

**NES  
Item 4  
January 2016**

**NES/16/02  
(Enclosure)**



**CHIEF EXECUTIVE'S REPORT**

Caroline Lamb, Chief Executive

**January 2016**

## **1 INTRODUCTION**

The agenda for our Board meeting today includes a substantive discussion on the preparation of our Budget for 2016/17. We normally work to a cycle whereby the draft budget is considered by the Finance and Performance Management Committee in February and by the full Board in March. However, the level of challenge in relation to delivering a balanced budget for 2016/17 is such that we are using this meeting to brief the Board in relation to progress with clarifying the level of funding available to us in 2016/17; and to discuss some of the options that we are considering to try to achieve the savings required to deliver a balanced budget. We will use these discussions to inform the more detailed work which is on-going to develop the full budget.

Also on the agenda today is an update in relation to Board Development, a paper on the NES results from the NHS Scotland Staff Survey and a paper on Leadership in NES, which follows on from the discussion at the last Board meeting.

## **2 ANNOUNCEMENTS**

Board members will wish to congratulate Anne Watson, Assistant Director, Pharmacy and Ailsa Power, Assistant Director, Pharmacy who have both been appointed Fellows of the Royal Pharmaceutical Society. This honour recognises the distinction members of the Royal Pharmaceutical Society have attained during their Pharmacy career.

Board members will also wish to congratulate Marion MacLeod, National Co-ordinator of the Scottish Practice Management Development Network at NES, has been awarded an MBE in the New Years Honours List.

Board members will wish to note that Professor Stewart Irvine has agreed to act as Deputy Chief Executive of NES and will deputise for me in my absence.

Christine McLaughlin, previously Deputy Director of Finance at SGHSCD has been appointed to replace John Mathieson who retired on 15<sup>th</sup> January 2016.

Niall Dickson, has also announced that he will step down as Chief Executive and Registrar of the General Medical Council at the end of 2016.

## **3 MEDIA INTEREST AND COMMUNICATIONS**

On 2<sup>nd</sup> January 2016 an article appeared in the Herald by Kevin McKenna "Privilege and Entitlement still going strong in 2016". The article covered a range of topics: the honours list, salaries of charity bosses, Coatbridge college, and quangos. NES was mentioned in the middle. We were referred to as an organisation concerned only with the training of doctors and dentists and the article stated that we had 46 Executive Board members and senior managers each with their own PA and all paid over £100,000. This is wildly inaccurate. Given the timing of the article we decided not to take any action over this but we maintain a watching brief.

We have also redoubled our efforts to attract positive media attention. A forward look for NES external communications has now been developed and adopted by the Executive Team as a standing item. This gives a forward view of major activity over the coming quarter and includes national conferences and events in the next few months such as our attendance at the Ottawa Medical Education conference in March, as well as the

International Forum on Quality and Safety in Healthcare to be held in Sweden in April. By the end of the financial year there will also be launches of a national NHSScotland careers website targeting younger people and others; and the launch of the Quality Improvement workforce development website and training products.

The forward look is intended to move NES onto a proactive communications footing to ensure visibility across senior leaders in Scotland and UK, the wider workforce and the general public.

This month NES hosts the first national conference targeting non-learning disability health staff which helps promote understanding of those with learning disabilities and their carers or families. Co-designed with students from Napier and West Lothian universities, the BBC are sending two documentary crews to attend this event and will primarily focus on the need for healthcare staff to understand more about the needs of parents with children with Down's Syndrome. January will also see a focus on NES's work with Modern Apprentices ahead of Apprentices Week in February: there will be a celebratory event held in Westport which will lead to external communications including a film.

The Communications Team are entering NHSScotland's Communication Awards to be held in Stirling in February. Award entries will focus on the use of in-house film, graphic design and animations. Recent analysis of our communications approach for our Annual Report revealed that over a like for like period (October - December) the 2014 Annual Report received 592 visitors to the microsite, while the 2015 Annual Report had two and a half that number with 1433 visitors.

A project is underway to audit the number of brands and logos which have proliferated from business units over a number of years. This audit will lead to a rationalisation of those brands in order to provide a platform to present a clearer and more precise NES narrative to the outside world. Results and recommendations will be due by early February. This will also be part of a refreshed communications strategy and action plan from April 2016 which will embed robust evaluation metrics into all communications activities.

