



CHIEF EXECUTIVE'S REPORT

Caroline Lamb, Chief Executive

October 2016

1 INTRODUCTION

Our Board agenda today contains a number of important governance items, including some revisions to our Standing Financial Instructions. These have been recommended by the Audit Committee but the final approval is a matter reserved to the Board.

We will also be considering the excellent progress which has been made in relation to the GMC requirement for recognition of trainers, and the arrangements being put in place to deliver a local delivery plan supported by a budget for 2017/18.

2 ANNOUNCEMENTS

Since my last report we have been successful in two further awards events. We were the winners of the Digital Healthcare Award in the O2 NextGen Digital Challenge awards; and we also won the Silver award for Best use of Graphic Design or Photography at the Chartered Institute of PR Awards.

Board members will be pleased to note that Donald Cameron has now been appointed to the post of Director of Planning and Corporate Resources.

3 STRATEGIC UPDATE

We filled 37 of the 100 additional GP training places available for start in February 2017. This included take up of 15 bursaries in areas that have been particularly hard to fill. Issues around recruitment and retention in medicine and in other clinical disciplines remain high profile and I have been called to give evidence in front of the Health and Sports Committee on 1st November.

4 MEDIA INTEREST AND COMMUNICATIONS

In terms of media activity in September, we continued our partnership on dementia by publicising the Dementia Awards winners. Our partnership with Clydeside Action on Asbestos was highlighted with a new resource for GPs on how to deal with asbestos. We also publicised positive projections for Scotland's dentistry via the 'Dental Workforce in Scotland 2016' publication. In early October, we also issued a news release about a successful visit to the Nazareth Trust in Israel by our Quality Improvement team. We continued our medical recruitment publicity with a new feature on our Guardian pages - 'Five Things about being a GP in Scotland.'

Each of these was supported by social media activity, of which the most successful was a Saturday morning tweet pointing to our latest Guardian article. This tweet was potentially viewed 6,000 times and received 311 engagements (clicks, retweets etc). We are now followed by 14,000 on Twitter and 3,900 on Facebook. Overall we have now exceeded our Twitter and Facebook follower

targets for 2016-17, having increased our follower base by over 10%, and are actively considering which targets would be most meaningful for the future.

Our targeted Facebook ads (by demographic profile) for the Round 2 GP recruitment campaign have been well received. For an investment of approximately £2,000, we have reached 120,000 people, with a frequency of 10 ads per targeted person. At around 30 pence, the cost per click has been reasonable, and the increase of 600 'likes' for the NES page has been excellent. Our latest recruitment video [youtube.com/watch?v=X4v2dGAjiv4](https://www.youtube.com/watch?v=X4v2dGAjiv4) reached over 7000 English Foundation Medical Students, over 2,500 Wales & Northern Ireland Medical Students and over 1600 from Malta.

Our general approach continues: looking to extract key messages from our corporate and directorate content specifically for social media – to drive traffic back to those resources and/or the NES website. We are seeing a clear pattern that what proves most popular is human, person-led stories, often featuring strong images and video content. We will also look to further develop our campaign approach, clearly laying out objectives at the start.

5 DIGITAL

The post implementation work from Turas Portfolio development for Scottish Foundation has commenced with a specific remit of using this and the successful Foundation Dentist Portfolio roll out as a lessons learnt for Digital and the business areas for whom the applications roll out.

The rest of the UK Dental Foundation also went live on a separate, rest of UK instance of Turas. Support and development in this instance is being migrated to PA Consulting who will take over responsibility from November.

The NMAHP Revalidation Portfolio successfully went live on 16th September as planned. Work has commenced on the migration of the existing Version 2 e-Portfolio nurse accounts. Psychology have now gone live on Turas TPM and their supporting Portfolio is nearing its first release. The next version of Turas TPM (including PVG and audit functions) also went live on schedule.

In the Virtual Learning work stream Turas Learn is also on target for April 2017. NHS Boards continue to be engaged in the scoping work and stories (NHS GG&C + Tayside specifically) especially around the scope and form of the Learning Record.

Business engagement workshops have continued to scope the Starters, Leaving, Movers and IPPS development work on Service Now.

