

AGENDA FOR THE ONE HUNDRED AND FIFTY-SIXTH BOARD MEETING

Date: Thursday 28th May 2020
Time: 10.15 a.m.
Venue: In response to the COVID-19 pandemic and public health protection measures, this meeting will be held remotely using Microsoft Teams

- 1. Chair’s introductory remarks**
- 2. Apologies for absence**
- 3. Declarations of interest**
- 4. Minutes of the One Hundred and Fifty-Fifth Board Meeting** NES/20/48
26 March 2020 for approval
- 5. Matters arising from the Minutes and notification of Any Other Business**
- 6. Actions from previous Board Meetings** NES/20/49
For review
- 7. Chair and Chief Executive reports**
 - a. Chair’s Report (Verbal)
 - NES Executive Leadership Arrangements for approval NES/20/51
 - b. Chief Executive’s Report NES/20/52
- 8. Strategic Items (Cabinet Secretary’s Priority)**
 - a. COVID-19 – NES Response for discussion and assurance NES/20/53
- 9. Governance Items**

Significant issues to report from Standing Committees:

 - a. Staff Governance Committee held 16 April 2020 (L. Dunion, verbal update)
 - b. Audit Committee held 30 April (D. Steele, verbal update)

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| c. Amended Audit Committee remit for approval (A.McColl) | NES/20/54 |
| d. Temporary amendments: Board Standing Financial Instructions (SFIs) for approval (A. McColl) | NES/20/54 |
| e. 2020/2021 Board schedule of business for approval (S. Irvine / D. Thomas) | NES/20/55 |
| f. National Whistleblowing Arrangements for discussion (D. Cameron) | NES/20/56 |
| 10. Performance Items | |
| a. Quarter 4 Performance Report for approval (D. Cameron) | NES/20/58 |
| b. Risk Register Report for assurance and approval (S. Irvine) | NES/20/59 |
| 11. Items for Noting Standing Committee Minutes | |
| a. Audit – 16 January 2020 | NES/20/60 |
| b. Staff Governance – 6 February 2020 | NES/20/61 |
| 12. Any Other Business | |
| 13. Date and Time of Next Meeting | |
| Thursday 25 June 2020 at 10.15 a.m. | |
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NHS Education for Scotland (NES)
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NHS Education for Scotland

MINUTES OF THE ONE HUNDRED AND FIFTY-FIFTH BOARD MEETING HELD ON THURSDAY 26 MARCH 2020 AT WESTPORT 102, EDINBURGH

This meeting was held via Microsoft Teams due to the COVID-19 pandemic.

Present:

- Mr David Garbutt (Chair)
- Ms Anne Currie, Non-Executive Member
- Mrs Linda Dunion, Non-Executive Member
- Mrs Jean Ford, Non-Executive Member
- Ms Gillian Mawdsley, Non-Executive Member/Whistleblowing Champion
- Mr Douglas Hutchens, Non-Executive Member
- Professor Stewart Irvine, Acting Chief Executive
- Ms Audrey McColl, Director of Finance
- Ms Vicki Nairn, Non-Executive Member
- Professor Rowan Parks, Acting Director of Medicine
- Dr Doreen Steele, Non-Executive Member
- Ms Sandra Walker, Non-Executive Member
- Mrs Karen Wilson, Director of NMAHP

In attendance:

- Mr Colin Brown, Head of Strategic Development, Chair's Office
- Mr Donald Cameron, Director of Planning & Corporate Resources
- Dr David Felix, Postgraduate Dental Dean
- Ms Lynnette Grieve, Planning & Corporate Governance
- Mr Geoff Huggins, Director of NDS
- Professor Moya Kelly, Director of Postgraduate GP Education (items 1-8)
- Dr Amjad Khan, Director of Postgraduate GP Education (items 1-8)
- Mr John MacEachen, Head of Comms
- Professor Anne Watson, Postgraduate Pharmacy Dean (items 1-8)
- Mr Christopher Wroath, Director of Digital
- Ms Alison Shiell, Manager, Planning & Corporate Governance (Minute Taker)

1. Chair's Introductory Remarks

- 1.1. The Chair welcomed everyone to the meeting. He began by recognising the extraordinary circumstances of the COVID-19 pandemic and the requirement to hold this Board meeting virtually, using Microsoft Teams.
- 1.2. The Chair extended a particular welcome to Gillian Mawdsley, who was attending her first Board meeting.

2. Apologies for absence

- 2.1. Apologies for absence were received from Liz Ford (Employee Director). The Chair acknowledged this meeting would have been Liz's last in her role as NES Employee Director, as her terms ends on 31 March. On behalf of the Board, the Chair thanked Liz Ford for her dedicated service and wished her the best for the future.

3. Declarations of interest

- 3.1. As well as the standing declarations of interest that have been previously recorded, Douglas Hutchens declared an interest in relation to item 8 (Update on Cabinet Secretary Priorities – Primary Care), as he has a son and daughter-in-law who are employed in two of the sectors referenced in the paper.

4. Minutes of the One Hundred and Fifty-Fourth Board Meeting (NES/20/25)

- 4.1. The minutes of the Board meeting held on 27 February 2020 were approved.

Action: AS

5. Matters arising from the minutes

- 5.1. There were no matters arising in relation to the minutes of the last Board meeting.

6. Actions from previous Board Meetings (NES/20/26)

- 6.1. The Board noted that most of the actions had been completed. The Board agreed that any items currently in hand may be delayed as a result of the COVID-19 pandemic.

7. Chair & Chief Executive Updates

a. Chair's Report

- 7.1. The Chair gave a verbal update on recent meetings and activity in his roles as Chair of the NES Board and Chair of the NHSS Board Chairs Group. The following items were highlighted in relation to a recent Board Chairs meeting with the Cabinet Secretary:

- a. Active Governance – after the COVID-19 pandemic is over, the Cabinet Secretary is keen to ensure that all NHSS Boards focus consistently on improving their Board governance. This item is referred to in more detail in item 9h.
- b. Mental Health agenda – the Cabinet Secretary is keen to understand the reasons behind limited take up of additional funded posts in territorial Health Boards.

b. Chief Executive's Report (NES/20/29)

- 7.2. Stewart Irvine introduced this report, which provided information and updates on a wide range of NES activity. The following items were highlighted:

- a. Stewart Irvine thanked Liz Ford for her contribution and staff-side expertise that she has brought to NES as Employee Director.
- b. Jean Allan (Associate Director) and Moya Kelly (Director of GP Education) – both these senior colleagues in the Medical Directorate are delaying their retirements to assist NES during the COVID-19 pandemic.
- c. Pharmacy – Anne Watson has been appointed as the inaugural Chair of the Conference of Pharmacy Education Deans (CoPED) group.
- d. Leadership Changes in Health & Social Care Directorate (NES's sponsor division), Scottish Government – Gillian Russell has been appointed as the new Director of Workforce, replacing Shirley Rogers. Stephen Lea-Ross has been appointed as the Deputy Director, Health Workforce. Stephen Lea-Ross will be a key point of contact for NES during the COVID-19 pandemic.
- e. New NES Board Secretary/Principal Lead – Corporate Governance – Non-Executive Members agreed it would be helpful to meet with Della Thomas to discuss her new role.

Action: Chair/CE Office

7.3 Stewart Irvine updated the Board on the appointment of a new Director of Workforce. The recruitment process has almost concluded and a preferred candidate has been identified. Once the required reference and employment checks have been completed, a formal communication to staff will be issued. **Action: DSI**

7.4. During discussion, Members expressed their appreciation for the regular COVID-19 updates and communications that have been issued by Stewart Irvine and John MacEachen. Stewart Irvine placed on record his thanks to the Executive Team for their work during these unprecedented times, and especially in light of the changes in NES's leadership arrangements during the last few months.

8. Update on Cabinet Secretary Priorities: Primary Care (NES/20/30)

8.1. Stewart Irvine introduced a paper setting out the work being undertaken in NES to support Scottish Government's policy of increasing Primary Care services. This was the fourth in a series of updates on NES's contributions to progressing the Cabinet Secretary's published priorities.

8.2. Colleagues from Medicine, NMAHP, Psychology, Dental, Pharmacy, Optometry and NDS were involved in the writing of this paper, which focuses on the developing roles of the multi-professional workforce in Primary Care and the challenges associated with increasing educational capacity. Moya Kelly, David Felix, Karen Wilson and Anne Watson provided overviews of the contributions of the Medicine, Dental, NMAHP and Pharmacy teams respectively.

8.3. The Board welcomed the update on how NES is contributing to the development of Primary Care. During discussion, the following points were noted:

- a. The Board noted that certain initiatives set out in the paper will be delayed/paused as a result of the COVID-19 pandemic.
- b. It may be helpful for future Primary Care updates to contain reference to the work being undertaken in prisons to improve prisoner Oral Health.
- c. The 'Hub and Spoke' model of educational delivery is likely to have a positive impact on the development of the Primary Care workforce.
- d. The Primary Care paper will be used to feed into future discussions of the National Boards Collaborative Programme Board in relation to Special Boards contributions to Primary Care. **Action: DSI**

8.4. After discussion, the Board noted the Primary Care paper and the Chair thanked those involved for their work.

9. Governance and Performance Items

a. Finance Report (NES/20/31)

9.1. Audrey McColl introduced a paper providing details of NES's financial results for the first eleven months of the year to 29 February 2020 and to indicate the current forecast outturn as at 31 March 2020. The following points were highlighted:

- a. The year-end forecast position is a deficit on Medical Training Grades of £1.4m, which will be funded by Scottish Government.
- b. The Finance team are monitoring the impact of the response to the COVID-19 pandemic on NES's financial position and are working with Directorates to ensure that any financial impacts are recorded.
- c. The 2019-20 Annual Accounts are still to be produced, however Scottish Government may confirm a delay to published timescales. Audit Scotland are in

discussion with Scottish Government regarding 2019-20 Annual Accounts requirements.

9.2. After discussion, the Board noted the information contained in the Finance report and the Chair thanked Audrey McColl for her work.

b. Performance Report (NES/20/32)

9.3. Donald Cameron presented the 2019/20 Quarter 3 Performance Report to the Board for noting and approval. There are 562 performance targets for 2019/20, of which 111 have been identified as priorities and represent key performance indicators. Of the 562 targets, 20 are red, 46 are amber and 496 are green. Of the 111 priority targets, 6 are red, 10 are amber and 95 are green.

9.4. The Board discussed the performance updates provided in the report and asked for minor clarifications in relation to a small number of targets. The Board recognised that the COVID-19 pandemic may affect the delivery/completion of 2019/20 performance targets and that further information will be provided in the 2019/20 Quarter 4 performance report. This information in turn will provide evidence of the year-end position as part of the 2019/20 Annual Accounts.

9.5. The Board also recognised that a large majority of the performance targets agreed as part of the 2020/21 Annual Operational Plan will need to be stood down as a result of the new work created by the COVID-19 pandemic. Consideration will need to be given to the 2020/21 Quarter 1 performance report and what information should be included.

Action: DC

9.6. After discussion, the Board approved the 2019/20 Quarter 3 Performance Report.

c. Educational & Research Governance Committee – 20 February 2020 (NES/20/33)

9.7. The Board received and noted the minutes of this meeting, which were introduced by Douglas Hutchens. Members noted that the Committee are considering how the outputs of the Medical Quality Management discussions could be shared with the wider Board.

d. Staff Governance Committee – 6 February 2020 (NES/20/34)

9.8. The Board received and noted the draft minutes and of this meeting, which were introduced by Linda Dunion.

e. Digital Committee - 2 March 2020 (NES/20/35)

9.9. The Board received and noted the draft minutes of the inaugural meeting of the Digital Standing Committee, which were introduced by David Garbutt.

f. Finance & Performance Management Committee – 19 February 2020 (NES/20/36)

9.10. The Board received and noted the unconfirmed minutes and a summary of this meeting, which were introduced by David Garbutt.

g. Assurance Framework (NES/20/37)

9.11. Audrey McColl introduced a revised version of NES's Assurance Framework to the Board for approval. The framework sets out the sources of assurance against each of the information systems required by the Scottish Government's Blueprint for Good

Governance and the Audit and Assurance Committee Handbook. The NES Assurance Framework was first reviewed by the Board at its meeting in June 2019.

9.12. During discussion, the Board noted the requirement to include further information on the arrangements for providing assurance on Whistleblowing in NES and that colleagues will liaise with the new Non-Executive Whistleblowing Champion in relation to this. The Board also recognised that the timelines for this work will be delayed as a result of COVID-19.

9.13. After discussion, the Board approved the revised Assurance Framework.

h. Active Governance

9.14. The Chair outlined the work that the Cabinet Secretary had asked for in relation to a more active style of Governance. This included data and the use of the ISD Discovery package, plus follow through on issues raised. He said that a Working Group would begin to look at this more closely when the current COVID-19 crisis had abated.

9.15. In relation to the COVID-19 situation, the Chair had consulted with the Acting Chief Executive, the internal auditor and Scottish Government colleagues to ensure that governance arrangements, during the crisis, effectively supported the Boards management of its business and of the public health emergency, while still providing essential scrutiny and assurance. He had circulated Board members with an outline proposal but now wished to discuss the matter in detail and seek the Board's approval for the way forward. The proposals could be accommodated within the existing legislation and the Board's Standing Orders.

9.16. He identified a number of options, including no change to current arrangements, a single tier of governance – The Board, or a reduction in the number of standing committees. He went on to identify that in order to free up Executive and staff time and effort it would be necessary to reduce the governance demands of the present system and this led to the inevitable conclusion that the 'status quo' was not a realistic option. Demand could be reduced by dispensing with a number of Standing Committees but he felt that the main Audit and Staff Governance Committees should remain as both had significant relevance in the current circumstances. As both NES Digital and the NDS were being diverted to support the response to COVID-19 he proposed that the Digital Standing Committee could be held in abeyance until after the crisis had scaled down. In similar vein he proposed that same approach for the Education and Research Governance Standing Committee, particularly as training had been stood down over the crisis period and any residual issues could be dealt with by the Staff Governance Committee. It was also proposed to suspend the Finance and Performance Management Committee as the work of this group should be considered by the main Board. In summary :

1. The **NES Board** would continue to meet as planned – with meetings being held through remote access channels during the current emergency.
2. **Board Away-Days** and **Development Sessions** would be suspended until further notice.
3. The Board **Audit Committee** and Board **Staff Governance Committee** would continue to meet as planned – with meetings being held through remote access channels during the current emergency.
4. All other **Board Standing Committees** would be suspended until further notice.

9.17. Consideration had been given to the possibility of suspending standing orders or reviewing the delegated powers contained in the Standing Financial Instruments, but following discussion with the Acting Chief Executive and Director of Finance this was not considered necessary but would be kept under review.

- 9.18. The Chair indicated that a generic COVID-19 risk had been added to the Risk Register but he felt that a detailed review of the risks around the proposed governance model was needed together with development of mitigation factors. It was also important that the process be auditable. While it was possible to identify some risks immediately the Chair felt that the Audit Committee should review these and ensure that there was a mitigation plan for each.
- 9.19. The following risks had already been identified and would be considered by the Audit Committee:
1. There is a risk that the new governance proposals will fail to provide sufficient oversight of the business of the Board and that effective scrutiny and assurance will not be available
 2. There is a risk that the Acting Chief Executive and his team will come under increasing pressure to meet governance requirements when they are required to manage the NES response to the public health emergency
 3. There is a risk to the health and wellbeing of staff and board members if NES continues to hold face to face meetings
 4. There is a risk that meetings will be held without public involvement
 5. There is a risk to staff health and wellbeing from continued isolation and working from home
 6. There is a risk that reverting to a normal training and governance environment, post crisis, will prove extremely difficult and costly, leaving significant vacancies in the workforce.
- 9.20. It was also agreed that there was merit in the Chairs of the existing Standing Committees meeting informally on a regular basis throughout the crisis to ensure that the interim governance model was properly supported and the essential elements of scrutiny and assurance were addressed.
- 9.21. Following discussion, the Board agreed to implement the proposed interim solution of governance.

10. Strategic Items

- a. Financial Plan (NES/20/39)
- 10.1 Audrey McColl presented the Board with an updated version of the 2020/21 NES Financial Plan for comment and approval. As a result of feedback given at the Board on 27 February, the plan has been updated to include a section on Medical ACT (Additional Costs of Teaching).
- 10.2 The Board also noted the plan now includes a risk stating that the COVID-19 pandemic could have a significant impact on NES's financial position during the 2020/21 financial year.
- 10.3 The Board approved the 2020/21 Financial Plan, with the caveat that the financial implications of the COVID-19 pandemic are not yet known.
- b. Dental Trainee Progression Outturn (NES/20/40)
- 10.4 David Felix introduced a paper that provided an overview of progression and performance management in postgraduate dental education and training and reported on the 2018/19 training year output.

10.5 The Board welcomed the positive information provided in this paper and the Chair thanked those involved for their work.

c. Integrated Health and Social Care Workforce Plan for Scotland (NES/20/41)

10.6. Stewart Irvine introduced a paper setting out the potential implications for NES in relation to the Integrated Health and Social Care Workforce Plan for Scotland, which was published by Scottish Government in December 2019. The paper includes details of work being undertaken by NES directorates in response to the commitments and actions set out in the Plan.

10.7. The Board noted the information contained in the paper.

11. Risk Register (NES/20/42)

11.1. Stewart Irvine presented the NES Risk Register as at March 2020. The Board noted that a new COVID-19 risk had been added (Risk 18). As a result of the item 9h discussion, the NES Executive Team will consider whether any of the other risks need to be re-scored in response to COVID-19 and whether any further risks need to be added following the Audit Committee meeting on 9 April.

Action: NES Executive Team

11.2. The Board agreed that future versions of the Risk Register should include the Risk Scoring Matrix to assist Members with their review. **Action: Chair/CE Office**

12. Items for Noting

a. Partnership Forum – 22 January 2019 (NES/20/43)

The Board received and noted the unconfirmed minutes of this meeting, which were introduced by Stewart Irvine.

b. Training & Development Opportunities for Board Members (NES/20/19)

The Board noted this paper providing details of upcoming training and development events would have to be disregarded in light of the COVID-19 pandemic.

13. Any Other Business

There was no other business requiring consideration at this meeting.

14. Date and Time of Next Meeting

The next Board meeting will take place on Thursday 28th May 2020 at 10.15 a.m.

NES
March 2020
AS/

Actions arising from Board meetings: Rolling list

Minute	Title	Action	Responsibility	Date required	Status and date of completion
Actions agreed at Board meeting on 26 March 2020					
7b	Chief Executive's Report	NES Director of Workforce – issue formal comms to staff once appointment is confirmed	Stewart Irvine	27 April	Complete – 1 May 2020
		Arrange meeting with Della Thomas and Non-Executive Board Members	Chair/CE Office	30 April	Complete – first meeting held on 03/04/20 with all non-executive Board members and individual meetings complete with non-executive and executive members by 06/05/20
8	Update on Cab Sec Priorities: Primary Care	Feed paper into future discussions with National Boards Collaborative PB in relation to Special Board contributions to Primary Care.	Stewart Irvine	Review 8 June 2020	National Board Collaborative meetings currently paused in light of COVID-19
9.20	Supporting interim governance model and addressing essential elements of scrutiny and assurance	Chairs of all Standing Group Committees to meet informally on a regular basis throughout the crisis	Chair	30 April	Complete - The Group has been established and will also have an advisory role to the Board Chair. The first meeting was held on 14 April. The remit of the group was circulated to Board members for information on 7 May.