It is part of our strategy to place NES as a digital leader for Scotland and beyond, to this end Caroline Lamb and Christopher Wroath (Director of Digital) met with Sarah Davidson, Director General for Communities, who has overall responsibility for digital transformation of public services; and Christopher Wroath has also met with Audit Scotland to discuss the potential for showcasing our TURAS development as a success story for public sector IT. Work also continues with our commercial partners, PA Consulting to build and develop the marketing collateral for the training products and platforms we have invested in.

#### **4 DIGITAL**

The work of the development team continues to be successfully delivered. Sprint 9 of the v3 Scottish Foundation ePortfolio development completed on time on 11<sup>th</sup> January, and delivery is on track for the agreed minimum viable product delivery at the agreed date of 31<sup>st</sup> March.

The work on the Version 3 Nurse Portfolio held meeting to scope and develop an initial product backlog in December.

Also in December we hosted a visit from Welsh Medical Training to view a demonstration of TURAS and v3 ePortfolio. There was a very positive response to this and we have worked with our commercial partners to provide a quote for providing, supporting and implementing TURAS in Wales. Wales are currently users of v2 of ePortfolio. The Digital of Director, together with our commercial partners, will also be visiting Northern Ireland in February to

gauge the interest in both TURAS and v3 ePortfolio. Meanwhile, HEE have indicated that they will no longer contract with NES for the ePortfolio from July 2016. If Northern Ireland and Wales are prepared to move to ePortfolio v3, then NES will no longer be committed to delivering v2 for Foundation in August 2016, which will enable us to concentrate our focus on extending v3.

Work on the Family Nurse Partnership proof of concept for the Virtual Learning Environment has reached sprint 6 and is on target for delivery in March. Work has concentrated on the search function and supporting metadata taxonomy.

The Office 365 migration has now completed its planning phase and has a planned big bang, go live date of Tuesday 29<sup>th</sup> March. This is the Tuesday after Easter Monday. This allows four days when the offices are closed for transition work, especially of email accounts, to take place without business disruption.

The interim Head of Corporate Communications, Stuart Baird, delivered a paper to the Executive Team in December on the details around the proposed, comprehensive transformation of the NES Corporate Communications Group to make it Digital by Default, strategically and tactically capable of delivering a modern, pro-active, digital communications service for NES also explicitly including digital design, moving image, animation and the creation of a fully digital events management service; and to enhance our capacity and capability for pro-active media management. The paper was well received and forms the basis of the ongoing development of the team, its roles and objectives.

The vacant post of Head of Learning Management was advertised again, and NES Senior Scrum Master, David McColl was the successful candidate. He took up post on 5<sup>th</sup> January 2016. The Head of Network Service left NES in December, and a new role of Head of Corporate Digital has been submitted for consideration. The intention is that this post will deliver Network Services, Cloud Transition and Information Governance, consolidating these under one band 8. We are also moving to recruit to the vacant Head of Corporate Communications role and will be seeking to attract candidates who have strong experience in managing media relationships.

## **5 DENTAL**

NES is now a single centre for the delivery of SQA qualifications, bringing economies of scale and equity in accessing qualifications at pre-registration and career-development stages.

NES Dental is working in collaboration with SQA to develop on-line assessments for 11 Units comprising the SVQ in Dental Nursing. The project is slightly ahead of schedule and a launch event will take place in February 2016. This will lead to greater flexibility in assessing candidates for this qualification.

## **6 NMAHP**

### **6.1 Palliative & End of Life Care January 2016**

A strong commitment to palliative and end of life care in Scotland has been highlighted through the Programme for Government Report and the recently concluded Health and Sport Committee inquiry into palliative and end of life care.

The Scottish Government published the Palliative and End of Life Care Strategic Framework for Action in December 2015. The framework outlines 10 commitments with one commitment specifically focused on education and training:

*“We will support the workforce by commissioning NHS Education for Scotland and the Scottish Social Services Council to develop a new palliative and end of life care Educational Framework. This will address the needs of the whole workforce and will be focused on fostering and integrated and collaborative approach to educational provision.”*

It is anticipated that the educational framework will support a targeted approach to education that promotes continuous quality improvement in palliative and end of life care similar to the ‘Promoting Excellence in Dementia’ framework. The ‘Promoting Excellence’ framework is built on the premise that all health and social care workers need a level of knowledge and skills to care for people with dementia, their families and carers. It is underpinned by values and principles that reflect what people with dementia their families and carers say are important to them. The framework consists of four levels: informed, skilled, enhanced and expertise. These levels do not relate to the seniority of an individual in an organisation or profession but to their level of involvement with people with dementia and their families. A workforce development programme supports implementation of the framework.