6 DENTAL, OPTOMETRY, HEALTHCARE SCIENCE & KNOWLEDGE INTO ACTION

Clinical Effectiveness

The fundamental threat to health posed by excessive use of antibiotics was highlighted recently by the signing of a UN declaration to combat the proliferation of antibiotic resistance. Tackling this problem will require multiple approaches. Research supported by NES that demonstrated an effective way of reducing antibiotic prescribing by dentists was recently published and reported in the press.

Dental Workforce in Scotland 2016

Scotland's increasing demand for NHS dental services is expected to be more than matched by an increase in the number of dentists, according to latest projections. While the aging population and people generally visiting the dentist more should increase demand over the next decade, this is expected to be outweighed by dentists entering or re-entering NHS practice.

'Dental Workforce in Scotland 2016' is the latest in a series of biennial dental workforce reports that aim to inform workforce planning for dental services in Scotland. It has been supported by NHS Education for Scotland, NHS National Services Scotland and the Scottish Government

The report examines past trends in the supply of dentists and DCPs to inform estimates of the supply of dental services. Estimates of the demand for dental services are informed by past trends in access to dental care. These past trends are used to inform forecasts of the supply of and demand for dentists and dental services in the future.

Highlights of the report include:

- NHSScotland registration rates continue to increase and in September 2015 were at record levels.
- There is variation in the registration rate between NHS boards but the lowest registration rate was almost 75%.
- People are visiting a dentist more frequently and are more likely to see an NHS dentist when they do.

7 MEDICINE

Doctors in Training Dispute in England

Board Members will be aware through media reports that the BMA in England has announced the suspension of industrial action in relation to the Junior Doctors' Contract dispute. However, following the ACAS mediation process prior to the current round of planned action, Health Education England has been asked to take forward a range of measures designed to improve the working lives of Doctors in training, and improve 'flexibility'. Because this is an 'England only' dispute, details of their proposals are only gradually emerging, and it is clear that some may have substantial UK-Wide ramifications. We will seek to remain in-touch with developments in England.

Recruitment to GP Training

Following the announcement of an increase in Scottish GP Training Places, we ran a targeted recruitment exercise over August into October, supported by an extensive campaign in social, online and traditional media, and by a £20k bursary for posts in hard to fill areas. At the end of this exercise, we have recruited an additional 37 trainees. Overall, therefore, we have recruited 48 more GP trainees to start in 2017, than we did for 2016.

New ARCP process for the Scotland Deanery

As part of the commitment to work as a single deanery, an updated process has been agreed for ARCPs (Annual Review of Competence Progression) for medical

trainees. This creates a transparent and fair system which will be implemented for all the trainees within the regions of the Scotland Deanery and will be compliant with the revised Gold Guide 2016. The updated process has been developed in consultation with members of the Training Programme Management team and with senior medical educators through the Specialty Training Boards.

We will introduce this new process for the winter ARCPs and collect information to determine if further refinement is required before full implementation for the summer 2017 ARCPs, the latter are when most trainees attend for their review. To facilitate the process TPM team members will liaise with Training Programme Directors and trainees. Enhancements to the TURAS system will also be included to allow improved communication as this is the main portal for communication with all NES trainees.

Scotland Deanery Performance Support Unit (PSU)

The PSU has been established to ensure consistency in management and support for trainees who may be struggling for a variety of reasons. The PSU will deal with the most complex and challenging trainees. The work of the PSU will be led by an Associate Dean, Dr Greg Jones who will be supported by a small team of case managers. A significant amount of work has already been done to review our current processes including

- Review of referral process
- Review of definitions of level of concern
- Review of local structures to ensure they are robust and involve all relevant stakeholders
- Review of support resources available

A communication strategy is currently being put in place to ensure that trainees, Associate Deans and Assistant Directors, TPDs, DMEs, trainers, supervisors and HR are fully aware of the new processes and the purpose of the PSU which will be active from December 2016.