Minute	Title	Action	Responsibility	Date required	Status and date of completion
9b	2019/20 Q3 Performance Report	Consider requirements for 2020/21 performance management and Q1 performance report in light of COVID-19 pandemic	Donald Cameron	June 2020	In light of COVID-19 the operational planning and performance monitoring has been paused by Scottish Government
11	Risk Register	Consider whether risks need re-scoring in light of COVID-19	Executive Team	May 2020	Complete
		Consider whether any additional risks need to be added following 30 April Audit Committee	Executive Team	May 2020	Audit Committee members provided responses to the COVID-19 strategic risk paper by correspondence 5-7 May and members steer is included in 28 May Board paper (item 8)
		Ensure future Risk Register papers include Risk Scoring Matrix	Chair/CE Office	May 2020	Complete
Actions agreed at Board meeting on 27 February 2020					
7a	Financial Plan	Consider development of staff/stakeholder comms in relation to the 2020/21 Financial Plan e.g. perceived vs actual uplift	Audrey McColl	26 March 2020	Due to COVID-19 crisis this date has not been met. This will be reviewed post COVID-19 as appropriate
Actions agreed at Board meeting on 26th September 2019					
10b	Corporate Parenting	Give consideration to co-opting a care-experienced young person onto a Board committee(s) and/or appointing one to a training position on the Board.	David Garbutt and Stewart Irvine	To be agreed post COVID-19	Some early exploratory discussions were undertaken with "Who Cares Scotland" pre-COVID-19, and the plan is to consider further through the Participation, Equality & Diversity Lead Network

Minute	Title	Action	Responsibility	Date required	Status and date of completion
					(PEDLN) group post COVID-19.

NHS Education for Scotland (NES)

Board Paper

1. Title of Paper

NES Executive Leadership Arrangements - update

2. Author(s) of Paper

David Garbutt, Board Chair

3. Purpose of Paper

To update the Board on the extension period for the Acting Chief Executive; Acting Medical Director and Acting Deputy Chief Executive and seek Board approval for these arrangements.

4. Key Items

The NES Chief Executive, Ms Caroline Lamb, was seconded to the Scottish Government from 1 December 2019 for an initial period of 6 months. We have been advised by the Office of the Chief Executive of NHSS within Scottish Government that it is their intention to continue her secondment. The NES Board Chair, further to discussion and agreement with Scottish Government and NES Executive Directors, has decided to extend the period of NES executive acting arrangements.

These acting positions have been held by Professor D. Stewart Irvine (Acting Chief Executive); Professor Rowan Parks (Acting Medical Director) and Mrs Audrey McColl (Acting Deputy Chief Executive) from 1 December 2019 – 31 May 2020. This period has been extended for a further 6 months from 31 May 2020 - 30 November 2020.

This will provide much needed executive leadership stability to NES at this time of COVID-19 crisis. The arrangements will remain under review.

5. Educational Implications

There are no immediate educational implications associated with this extension. Most of NES's normal education and training activity has been paused as a result of the pandemic. Directorates are focusing on contingency planning to ensure that appropriate arrangements are put in place so that currently suspended activities can resume once the pandemic is over, where this is appropriate.

6. Financial Implications

There are no additional financial implications associated with these extensions.

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

A High Performing Organisation.

8. Impact on Quality Ambitions

It is essential that the executive leadership arrangements are in place to support the delivery of our Quality ambitions whilst recognising the new challenges faced by the organisation and the wider NHS.

9. Key Risks and Proposals to Mitigate the Risks

Without these extensions, there may have been a risk that the NES executive leadership and visibility required in this current crisis, would not have been in place. Continuity of executive leadership arrangements are crucial at this time.

10. Equality and Diversity

Equality and diversity are at the heart of NES leadership and behaviours and the executive leadership team model these approaches. Throughout the NES response to the COVID-19 crisis, the executive leadership team have sought to maintain due regard to our duties under the equalities legislation.

11. Health Inequalities

The executive team continue to recognise, as appropriate, the impact on health and wellbeing and the widening social inequalities in relation to the recipients of NES services and staff, particularly in light of the COVID-19 crisis.

12. Communications Plan

Internal Communications

- Internal communication has been issued to key staff and there will be a whole staff communication after this Board meeting.

External Communications

- This Board paper and the updating of the NES website Board pages.

13. Recommendations

The Board is invited to approve the three executive leadership extensions as stated.



CHIEF EXECUTIVE'S REPORT

Stewart Irvine, Acting Chief Executive

May 2020

1 INTRODUCTION

- 1.1 The NHS continues to operate on a statutory emergency footing, and NES is operating under contingency arrangements, with most staff working remotely, and much normal business stood down. This is also the case across NHSS and the focus of most of our activity continues to be on the COVID-19 response. This report is therefore, of necessity, brief.
- 1.2 The Board agenda for our May meeting can be split into two parts. In view of the continuing COVID-19 pandemic, we have provided the Board with a strategic paper that summarises NES's response thus far and begins to consider the future, with specific reference to the NHS Scotland thinking around 'Recovery and Renewal'.
- 1.3 Under the Governance section, the Board is asked to review and note items relating to the financial year ending 31 March 2020, including the Quarter 4 Performance Report and minutes of two NES Standing Committees. In a slight change to our previous agenda format, the Chairs of the Staff Governance and Audit Committees will provide a summary of the significant issues considered at these meetings. It is only the Staff Governance and Audit Committees that are continuing to meet under our interim governance arrangements.
- 1.5 I would note that there are no specific directorate updates in this Chief Executive's report as all directorates are working to support the COVID-19 response, and information on how directorates are contributing is detailed in the papers for discussion under item 8.
- 1.6 A summary of 2019/20 Procurement activity has been included in light of the standing down of the Finance & Performance Management Committee due to the COVID-19 pandemic.

2 ANNOUNCEMENTS

2.1 Tracey Ashworth-Davies (Director of Workforce)

I am pleased to welcome Tracey Ashworth-Davies to her first meeting of the NES Board. Tracey joined NES as our new Director of Workforce on 1 May. Tracey has been a Board-level HR Director for over 20 years, working in multiple sectors. She has also held roles outside HR including CEO, COO, Strategy Director, Customer Services Director and Director of Corporate Affairs.

2.2 Della Thomas (Board Secretary & Principal Lead – Corporate Governance)

Della joined NES as our new Board Secretary on 1 April. I am pleased to welcome Della to her first NES Board meeting and am grateful for her support so far, particularly in relation to supporting our governance requirements during this period.

2.3 Lynnette Grieve (Employee Director)

I would like to welcome Lynnette Grieve to this Board meeting as NES's new Employee Director, as her term began on 1 April. Lynnette has been a NES employee for a number of years.

2.4 Dame Denise Coia

The Board will be aware of the sad news that Dame Denise Coia has passed away after a short illness. Denise was known to many of us in her role as a Health Board Chair and as an outstanding psychiatrist. Denise was a previous Chair of Healthcare Improvement Scotland (HIS) and Chair of the NHS Scotland Chair's Group and was Co-Chair, with Professor Michael West, of the GMC Health and Wellbeing group which recently issued its final report.

3 STRATEGIC UPDATES

3.1 Malcolm Wright, Scottish Government

The Board will be aware that Malcolm Wright has stepped down from his role as Director General (DG) Health and Social Care and Chief Executive of NHS Scotland on health grounds. Malcolm worked for the NHS for 45 years, including 11 years as Chief Executive of NES from 2004-2015. I have written to Malcolm on behalf of NES to pass on our appreciation and gratitude for the very significant contribution he has made to the NHS.

3.2 COVID-19 Pandemic

A summary of our organisational response to the current emergency is on the Board agenda for this meeting.

These are extraordinary times, and the demands of the response across health and care are relentless, requiring a great deal of staff across the organisation at all levels. I would want to put on public record my sincere personal thanks to all staff in NES for their continued support of our response, and my particular thanks to colleagues in the extended executive team and my office who continue to meet daily to co-ordinate our efforts.

The pace and scale of work related to the COVID-19 response is remarkable, and although we have summarised our efforts up to the point in time at which papers were cleared for issue to the Board, it is entirely likely that there will have been further significant developments in the interim.

4 PROCUREMENT UPDATE

4.1 During 2019/20, the Procurement team have continued to support the organisation with both routine procurement and strategic projects. One of the more significant projects has been the Paramedic Degree Programme (£13m over an initial 5-year period).

4.2 In addition, the team have provided support and advice for digital procurements which have been managed on our behalf by the specialist team

within NSS. These included the tender for a national e-Rostering solution for NHS Scotland (which forms part of the National Board's Collaboration Plan 'Changing to Deliver') and the tender for secure public Cloud (a requirement under Domain E of the Digital Health and Social Care Strategy).

4.3 Reporting during the year has been through the Finance and Performance Management committee until this was stood down as part of the revised Governance arrangements to support the NES response to the COVID-19 pandemic. During the year the committee received detailed quarterly reports on activity and savings achieved. The committee reviewed and approved the publication of the two required Statutory Reports which are the:

- Annual Procurement Report 2018/19 – published in August 2019
- Equality and Diversity, Procurement Duty update – published in February 2020. This details progress against delivery of the procurement duty and equality priorities and highlighted the fact that the cleaning and catering contracts for the main NES sites include the application of the living wage.

4.4 For the 2019/20 financial year the savings target for Procurement was 3.25% of influenceable spend, defined as, spend external to the NHS where the Procurement team can have a direct impact on the savings which can be delivered. During 2019/20, new savings have been generated and we have recognised the annual benefit of savings delivered across multi-year contracts, enabling savings of 6.38% to be achieved.

4.5 Procurement work very closely with Finance colleagues to ensure strong performance against the Scottish Government payment targets for trade suppliers. The results for 2019/20 were:

- 98% of invoices (by volume) were paid within 30 days and 93% of invoices (by volume) were paid within 10 days, which is an excellent achievement.

5 CALENDAR

The meetings I have attended since 16 March have followed a set structure, so rather than list every date individually, where possible meetings have been grouped and additional context provided.

NES [Extended] Executive Team

The Executive Team have met daily across 7 days on Microsoft Teams since 23 March to share progress updates on NES's COVID-19 response, raise issues and agree any decisions as appropriate. The membership has been extended to include representatives from all directorates and professional groups and also includes a representative from Corporate Communications. The Board Chair also attends these meetings on a weekly basis. A strategic summary of the Decisions Log for this group has been included as part of the COVID-19 response paper on item 8 of the agenda.

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

NHS Board Chief Executives (BCEs)

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

NHS National Board Chief Executives

BCEs of the national Boards and Public Health Scotland meet weekly via Microsoft Teams.

NHS Board Chief Executives & Scottish Government

All Board CEs meet weekly separately with the senior team from Scottish Government to discuss the COVID-19 response.

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

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

Individual Meetings

4 May – NES Partnership Forum

The Partnership Forum met via Microsoft Teams and items on the agenda included papers on the impact of COVID-19 on staff and doctors in training. Members also received an update on the COVID-19 Accelerated Recruitment Portal (CARP), a summary of COVID-19 related guidance from the Scottish Terms & Conditions Committee (STAC) and an update on the work of the NES Healthy Working Lives Strategy Group.

5 May – National Boards Collaborative Programme Board

The National Boards met via Microsoft Teams to discuss their contributions to the Scottish Government's Recovery and Renewal workstreams and opportunities for collaboration once the pandemic is over.

11 May – Scottish Government Health Workforce

I took part in a meeting along with our Medical Director, Nurse Director and Postgraduate Dental Dean to discuss proposals for legislation in relation to the awarding of degrees in medicine, dentistry and midwifery.

15 May – Colin Melville, General Medical Council (GMC)

I had a meeting with Professor Colin Melville, Medical Director and Director of Education and Standards at the GMC, to discuss the policy implications of the coronavirus crisis on medical education and training.

NHS Education for Scotland

Board Paper Summary

1. Title of Paper

NES COVID 19 Response Update

2. Author(s) of Paper

Stewart Irvine, Acting Chief Executive
Donald Cameron, Director of Planning and Corporate Resources

3. Purpose of Paper

To provide the NES Board with an overview of the NES COVID 19 pandemic business response and the actions taken for Board discussion and assurance. To provide an opportunity for the Board to discuss very early thinking in terms of recovery and renewal.

4. Key Issues

- a. NES's response to the COVID 19 pandemic is based on the principle that we have paused much existing NES activity and infrastructure and embarked upon new areas of business, both with the aim of ensuring that frontline services are as well supported as possible. This includes the provision of new educational and digital resources, supporting learners whose education and training has been disrupted, and supporting the 'on boarding' of new and returning staff supporting service delivery and response.
- b. In addition, this paper provides the Board with early thinking around the recovery and renewal of NES business based on the Scottish Government's advice (letter dated 8th April) that our AOP for 2020/21 will form the basis for a 'Recovery Plan'. It is acknowledged that the disruption to education and training pathways is likely to be substantial and that the recovery from this to a position of normal business will be complex.

5. Educational Implications

Most of NES's normal education and training activity has paused as a result of the pandemic. Directorates have been focusing on contingency planning to ensure that appropriate arrangements are put in place so that currently suspended activities can resume once the pandemic is over.

6. Financial Implications

The NES Finance directorate are tracking the financial consequences of NES's response to COVID 19. We continue to receive updates from Scottish Government regarding COVID 19 financial planning and reporting.

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

NES's response to the COVID 19 pandemic continues to evolve and the unique nature of the situation means that much of our current work is not directly linked to the key areas of focus set out in the 2019-24 NES strategy. However, our response so far has indirect links to all five key areas of focus.

8. Impact on Quality Ambitions

Not directly applicable to this paper.

9. Key Risks and Proposals to Mitigate the Risks

During the pandemic phase, the risks to normal NES business are clear and substantial, and the corporate risk-register is being amended to reflect this. These new risks will be the subject of a separate paper to the Board.

10. Equality and Diversity

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

11. Communications Plan

A formal COVID 19 communications plan has been published on the NES intranet site.

12. Recommendations

The Board is asked to note and discuss the information provided in this paper.

DSI / DC
NES
May 2020

COVID 19: NES Response

1. Introduction

- 1.1 The severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) is a new virus which was first reported to the World Health Organisation (WHO) in Wuhan, China on 31st December 2019, and which causes the coronavirus disease (COVID 19). Since then, the rapid spread of COVID 19s across the globe coupled with the current lack of immunity and vaccines, resulted in WHO declaring a global pandemic on 11th March 2020. Scotland has been no exception to the extensive and damaging impact of the virus and since the first Scottish case was notified on 1st March 2020, NES has put in place a range of actions to support frontline services as effectively as possible and which aim to help us recover to 'new normal' business as quickly as possible.
- 1.2 On the 8th April 2020 the Scottish Government informed NES that discussions on our *Annual Operational Plan (AOP) 2020/21* would be 'paused' and that our AOP would be held on file as the baseline for our recovery plan. The letter (Appendix 1) also advised NES that the key focus of our work would now be responding to the COVID 19 pandemic and on enacting the *NES Local Mobilisation Plan (LMP)* addendum to our draft AOP, which was submitted to the Scottish Government on 18th March 2020 and presented to the NES Board on 26th March 2020. The NES LMP is based on the principle that much of our normal business has been 'stood down', and that new business has taken its place for the foreseeable future.
- 1.3 Based on information also provided by NES to the Scottish Government on 18th March and 7th April, this paper provides a high-level summary of how NES has been supporting the health and care system across Scotland during the COVID 19 pandemic. In addition, this paper describes the impact of the pandemic on NES staff and on our corporate governance processes, as well as outlining our early thinking around the recovery and renewal of NES core business based on the understanding that the 'new normal' is likely to be different from before.

2. Background

- 2.1 The NES LMP is based on the principle that much of our normal business has been 'stood down', and that new business has taken its place for the foreseeable future. Based on information also provided by NES to the Scottish Government on 18th March and 7th April, this paper provides a high-level summary of how NES is supporting the health and care system across Scotland during the COVID 19 pandemic.

2.2 The first positive case of COVID 19 was confirmed in Scotland on 1st March 2020 and on 13th March, the first death was announced. On the 25th of March, the First Minister confirmed that the Scottish Government was establishing a ‘COVID 19 Advisory Group’ to supplement the advice being received from the UK-wide ‘Scientific Advisory Group on Emergencies’. On 6th April 2020, the *Coronavirus (Scotland) Act 2020*¹ became law to complement and regulate the use of emergency powers given to Scottish Ministers under the UK Parliament's Coronavirus Act 2020 to ease regulations in sectors that may struggle to meet their statutory requirements.

Figure 1: Timeline of the Coronavirus Pandemic

First confirmed case of COVID 19 in Wuhan, China	1 Dec 2019	
	31 Dec 2019	Wuhan Municipal Health Committee informed WHO of 27 "cases of pneumonia of unknown aetiology detected in Wuhan"
Novel coronavirus identified	7 Jan 2020	
	8 Jan 2020	First confirmed case of COVID 19 outwith China
Gene sequencing data of the isolated 2019-nCoV completed	10 Jan 2020	
	21 Jan 2020	First confirmed case in USA
DHSC / PHE raise UK risk from 'very low' to 'low'	22 Jan 2020	
	24 Jan 2020	First confirmed instance of human-to-human transmission outwith China
WHO Declares Public Health Emergency of International Concern	30 Jan 2020	First confirmed case in Italy
	31 Jan 2020	First confirmed case in the UK (York)
Globally, the virus has now spread to 28 countries	10 Feb 2020	
	12 Feb 2020	First confirmed case in London
COVID 19 designated as a notifiable disease	22 Feb 2020	
	1 Mar 2020	First confirmed case in Scotland (Tayside)
UK 4 Nations publish a Coronavirus Action Plan	3 Mar 2020	
First death in the UK from COVID 19	5 Mar 2020	NES Resilience and Response Arrangements stood-up
WHO Declares the Outbreak a Pandemic	11 Mar 2020	
UK CMOs raise the UK risk from 'moderate' to 'high'	12 Mar 2020	Self-isolation advised for 7 days for those with symptoms
First confirmed COVID 19 death in Scotland	13 Mar 2020	
7 Days self-isolation for symptoms + 14 days for family contacts.	16 Mar 2020	UK PM advised everyone in the UK against "non-essential" travel and contact with others, suggesting

¹ [Coronavirus \(Scotland\) Act 2020](#) – Scottish Parliament

		people should avoid pubs, clubs and theatres, and work from home if possible.
Closure of schools announced.	19 Mar 2020	NES ET Briefing Room stood-up
UK closure of pubs, restaurants, gyms, entertainment venues, museums and galleries.	20 Mar 2020	
	23 Mar 2020	Wide-ranging restrictions made on freedom of movement, enforceable in law for a planned "lockdown" period of at least three weeks
NES Launch of Turas Learn COVID 19 Platform	24 Mar 2020	
	25 Mar 2020	SG Establishes COVID 19 Advisory Group
NES Launch of COVID 19 Accelerated Recruitment Portal	29 Mar 2020	
	6 Apr 2020	Coronavirus (Scotland) Act 2020
Lockdown measures to continue for a further 3 weeks	16 April 2020	
	23 April 2020	SG Publish Coronavirus (COVID 19) framework for decision making
Pause of COVID 19 Accelerated Recruitment Portal	30 April 2020	
	5 May 2020	SG Publish Test, Trace, Isolate, Support Strategy
UK Government announces easing of restrictions in England	10 May 2020	

2.3 Since the 1st March 2020 the number of confirmed COVID 19 cases and deaths has risen steadily in Scotland and across the rest of the United Kingdom. Sources of up to date data are available through the following publications, and the figures below illustrate some key trends in Scottish data to give a picture of the emerging events.