The ‘Promoting Excellence’ framework already includes palliative care in dementia. Developing a similar educational framework to encompass all palliative and end of life care has great potential to demonstrate improvement in palliative and end of life care.

Three new regional Practice Education Coordinator posts have also been agreed and funded by Scottish Government. These individuals will be responsible for working across the joint Health and Care Partnerships with health and care staff, educators, education providers and quality improvement advisors to support a consistent approach to education and training initiatives, encourage networking and share best practice. Work will be coordinated at national level but require close partnership working to tailor implementation to suit local service provision, organisational culture, geographic location and spread.

## **6.2 Nursing And Midwifery Undergraduate Education - Update**

Scottish Government Health & Social Care Directorates have recently announced the recommended intake targets for nursing and midwifery undergraduate programmes for academic year 2016-17. The overall intake target has been increased to 3,209 in 2016-17 (an increase of 171 places from the previous year). Ministers have also agreed the move to a three year intake planning cycle, subject to workforce demand and policy drivers, in response to changing patterns of care and service delivery across NHS Scotland.

NHS Education for Scotland (NES) plays a key role in supporting decision making regarding the setting of the intake target and the distribution of these places across the ten institutions. We are working closely with Scottish Government to support enhancements in linking the commissioning, performance management and funding of this provision to ensure the most effective and efficient delivery of undergraduate nursing and midwifery education.

The 2015/16 delivery plan of *Setting the Direction for Nursing and Midwifery Education in Scotland* includes the “setting out of a new process for the management and governance of pre-registration commissioning, including an enhanced data set”(using the NES Indexing data). SFC and NES have been working on developing the new process which will run in parallel and shadow the existing process in 2016/17 to help inform decisions and ensure that any issues in moving to the new model are addressed, before the model is adopted for the academic year 2017/18.

In the context of recent announcements regarding the ending of bursary support and the removal of controls on nursing and midwifery intakes in England, Scottish Government have announced that the nursing and midwifery student bursary will be maintained at existing levels for 2016/17. A review of the bursary scheme in Scotland is currently underway and NES is directly involved in providing advice and data support to Scottish Government. It is anticipated that the review report will provide options and recommendations to Ministers by June 2016.

## **7 PHARMACY**

### **7.1 Educationally supporting General Practice Clinical Pharmacists being appointed across Scotland**

The Cabinet Secretary for Health, Wellbeing and Sport announced details of how the Primary Care Fund will be used to support the Primary Care Workforce, including GPs; and to improve patient access to these services on 25<sup>th</sup> June 2015. As a result, the Scottish Government Health Department are allocating £16.2M of these monies (along with some additional Prescription for Excellence monies) over the next three years to territorial boards<sup>1</sup>. The monies will be used to recruit up to 140 whole time equivalent additional pharmacists with advanced clinical skills training, to work directly with GP practices to support the care of patients with long-term conditions.

In response to this, the Directors of Pharmacy in Scotland have agreed for NES Pharmacy to develop a national Learning Pathway to support these pharmacists and pharmacy technicians being appointed over the next 3 years in addition to directed and supported experiential training at local GP practice level.

The Learning Pathway will include e-learning resources, a competency based ePortfolio and a series of up to 3 bootcamps, over ~18 month period, based on a training needs analysis of the individuals employed. NES Pharmacy will also provide fast tracked access to Independent Prescribing and Clinical Skills courses, using some of the additional monies already provided via Scottish Government. The training will support the project outcomes in relation to building clinical capacity within primary care.

**PCA (P) (2015) 16. Primary Care Funding Allocation for Pharmacists in GP Practices and Additional Prescription for Excellence Funding.**  
[http://www.sehd.scot.nhs.uk/pca/PCA2015\(P\)16.pdf](http://www.sehd.scot.nhs.uk/pca/PCA2015(P)16.pdf)

## **8 MEDICINE**

### **8.1 Expansion of GP Training Places**

First Minister Nicola Sturgeon announced on Tuesday 27<sup>th</sup> October that the number of training places for GPs will increase from 300 to 400 a year from next year, contributing towards a more sustainable future GP workforce by 2019. There are a number of challenges in delivering this, including the requirement to identify additional capacity in training practices; to identify hospital training posts that can be combined with in practice training to create balanced programmes; and the need to seek GMC approval for the new programmes. A key issue is that, as yet, no additional funding has been identified to support this expansion. We are in active discussion with Scottish Government about how we move forwards on this basis.