8 PHARMACY

NES Pharmacy National Learning Pathway for Pharmacists and Pharmacy Technicians working in GP practices

Scottish Government announced in 2015 that £16.2 M would be invested over the next 3 years to appoint 140 pharmacists to GP practices in Scotland to relieve pressures in primary care. NES Pharmacy have responded educationally to this initiative by developing a national Learning pathway which involves the following components – a Competency & Capability Framework (with an e-potfolio), online learning and face-to-face training bootcamps.

The first cohort of 45 new general practice clinical pharmacists and 10 pharmacy technicians from Health Boards across Scotland attended a 2 day residential bootcamp on 29th & 30th September. The training provided at the bootcamp was tailored to the learning needs of those attending based on a training needs analysis and was delivered by a multi-professional team including GPs, patient representatives, practice managers, experienced GP practice pharmacists and pharmacy technicians. Keynote speakers included the Chief Pharmaceutical Officer and Vice Chair of the Royal

College of General Practitioners (RCGP) in addition to the Policy Advisor from the Royal Pharmaceutical Society (RPS) Scotland.

The national Competency & Capability Framework, endorsed by RPS and RCGP, for Pharmacists was launched at the event and this will be available as an e-portfolio from January 2017. All trainees attending completed an e-learning package 'Fundamentals of GP practice' prior to the event and will attend a follow up event in January. A further 2 day bootcamp has been organised for the next cohort of GP practice pharmacists and pharmacy technicians in February 2017.

Scottish Government - Review of initial education and training for pharmacists in Scotland

The initial education and training of pharmacists currently involves completion of a four-year MPharm degree followed by one year of pre-registration training.

Since 2006, NHS Education for Scotland (NES) has organised and managed the overall centralisation of the pre-registration education and training year for trainees in both hospital and community pharmacy settings across Scotland through delivery of the NHS Pre-registration Pharmacists Scheme (PRPS). Whilst Pharmacy undergraduate and pre-registration education and training in Scotland are highly regarded, in response to current and future workforce developments, the Scottish Government announced a review of the existing pharmacist four-year undergraduate degree and the one-year pre-registration training scheme into an integrated five year programme to support the initial education of pharmacists in Scotland. The proposal will permit better management of pharmacy trainee numbers to meet workforce demands both in terms of initial recruitment and on-going progression, and so supports Ministerial priorities to strengthen the workforce, especially in primary care.

The key driver for change is educational benefit: to better integrate the undergraduate education and the pre-registration training resulting in better prepared registrants for practice in Scotland as the implementation of Prescription for Excellence progresses. NES Pharmacy are heavily involved in the review (project lead appointed in NES) which will involve close collaboration between NES and the Schools of Pharmacy in Scotland.

A Stakeholder group has been established and the initial meetings have focused on identifying the key issues to be addressed and gaining an understanding of the models of initial training followed by other professions. A broader Stakeholder Event has been organised for October 2016 to ensure wider consultation with the key stakeholders to develop proposals to present to the Chief Pharmaceutical Officer and Scottish Government.

9 PSYCHOLOGY

National Training Framework for Trauma and Abuse

The Scottish Government Survivor Support Policy Unit has funded NES to develop a National Training Framework for Trauma and Abuse which is to be designed for use by all staff who are providing services to people who have been affected by these experiences. As part of this process, the team from the Psychology Directorate have developed and disseminated a survey which has asked services across Scotland questions about their current levels of training in relation to these issues and to identify their areas of strengths and training needs. We are delighted to have had excellent

engagement in the process with 272 responses from departments in for example; NHS health and mental health, Social services, police and criminal justice and 3rd sector colleagues. We will publish a comprehensive report of the results of the survey which will inform the national strategy and subsequent training priorities as well as being a useful baseline for the work going forward.

Autism

Dr Janine Robinson and Dr Gail Milroy presented two papers to the XI Autism-Europe International Congress on 16-18th September 2016 in Edinburgh. The papers introduced the NHS Education for Scotland, Optimising Outcomes - Training Framework for ASD and described the method by which people with ASD and their families contributed to the development of the Framework.

The Minister for Childcare and Early Years (Mark McDonald) in his opening remarks to the conference made special mention of the NES Training Framework and the paper published by Dr Janine Robinson and Marie Claire Shankland on the involvement of users and families in developing the Framework.