- *Coronavirus (COVID 19): trends in daily data*²
- *Deaths involving coronavirus (COVID 19) in Scotland*³
- *Deaths registered weekly in England and Wales*⁴

2.4 It should be noted that events are fast-moving, and it is entirely possible for significant changes to occur between the drafting of this paper and the meeting of the NES Board. Figure 2 below shows that the numbers of patients in Scottish hospitals with known coronavirus infection, and shows that this number, having risen sharply until around the 11th of April is now slowly reducing.

² [Coronavirus \(COVID 19\): trends in daily data](#) – Scottish Government

³ [Deaths involving coronavirus \(COVID 19\) in Scotland](#) – National Records of Scotland

⁴ [Deaths registered weekly in England and Wales](#) – Office for National Statistics

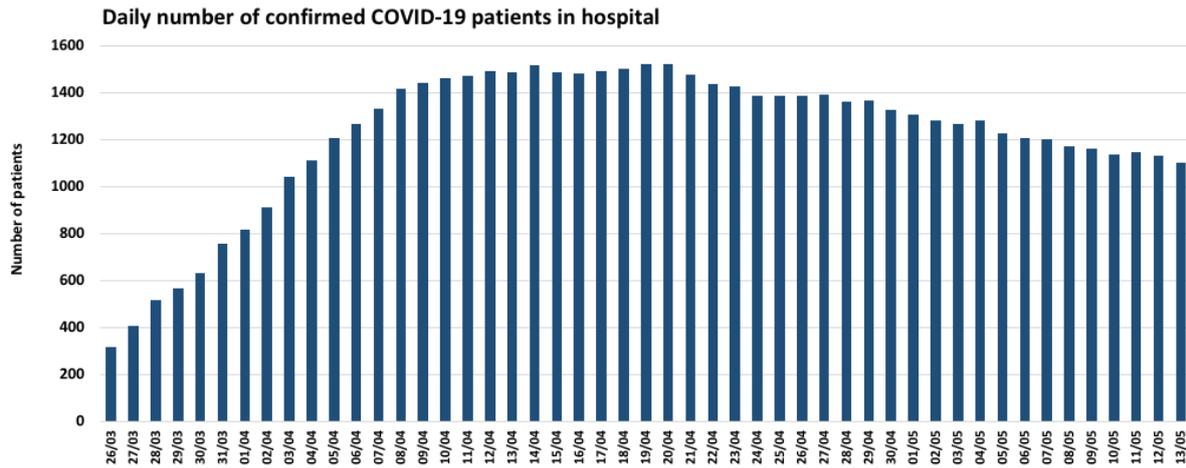


Figure 2: Numbers of Patients in Scottish Hospitals
Data from Scottish Government as at 13th May ([Link](#))

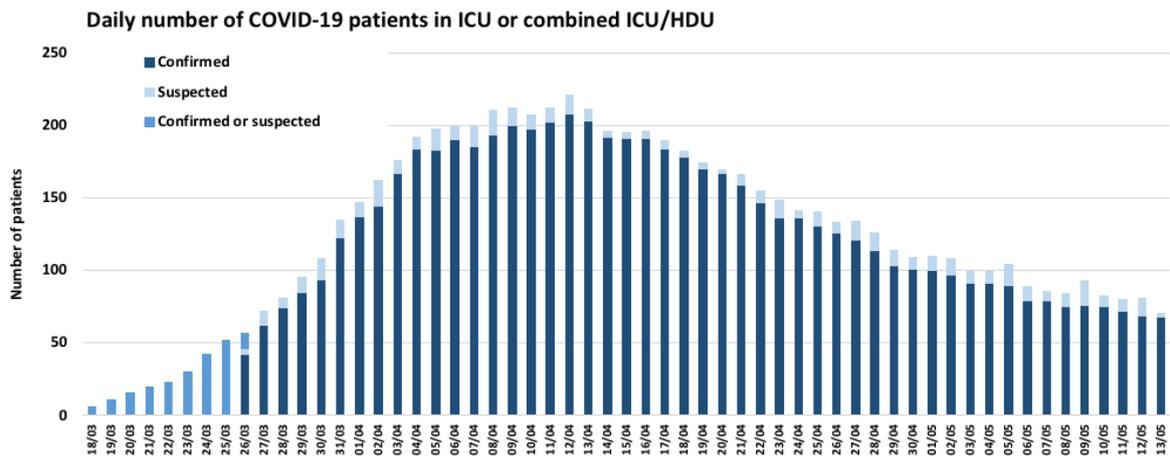


Figure 3: Numbers of patients in intensive care in Scotland
Data from Scottish Government as at 11th May ([Link](#))

2.5 Figure 3 above shows that the numbers of patients in intensive care units in Scottish hospitals (a sub-set of the numbers in Figure 2) with known or suspected coronavirus infection, and shows that this number, having risen sharply until around the 12th of April is now showing a steadily reducing trend.

2.6 Figure 4 (below) shows data from the GRO in Scotland on numbers of registered deaths each week from the beginning of 2020 according to whether or not Covid-19 was mentioned on the death certificate, compared to the average number of deaths during this period over the preceding 5 years.

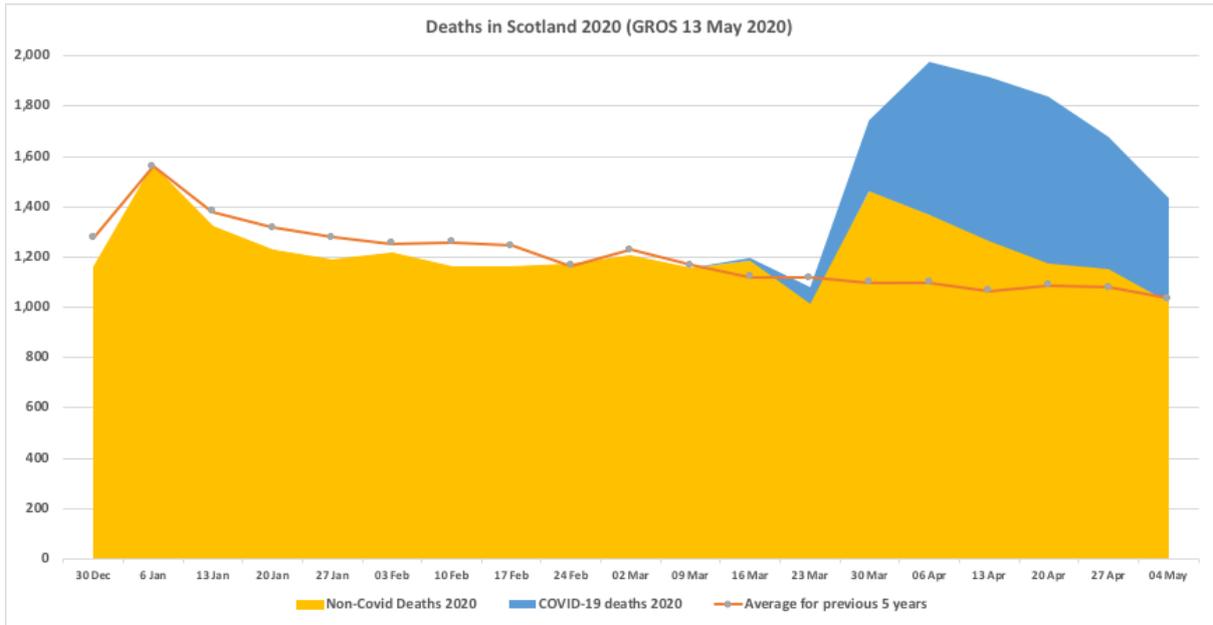


Figure 4: Deaths in Scotland – Covid-related + Non-Covid Related
 Data from National Records of Scotland published 13 May 2020 ([Link](#))

2.7 Figure 5 shows data from GRO Scotland showing how deaths in recent weeks have been distributed across hospital and care home sectors. For the year to week 19 (10th May) there have been 11,393 deaths in hospital, of which 1,537 mentioned Covid on the death certificate. The comparable figures for care homes were 7,231 and 1,438.

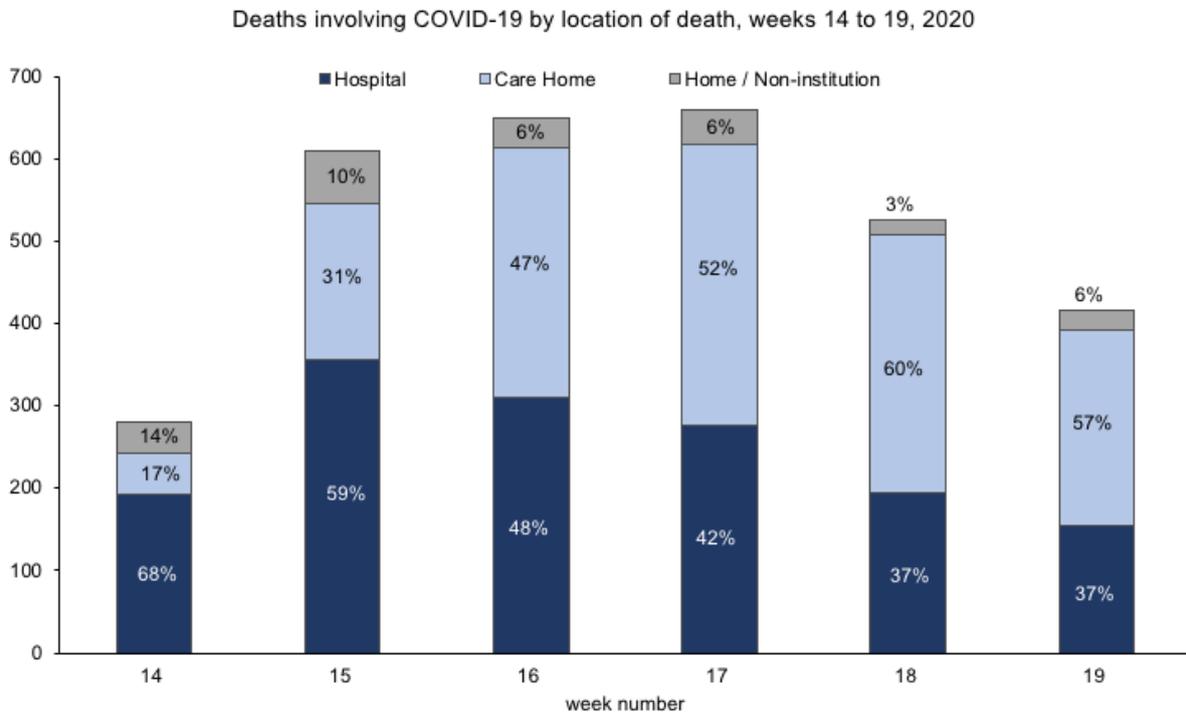
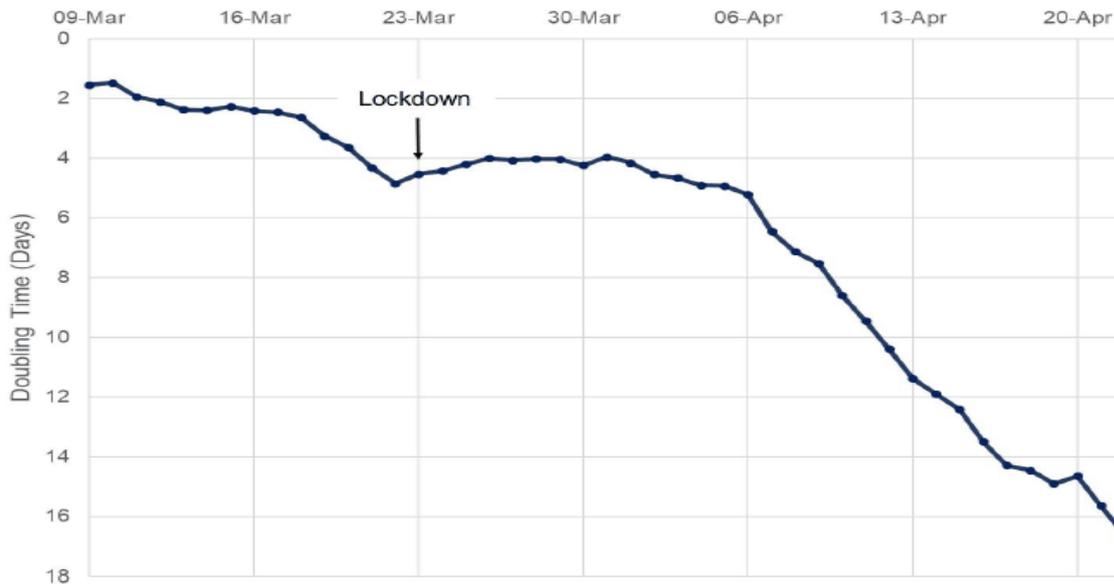


Figure 5 : Deaths in Scotland – By Location
 Data from National Records of Scotland published 13 May 2020 ([Link](#))

2.8 On the 23rd April 2020 the Scottish Government published *Coronavirus (COVID 19): framework for decision making*⁵ outlining the options for easing the so-called 'lockdown' and the steps required to constrain COVID 19 while limiting the damage to Scotland's health, society and economy. This document is further referenced in section 6.



try to limit the damage to future workforce supply. Information on the activities that we have suspended and new work that has been started was supplied to the Scottish Government on the 19th of March (with a requested update also sent on 7th April), in reply to the request dated 13th March 2020. In our response to COVID 19, a priority for NES has been to maximise the contribution that learners and trainees can make to service delivery, while seeking to support trainees at the frontline, including those in medical, pharmacy, dental, optometry, nursing, midwifery, AHP and psychology programmes. A summary of this information is supplied in the next two sub-sections.

NES Activities Suspended or Paused

- 3.2 Medical** - Postgraduate medical education and training is predominantly a managed and quality assured workplace-based process. In the current emergency, most staff who work in NHS Boards who would normally support this work are focussed on the current service pressure. The major changes in this area have been coordinated with the other 3 Statutory Education Bodies across the UK where appropriate. Medical directorate activities suspended or paused are as follows.
- a. The 2020 Scottish Medical Education Conference.
 - b. Trainee rotations – doctors in training will ‘stand-still’ in their current placement.
 - c. Trainee workplace-based assessments.
 - d. Medical education regulatory visits (GMC) to hospital sites and GP Practices.
 - e. Our contribution to ‘Sharing Intelligence on Health and Social Care’ group.
 - f. Specialty Training Boards (STBs) and Specialty Training Committees.
 - g. Formal teaching and training of doctors in training and trained doctors.
 - h. The GMC National Training Survey and the Scottish Trainee Survey
 - i. NES-led Workforce development as part of the Chief Medical Officer for Scotland Taskforce for the improvement of healthcare and forensic medical services for people who have experienced rape or sexual assault.
 - j. The Staff and Associate Specialist Doctor Development Board.
 - k. Development of a GMC-regulated credential in rural and remote hospitals.
 - l. The normal trainee recruitment process (this has been adapted to limit the involvement of clinical staff who will be required for frontline services)
 - m. Quality Improvement events and developmental training.
 - n. Medical Appraiser training courses, meetings and conferences.
 - o. The General Practice nursing programme.
 - p. The Practice Managers VTS and supervisory management programme.
 - q. The CPD Connect programme and Practice Based Small Group Learning.

3.3 Nursing Midwifery and the Allied Health Professions (NMAHP) - All non COVID 19 related activity around NMAHPs seven key programmes of work (noted below) have been suspended. That said, Scottish Government have requested that some business as usual activity continues in relation to our Public Health programme, immunisation and work related to the Scottish Centre for reducing infection and risk in the healthcare-built environment. NMAHP directorate activities suspended or paused are as follows.

- a. Practice Education.
- b. Pre-registration Education and Health Care Support Workers.
- c. Post-registration/Postgraduate Education and CPD.
- d. Mental Health, Learning Disabilities and Dementia.
- e. Women, Children, Young People and Families.
- f. Public Health.
- g. Person Centred Care and Health and Social Care Integration.

3.4 Dental (including Optometry and Healthcare Science) – directorate activities suspended or paused are as follows.

- a. Quality management activity.
- b. ARCP reviews for specialty trainees. We will develop a lighter touch approach.
- c. Specialty Training Committees.
- d. Dental trainee recruitment (contingency plans are being developed to minimise senior clinical staff time away the service.
- e. Mandatory training and 'Section 63' courses.
- f. Post-qualification courses for dental nurses which have not yet started.
- g. Pre-qualifications cohorts due to start in April and May.
- h. Post-qualification cohorts that are already underway – cancelled face-to-face contact, invigilated assessments and workplace-based assessments, case-by-case decisions on whether 'GoTo Meeting' may be feasible.
- i. Dental nurse induction.
- j. Practice managers' and practice administrators' courses.
- k. Educational events related to the national oral health initiatives.
- l. Face to face teaching sessions for 'Childsmile' and other topics to support staff caring for priority groups.
- m. AWI courses and Enhanced Skills Practitioner - Domiciliary Care training.
- n. VT and HTVT study day activity, including Test of Knowledge and MME training/assessment for those who have not yet completed it.

- o. External LEPs for VT.
- p. Induction events for 2020/21 trainers and VDPs/HTVTs commencing 1st August
- q. Replacing infection control training with virtual interactive session, potential helpline set up to support GDS in Boards.
- r. Dental core training study days.
- s. DCT and educational supervisors conference.
- t. **Optometry** - Scottish Government requested that some activity around mandatory training and the glaucoma training award continue. The General Optical Council have also confirmed continuation of their CET requirements for revalidation. This, taken with an SG request for more training on a range of areas, means we will maintain design and delivery of a catalogue of CPD.
- u. Face to face training programmes, including Paediatric-neurology day, national and regional prescribers' conferences, return to work, LAMP and advisory board meetings – all suspended.
- v. **Healthcare Science** - We will continue with our on-line Healthcare Science ARCP process in the Autumn.
- w. Quality monitoring activity relating to training centre recognition.
- x. The Healthcare Science national event.
- y. Face to face trainer support and leadership development.
- z. Face-to-face recruitment interviews for 2020 postgraduate clinical scientist intake; we will develop a virtual approach using 'GoTo Meeting'.