The First Minister also confirmed an expansion of the scheme that encourages trained GPs to return to practice following a career break as part of wider efforts to ensure effective health and social care integration by transforming primary care<sup>1</sup>.

NES, working with Bright Signals, has undertaken various social media campaigns to raise the profile and attractiveness of Scotland as a place to train. With a very short lead in time Medicine ran a Facebook campaign in November 2015 targeting UK FY2, Europe and Malta doctors eligible to apply for GP ST1 posts. The plan was to generate click-through to the SMT landing page and onward to the GPNRO site. The target was a minimum of 500 click-through sessions – over the course of the ten day campaign 945 clicks were generated. Other likes/comments on the advert and campaign were also delivered. Medicine is now looking at a further campaign for round 2 as well as remodelling our Career Development posts by targeting FY2 doctors who have not applied for a specialty training number.

Scottish Government also requested that NES provide a website to promote the Scotland GP Returner and Enhanced Induction Programmes. Due to the tight deadline the pragmatic approach was to enhance what was already on the NES website. The intention was that other stakeholders would direct potential returners to the NES site. Bright Signals assisted Medicine with this work. The web page will include a series of case studies which are based on interviews of doctors who have successfully returned and others who are enthusiastic about general practice in Scotland both now and into the future. In addition the web page includes an e-mail address [gpcareersadvice@nes.scot.nhs.uk](mailto:gpcareersadvice@nes.scot.nhs.uk) which offers bespoke advice in relation to General Practice. Between June and December, 49 genuine enquiries were provided with advice and guidance through the website and email address.

Bright Signals was also asked to advise and guide us through the process of using social media to promote these programmes and encourage repatriation of GPs who had left the UK to work in comparable health care systems, in particular Australia, New Zealand and Canada. These countries were chosen intentionally because transition back to NHS GP was anticipated to be straight forward with minimal bureaucracy. Using analytical tools, we were able to quantify how many "sessions" had landed on the "welcome home" page which is the most relevant for this group of potential returners. The social media campaign "reached" 20,261 people with 790 new users accessing the landing page during the six weeks when the campaign was active. Interestingly the face book campaign was noticed and talked about in positive terms not just by GPs in the target countries, but also by influential sources such as Australian Government website which published an article "NHS Scotland uses Face book to lure its GPs back from Australia and NZ", the Australian doctor website, and on the Australian doctor's twitter account with 12,000 followers. We have just completed a similar campaign targeted at the UK market.

There is no doubt this strategy has stimulated interest, the challenge is converting this into actual return to the Scottish GP workforce. Not every returner requires a formal return programme - those currently working in Australia/New Zealand/Canada require a simple, short, proportionate Health Board managed induction programme with no input from NES. Much of the communication we have had, reflects many have the intention to return but not immediately.

To maintain interest and encourage return, we will be taking advantage of our having a presence in Australia (where 36% of the sessions accessing the "welcome home" page originated), for the Ottawa conference in March 2016. This creates an opportunity for potential GP returners to access expert advice individually, and will be preceded by more social media efforts to advertise dates, venue and how to arrange an appointment. Bright Signals will again co-ordinate this.

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<sup>1</sup> <http://news.scotland.gov.uk/Speeches-Briefings/Health-and-Social-Care-Alliance-1ebc.aspx>

## **8.2 Medical Recruitment**

Assessment Centres for Specialty Recruitment 2016 Round 1 – Core and Run Through Training Posts, and GP Training posts, commenced week beginning 11 January and will run through to March. Applications for Round 2-Specialty Training ST3 and ST4 open on Wednesday 10<sup>th</sup> February. (Full details can be found on the Scottish Medical Training Website<sup>2</sup>).

## **8.3 Scotland Deanery - New Deanery Report GMC Feedback**

The advent of the new Scotland Deanery required a new all Scotland Deanery Report to be submitted to the GMC. This task fell to the Quality Workstream who prepared a new style Deanery Report based on the new Scotland Deanery Quality Management–Quality Improvement Framework and its eight Specialty Groupings, rather than separate reports for each the 4 regions.