Australian Clinical Psychologist Volume 1, Issue 2, 2015
Engagement with the Autism Community: Beyond Tokenism?

Adult Learning Disability

The learning disabilities psychological interventions programme held a consultation event on Tuesday 20th September. Over 60 health professionals from a wide range of disciplines across health board areas attended training. Initial results from a survey of training needs were presented on the day and plans for the multi-professional training framework in Psychological Interventions with people with Learning Disabilities were discussed.

10 NMAHP

Scotland's National Dementia Awards

On 22nd September Scotland's National Dementia awards ceremony took place. Now in their fifth year, the awards are a partnership with Alzheimer Scotland, NHS Education for Scotland, NHS Health Scotland and the Scottish Social Services Council. The ceremony takes place annually in celebration of World Alzheimer's Day.

The awards provide an opportunity for professionals and communities, who are committed to enhancing the health, well-being and experience of people with dementia and their families and to have their work recognised and promoted. The award scheme also helps showcase the creativity, innovation and dedication that makes a real difference to the daily lives of people with dementia and their families. It aims to clearly demonstrate how, across Scotland, policy is being sustainably put into best shared practice.

The NES Chair attended the ceremony and presented the awards for 'Best Educational Initiative' and 'Best Acute Care Initiative'. The ceremony was opened with a Key Note address from Maureen Watt MSP, Minister for Mental Health, Scottish Government who acknowledged the contribution of the NES/SSSC Promoting Excellence work programme in supporting delivery of Scotland's Dementia Strategies,

and the Governments' intention to continuing to support this work as part of Scotland's third Dementia Strategy which will be published later this year.

For more information about the awards see

<http://sda.dementiascotland.org/>

Leading Complex System Change: A development programme for AHP Directors and their System Leadership Partners

In line with the Integration of the health and social care agenda, in 2016 five Health and Social care system leaders led by AHP Directors/Leads were supported to complete a five month Leading Complex Change Programme. This programme was delivered by the Advancing Quality Alliance. The work was led by and evaluated by the NMAHP Directorate within NHS Education for Scotland in partnership with Scottish Government and Health Improvement Scotland.

The purpose of the leadership programme was to develop the system leaders understanding and knowledge of large scale change and systems leadership. It gave them protected time, safe space and coaching to reflect practice and peer learning to develop as system leaders within the integration landscape. In their teams, they progressed a project that reflected strategic priorities with the aim of achieving pace and scale.

In summary, the evaluation indicated that the involvement of chief executives and chief operating officers provided an additional dimension to the project. The teams included one from the Scottish Ambulance Service. This unique programme did provide a framework for the development of AHP leads and system leaders' understanding and knowledge of complex theory and their ability to lead complex change. It provided them with tools and resources to support them in their role as key leaders of integrated services.

CALENDAR

1st September: Christine McLaughlin, Director of Health Finance, Scottish Government

I met with Christine McLaughlin and we discussed my work chairing the Managed Agency Staff Network, on behalf of Chief Executives, which is charged with implementing a number of actions to reduce the cost of agency and locum staffing to NHS Scotland.

5th September: Academy of Medical Royal Colleges and Faculties in Scotland

I attended the Academy meeting and there were presentations on 'Team Training to Improve Surgical Outcomes in Scotland' and 'Demand Optimisation in Diagnostics', as well as discussions on Quality of Care, Health in Justice Settings, Training and Health Awareness.

12th September: Infrastructure Delivery Group

Discussions at this meeting include e-health, Safer Use of Medicine, Temporary Medical Staffing Project and a presentation on the NES Digital Platform

13th October: Review of Targets and Indicators for Health and Social Care Development Session

The Chair and I attended this session which was led by the former CMO, Harry Burns who has been appointed as the independent chair of the national review into targets and indicators for health and social care.

13th September: NHS Board Chief Executives Private Meeting

We discussed effective prescribing update, national review of maternity and post-natal services and national care standards.