3.5 Psychology - directorate activities suspended or paused are as follows.

- a. Routine delivery of training in relation to upskilling the existing health and social care workforce in general psychological, mental health and wellbeing.
- b. Routine placement and quality management activity relating to psychology training grades.

3.6 Pharmacy (part of the medical directorate) – team activities suspended or paused are as follows.

- a. 2020 Pharmacy Education Conference (part of Medical Education Conference)
- b. Professional development training events (with the exception of NHS Pharmacy First Scotland Service training which has switched to online training).
- c. The Pharmacy Additional Cost of Teaching (ACTp) workstream.
- d. The Pharmacist VT Foundation programme – some essential support will remain.

- e. The Pharmacy Technician VT Foundation programme – some essential support will remain.
- f. The General Practice Clinical Pharmacist programme.
- g. The Expert Professional Practice Pharmacy programmes.
- h. Foundation and advanced pharmacy leadership training.
- i. Pre-registration/ACT premises approval visits.
- j. Contribution to National UK development of Foundation Pharmacist, Foundation Pharmacy Technician and Consultant Pharmacist programmes.
- k. Recruitment of Scottish Pharmacy Clinical Leadership Fellows.
- l. Pharmacist clinical assessment skills and consultation skills training courses.

3.7 NES Digital and NES Digital Service (NDS) – directorate activities suspended or paused are as follows.

- a. Non COVID development work has been deprioritised or paused to create capacity to support national initiatives.
- b. Interactions with Boards have been reduced to the minimum required to support work already deployed.
- c. Support for non-COVID related development of educational resources.

NES New Programmes of Work

3.8 Educational Support for Service - NES has developed a wide range of educational resources to support staff, particularly those working in unfamiliar service areas, or those who are re-joining the workforce. Many of these are provided through our TURAS Learn COVID 19 Educational Resource⁶ [here](#). This is available for all health and social care staff and volunteers deployed to support clinical services and is particularly useful for people redeployed to other areas. We have included input from Medicine, NMAHP, Psychology, Pharmacy and the Clinical Skills Managed Education Network. There is an extensive and growing list which presently covers

- assessment and care of people with COVID 19;
- palliative and end of life care;
- death and Bereavement;
- practice in the Community Setting;
- resources for new staff;
- protecting yourself and your workplace environment;
- psychosocial mental health and wellbeing support for staff;

⁶ [Turas Learn COVID 19 Educational Resources](#) – NHS Education for Scotland

- guidance and Evidence and;
- tools and apps.

The list below provides more detail on the new educational, to give a flavour of the breadth and depth of coverage:

- a. Infection Control and Protection working with Health Protection Scotland - *A short learning programme for people supporting the NHS services in a clinical care secondary care setting during this response.*
- b. NMAHP re-registrants and re-deployed staff in health & social care - *Induction material produced to support all NMAHP re-registrants.*
- c. Re-registrants and redeployed staff looking after the acutely unwell person - *Resources produced for mixed discipline health and social care staff who may be required to care for needs of an acutely unwell and deteriorating person. Respiratory Physiotherapy modules also available to support physiotherapists managing the acutely unwell adult.*
- d. Re-registrants and redeployed staff looking after the acutely unwell child - *Resources produced in relation to the emergency management of children and young people.*
- e. Maternity services - *Resources available to support HDU care for critically ill obstetric patients, obstetric emergencies, and neonatal emergencies.*
- f. Community Nursing and other staff working in community setting e.g. Community Hubs - *A range of education and training materials available to support practice in the community relative to COVID 19. The resource is for all health and care staff, including independent care home providers.*
- g. Social Care staff - *The COVID 19 education portal offers a range of education and training materials available to support social care staff deployed or redeployed to support services.*
- h. Volunteers, Community Support and Carers - *As well as resources to support volunteers, community support and carers on the COVID 19 portal there is also the Posture Matters to support carers aimed at providing practical guidance on how posture can maintain and enhance respiratory function for people with postural difficulties.*
- i. Up-skilling of HCSWs who are redeployed - *Resources for support worker (health and social care) induction including effective record keeping, delegation, teamworking, communicating and supporting people etc.*

- j. Palliative and end of life care - *resources for health and social care staff to help develop their knowledge and skills in palliative and end of life care and bereavement.*
- k. Confirmation of death by registered healthcare professionals in Scotland – *resources to support practitioners in the clinical procedure – short film, recording template, frequently asked questions and pocket cards.*
- l. Resources to support resilience, mental health and wellbeing of health and social care staff arising from the COVID 19 - *psychological first aid, early and preventative interventions and coaching and supervision.*
- m. Symptoms and signs in Respiratory Medicine;
 - Arterial blood gases;
 - Acute asthma management;
 - Acute COPD management including use of nasal intermittent positive pressure ventilation (NIV);
 - Acute bronchiectasis management;
 - Pneumonia management.
- n. Webinars, VC consultation and other online resources are being provided to support continue learning and COVID 19 related support across a range of professional groups on; total telephone triage; long term condition management; conversations and remote consulting; NHS 'Near Me', MS Teams and online meetings; listening services; staff and students being deployed into frontline roles; self-protection, assessment and management and workplace protection; clinical skills using simulation.
- o. The Statutory Education Bodies across the UK four nations have worked together on areas such as redeployment guidance, pauses in training, cancelled or postponed courses, events and examinations. NES is using the UK based guidance to guide our actions using the many 'Position Statements' that have been published for each of the healthcare professions.
- p. Contributed to UK expert guidance for manufacturers on the rapid design and operation of ventilators.

3.9 Workforce Support for the Service – NES is working on the principle that staff, learners, trainees and our clinically qualified educational infrastructure who work across NHS Boards and in care homes, have been released from educational roles and training/education to support the collective response to COVID 19. This section

describes the workforce support we are providing. (Details of numbers of NES staff and key learners re-deployed in support of service are noted in Appendix 2.)

- a. Support and co-ordinate the deployment of NMAHP and medical students including final year student transition to emergency registration and employment.
- b. Developed introductory clinical skills training and evaluation package for new dental vocational trainees.
- c. Supported dental core and specialty training to plan future recruitment, support trainees to complete the year and change the format for 2020/21.
- d. Published dental clinical effectiveness guidance to support practice during the pandemic and gathered feedback on patient information on self-management, prescribing and on data that could inform future service planning.
- e. Developed new skills to deliver remote teaching to dental care professionals using 'GoTo Training' and created online assessment processes.
- f. Developed a range of and online resources, training, advice and guidance for infection control and for those delivering oral health care to priority (vulnerable) groups and the critically ill in a hospital, care home or 'care at home' setting at a time when there may be limited provision of routine dental and oral health care.
- g. Deploying psychologists to support the wider workforce. This has involved developing national resources, training models and systems of practice support for local delivery. Local educational infrastructure and psychology trainees who are employed by NHS Boards are part of the delivery model.
- h. Developing a psychology ladder of support spanning early intervention to complex care to keep staff functioning over the next few months (i.e. stress, anxiety, burn out depression and PTSD).
- i. Providing extended national PVG services to support those returning to service, not necessarily employed by NES.
- j. Additional support to returning (out of programme) doctors in training in response to the four-nation agreement that doctors in training who are currently out of programme (including for research), can return to support services at this time of extraordinary pressure on acute services.
- k. Monitoring and management of pre-registration pharmacist trainees and digital and virtual support for pre-registration assessment and those in the transition to provisional registration.
- l. Development of processes to allow the Scottish COVID 19 Recruitment Portal to support pharmacist and pharmacy technician 'returners' and student pharmacists

and pharmacy technicians to be nationally recruited and deployed to frontline service.

- m. Support stage four undergraduate students in the transition to pre-registration pharmacists during COVID 19 and develop alternative recruitment methods for pre-registration pharmacists starting August 2021.
- n. Increased support for Optometric practices in response to increased infection control protocols and for first port of call Optometry, particularly around emergencies and remote triaging and examination.
- o. In response to changes within secondary care ophthalmology, increased support for community independent prescribers.
- p. Support NHS 24 mental health hub with workforce supply from psychology undergraduates, graduates, trainee mini-placements and qualified staff.
- q. Developed adaptations to COVID 19 psychological resources for staff working with vulnerable groups e.g. autism, learning disability, dementia, long term conditions, care experienced, abuse survivors.
- r. Developed amended trainee recruitment processes and contingency plans (with the other UK nations) to limit clinician time away from frontline services.
- s. Working with the four Scottish graduating medical schools, the UKFPO and NHS Boards to identify applicants for FiY1 posts, capacity for placement and supervision, and arrangements for support and mentorship in response to the joint UK statement offering final year medical students appointments as Foundation interim Year 1 (FiY1) doctors.
- t. Developing trainee surveys regarding the impact of COVID 19 on postgraduate education and training.

3.10 Digital Support for the Service - NES has been very active in the digital 'space' during the pandemic. We have worked closely with Scottish Government, NHS Boards, Higher Education Institutions and Professional Regulators to develop and launch the [COVID 19 Accelerated Recruitment Portal](#) (CARP) to support the return to service of registrants who have recently left, and to bring into service those who are close to qualification. We are also managing the on-boarding and deployment process to NHS Boards and many of our staff have been redeployed to work in this area.

In addition, we have developed and deployed an on-line system to maintain contact with those high-risk patients who require to be 'shielded', we are developing the ReSPECT model to support end of life conversations and resources to enable

community-based provision of emergency ophthalmology care. Full detail of our digital support is covered in this section as follows.

- a. Scottish Government Digital Health and Care Directorate commission to develop and deploy a staff tracking form on TURAS for COVID related status.

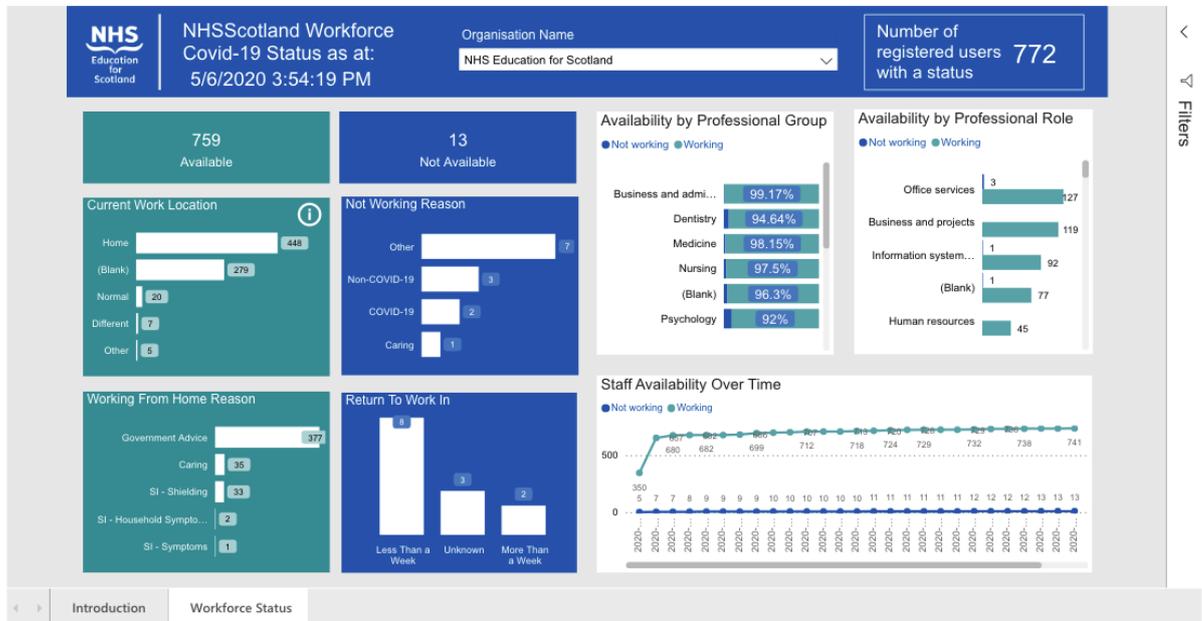


Figure 6 : Screenshot of Turas Covid-19 Staff Tracking form

- b. A DHI commission to develop and deploy **COVID case management system** based on TURAS FNP (Family Nurse Partnership).
- c. Provide 400 **Office 365 licences** on the NHS Scotland tenancy for Scottish Government health and care related staff in support of their collaboration and communication needs.
- d. Developed and implemented an **SMS shielding support service** to provide food support to high risk groups.
- e. Built a short form ACP built on the ReSPECT model to support end of life conversations.
- f. Reworking of an existing commission to allow community-based provision of **emergency ophthalmology care**.
- g. **COVID 19 Accelerated Recruitment Portal** - this programme continues to be a very major programme of work. Key highlights are as follows;

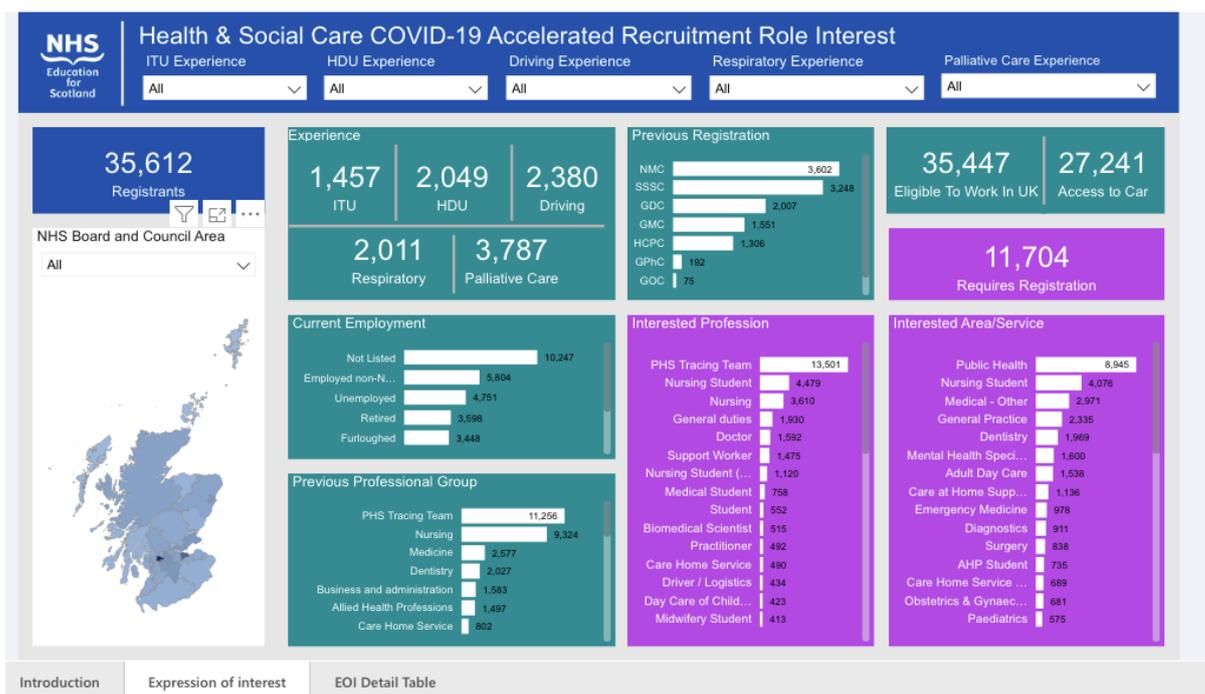


Figure 7 : Screenshot of Turas Covid-19 Accelerated Recruitment Portal at 18 May.

- Following a commission from SG Health Workforce, on 24th March 2020, the NES accelerated recruitment portal went live 5 days later Sunday 29th March.
- The portal was temporarily closed to new applicants on 30th April and the total number of individuals, returning health professionals and senior undergraduates, then registered was 18,440.
- The portal has since re-opened to support the recruitment of staff to support contact tracing, and as at 18th May, we have over 35,000 expressions of interest.
- The first group of staff were deployed to Boards on 6th April.
- NES has undertaken pre-employment checks, allocated staff to NHS Boards and completed the issue offers of contract in some cases.
- In addition to the considerable effort to design, build and deploy the portal, NES staff embarked on the onboarding of this large group of staff - equivalent to onboarding the entire workforce of NHS Lanarkshire in the space of a few days. To support this, some 160 NES staff have been redeployed from other areas of the organisation and trained to support workforce activity.



Figure 8 : Screenshot of Turas Recruitment Portal Deployment Dashboard at 18 May.

- The initial proposal was that NES would also employ and payroll these staff, however it became apparent that workforce systems at Board level were not capable of supplying appropriate data to NES to support the payroll function, and an alternative pragmatic model has been developed and agreed.
- h. [The Scotland Deanery Website](#) (medical directorate) has been developed for use as the main vehicle for all our COVID 19 communications with information and guidance for trainees and an interactive Frequently Asked Questions (FAQs) section and COVID 19 mailbox for queries.

4. NES Staff

4.1 The COVID 19 pandemic required NES to rapidly change the work we deliver, and this has had a significant impact on our staff. Our ability to respond to the COVID 19 pandemic has been helped by our focus on people and work design, reflected in the positive annual staff experience scores and the prioritisation of Smarter working. This enabled person-centred decisions about re-deployment, and the successful adoption of remote and other new ways of working.

- 4.2 The [COVID 19 Accelerated Recruitment Portal](#) (CARP) remains a business-critical activity for NES and many of our staff have been redeployed internally to support this work. This has seen the suspension of non-essential training and development activities, the appraisal process, and confirmation from Scottish Government that iMatter has been paused. However, some of this has been replaced with the requirement to develop induction for staff across multiple professions.
- 4.3 In relation to NES employed clinical staff, directorates have had the discretion to determine whether staff with appropriate clinical skills can be released into frontline roles. Where agreement to release staff is reached, a secondment arrangement is in place to ensure there is clarity on arrangements such as health and safety (including PPE and testing) management, and indemnity. In cases where an employee is on secondment to NES, discretion remains with the employing NHS Board, and some staff in this group have already returned to clinical roles.
- 4.4 For non-clinical staff, we have established the principle of internal or external redeployment as required. Directorates have also identified business-critical roles, essential NES skills, and any concerns staff may have about being deployed differently. To support this, written guidance has been agreed in partnership and we have put together COVID 19 related HR guidance and FAQs for staff. These are accessible on the intranet and are updated as further guidance and policy is issued and in response to COVID 19 related enquiries from staff.
- 4.5 Special consideration has been given to recruitment activity across NES with each request reviewed to assess whether the post is business critical and whether recruitment should pause or continue. FAQs have been developed for hiring managers on the intranet, to include advice on remote induction and establishment control processes have been adjusted to respond quickly to urgent requests. We have also developed guidance to support hiring managers with virtual recruitment. Finally, the HR Team have reviewed all current case work (e.g. conduct and capability) and agreed on a case by case basis whether any informal or formal stages should pause or continue.
- 4.6 One of the most significant changes to the way NES staff work is the shift to remote working. Prior to the pandemic, 37% reported regularly working from home and this is expected now to be nearer 100% for those staff not redeployed to clinical service. Although all NES facilities are still technically open and accessible (except for the UoE Bayes Centre), in terms of resilience the shift to home working as the default position has been a relative success story so far with the organisation well set up for from a

technology, and increasingly a cultural perspective through the Smarter working improvement programme.