The GMC described the quality of the information in the report as excellent, commenting that it was a high quality submission, reflecting both the creation of a single Scotland Deanery (April 2014) and the more recent reorganisation of quality management processes along specialty rather than geographical lines. Further to this they acknowledged that a lot of work has been undertaken to ensure that the responses provided and decisions made regarding RAG Ratings and Statuses were consistent across sites and specialties, in light of the changes undertaken by the Medical Directorate.

## **8.4 Scottish Trainee Survey (STS) Launch**

The Medical Directorate Quality Workstream formally launched the Scottish Trainee Survey (STS) on the 18<sup>th</sup> January.

The STS is a thrice yearly end of post survey of all doctors in training in Scotland that seeks structured feedback on the quality of medical education and training in Scotland, The STS sits alongside the GMCs National Trainee Survey (NTS) providing complimentary information and insight into education and training in Scotland. This is information that will empower the Scotland Deanery and providers to make positive changes: improving education and underpinning safe, effective, patient care.

Initially the STS results will be rolled-out to members of Quality Workstream, and other key individuals within NES, Directors of Medical Education and other key stakeholders across Scotland

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<sup>2</sup> <http://www.scotmt.scot.nhs.uk/>



## **CALENDAR**

### **18<sup>th</sup> November: NHS Leadership and Management Strategy Group**

I Chaired the first meeting of this group, which is responsible for setting strategy to deliver national policy for leadership and management development across NHSScotland and for ensuring a clear connection between the policy agenda and the delivery of leadership and management development priorities.

The group will also work to highlight and share best practice in leadership and management development across the NHS in Scotland with partners.

The group supports NES in its role to work collaboratively with a wide range of stakeholders to support Health Boards and wider public services to build leadership and management capability and capacity for the delivery of public services transformation – including the 2020 Vision.

At the first meeting we discussed the Terms of Reference, iMatter, National Leadership and Management Programmes and the Management Training Scheme (MTS)

### **19<sup>th</sup> November: Ian Mitchell**

Dr Colette Ferguson and I met with Ian Mitchell, Deputy Director of Integration and Reshaping Care, Scottish Government to discuss Leadership for Integration. We had a helpful conversation and agreed to work together to arrange a meeting with the Chief Officers which should help to inform the future priorities of the workplan agreed between NES and SSSC.

### **20<sup>th</sup> November: Scottish Qualifications Authority (SQA) Star Awards 2015**

I was invited to attend the SQA Stars Awards, at the Assembly Rooms. The event was attended by pupils, teachers, students and lecturers, employers and training providers from across Scotland.

The ceremony celebrated the achievements of SQA candidates and centres and showed the outstanding work undertaken to support people in achieving positive outcomes.

### **25<sup>th</sup> November: Management Steering Group**

I attended the Management Steering Group meeting and items for discussion included Medical Workforce and Agenda for Change Pay Reforms, Consultant Job Planning, feedback on the BMA Report on Safer Working Patterns, GP Out of Hours Reviews, Doctors in Training and an eESS Update.

### **30<sup>th</sup> November: NES Turas Digital Programme Board**

I chaired the first meeting of the TURAS Digital Programme Board. This is the partnership board consisting of representatives from NES and PA Consulting our commercial partners. We discussed a range of opportunities for the promotion of TURAS together with arrangements for the management of existing customers of ePortfolio.

### **1<sup>st</sup> December: NHS Boards Chief Executives Private Meeting**

I attended the NHS Chief Executives Private meeting and items for discussion included an update from the Transformational Change Programme Board, Medical Workforce Action Plan, Revalidation of Nurses, Midwives and Health Visitors, Shared Service updates and updates from the National Groups.

### **2<sup>nd</sup> December: NHS Boards Chief Executives Strategy Meeting**

I attended the Strategy meeting and items for discussion included Effective Prescribing, Workforce costs and Safe and Effective Care.

### **4<sup>th</sup> December: Pharmacy Leads Meeting**

Stewart Irvine and I met with Professor Donald Cairns, Head of School, Pharmacy and Life Science at Robert Gordon University to discuss developments in pharmacy education and future plans for NES Pharmacy.