14th September: Dementia Scotland 2016 Conference

I was invited to speak at the inaugural conference 'Dementia Scotland 2016 – A Human Rights Based Approach to Care'. The conference examined progress of Scotland's ongoing National Dementia Strategy and aspirations of the new 2016-19 Strategy. I provided an overview of the Promoting Excellence Framework that NES and SSSC are collaborating on and subsequent workforce development plans for health and social care services, outlining how this supports a human rights approach to practice.

14th September: NHS Board Chief Executives Strategic Session

We discussed public services reform, collaborative working, financial update, sustainability and value update, national workforce plans and national clinical services initiatives update.

27th September: Scottish Government Remote & Rural Educational Development (SGRRED)

I attended the SGRRED meeting, which has the aim of supporting the growth of undergraduate medical education delivered in rural and remote Scotland by 20% by 2022. We discussed the current data available, agreed priorities, delivering changes and measuring progress.

28th September: Google Meeting

Christopher Wroath and I were invited to attend a session for senior NHS and SG colleagues (including Health, Digital and Local Government) with representatives from Google.

28th September: Royal College of Surgeons of Edinburgh

The Chair and I attended an event held by the Royal College of Surgeons of Edinburgh to discuss their Short Life Working Group on Rural Surgery, which was produced in March 2016.

29th September: Leadership and Talent Management

I attended the Leadership and Talent Management meeting and items for discussion included, strategic change, leadership agenda, progress and next steps

30th September: Shirley Rogers, Scottish Government

I had one of my regular meetings with Shirley Rogers.

3rd October: Mike Neilson and colleagues

Christopher Wroath and I met with Mike Neilson, Director of Digital at Scottish Government, and a number of his colleagues to discuss the potential wider application of the Turas platform, particularly in relation to hosting and managing learning for Scottish Government.

3rd October: Professor Andrew Morris, Chief Scientist, Scottish Government Health Directorate.

Christopher Wroath and I met with Professor Morris, to discuss digital transformation and the NES approach to data and support of trainees and learners.

4th October: Audit Scotland

Jean Allan and I met with Richard Robinson, Audit Scotland to discuss NHS Workforce Planning.

5th October: Senior Leaders Forum – Transforming Leadership in a Digital World

I chaired one of the sessions at the Senior Leaders Forum, focussed on leading digital transformations. One of the 6 'snapchat' sessions, on Agile, was also led by the NES team:

6th October: Managed Agency Staffing Network Steering Group

I Chaired the MASN Steering Group and we discussed the national clinical care bank and regional medical banks.

11th October: NHS Board Chief Executives Private Meeting

I attended the NHS Board Chief Executives Private meeting and items for discussion included the SAS new response model, shared services update, effective care programme update and national groups updates.

12th October: NHS Board Chief Executives Strategic Meeting

At the Strategic meeting we discussed the Sustainability and Value Board, finance and performance and the National Programme Board for Diagnostic and Treatment

12th October: NHS Board Chief Executives Meeting with Scottish Government Health Department

I attended this meeting, Chaired by Paul Gray and we had a discussion on Board Governance

RISK REGISTER

There is one change to the narrative on risk 9 to reflect the most up to date position.

Key Corporate Risks - October 2016

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	Retaining a strong focus on the importance of education and training through structural change	4 x 4	Primary 1	4 x 4	Primary 1			4 x 4	Primary 1
2	Significant pressure on budgets for 2016/17 and beyond	5 x 5	Primary 1	4 x 4	Primary 1			4 x 4	Primary 1
3	Lack of capacity and continuity at SGHD	4 x 4	Primary 1	3 x 3	Contingency			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			3 x 4	Primary 2
18	Challenges in managing changing relationships with partner organisations	4 x 4	Primary 1	3 x 4	Primary 2			3 x 4	Primary 2
Operational/Service Delivery Risks									
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			3 x 4	Primary 2
6	Dependency on key individuals	4 x 4	Primary 1	3 x 3	Contingency			3 x 3	Contingency
7	Turbulence and lack of cohesion due to internal organisational changes	4 x 4	Primary 1	3 x 3	Contingency			3 x 3	Contingency

Key Corporate Risks - October 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
Finance Risks									
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	3 x 3	Contingency			3 x 3	Contingency
Reputational/Credibility Risks									
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
Accountability/Governance									
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