- 4.7 From another perspective the shift to home working presents challenges when overnight it has become the default way of working for most staff. These challenges include understanding what good and safe looks like in this new environment and maintaining connection whilst balancing on-screen time and other forms of working. Added complications also arise where individuals are working from home with caring responsibilities or are working in isolation for an extended period. To help manage the challenges of such a rapid change we have emphasised the need for flexibility in how and when work is done, and we are promoting regular contact between colleagues and within teams. There are now many examples of good practice in this area using MS Teams which have been shared within the 'NES Internal Coordinating Group - COVID 19' and NES Digital have provided significant remote assistance to support access to systems and troubleshoot problems. In addition, we have developed guidance and training resources on TURAS Learn on MS Teams and remote working, including guidance on accessibility and inclusion.
- 4.8 In terms of corporate communications, the [NES Intranet](#) site is the main source of information for staff and is updated regularly supported by multi-channel communications to all staff. The Chief Executive has also filmed regular video updates to staff and line managers are encouraged to maintain regular contact. Throughout the pandemic, strong partnership working has continued with regular information exchanges with staff side informing the Executive Team on areas of emerging concern. Support for staff health and wellbeing remains a priority, ensuring that staff are enabled to follow guidance on social distancing and isolation and providing clear guidance on absence reporting and monitoring.

5. NES Governance

- 5.1 At the NES Board meeting on 26th March 2020, temporary governance arrangements for NES Board business were agreed. These arrangements are designed to free up Executive Team and staff time by reducing the governance demands of the present system, and taking account of paused activity, while maintaining essential scrutiny and assurance at a reduced level. These revised arrangements are accommodated within the existing legislation and the Board's Standing Orders. In summary, they are as follows.

- The NES Board will continue to meet and will review and amend the business agendas and schedule in light of the COVID-19 crisis. Meetings will be held remotely on MS Teams.
- NES Board away-days and development sessions will be suspended until further notice.
- The NES Board Audit Committee and Staff Governance Committee will continue to meet and will review their business and agendas in light of the COVID-19 crisis. The Remuneration Committee will meet as required. Meetings will be held remotely on MS Teams.
- All other NES Board standing committees will be suspended until further notice.

NES Board governance arrangements will be reviewed as part of 'Recovery and Renewal (see section 6). Timeframes for this are not yet clear.

- 5.2 On the 5th March 2020 NES enacted a [COVID 19: NES Contingency Plan](#) along with the [NES Business Continuity Plan](#) (BCP). As a result, the NES Executive Team membership was extended to include representative from all professions. This extended team has been meeting daily (7 days per week) to manage our response to the COVID 19 pandemic. In addition, the core NES Executive Team continues to meet formally every two weeks as is normal practice.
- 5.3 As a key element of the contingency plan, the 'NES Executive Team (Extended)' (ET) reports to the NES Board and acts as the key decision-making body, as well as planning for the recovery and renewal of NES services and for making decisions where conflicting demands on resources or services are necessary. The 'NES Internal Coordinating Group - COVID 19' is a larger forum with representation from across NES (with a core of local 'Emergency Contacts' from the BCP), which is permanently in contact though MS Teams. It reports to the ET and acts as the operational 'Incident Management Team (IMT)', co-led by the Director of Digital and the Director of Planning and Corporate Resources. The membership of these groups is recorded in appendices to the contingency plan.
- 5.4 Both these groups use MS Teams and SharePoint for meetings, communication and document management. A key element of these new arrangements is a rolling Decisions Log which has been created as a key governance record during the pandemic. The nature of the emergency requires that very significant decisions are often required to be made at pace. (It is not unusual for SG to issue letters to BCEs out-of-hours, with a requirement to take significant action and report back within less than 24 hours). The log also includes notes of discussions, actions and events and is

updated daily by members of the CE Office/Board Services team who note the weekday meetings. The full record of discussion and decisions has been presented to the Audit Committee, and a summary of the key decisions recorded in this log is presented at Appendix 3.

6. Recovery and Renewal

- 6.1 The Scottish Government's [Coronavirus \(COVID 19\): framework for decision making](#) (published 23rd April), presents a high-level description of the options for easing 'lockdown' arrangements that will allow our society to function, while being clear that there will be a 'new normal' very different to how things were prior to COVID 19, both for society at large, and for the health and care system in particular.
- 6.2 This was supplemented on 5th May 2020 by the [Coronavirus \(COVID-19\): framework for decision making - further information](#). This highlighted the importance of controlling infection transmission rates as we consider the restarting of more routine NHS business, and also noted the possibility of further waves of infection and of prolonged restrictions on normal activities.

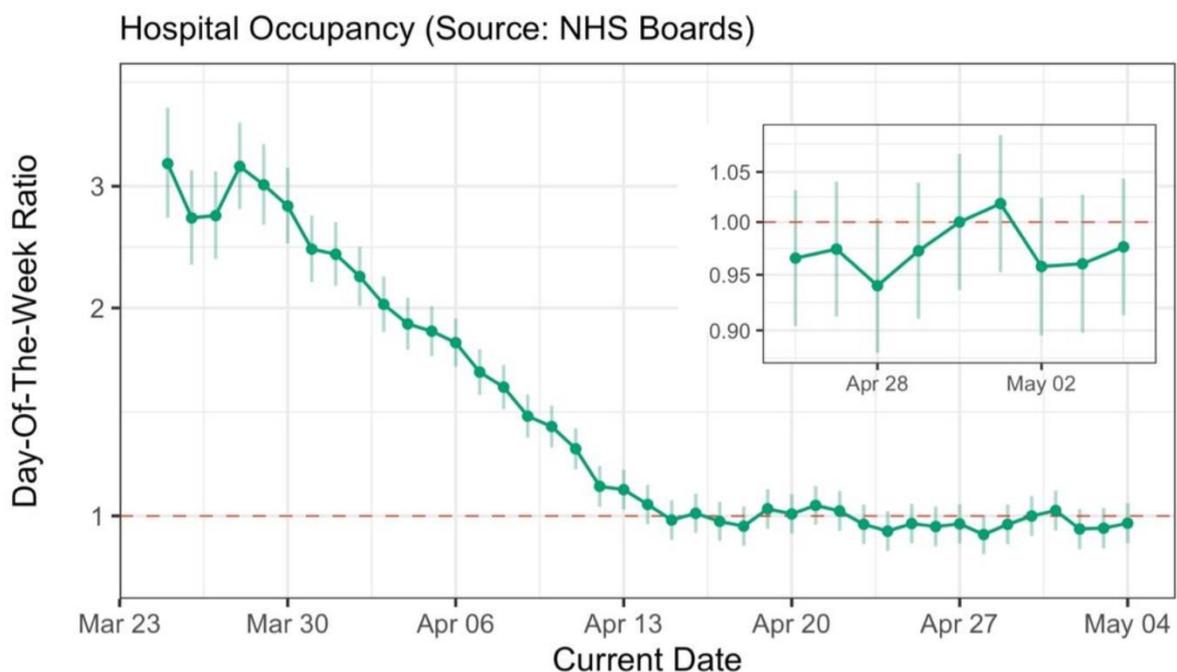
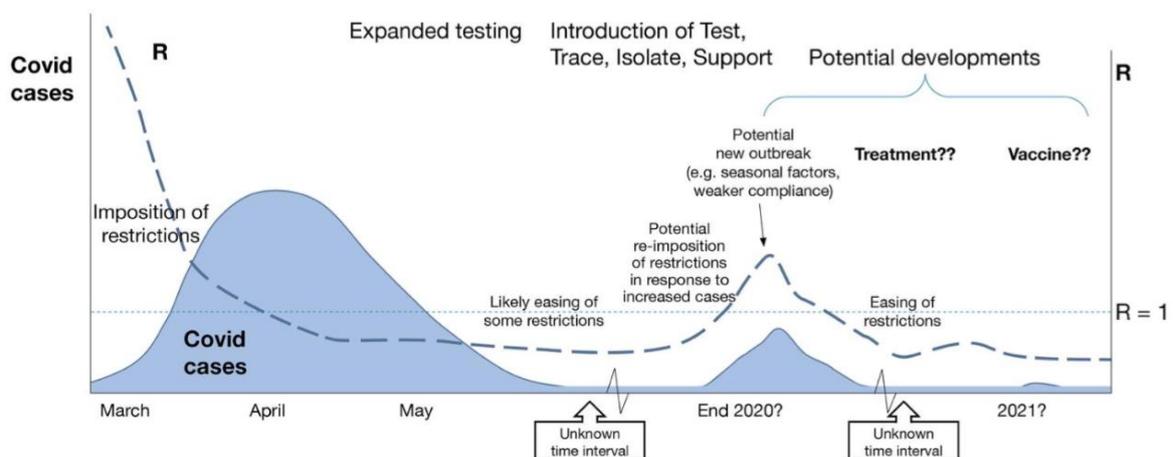


Figure 9 : Change in Hospital Occupancy rates (Data from SG 5 May 2020) ([Link](#))

- 6.3 The line in the chart above shows the ratio of each measure in the last seven days compared to the previous seven days. Where the ratio is one, that indicates no change - i.e. the numbers of each measure in the last seven days is the same as the previous

seven days. This shows the effect of the lockdown in slowing the transmission of the virus. In more recent weeks, there are signs this rate of change has stabilised, or plateaued. Sustained and continued evidence of the ratio staying below one will be required to be more confident that transmission is falling, and that numbers of new cases per day are falling, to the extent that is required for key elements of pandemic response - including [Test, Trace, Isolate and Support](#) - to be effective.

6.4 From these and other data, it is possible to estimate the total number of people in Scotland currently likely to have the virus, whether or not showing symptoms, and the current reproduction rate, or R_t of the virus: the number of people, on average, who are catching the virus from each person who already has it. R_t must be well below 1 for a sustained period in order to suppress the virus.



Approach: Approximate Timescales

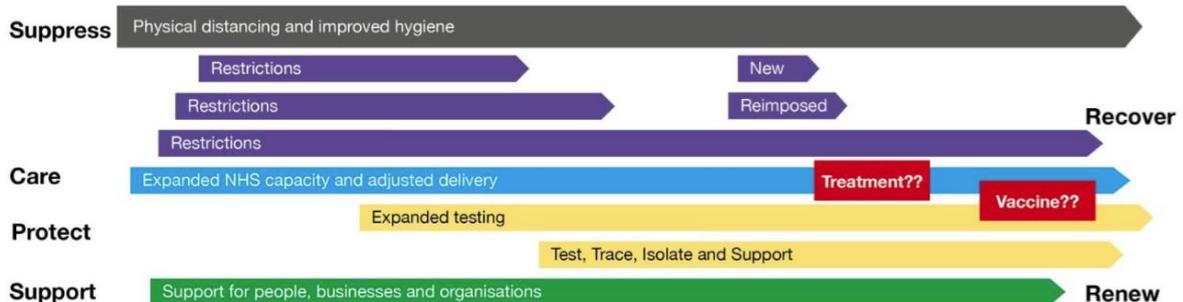


Figure 10 : SG Approach to transitioning through and exiting from the crisis ([Link](#))

6.5 It is against this background of considerable uncertainty that we must begin to make plans for the future.

6.6 During the recovery and renewal of NES core activities, we will review the approaches taken during our response to COVID 19 while reconfiguring our business to react to

emerging pressures. This section outlines NES's early thinking about how we will recover and renew our business in a way that limits the damaging impact on education, training and workforce development and promotes and enables the new technologies and ways of working that will be required in the post COVID 19 world. We acknowledge that this needs to be done in partnership and within a range of national policy frameworks and guidance, many of which have yet to be developed or published.

6.7 There are implications for how NES is configured to operate as effectively as possible while Scotland learns to live with COVID 19. In line with the Scottish Government framework we will have to ensure that our staff and stakeholders are as safe as possible and our facilities, educational/business processes and corporate policies are reviewed and adapted to enable this to happen. The NES medical directorate has developed a three phased recovery and renewal model which is relevant for the whole organisation as follows.

- **Mission Critical** - what needs to be done to allow business critical activities to return in the short term (3-6 months).
- **Recovery** - what needs to be done to remediate the COVID 19 impact in the medium term (6-12 months).
- **Renewal** - what needs to be done to establish different, more efficient and effective ways of working and an adapted business model in the longer term (1- 3 years).

6.8 The first two phases will involve directorates identifying which activities need to restart first and the sequencing thereafter. In addition, an assessment of the risks and the potential for further waves of COVID 19 will need to be considered. Some practical elements are as follows;

- critical actions and sequencing;
- governance and resources;
- timescales;
- individual ownership;
- liaison with UK partner organisations where process is four nation;
- liaison with other key stakeholders;
- which new approaches worked well, and which did not;
- educational reform and innovation;
- use of technology and physical workspace;

- communications and;
- risk management.

6.9 In addition, we will want to review NES corporate governance, management groups/hierarchies and business processes to reflect the 'new normal' where we have demonstrated how responsive these can be when delivered in a 'lighter touch' fashion.

Workforce Education and Training

6.10 Several of the workforce supply pathways into health and care (which can be long and complex) have been disrupted because of the COVID 19 pandemic. This disruption has resulted from several factors which have affected the ability of learners and trainees to progress as normal. These have included;

- changes in clinical service provision (for example where the cessation of elective work has led to a reduction in training opportunities);
- changes in trainee rotations (for example, many trainee rotations have been 'stood-still' to provide service support and minimise disruption);
- the redeployment of trainees and learners into different clinical areas;
- service pressures impacting on the ability of staff to complete necessary trainee assessments and;
- decisions taken by other organisations which have impacted on trainee progression (for example examinations being suspended, which can be critical to progression or completion of training).

6.11 NES has been working with NHS Boards, the statutory education bodies in the four devolved nations, and the professional regulators to mitigate disruption with the aim of allowing as many trainees/learners to progress as normally as possible. However, it is likely that there will be some residual impact.

6.12 Similarly, the workforce supply chain requires the recruitment of significant new entrants to the system on an annual basis – whether into undergraduate programmes or postgraduate training programmes.

6.13 NES has been working with the statutory bodies across the four nations to put in place recruitment procedures which can operate effectively under the current restrictions to normal movement. This has been largely successful, but there may still be some residual impact to recruitment.

- 6.14 Work has yet to be undertaken to evaluate any impact on undergraduate intakes and progression.
- 6.15 Most clinical education and training pathways are subject to statutory (UK) regulatory oversight, which normally includes approval of placements and programmes. On the basis that the recovery and renewal process will lead to significant service re-design, extensive and complex work may be required to re-profile training pathways and programmes in line with any new service models.
- 6.16 If the 'new-normal' requires trained professionals to possess new or different skill sets (for example in remote consulting), work may be required to drive the necessary curricular change, and to develop and deliver the necessary training. In areas where curricula are regulated at a UK level, this will require a four-nation approach.

Organisational Development

- 6.17 People, ways of working and communication will be important for NES's recovery and renewal. People's experiences will be key to achieving the improvements realised from streamlining processes and the more rapid review, decision and implementation cycles that are now in place. For example, in communications, we now use video-editing software which makes it much easier to record and edit messages and webinars.
- 6.18 The support for recovery is also the start of renewal which will include elements of rehabilitation. This is likely to have phases, including but not limited to;
- the immediate crisis of spring 2020;
 - the medium-term pandemic footing during 2020/21 and;
 - the 'longer term post pandemic 'new/next normal'.
- 6.19 Throughout these phases, early research into crisis recovery, responses and models when dealing with chaos and complexity suggests that the following will be important;
- a high-level sense at Government level of what 'recovered' looks like;
 - involvement of staff and stakeholders in describing what that means;
 - reflection on the implications for the NES Strategy;
 - identification of what things are helping, and the gaps/barriers that hinder;
 - resourcing of interventions to support needs at individual, team and organisational level and;
 - learning in action to understand impact and inform future support.

- 6.20 The volatility, uncertainty, complexity and ambiguity connected with recovery from the COVID 19 crisis will need to be iterative and returned to over time to support renewal.
- 6.21 At the time of writing (early May 2020) SH HSCD have convened working groups on 'recovery' and 'renewal' whose work is in the very early stages.

Returning to the Workplace

- 6.22 We expect that the digital products and services NES provides to, and develops for, the health and social care system in Scotland will be in high demand as a result of the lesson learned from COVID 19. In addition, staff and stakeholders have experienced many benefits from the technology which has enabled us to work remotely. However, it is also important to acknowledge that some aspects of remote working are less satisfactory e.g. large meetings are difficult, quick informal transactions less possible and interactions with colleagues less frequent.
- 6.23 However, technology, and our physical workplaces are only part of the picture, returning to the workplace will be much more complex than providing the right equipment and adapting our properties, in many ways that may be the easy part. NES will take a whole systems approach based on a phased and gradual transition involving the whole organisation. The health and wellbeing of our learners, staff and stakeholders will be at the core of our decision making.
- 6.24 NES therefore anticipates a phased, and gradual return to the physical workplace with a significant 'lead time' in terms of preparation. In order to be successful, it will need to be supported and led from all parts of the organisation, acknowledging that the 'new normal' is likely to involve a more complex balance of office based and remote working to allow us to respond to future waves of COVID 19. This will need a whole systems approach involving corporate policies, behavioural aspects, Smarter working principles and effective communications. These will need to be agreed in partnership and be widely accepted and applied.
- 6.25 In terms of adapting our organisation to ensure the workplace, equipment and working practices are safe and compliant, we will follow Scottish Government policy as well as guidance from Health Facilities Scotland, Health Protection Scotland and the Health and Safety Executive. In terms of the physical adjustments that will be required in the workplace, we will establish a team from the 'NES Internal Coordinating Group: COVID 19' to include local facilities managers from all NES sites and key staff from

directorates plus planning, property and facilities, digital, workforce, health and safety and staff side.

