The implementation plan for the 20:20 workforce vision contains specific actions for NES but no indication of new resources. We are seeking to manage the impact of this through identifying work already in train and the specific actions identified for phase 1 of the plan are manageable on this basis. There remains a risk of high expectations for actions beyond the 'planning and defining' stage.		3 x 4	Primary 2
5	We may not be able to respond to new demands by quickly redeploying existing resource to new requirements	4 x 5	Primary 1	3 x 4	Primary 2	There is a significant focus in our performance improvement work on moving to single, shared processes across the organisation however it remains a challenge to release the capacity freed by this approach.		3 x 4	Primary 2
6	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
7	Significant organisational change underway leading to pressure on organisational change capacity and potential industrial relation difficulties	4 x 4	Primary 1	3 x 3	Contingency	Revised Organisational Change Policy accompanied by detailed procedures now in place. Temporary assignments agreed for majority of staff on redeployment register. Procurement transformation has been successfully implemented and positive internal audit reports have been received on both Change Management and Management of the Redeployment Register.		3 x 3	Contingency
8	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
Finance Risks									
9	Risk of underspends & resulting negative perception	4 x 5	Primary 1	3 x 3	Contingency	Increasing pressure on our budget and pro-active plans to utilise non recurrent slippage mean significant underspends are less likely		3 x 3	Contingency
10	Reduction of resources puts NES into deficit	4 x 5	Primary 1	3 x 4	Primary 2	Proposed budget for 2014/15 has small underlying revenue deficit; for 2015/16 indication of increases to employers costs creates significant financial pressures & it is not clear how these can be managed.	Averse	3 x 3	Contingency
Reputational/Credibility Risks									
11	NES is unable to demonstrate its impact	4 x 5	Primary 1	3 x 4	Primary 2	This has been identified as a key objective in our refreshed strategic framework		3 x 4	Primary 2
12	NES does not deliver on key targets	4 x 5	Primary 1	3 x 2	Contingency	Strong measures in place to demonstrate performance against key targets and to identify and remedy areas where performance falls behind	Cautious	3 x 2	Contingency
13	Negative press coverage	5 x 4	Primary 1	3 x 3	Contingency	Good experience gained in responding to inaccurate stories.		3 x 3	Contingency
Accountability/Governance									
14	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
15	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
16	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