### **7<sup>th</sup> December: The Academy for Healthcare Science Annual Congress**

I was invited to speak at the Academy for Healthcare Science Annual Congress event which was held in COSLA, Edinburgh. The event was opened by Shona Robison, MSP, Cabinet Secretary for Health, Wellbeing and Sport. I gave an overview of the strategic challenges and choices that NHS Boards face and drew parallels between the aspiration of the Academy to speak with 'one voice' for healthcare scientists and the development, challenges and achievements of NES.

### **7<sup>th</sup> December: Transformational Change Programme Board**

I attended the Transformational Change Programme Board and items for discussion included Health and Social Care Integration and Workforce.

### **10<sup>th</sup> December: Infrastructure Delivery Group**

I attended the Infrastructure Delivery Group and items for discussion included the integrated improvement resource being developed in HIS as a result of the merger with QuEST and HIT; NSS Discovery, The Medical Staffing Project and e-Health.

### **15<sup>th</sup> December: Leadership and Talent Management**

I attended the first meeting of the Leadership and Talent Management Development Programme. The programme will focus specifically on NHSScotland board-level leadership and talent management. We discussed and agreed key workstreams to be take forwards, which are likely to have implications for the future development of NES Leadership programmes and other resources.

### **18<sup>th</sup> December: Meeting with Anna Fowlie and Keith Redpath**

Anna Fowlie, Chief Executive of SSSC and I met with Keith Redpath, Chief Officer for West Dunbartonshire IJB and Chair of the Chief Officers Group. We met with Keith at the conclusion of the Chief Officer meeting at COSLA. The purpose of our meeting was to discuss opportunities for NES and SSSC to engage with Chief Officers and in particular to try to ensure that COs had a good understanding of the national resources available to them through our organisations, and to enable our joint workplan to be influenced by the priorities of the COs. We had a very positive and helpful meeting in which Keith stressed the very

significant pressures on the time of COs and we agreed to produce a brochure which would assist them in understanding the respective roles of our organisations and our joint work in advance of any meeting.

### **22<sup>nd</sup> January: Sarah Davidson, Scottish Government Director General Communities**

Christopher Wroath and I met with Sarah Davidson to discuss the NES experience of Digital Transformation and the potential for learning from this for other areas of the public sector. Sarah was extremely interested to hear about both the development benefits we had achieved through the use of Agile Development Methodology and the cultural change involved as part of the transformation.

### **6<sup>th</sup> January: Caroline Gardiner, Auditor General**

Audit Scotland have recently moved into the 4<sup>th</sup> floor of Westport. I met with Caroline Gardiner and we showed each other round our respective offices and compared notes with regard to agile working. We also discussed matters of mutual interest which included the increasing interest of Audit Scotland in workforce planning for health and social care; and our Digital Transformation. Both these items have subsequently been followed up by Audit Scotland who are meeting with staff in NES to understand our approach and our views in more detail.

### **12<sup>th</sup> January: Chief Executives Business Meeting**

I attended the Chief Executives Business Meeting at the Beardmore where items for discussion included: an update on the development of the budget led by John Mathieson; discussion of the business case for National Specialist Services; an update on the ehealth programme; a presentation on Patient Opinion; and update on Shared Services and updates from various national groups.

### **13<sup>th</sup> January: Chief Executives Strategic Session**

I attended this meeting at the Beardmore where items for discussion included a presentation on Safe and Effective Care; updates on actions to better manage agency costs for medical and nursing staff; a presentation on proposals for shared services for radiology and aseptic pharmacy; a presentation on the inquiry into historical child abuse; the report and recommendations from the external review of eEES; and an update on the work around employment arrangements for trainees.

## **RISK REGISTER**

The updated risk register is attached to this report. The narrative has been amended in a couple of places, to reflect the fact that the Scottish Budget has now been published but to note that we still await confirmation of the impact of any funding reductions on our non recurrent and earmarked funding. This is the subject of a substantive Board discussion today.

The risk rating of one risk has been amended. This is risk 10 where the rating has been amended to Primary One. This reflects the uncertainties and the challenges around producing a balanced budget for 2016/17.