7. Conclusions

- 7.1 As noted earlier, this is a very fast-moving emergency, and it is inevitable that events will have moved on significantly in the period of time between this paper being cleared for release, and the Board meeting.
- 7.2 The scale of the emergency, the impact on the NHS, on society and the accompanying loss of life has been extraordinary and tragic. Our response so far has been managed under arrangements determined in our business continuity and contingency plans. But the extent of disruption to normal business has been extreme.
- 7.3 We have been required to suspend or pause large areas of normal business, provide support to the service through the provision of educational resources, the re-deployment of staff and learners, and through taking on very substantial new programmes of work, such as the Covid-19 Accelerated Recruitment Portal, and the Shielding SMS service.
- 7.4 At the same time, we have had to move to an entirely new way of working, supported by home-working, remote meetings, and a step-change in the on-line approach to the delivery of education.
- 7.5 And in doing this, we have sought to support our staff and those learners for whom we are responsible to the maximum extent possible, have endeavoured to secure continuing education and progression where possible, and undertake recruitment for the start of the next academic year, to guarantee continuity of workforce supply.
- 7.6 While attention is now rightly turning to recovery and renewal, and the resumption of our educational core business, we are mindful of the many challenges that the service (and so the learning environment in which we work) will face, the likelihood of a continuing enforced reduction in clinical capacity, a large back-log of urgent and scheduled care, the new ways of delivering care that will be required, and the new skills that we will be asked to support.
- 7.8 It is also of note that the NHSS response to this emergency has resulted in change at pace and scale, much of which has been extremely positive, and there is a clear appetite as we recover and renew to seek to 'lock in the benefits'.

7.9 However, we must also be mindful that this pandemic is far from over, and there remains a risk of further episodes requiring an urgent response. Indeed, as recently as 21st April, Tedros Adhanom Ghebreyesus, the WHO director general cautioned - “Trust us, the worst is yet ahead of us.”.

List of Appendices

Appendix 1

Letter from Scottish Government - Chief Performance Officer, NHSScotland and Director of Delivery and Resilience, dated 8th April 2020. (Attached)

Appendix 2

NES Staff Deployment in Support of Service (Attached)

Appendix 3

NES Executive Team COVID-19 – Record of Decisions and Discussion (Attached)



T: 0131-244 2480
E: John.Connaghan2@gov.scot

Stewart Irvine
Acting Chief Executive
NHS Education for Scotland
102 West Port
West Port
Edinburgh
EH3 9DN

08 April 2020

Dear Stewart

NHS EDUCATION FOR SCOTLAND (NES): ANNUAL OPERATIONAL PLAN 2020/21

Thank you for submitting your most recent Annual Operational Plan (AOP) draft, setting out your operational priorities and key actions for 2020/21. May I take this opportunity to thank you and your team for all the hard work that has gone into the preparation of the AOP over the last few months.

I am writing to confirm that I recognise and fully support the fact that the key focus of NES at this time is, and for the foreseeable future will be, on responding to the current Covid-19 pandemic and on enacting your Local Mobilisation Plan. Inclusive to this will be the delivery of arrangements supporting appropriate early placements of *Foundation interim Year 1* doctors who seek this option and all agreed reporting on the progress of the outcome deliverables of the Covid-19 Accelerated Recruitment Portal.

In light of the Covid-19 priorities, we are taking the latest AOP draft received from you as a 'baseline', which will be held on file for the moment and which will form the basis of a Recovery Plan when we are in a position to begin to consider that process.

For the avoidance of doubt, that does not necessarily mean that we are agreeing your current proposals, but rather that this is the point at which we are pausing our discussions with you on these matters.

I would be grateful if you could note the specific points raised in the following paragraphs in to regard to Financial Planning.

Finance

As Accountable Officer, you have responsibility for ensuring that the resources of your Board are used economically, efficiently and effectively. We thank you for the work completed to date to develop your 2020-2023 financial plans and note the scale of challenge being faced.

Due to the exceptional circumstances arising from COVID-19, we are pausing work on AOP financial planning and will return to this as soon as possible in 2020-21. At this time, we expect

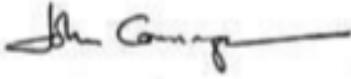


Boards to continue to ensure robust financial management and, as far as possible, to continue to develop plans that secure a balanced financial position.

We will continue to engage with you in respect of the financial implications of COVID-19, and as we receive clarity on the additional funding announced by the UK Government as part of the UK Budget 2020.

Richard McCallum's letter of 20 March 2020, sent to your Director of Finance, provides some additional narrative on this and should be read alongside this letter.

Yours sincerely



JOHN CONNAGHAN CBE

Chief Performance Officer, NHSScotland and Director
of Delivery and Resilience

NES Direct Clinical Workforce Support to Service

1. Summary of **NES clinical staff and learners** redeployed to support 'shop-floor' service delivery at the onset of the emergency. This does not include the large numbers of senior students deployed through the Covid-19 Accelerated Recruitment Portal.
2. **Medical**
 - a. Approximately **9 WTE Hospital Consultants** and **7 WTE GPs** spread across a range of specialties and Health Board areas. The individual commitment of these doctors varies from full-time and part time NES medical educational leader to others who work for NES on a sessional basis, with most of their time spent in Health Board hospitals or GP Practices. The WTE resource, available for redeployment, summarised above is distributed across > 200 individuals.
 - b. Doctors in Training who are currently out of programme. The Deanery's call to its doctors in training who have taken time out of their training for research (OOPR), to gain additional experience (OOPE) or training (OOPT) to return to support acute service during the Covid crisis has so far resulted in **102** returning doctors (OOPR – 74; OOPE – 13; OOPT – 4; Other – 11). This includes 2 trainees who are part of our **Scottish Clinical Leadership Programme**, however many of the remaining 10 in this programme have refocused their activities to contribute to the response to COVID-19 while working in Scottish Government or in other host organisations.
 - c. Released 3 Advanced Practitioner Grade Nurses and one Senior Dietician (seconded to NES Medical Directorate) back to service in the Louisa Jordan NHS Hospital, NHS Lanarkshire, NHS Lanarkshire, NHS 24 and NHS Lothian, respectively.
3. **NMAHP**
 - a. Redeployed to clinical environments (acute): 2.0 WTE (NHS Grampian, NHS Greater Glasgow and Clyde)
 - b. Redeployed to other clinical environment (NHS24): 1.0 WTE (NHS 24)
 - c. Redeployed to another National Board: 1.0 WTE (HPS)
 - d. Further, staff *deployed* to NHS Louisa Jordan : 5.0 WTE (subsequently returned with potential for one to be released back through official secondment if LJ is opened)

4. Dental, Optometry & Healthcare Science

- a. Dentists 1.0
- b. Practice Manager 0.73

5. Pharmacy

- a. 2 WTE staff to LJH - 2WTE pharmacists (including Pharmacy lead to set up LJH) plus additional remote support for policies and training (return dates expected 18th May and 1st June 2020)
- b. 1.5 WTE Staff to NHS24 (return date 25th May 2020)
- c. 8.4 WTE Staff to territorial Boards – 6.3 WTE pharmacists, 2.1 WTE pharmacy technicians (return dates being agreed likely May 2020/early June).
- d. 2.4 WTE Internal redeployment to NES HR (no return date agreed yet)

6. NES Digital Service (NDS)

All three NDS clinical advisors released back to their Boards or practice (0.4 FTE each).

NES Executive Team COVID-19 – Record of Decisions

This document is a record of high-level, strategic decisions taken by the NES Executive Team and the NES Extended Executive Team during the 2020 COVID-19 pandemic (period 10 March – 17 May 2020).

Attendees:

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

Decisions relating to Governance & Accountability					
Date	Decision Number	Area	Decision Taken	Owner	Conclusion/Further Notes
16/03/20	1	NES Board	Chair & Chief Executive agreed that all Board/Committee meetings will be held remotely using Microsoft TEAMS until further notice.	DSI	26 March Board minutes formally note this decision. Complete Approach to be reviewed July 2020
17/03/20	2	NES Board	Chair proposed that Digital, Educational & Research Governance and Finance & Performance Management Committees will be stood down during COVID-19 pandemic. NES Board, Audit and Staff Governance Committees will continue to meet remotely.	NES Board Chair	Chair emailed NES Board on 17/03 – decision confirmed to Board at meeting on 26/03 and included in the Board minute. Complete This core-governance arrangement will be reviewed July/August
27/03/20	3	Planning	Year-end performance report to be produced as normal, however DC noted that performance measurement	DC	Year end (Q4) performance report will be produced for the May 2020 NES Board

Decisions relating to Governance & Accountability					
Date	Decision Number	Area	Decision Taken	Owner	Conclusion/Further Notes
			against the AOP for 20/21 is suspended until further notice.		meeting. 20/21 performance reporting against AOP currently 'paused' based on the letter from SG (John Connaghan) dated 08/04.
03/04/20	4	Finance	A [SG] decision has been taken to extend the deadline for the 2019/20 Annual Accounts where required.	AMcC /JS	We aim to have the accounts ready for the June Audit Committee however, if necessary, we will delay in consultation with External Audit.
06/04/20	5	NES Board / SG Letter	Response issued to Richard McCallum (SG) regarding Board Governance arrangements during COVID-19.	NES Board Chair	Complete. Response issued by Della Thomas on 06/04/20
09/04/20	6	All Extended ET	DSI noted that the ET will need to consider 'return to Business as Usual' (BAU) once COVID-19 is over. A paper will need to be developed, with recruitment being one of the key areas.	DSI/All ET	Need to align with SG Response / Recovery / Renewal approach. SG have since (15 May) requested a phase 1 mobilisation plan by 25 May.
16/04/20	7	All Extended ET	COVID-19 risks – It was agreed that all directorates will provide their top 2 risks in relation to COVID-19. These risks will help to support discussion of risks at 30 April Audit Committee.	ALL	On-going – Risks standing item on Executive Team agenda. Risks relating to Covid-19 have been discussed at Audit Committee on 30/4/20 and will be discussed further at May Board.
16/04/20	8	PCG – PFM	All NES sites to undergo Fire Risk Assessments (FSA) during end April/beginning of May to ensure legal compliance. PFM team working with contacts as NES sites to arrange these.	DC	Underway – all FSAs will be complete by end of May.
17/04/20	9	Planning	Property Transaction NDS - a business case will be produced for new premises for NDS as planned, this will be submitted to the ET and then the June Board for approval. The impact of the lockdown on the commercial property market is not yet known.	DC	'Heads of Terms' for a new NDS property have been agreed subject to NES Board and SG approval.
20/04/20	10	Planning	DC has started to receive queries about revising current year OP planning targets and access to the MiTracker system. DC has recommended on the basis of the	DC	Communication sent on 20 April to NES planning/performance colleagues to 'pause' 2020/21 performance reporting.

Decisions relating to Governance & Accountability					
Date	Decision Number	Area	Decision Taken	Owner	Conclusion/Further Notes
			information received in John Connaghan's letter of 8th April 'pausing the current year AOP process' letter that the focus will be on establishing a year-end (Q4) performance report for 2019/20 'pausing' 2020/21 performance reporting until it's clear what is happening with the AOP.		
20/04/20	11	Planning	Discussion on changes on return to BAU. Workplace arrangements as yet unknown but possible mix of home and office. Extra PPE may be required. Information on this phase will be added to the May Board paper if available. Health Protection and Health facilities may produce guidance on a 'new normal' for facilities and offices.	DC	How the physical facilities are adapted for return to the workplace (RTW) is just part of the process and a national HFS framework guidance is being prepared by NSS. We will follow that national guidance. RTW will be complex and will require a whole systems approach where behaviours, support and clear messaging will be important. Engagement with staff and staff side involvement will be critical.
20/04/20	12	Planning	ET agreed that the COVID-19 decision log and Risk register should be submitted to the 30 April Audit Committee.	AMcC and CEO Office	Complete – papers issued to Audit Committee.
27/04/20	13	All	Directorates are starting to consider how to implement business as usual practices. Medical, Nursing, Pharmacy and Dental are in early discussions. DSI asked that information on resuming normal business be included in their summaries which will feed into the Board Paper – NES Response to COVID-19.	ALL	Complete. COVID-19 Response paper prepared for May 2020 Board, and subsequent request from SG for phase 1 mobilisation plan by 25 May.
28/04/20	14	P&CR	ET agreed that it would be best to postpone the Staff Conference which is due to be held on 23rd September.	DC	Complete. Comms to directorate staff conference reps issued via Yammer and email on 29/04. Venue waived the cancellation fee.

Decisions relating to Governance & Accountability					
Date	Decision Number	Area	Decision Taken	Owner	Conclusion/Further Notes
29/04/20	15	Planning	DC confirmed Planning will produce the performance information required for the Annual Accounts.	DC	Underway - a year-end (Q4) performance report has been prepared for the May Board meeting.

Decisions relating to NES Staff					
Date	Decision Number	Area	Decision Taken	Owner	Conclusion/Further Notes
11/03/20	16	All-staff Comms	COVID-19 update sent setting out comms/contingency planning processes	JMacE	Comms Issued to all staff on 11/03 Complete
16/03/20	17	All-staff Comms	NES adopted a general policy of postponing all non-urgent business such as meetings, conferences and developmental training (unless they are COVID-19 related)	JMacE	Comms issued to all staff on 16/03 – end date of July 2020. Complete
17/03/20	18	All-staff Comms	NES Comms issued to staff that ‘to the maximum extent possible staff will be supported to work from home’	JMacE	Comms issued to all staff on 17/03 Complete NB - We can evaluate through the staff tracker app on Turas – approx. 95%.
02/04/20	19	NES Staff	ET agreed that staff should normally be encouraged to take their annual leave/upcoming Public Holidays.	All ET	Complete. Comms through acting Chief Executive to all staff.
09/04/20	20	Workforce	Parental Leave – ET supported revised SG position regarding parental leave during COVID-19. Staff can now take 4 weeks paid parental leave during COVID-19. Previously only 2 weeks of 4-week entitlement could be taken in a single year.	MM	Complete. FAQs on intranet updated to reflect this.
10/04/20	21	Workforce	Working hours – many colleagues have been working overtime, including weekends and it is important	ALL	FAQs developed on intranet.

Decisions relating to NES Staff					
Date	Decision Number	Area	Decision Taken	Owner	Conclusion/Further Notes
			to be mindful of staff health and wellbeing and ensuring over time does not breach regulations.		
14/04/20	22	Psychology / Communications	There was a discussion around getting the right message across to NES staff regarding wellbeing and it was agreed that Sandra Ferguson (Psychology) would liaise with John MacEachen (JMacE) to include the Psychological first-aid message and TURAS resources in next week's CEO briefing to all staff.	SF, JMacE	Complete. CEO message issued on 20/04/20
29/04/20	23	All	DSI reminded the extended ET that it is important to take some downtime and deputies would be welcome at these meetings. CE office to confirm and update list.	CEO OFFICE ALL	Complete List updated on 05/05/2020
30/04/20	24	All NES Staff	DC advised of increased queries from staff regarding home-working experiences and provision of equipment (ergonomic chairs etc). ET acknowledged importance of supporting staff and agreed current home-working policy (for contracted home-workers) is not sufficient to cover working during COVID-19. ET agreed HR should review and issue updated policy to NES staff, including reimbursement of any equipment purchases.	DC/MM/ AMCC	Complete. Revised homeworking policy developed and approved by ET for issue.
30/03/20	25	Clinical Staff	Return of clinical staff in NES to service - DSI confirmed that it is important that NES retains clinical skills and knowledge. Once the portal is fully up and running and Workforce is adequately supported this can be reviewed. DSI confirmed that if staff in NES had a skill that is required, then it would be delegated to an ET member to agree at directorate level.	RP/DF/KW/ GH	Complete. Information was included in the letter that was sent to Malcom Wright (Scottish Government) on 7 April 2020

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

Decisions relating to Education and Training					
Date	Decision Number	Area	Decision Taken	Owner	Conclusion/Further Notes
			<p>has potential issues for pharmacist workforce in Scotland and perhaps an additional supportive role from NES.</p> <p>NES national Pre-reg recruitment planned for Sept 2020 (2021-22 trainees) not going ahead, however working with HEE to agree and purchase their online SJTs to test applicants and rank applications for 2021 starters. Process to be agreed with stakeholders.</p>		
27/03/20	37	Dental	DF asked to chair task and finish group under the auspices of MDRS to agree recruitment processes across the four nations. The principal aim is to reduce the amount of time involved from clinical staff both from the point of view of trainees and senior clinical staff who may be involved in the recruitment process.	DF	Complete. See decision number 17 for update
27/03/20	38	Healthcare Science	Final year biomedical science students are to be deployed into service. This will join HCPC Temporary Register	RF	SG has liaised with universities; "pass" list sent to HCPC (Health & Care Professions Council)
31/03/20	39	Medicine	GP Trainee Progression - exit exams have been postponed for now. NES will continue to fill training programme as best as possible.	RP	Discussion and involvement with SG regarding numbers to include in R1R recruitment.
31/03/20	40	Psychology	Recruitment agreed in stripped back form for trainees. Placement agreements shaping up including with NHS24 as mini placement, trying to avoid double running - aim to get trainees out as normal.	JT	Recruitment proceeding in April and May. NHS 24 not requiring psychology support currently.
01/04/20	41	Medicine	4 Nations position - approach agreed for FY medical students joining the workforce. Boards hoping the students can be ready to start work w/c 13 th April. A co-ordinating group has been created to oversee this process. The students will go onto TURAS under a single training programme for the whole of Scotland.	RP	Steering Group chaired by Clare McKenzie established with representation from Foundation School, DMEs and Medical Schools. Final deployed numbers available later in cycle.

Decisions relating to Education and Training					
Date	Decision Number	Area	Decision Taken	Owner	Conclusion/Further Notes
01/04/20	42	Medicine	Trainee progression - potentially 100+ GP trainees will require an extension to training. RP will clarify estimated financial impact.	RP	Numbers have since been reduced and alternative arrangements being made for exit exams. Numbers potentially requiring training extension should be greatly reduced.
02/04/20	43	Pharmacy	Pharmacy Schools Council statement - Pharmacy students not able to join COVID-19 response until May due to completion of exams. Key staff seconded (2WTE) to Louise Jordan Hospital	AW	Closed.
03/04/20	44	Healthcare Science	Sept 2020 clinical scientist trainee recruitment to take place virtually. NES support to enable this offered to training schemes	RF	Progressing well.
03/04/20	45	Optometry	Universities have suspended trainee practice visits and it is unclear how students will be able to start in September due to practiced based learning	KM/LR	There has been no further information received.
07/04/20	46	Medicine	4 Nations position – recruitment position agreed	RP	Complete. Comms issued 07/04
07/04/20	47	Healthcare Science	4 Nations position – how HCS staff can be deployed	RF	Letter from 4 Chief Scientific Officers at SG circulated on 12 th May.
09/04/20	48	Healthcare Science	Induction guide for clinical scientist final stage trainees' admission to HCPC Temporary Register. Liaison with 4-country partners.		Draft guide to be sent to SG from STAC
10/04/20	49	Medical	A travel policy for travelling trainees has been agreed with SG. Trainees should be free to travel to and from their accommodation during placement and their primary home.	RP	Complete. Well received by trainees and BMA SJDC
10/04/20	50	Medical	The ARCP Trainees annual review process is being considered on a 4 Nation basis that will include agreed derogation from the Gold guide – A 4 Nation Position Statement is being prepared	RP	Complete. 4 Nation Statement on "Progression of Trainees at ARCP" published on 21/4/20

Decisions relating to Education and Training					
Date	Decision Number	Area	Decision Taken	Owner	Conclusion/Further Notes
14/04/20	51	Medical	Guidance is close to completion for the ARCP process during Covid-19. This has been a 4-nation agreement and involved modifying the process to make it clinician light, pragmatic and has introduced a new ARCP outcome code which takes into account the current situation.	RP	Complete. Guidance published on 21/4/20
16/04/20	52	Dental	Dental recruitment plans agreed on four nation basis. Applications for Dental Core Training Posts will be ranked by a Situational Judgement Test. Applications for Dental Specialty training posts will be by self-assessment and validation of evidence. (No face to face interviews)	DF	Good engagement from recruitment teams across the four nations. Significant reduction in time required from senior clinical staff. Outcome of recruitment and selection processes to be evaluated in due course.
22/04/20	53	Medical	ET agreed to support the slow re-introduction of education and training where the is capacity with a focus on online delivery. RP will take to DME's and MD's this week for further agreement and then will share the plan with SG.	RP	Ongoing. Principle of gradually restarting education & training activity supported by DMEs and MDs. SG also informed.
27/04/20	54	Medical	There was a key meeting with Royal College of General Practice, GMC and SEBs last Friday. One of the issues discussed was the progression of GP trainees. It was now expected that a modified format of the MRCGP exit exam would allow those trainees approaching CCT to complete on schedule or shortly thereafter.	RP	New format of MRCGP exam being developed that should allow GPST3s to gain CCT by August. Decision 44 refers.
29/04/20	55	Pharmacy	Paper taken to Directors of Pharmacy (DoPs)) on 29th April with outline plan and options for the PRPS recruitment this year due to COVID19. Final decision from DoPs on 11th May and dependent on access to Situational Judgement Tests (SJTs) through HEE for Oriel recruitment.	AW	Complete – now agreed. 18 th May 2020.
06/05/20	56	NMAHP	Recommence Future Nurse and Midwife Programme Board on 12th May to review impact of covid 19 on pre-	KW	Meeting complete. All nursing programmes moving to new standards for assessment in

Decisions relating to Education and Training					
Date	Decision Number	Area	Decision Taken	Owner	Conclusion/Further Notes
			registration nursing & midwifery programme changes and commence discussions/ planning for new academic year.		September 2020 for new students and some existing students. Recruitment going well for new students but start dates to be confirmed. Further discussion required about on-going students who could not take up paid placements and identifying non-COVID placements.
6/05/20	57	NMAHP	NHS boards have been asked for information on their priorities for education and their intention to release staff to undertake commissioned education programmes	KW	All Boards returned feedback and this has been taken to SEND and to CNOD for further discussion. COMPLETE
12/05/20	58	NMAHP	NMC made decision to not open the Temporary Register for Final Year Students following extensive discussion with stakeholders on 7/5/20.	KW	Complete

Decisions relating to new COVID-19 organisational priorities					
Date	Decision Number	Area	Decision Taken	Owner	Conclusion/Further Notes
23/03/20	59	Digital / Workforce	COVID-19 Accelerated Recruitment Portal NES commissioned by SG to develop online portal to support recruitment and onboarding of returners/undergraduate students to assist with COVID-19 response – NES Digital and Workforce to deliver - Turas People to be used as part of the process.	CW/MM	Ongoing. 24 March report of H&S Committee confirms NES as contracted employer for returners and joiners to service. NES will adopt same Lead Employer model that exists for medical trainees employed by NES.

Decisions relating to new COVID-19 organisational priorities					
Date	Decision Number	Area	Decision Taken	Owner	Conclusion/Further Notes
23/03/20	60	NDS	NDS working on three areas as part of COVID-19 response – this work is agreed SG: <ul style="list-style-type: none"> GDC and Lothian on messaging results to patients. Care plan with local authorities Working Shielding approach - ID of most vulnerable people. 	GH	Shielding SMS service in place and operating effectively; ACP in development with HIS and for deployment in early June. Messaging integrations delivered and in place.
27/03/20	61	Digital	NHS Workforce Status App – went live 27 March	CW	Full roll out to NHS Boards is pending with initial records showing an uptake of 1300 people with a recorded status
27/03/20	62	NMAHP	Nursing, midwifery and AHP students cleared to go out into the service and contribute to COVID-19 response	KW	All students being processed with 3rd year nursing students commencing W/B 06/04
27/03/20	63	Workforce	Internal redeployment – ET agreed that redeployment is agreed at directorate level, as teams/directorate leads know who available and what skills is are. Redeployment of clinical staff – ET agreed this should be discussed by directorates with Territorial Boards, who can identify priorities.	MM RP/DF/KW/ GH	Directorate lists being maintained, supports reporting for finance and HR processes (e.g. issuing any secondment arrangements)
28/03/20	64	Digital	COVID-19 Accelerated Recruitment Portal (CARP) went live	CW	Complete. BCEs informed by SLR. Cabinet Secretary formally announced on 30/03
30/03/20	65	Dental	Scottish Dental Clinical Effectiveness Programme (SDCEP) has published guidance "Management of Acute Dental Problems During the COVID-19 Pandemic" which is of relevance to dentists as well as other healthcare professions including medicine and pharmacy.	DF	Complete. Guidance issued and received well by the profession in Scotland and further afield.
01/04/20	66	Finance	NES staff who go to work in service will remain on the NES payroll and SG will be charged as part of the Covid-19 bill.	AMcC	Ongoing. Recording mechanisms in place.

Decisions relating to new COVID-19 organisational priorities					
Date	Decision Number	Area	Decision Taken	Owner	Conclusion/Further Notes
02/04/20	67	Finance	SG Finance now requiring weekly updates regarding impact of COVID-19 – NES would require estimated £74million additional funding to cover all returners and students joining NHSS and the related impact on TGs	AMcC/ JS	Additional funding required is now less given that NES will only employ Interim FY1's and those student nurse/midwives deployed in non-NHS placements (confirmed in DL (2020/6). The amount of additional costs at this stage also includes the potential impact of double-running costs. Estimate at 23/4/20 is £18m
05/04/20	68	Planning	DSI agreed that 2CQ (Glasgow) could be used by staff involved in the NHS Louisa Jordan hospital at the SEC in Glasgow.	DC	Complete. Formal request sent to DSI on 02/04
06/04/20	69	Finance	Change of position - Formal agreement that NES will not be the single employer for all returners/students, it will now be a mixed economy.	AMcC	Complete. (confirmed in DL (2020/6). NES can support the issue of offer letters and contracts where Boards have requested this. NES can also support the generation of data for Board payroll processing.
07/04/20	70	Dental	CDO is writing to all General Dental Practitioners encouraging them and other dental practice team members to volunteer via the portal. This has the potential to reach 10,000 staff once other dental team members (dental nurses, dental admin staff) are included.	DF	Completed – letter issued.
09/04/20	71	NMAHP	AHPs - Decision taken that final year students will apply via the portal to become registrants. Yrs 1/2/3 will become HCSWs and assist where appropriate.	KW	Final years students using portal 08/04. Discussions on-going for 3rd Years. Years 1&2 continuing on programme.
09/04/20	72	Workforce / Digital	CARP – Comms to be issued to 10K+ applicants advising them that their applications will be processed in due course and thanking them for their patience.	CW	CW agreed with SG that there would be regular comms to applicants to keep them updated, particularly in relation to the

Decisions relating to new COVID-19 organisational priorities					
Date	Decision Number	Area	Decision Taken	Owner	Conclusion/Further Notes
					demand and timescales for coming through the portal. CW meeting with Grant Hughes from SG.
10/04/20	73	Digital	Equipment loan to Disclosure Scotland – NES agreed to loan laptops to Disclosure Scotland so their staff can increase capacity in processing PVG checks. Maintaining asset registers for audit purposes is very important.	CW	X 11 Laptops were provided to Disclosure Scotland. This was in addition to the agreement to loan NHS Lothian 50 laptops to enable staff to work remotely to process additional new staff.
10/04/20	74	NMAHP	Year 3 AHPs - a decision has been made that year 3 AHP's will also be registered through the recruitment Portal, a process is being worked on for those AHP's who have already started to arrange placements with Boards as health care support workers.	KW	On-going discussions with HEIs and Scot Govt re 3rd Year Student AHPs. This group will have finished their programme for the academic year and do not require placements. HEIs have advised students to make themselves available as part of HCSW workforce. Awaiting Scot Govt Guidance for AHP student paper as at 21/4/2020.
10/04/20	75	Workforce	Returner Pathways – QI team are going to help to define the different student and returner pathways (including induction information, who the employer will be, start dates etc), they will be in touch with Directorates from next week to conduct interviews. Data will be compiled on a single spreadsheet on SharePoint. An update will be submitted to the ET in due course.	MM	Complete and shared in ET Meeting papers 27/4.
10/04/20	76	Healthcare Science	Final year bio-medical students – will be coming through the NES Portal and employed by Boards. RF will liaise with KW as similar arrangements are in place for AHPs. Clinical scientist trainees are already employed by Boards.	RF	Induction guide drafted and circulated by SG

Decisions relating to new COVID-19 organisational priorities					
Date	Decision Number	Area	Decision Taken	Owner	Conclusion/Further Notes
12/04/20	77	Pharmacy	NES Pharmacy guidance to NHS Board Pharmacy leads re NES Portal recruitment for Pharmacy.	AW	Portal entry now suspended, with an exception for pharmacy graduates.
13/04/20	78	Dental	CDO wrote to all Dentists last week encouraging them to volunteer. If interested they have been directed to note this through the portal. It was agreed that the Directors of Dentistry will make contacts in the NHS Boards who can provide them with details on interest shown from Dentists and dental team members	DF	Portal entry now suspended.
13/04/20	79	Digital	NES Digital supporting the MS Teams roll out across Scotland.	CW	Complete with ongoing collaboration as required.
14/04/20	80	Medical	<p>The ET supported the recommendations in Adam Hill's testing paper,</p> <ul style="list-style-type: none"> • NES will align with government backed testing centres rather than through NES sites. • NES will triage the enquiries and organise the appointments. • NES need SG agreement to include business critical staff in the testing. • NES advise against providing 50 NES staff as testers. <p>After some small amendments, the paper will be escalated and shared with SG.</p>	AH, RP	Completed. Paper submitted to SG. Note that the position has since changed in line with policy development.
15/04/20	81	Pharmacy	Pharmacy Staff seconded to NHS24 (from 16/4) – 0.9WTE	AW	Staff are returning on 25/5

Decisions relating to new COVID-19 organisational priorities					
Date	Decision Number	Area	Decision Taken	Owner	Conclusion/Further Notes
15/04/20	82	Pharmacy	Joint statement from NES/HEE/HEIW and Scottish statement re pharmacy student recruitment from May into NES recruitment portal	AW	Complete, joint statement being issued week commencing 18 May.
16/04/20	83	Workforce	SG have asked that the Organisational Development, Leadership & Learning (ODLL) team accelerate the Executive Coaching offer that is managed by NES. Necessary funds will be made available for this. The initiative will support leaders to focus on staff mental health and wellbeing during COVID-19.	Tom Power/ ODLL	Ongoing.
17/04/20	84	Workforce	CARP : It was agreed that a standard set of responses will be developed to record why some staff will not be taken on by Boards. MM will liaise with colleagues to produce this.	MM	CLO advice received and shared with Deputy HRDs.
17/04/20	85	Medical	Interim FY1 Drs graduation – 150 Edinburgh trainees have been inducted for deployment across Lothian, Borders and Fife. Trainees in the West will be inducted next week, likewise with Dundee, and Grampian will graduate today.	JA	Complete.
17/04/20	86	Comms	Social media has gone out regarding shielding, an updated to NES staff regarding expenses will go out this afternoon. A video from DSI to staff will go out on Monday highlighting mental health & wellbeing, planning for the new normal.	JMacE	Video Issued on 19/04
17/04/02	87	Psychology	SG are commissioning a website with resources for staff regarding mental health and wellbeing across the workforce. NES colleagues will work to ensure relevant	JT	20/4/20 NES continuing to identify resources for different community health and care sector groups.

Decisions relating to new COVID-19 organisational priorities					
Date	Decision Number	Area	Decision Taken	Owner	Conclusion/Further Notes
			links to Turas are made and promote access to Turas site to Health & Care staff.		
20/04/20	88	Digital	<p>CW confirmed that the reporting dashboard that will be submitted to the SG will contain a comprehensive set of data notes, that will catalogue what the data means. SG will be asked what it is the need to know. Michele coordinates Grant Hughes office and will be asked</p> <p>The confirmed decision from this discussion was that a weekly message from NES will be submitted via the CEO Office. CW will confirm what day of the week that this will be needed, likely a Friday. Probably will link in with the ministerial updates.</p>	CW and CEO Office	Complete – dashboard now live and well received by SG colleagues.
20/04/20	89	Digital and NDS	Extra resources may be required. Suggest approaches to IT staff who have been furloughed and may volunteer to help. AH is pulling together a proposal, which will consider how staff could be onboarded and security issues.	GH	Ongoing.
23/04/20	90	Digital	Position agreed with SSSC regarding CARP updates for social care placements	CW	Weekly update reports to be sent regarding social care placements.
23/04/20	91	Workforce	Letter sent to SG regarding risks associated with placing students/returners in non-NHS placements. Hazel Craik at CLO has contributed to content of this letter.	MM	Letter is being reviewed by AMcC.
30/04/20	92	NMAHP	KW joined CMO Clinical & Professional Advisory Group – Care Homes	KW	Twice weekly meetings of key stakeholder. Producing guidance for care homes.

Decisions relating to new COVID-19 organisational priorities					
Date	Decision Number	Area	Decision Taken	Owner	Conclusion/Further Notes
01/05/20	93	Medical	UK FPO recruitment route to be paused, in line with pausing of the CARP.	RP	Complete. Following approval by SG, UKFPO were asked to switch off further allocation of provisionally registered doctors to Scotland
04/05/20	94	Dental	SDCEP has been commissioned by four CDOs to undertake a rapid review of international recovery plans to inform policy making decisions on re-establishing dental services. Report expected later in week.	DF	Complete. Report was delivered to CDOs on 7 th May 2020.
05/05/20	95		Letter sent to all medical Royal Colleges on behalf of the CEs of all 4 statutory education bodies regarding flexibility in approaches to training progression.	DSI	Complete.

Letters/communications received from/with Scottish Government - actions taken					
Date	Decision Number	Area	Decision Taken	Owner	Conclusion/Further Notes
11/03/20	96	SG Letter	Letter from John Connaghan received regarding NHS Board Mobilisation Plans in response to COVID-19. NES response created and submitted to SG.	DC	Submitted to SG - 18/03/2020 Complete Implementation is in progress
13/03/16	97	SG Letter	Letter from Malcolm Wright to NHS Special Boards regarding their actions in response to COVID-19. Extended ET contributed to this response and response submitted to SG.	DSI/ET	Response submitted 19/03 and further updated and sent on 07/04/2020. Complete Action response continues to be implemented.
23/03/20	98	CE Comms	DSI to write to BCEs regarding contribution to COVID-19 response	DSI	Complete. Letter issued 25/03/20

Letters/communications received from/with Scottish Government - actions taken					
Date	Decision Number	Area	Decision Taken	Owner	Conclusion/Further Notes
07/04/20	99	SG Letter	Updated response issued to SG sponsor team regarding suspended/newly created work – original response sent on 19 March	All ET	Complete. Original letter received from MRW Office on 13 March.
09/04/20	100	Planning / SG Letter	Letter received John Connaghan at SG regarding the 2020/21 stating that the AOP will form a 'baseline' for a NES 'Recovery Plan' to be created later. In addition, Scottish Government have not agreed the proposals laid out in the 20/21 AOP and they are 'pausing discussions on these matters'.	DC	Letter discussed at ET on 14 April (alongside Finance letter received on 20 March)
20/04/20	101	SG Letter	Letter received from John Connaghan at SG regarding an Enhanced System of Assurance for Care Homes. Whilst the letter focused primarily on actions for Territorial Health Boards, there is an opportunity for NES to provide educational resources in this area.	DSI/KW	Complete Response sent on 23 April offering NES support to provide educational resources as required. KW contact details provided.
17/05/20	102	SG Letter	Correspondence from Cabinet Secretary varying the role of the Executive Nurse Director regarding the multi-professional oversight of care homes, making them accountable for the provision of; nursing leadership, support and guidance within the care home and care at home sector.	KW	Letter received 17/05/20

Glossary:

NES – NHS Education for Scotland

SG – Scottish Government

ET – Executive Team

CARP – COVID-19 Accelerated Recruitment Portal

PPE – Personal Protective Equipment

NHS Education for Scotland

Board Paper Summary

1. Title of Paper

Items from 30th April Audit Committee which require Board Approval.

2. Author(s) of Paper

Audrey McColl, Director of Finance
Doreen Steele, Audit Committee Chair

3. Purpose of Paper

To obtain Board approval for temporary amendments to the Audit Committee Remit and the NES Standing Financial Instructions.

4. Key Items

There has been a requirement, in a very short timescale, for NES to stand down a significant amount of business as usual activity and refocus resources in support of the NHSS response to the COVID-19 pandemic. Given the anticipated scale of the impact of the pandemic, NES initiated its Business Continuity and Contingency plans on 10 March 2020.

To enable this realignment of NES resource, it was agreed that changes were required to the Board and Committee structure to enable robust governance processes to be maintained whilst minimising the administration required. This has resulted in the standing down of several committees with urgent papers from those committees being routed through the Audit Committee. This requires a temporary change to the Audit Committee remit (item g), which has been reviewed and agreed by the Audit Committee and is attached as *Appendix 1* for approval by the Board.

The majority of the Standing Financial Instructions (SFIs) have been written in such a way as to cover most eventualities and do not need to be amended for the current pandemic. However, with the requirement to work remotely and the anticipated sickness levels across teams, potential bottlenecks in processes have been identified. As a contingency measure, to enable key business processes to continue, authorisation tables have been amended to increase limits for particular officers to ensure that contracts, purchase orders and payments can be progressed where required.

Other changes are minor and reflect the need to be able to process credit/procurement card payments for suppliers and the ability to loan equipment to other public bodies.

Details of the temporary changes proposed are noted in *Appendix 2*. These have been reviewed and agreed by the Audit Committee and are attached for approval by the Boar. It is proposed that these are treated as an Addendum to the current SFIs which can then be removed when we return to 'business as usual'.

5. Educational Implications

Most of NES's normal education and training activity has paused as a result of the pandemic. Directorates have been focusing on contingency planning to ensure that appropriate arrangements are put in place so that currently suspended activities can resume once the pandemic is over, where this is appropriate.

6. Financial Implications

A robust governance system is essential to ensure that the Board continues to discharge its responsibilities to ensure that financial governance is maintained at all times, particularly so during this unprecedented period of uncertainty.

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

A High Performing Organisation

8. Impact on Quality Ambitions

It is essential that the arrangements in place support the delivery of our Quality ambitions whilst recognising the new challenges faced by the organisation and the wider NHS

9. Key Risks and Proposals to Mitigate the Risks

The pace of change means that Governance arrangements may not be well aligned with changes required to processes and policies. In order to mitigate this the Executive Team, meet on a daily basis to share intelligence and provide updates on policy changes across professional groups. We are also in regular contact with Policy Leads and the Finance team at Scottish Government to enable us to react quickly and appropriately to changes as they emerge.