## Key Corporate Risks - January 2016

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	Uncertainty and upheaval in the external environment	4 x 4	Primary 1	3 x 4	Primary 2	The external environment remains uncertain with a Scottish election in May 2016 and developments such as the formal establishment of IJBs and the development of the National Clinical Strategy and the National Conversation which may impact on the future shape of health and care services and on workforce requirements. We cannot manage this uncertainty, but we can seek to manage the impact of change. We are well placed to remain a stable and successful organisation as other HBs are impacted by H&SCI and this could be an opportunity for us to offer more to the service.		3 x 4	Primary 2
2	Significant pressure on budgets for 2016/17 and beyond	5 x 5	Primary 1	4 x 4	Primary 1	The Scottish Budget was published in December 2015, from this we have clarity with regards to a 1% uplift on our baseline against which we need to manage pay pressures amounting to 3%. We do not yet have any clarity around the level of reduction to be made to elements of our non recurrent and earmarked funding, or indeed which elements are included here. We continue discussions with SG to gain clarity on this.	Open	4 x 4	Primary 1
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 which risks the loss of some corporate memory which is important in UK wide discussions. Increasingly NES is the repository for this level of expertise and experience. There is an opportunity for us to demonstrate this through joining up some of the data we hold.		3 x 3	Contingency
17	Approach to workforce development is driven by HEE without due attention to requirements and views of the devolved nations	4 x 4	Primary 1	3 x 4	Primary 2	High inherent risk due to size of England as compared to other nations and extent of cost border flow. In response to this NES continues to work with the other devolved nations, with SG and to meet regularly with HEE.		3 x 4	Primary 2
18	Challenges in managing changing relationships with partner organisations	4 x 4	Primary 1	3 x 4	Primary 2	The changing environment will also drive shifts in our relationships with existing partners and identify new partners. This includes our ability to work positively with NHSBoards around concerns about training & education; with the new IJBs, with the 3rd sector and with the SFC and Universities in relation to developments in UG education.		3 x 4	Primary 2
<b>Operational/Service Delivery Risks</b>									
4	Ability to continue to support core business and respond to new demands in an agile and responsive manner.	5 x 5	Primary 1	3 x 4	Primary 2	We continue to experience pressures in maintaining core business in the face of increasing regulator requirements; whilst at the same time being able to respond to new requirements. We continually seek to manage this position through improved systems and processes and sharing of capability and capacity.		3 x 4	Primary 2
6	Dependency on key individuals	4 x 4	Primary 1	3 x 3	Contingency	Over the last year we have experienced some considerable turnover in senior roles and we have demonstrated our resilience in managing this. We are also now moving forwards with the development of our 'Potential and Career Management Strategy'.		3 x 3	Contingency
7	Turbulence and lack of cohesion due to internal organisational changes	4 x 4	Primary 1	3 x 3	Contingency	The Finance and Dental transformation programmes are now through the approvals processes and have moved into implementation. This inevitably creates some anxiety for staff but this is being managed we continue to assess the overall position and will slow down planned changes where pressure points emerge.		3 x 3	Contingency

## Key Corporate Risks - January 2016

Brief Description		Current Period			Notes	Appetite	Last Period		
		I x L	Inherent Risk	I x L			Residual Risk	I x L	Residual Risk
16	Challenges in workforce supply in some areas	4 x 4	Primary 1	3 x 4	Primary 2			3 x 4	Primary 2
19	We lose the integrity of some of our reporting systems as a result of the introduction of e:ESS	5 x 5	Primary 2	3 x 2	Contingency			3 x 2	Contingency
8	Major adverse incident - impacting on business continuity	4 x 4	Primary 1	2 x 4	Housekeeping			2 x 4	Housekeeping
<b>Finance Risks</b>									
9	Risk of underspends & resulting negative perception	4 x 5	Primary 1	3 x 3	Contingency			3 x 3	Contingency
10	Reduction of resources puts NES into deficit	4 x 5	Primary 1	4 x 4	Primary 1			4 x 3	Primary 2
<b>Reputational/Credibility Risks</b>									
11	NES is unable to demonstrate that it makes a positive contribution to patient safety/patient experience	4 x 5	Primary 1	3 x 4	Primary 2			3 x 4	Primary 2
12	NES does not deliver on key targets	4 x 5	Primary 1	3 x 2	Contingency			3 x 2	Contingency
<b>Accountability/Governance</b>									
13	Failure in Corporate Governance	5 x 5	Primary 1	2 x 2	Negligible			2 x 2	Negligible
14	Data security issue	4 x 5	Primary 1	3 x 2	Contingency			3 x 2	Contingency