10. Equality and Diversity

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

11. Health Inequalities

Not directly applicable to this paper.

12. Communications Plan

A formal COVID-19 communications plan has been published on the NES intranet site.

13. Recommendations

The Board is asked to;

- Approve the temporary addition of item (g) to the Audit Committee remit
- Approve the temporary amendments to the NES Standing Financial Instructions

Audrey McColl
Doreen Steele
May 2020

Audit Committee Remit

- a. Internal Control, Risk Management and Corporate Governance
 - i. to assess the scope and effectiveness of the risk management processes;
 - ii. to review the system of internal control and to evaluate the control environment and decision-making processes;
 - iii. to receive reports from management on the effectiveness of internal controls;
 - iv. to review and recommend for approval by the Board, the corporate governance disclosures on audit and risk management in the annual accounts;
 - v. to review internal arrangements by which staff may raise concerns about possible improprieties such as anti-fraud policies, whistle-blowing processes and arrangements for special investigations; and
 - vi. to review the effectiveness of the Audit committee

- b. Internal Audit
 - i. to approve the appointment and termination of Internal Audit and advise on the purchase of non-audit services from the suppliers of audit services. Ensure that appropriate resources are devoted to Internal Audit;
 - ii. to review and approve Internal Audit's remit, including liaison with external audit;
 - iii. to review and approve the Internal Audit annual work plan;
 - iv. to enable confidential access for Internal Audit to the Chair of the committee
 - v. to receive regular Internal Audit reports and to review management responsiveness to recommendations and findings;
 - vi. to review the annual Internal Audit report on work carried out compared to plan; and
 - vii. to review the performance of Internal Audit

- c. External Audit
 - i. to review the External Audit strategy and plan;
 - ii. to enable confidential access for External Audit to the Chair of the committee
 - iii. to review the External Audit management letters, review management responsiveness to recommendations and findings;
 - iv. annually assess the effectiveness of external audit; and
 - v. to ensure co-ordination between Internal and External Auditors.

- d. Standing Orders (SOs) and Standing Financial Instructions (SFIs)
 - i. to review changes to the SOs and SFIs;
 - ii. to examine the circumstances associated with each occasion when SOs are waived; and
 - iii. to review the Scheme of Delegation.

- e. Annual Accounts
 - i. to review the Financial Statements including significant financial reporting issues and judgements;
 - ii. to review the clarity and completeness of disclosures in the financial statements;
 - iii. to approve changes in accounting policies;
 - iv. to report its views on the Financial Statements to the Board.
 - v. to review management's letter of representation to the external auditors;
 - vi. to provide the Board and Accountable Officer with an Annual Report, timed to support finalisation of the accounts and the Governance Statement, summarising its conclusions from the work it has done during the year.

- f. Assurance (an evaluated opinion, based on evidence from review, on the organisation's governance, risk management and internal control framework).
 - i. review the assurance framework;
 - ii. recommend an optimum mix of assurance;
 - iii. assess the extent to which assurance is comprehensive and reliable;
 - iv. review the Annual reports of the other governance committees;
 - v. commission additional assurance work if significant risk is identified.

- g. COVID-19 Arrangements
 - i. Until the NES Board amends this arrangement, the Audit Committee will be the route for any urgent papers which would have previously progressed to the Board via committees that are currently stood down namely;
 - The Digital Committee
 - The Education and Research Governance Committee
 - The Finance and Performance Management Committee

APPENDIX 2

SFI Section	Issue	Solution	Assurance	SFI amendment required
9.41 Payment of Supplier Accounts	If payments cannot be approved in e-Financials due to staff absence it may be necessary to pay key suppliers by Credit /Purchasing card. There are a limited number of cards in existence with restricted limits and in some instances only for use with a single supplier (UK Borders Agency).	Increase existing card limits and open supplier categories.	The card holders have already signed their acceptance of being a cardholder acknowledging that inappropriate use will be considered as serious misconduct. Use of each card is reconciled monthly on an individual transaction basis.	New Section 9.41 “The issue of NHS Credit/Purchasing cards will be managed by the Director of Finance who will delegate authority to the Head of Finance to amend credit/purchasing card limits as appropriate during the COVID-19 pandemic to ensure that suppliers are paid timeously”
19.6 Authorisation limits – 2 nd Authoriser	All purchase orders over £100k require a second authorisation in the procurement system (PECOS). The existing SFIs identify only 3 postholders who can act as 2 nd Authorisers: Head of Procurement – limit £250k; Director of Finance- limit £500k and the Chief Executive- over £500k There is a risk that if 1 or more of these 3 individuals are absent this could delay the approval of important high value purchase orders at a critical time.	Extend the 2 nd authoriser list on PECOS. Increase the Head of Procurement limit to £500k and create approval limits for the Head of Finance (£500k) and the Procurement Manager (£250k) across all cost centres. This would ensure that high value purchase orders are not delayed unnecessarily.	This is a second layer of authorisation activity. It exists as a doublecheck that the proposed spend is in line with any existing contractual and other commitments (including availability of budget). Part of the check is to ensure that the order has already been authorised by a senior member of staff, responsible for the budget with the appropriate delegated authority. However, these authority levels are built into the system, so this is just an additional verification for high value orders.	Amend table at section 19.6 to reflect Head of Procurement and Head of Finance to be given secondary approval limits up to £500,000. Procurement manager to be given secondary approval limit up to £250,000

APPENDIX 2

SFI Section	Issue	Solution	Assurance	SFI amendment required
11.10 Waiver of competitive Tendering Procedures	<p>Currently only the Director of Finance or the Chief Executive can sign a competitive tender waiver and only against a limited set of defined criteria.</p> <p>If either of these post-holders are unavailable this would impact on any emergency procurement requirements.</p>	Head of Procurement and Head of Finance are both given approval to sign waivers up to £50k in line with current acceptable criteria for waivers until further notice.	The waiver is requested by the Finance Business Partner and the Budget holder as part of the business as usual process and this will continue. The criteria are clear and each waiver proposal must set out clearly how these are met. Extending this approval authority to 2 senior staff in the current circumstances is a proportionate response. Where a waiver is agreed the reasons are fully documented and a record kept by Procurement.	Section 11.10 amended to; Competitive tendering can only be waived in specific, limited circumstance by the Chief Executive, Director of Finance, Head of Procurement, or Head of Finance per the maximum contract values in the table below. The waiver and the reasons should be documented, and the record retained by Procurement.
9.2 Equipment on Loan	<p>Other public sector organisations unable to access their key systems remotely due to insufficient number of laptops.</p> <p>Disclosure Scotland – process PVG for applicants to work in NHSS during the current crisis. NHS Lothian – need to be able to access the payroll system to ensure that all the additional staff allocated to them can be paid.</p>	Provision of Mutual Aid. Transfer of new Laptops to Lothian on loan. This was followed up by the loan to Disclosure Scotland of laptops which were waiting to be de-commissioned. All items had appropriate asset tracking information	Assets will be returned in the case of new equipment. Equipment waiting to be de-commissioned has no book value to NES. Enables key work relating to pre-employment checks and payment of additional staff recruited vis the COVID portal, managed by NES, to be progressed.	<p>Wording amended to:</p> <p>Registers shall also be maintained by responsible officers and where practicable receipts retained for:</p> <ul style="list-style-type: none"> • Equipment on loan; and • Leased equipment; <p>Equipment on loan to other public bodies during the Covid Pandemic will be approved by the DoF and the Director of Digital.</p>

NHS Education for Scotland (NES)

Board Paper

1. Title of Paper

2020/21 Board Schedule of Business

2. Author(s) of Paper

Stewart Irvine, Acting Chief Executive
Della Thomas, Board Secretary and Principal Lead Corporate Governance

3. Purpose of Paper

To update the Board on the emerging and proposed schedule of Board business, set within the context of the COVID-19 crisis and the core governance arrangements in place.

4. Key Items

The schedule has been developed to assist members to take a projected overview of Board business over the COVID-19 period. It focuses particularly on the next six months. It should be noted that even within this period, much of the governance and accountability context is still emerging. This schedule will be updated, if for example, agenda items emerge from a suspended Committee and in line with any new Board timelines and processes directed by Scottish Government.

The schedule provides an overview of pre COVID-19 Board legislative and compliance requirements; records how this has been or will be adapted during COVID-19 and highlights in italics any stood down or postponed items. The schedule will be kept under review. In this way it is likely to be more dynamic in nature than previous schedules the Board will have approved during past business years.

5. Educational Implications

The educational implications will be considered as part of the Board's considerations in line with the emerging re-mobilisation plan.

6. Financial Implications

There are no direct financial implications associated with the Board schedule, as provision to service these meetings has already been made. There may be

wider financial implications associated with maintaining COVID-19 provisions and the emerging re-mobilisation plan.

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

A High Performing Organisation

8. Impact on Quality Ambitions

It is important that Board governance arrangements are in place to scrutinise the approach NES takes to the Quality ambitions, whilst recognising the new challenges faced by the organisation and the wider NHS.

9. Key Risks and Proposals to Mitigate the Risks

The temporary core governance arrangements put in place during the COVID-19 pandemic aligns with draft COVID-19 risk “Temporary governance arrangements put in place during the current COVID-19 pandemic may not meet some governance standards/requirements in the “post COVID-19 world”.

One measure to mitigate this risk is maintaining a strategic overview of Board and Committee business. This schedule is but one component that will assist Board members with this overview. It will provide an overview of pre COVID-19 Board legislative and compliance requirements; record how this has been/will be adapted during COVID-19 and will be reviewed again post COVID-19.

10. Equality and Diversity

Throughout the NES response to the COVID-19 crisis, we maintain due regard to our duties under the equalities legislation.

11. Health Inequalities

The Board continue to recognise, as appropriate, the impact on health and wellbeing and the widening social inequalities in relation to the recipients of NES services and staff, particularly in light of the COVID-19 crisis.

12. Communications Plan

Internal Communications

- The schedule will be used to give authors advance notice of papers (as much as this is possible) and to assist with a Board and corporate overview of Board business, in line with legislative requirements and emerging changes to governance approaches and sequencing due to the COVID-19 crisis.

External Communications

- This Board paper will be published on the external NES website.

13. Recommendations

The Board is invited to comment on and approve the schedule, noting this schedule is of a more dynamic nature than past schedules and that flexibility will be required, given the current COVID-19 core governance arrangements in place and the uncertainty of any firm timelines and recovery plans at this time.

Stewart Irvine
Della Thomas
19/05/20

Forward Plan of Board Business

NES Forward Plan of Board Business (Work in progress document) May 2020 – September 2020

Note: Flexibility and continued review required due to COVID-19 crisis and in line with any remobilisation plan

Date	Item	Nature of Item	Notes	Lead (s)
28 May 2020	Cabinet Secretary's Priorities	Standing item		
	COVID-19 – NES Response	Regular report to Board during COVID-19 crisis, as appropriate	Previous rolling agenda priority reports suspended in light of COVID-19 crisis	CEO/ Extended Executive Team
	Board Governance	Standing item		
	Significant issues to report from recent Standing Committees	New strategic standing item	For whole Board awareness of main recent issues	Chairs of: SGC, Rem Com & Audit
	Temporary amendments Board Standing Financial Instructions (SFIs)	SFIs would normally come to fist Board meeting of the financial year	Temporary amendments in response to COVID-19 crisis, Board approval	Director Finance
	Ammended Audit Committee remit	Any amendments to Standing Committee remits require Board approval	In response to COVID-19 crisis, Board approval	Director Finance
	2020/2021 Board schedule of business	Due to COVID-19 crisis some changes and flexibility are necessary. This schedule has been developed for next 6 months – to note some of the items have proposed timelines	Regular standing item annually and updated as appropriate in real time	CEO/Board Secretary and Principal Lead Corporate Governance
	National Whistleblowing Arrangements	Highlights governance approach post COVID-19		Director of Planning & Corporate Resources
	Annual Accounting and Annual Reporting	Annual Standing items		
	Finance Report 31 st March 2020	Private Public Sector Board governance item	Boards have been notified that there is some flexibility with the timeline due to the COVID-19 crisis. NES is working to maintain	

Forward Plan of Board Business

Date	Item	Nature of Item	Notes	Lead (s)
			usual timeline for the presentation of the annual accounts to full Board. The Board cannot publish the annual accounts or any information drawn from them before the accounts are laid before the Scottish Parliament.	
	Performance Items	Standing item		
	Quarter 4 Financial Report	2020/21 Business report	To note this report went through 30 April Audit Committee, as the Finance and Performance Committee has been suspended	Director of Finance
	Quarter 4 Performance Report	2020/21 Business report	To note this report is coming straight to full Board, as the Finance and Performance Committee has been suspended	Director of Planning & Corporate Resources
	Risk Register Report	2020/21 Business report		CEO/Director of Finance
	CEO and Chair Reports	Standing items		CEO and Chair
	NES Executive Leadership Arrangements – update	A record of extensions to executive arrangements as part of the Chairs report item		Chair
	For Noting	Standing item		
	Approved Standing Committee minutes for Board to note	Standing item		Board Secretary and Principal Lead Corporate Governance
	<i>Training and Development Opportunities for Board</i>	<i>Standing item</i>	<i>This item has been suspended as per COVID-19 core governance requirements and will be reviewed late summer</i>	<i>Board Secretary and Principal Lead Corporate Governance</i>

Forward Plan of Board Business

Date	Item	Nature of Item	Notes	Lead (s)
25 June 2020	Cabinet Secretary's Priorities	Standing item		
	COVID-19 – NES Response	Regular report to Board during COVID-19 crisis, as appropriate		CEO/ Extended Executive Team
	Board Governance	Standing item		
	Significant issues to report from recent Standing Committees	For whole Board awareness of main recent issues		Chairs of SGC, Rem Com & Audit
	Annual Accounting and Annual Reporting	Annual Standing items		
	2019/20 Annual Report and Accounts	Private Annual Public Sector Board governance item	Boards have been notified that there is some flexibility with the timeline due to the COVID-19 crisis. NES is working to maintain usual timeline for the presentation of the annual accounts to full Board. The Board will not publish the annual accounts or any information drawn from them before the accounts are laid before the Scottish Parliament.	Director of Finance
	Annual Report of the Board	Annual Report of the Board's business on behalf of the Chair and CEO		Board Secretary and Principal Lead Corporate Governance
	<i>Feedback, Comments, Concerns and Complaints Annual Report (including Participation Standard & Annual Stakeholder report)</i>	<i>Annual NHS governance Standing item for noting</i>	<i>Boards have been notified by SG that due to the COVID-19 crisis, this report will not be required this year.</i>	<i>Director of Planning & Corporate Resources</i>
<i>Property and Asset Management Strategy (PAMS) – Annual Review and Update</i>		<i>This item will not appear at June Board as per the usual schedule as SG have notified Boards that individual Board PAMS are now</i>	<i>Director of Planning & Corporate Resources/ Head</i>	

Forward Plan of Board Business

Date	Item	Nature of Item	Notes	Lead (s)
			<i>not required. Instead there will be collaborative PAMS, the production of this document is on hold due to COVID-19</i>	<i>of Properties & Facilities Management</i>
	Performance Items	Standing item		
	Risk Register Report	2020/21 Business report		CEO/ Director of Finance
	<i>NES Assurance Framework</i>	<i>This item came to June 2019 Board</i>	<i>This item will be progressed post COVID-19 and scheduled to align with the results of the internal audit report and Audit Committee scheduling</i>	<i>Director of Finance and Director of Planning & Corporate Resources</i>
	CEO and Chair Reports	Standing items		CEO and Chair
	For Noting	Standing item		
	Approved Standing Committee minutes for Board to note			Board Secretary and Principal Lead Corporate Governance
	<i>Training and Development Opportunities for Board</i>	<i>Standing item</i>	<i>This item has been suspended as per COVID-19 core governance requirements and will be reviewed late summer</i>	<i>Board Secretary and Principal Lead Corporate Governance</i>
30 July 2020	Cabinet Secretary's Priorities	Standing item		
	COVID-19 – NES Response	Regular report to Board during COVID-19 crisis, as appropriate		CEO/ Extended Executive Team
	Draft NES Remobilisation Plan	Proposals for discussion	Content and timing will be influenced by SG guidance – phase 1 remobilisation plan has already been requested by 25 May covering period to end July.	CEO/Executive Team
	Board Governance	Standing item		

Forward Plan of Board Business

Date	Item	Nature of Item	Notes	Lead (s)
	Significant issues to report from recent Standing Committees	For whole Board awareness of main recent issues		Chairs of SGC, Rem Com & Audit
	Caldicott Guardian: Annual report to the Board			Postgraduate Dental Dean as CG.
	Performance Items	Standing item		
	Risk Register Report	2020/21 Business report		CEO/ Director of Finance
	CEO and Chair Reports	Standing items		CEO and Chair
	For Noting	Standing item		
	Approved Standing Committee minutes for Board to note	Standing item		Board Secretary and Principal Lead Corporate Governance
	<i>Training and Development Opportunities for Board</i>	<i>Standing item</i>	<i>This item has been suspended as per COVID-19 core governance requirements and will be reviewed late summer</i>	<i>Board Secretary and Principal Lead Corporate Governance</i>
	<i>Progress against Strategic Outcomes for year 2019 to year 2020</i>		<i>Due to COVID-19 it will not be possible to bring this item. New timings as appropriate will emerge post COVID-19</i>	<i>Director of Planning & Corporate Resources CEO</i>
24 Sept 2020	Cabinet Secretary's Priorities	Standing item		
	COVID-19 – NES Response	Regular report to Board during COVID-19 crisis, as appropriate		CEO/ Extended Executive Team
	Final Draft NES Remobilisation Plan	Proposals for approval	Content and timing will be influenced by SG guidance – phase 1 remobilisation plan has already been requested by 25 May covering period to end July.	CEO/ Extended Executive Team

Forward Plan of Board Business

Date	Item	Nature of Item	Notes	Lead (s)
	Board Governance	Standing item		
	Vice Chair – appointment	Standing item every 2 years		Chair
	Significant issues to report from recent Standing Committees	For whole Board awareness of main recent issues		Chairs of SGC, Rem Com & Audit
	Proposals for Post-COVID Board governance arrangements	In line with the NHS Corporate Blueprint Standard and DL (2019) NHS Model Board Standing Orders Issued to Board Chairs 19 December 2019	The core governance arrangements for the post-COVID NES Board governance. Note: sequence discussion prior to these proposals reaching Board	Chair/CEO/ Board Secretary and Principal Lead Corporate Governance
	Board and Committee meeting dates - year ahead and business cycle - year ahead		Timing to be agreed. This item may require to feature on 29 October Board agenda	CEO/Board Secretary and Principal Lead Corporate Governance
	Annual Items	Standing Item – annually		
	<i>Draft Annual Self-Assessment Document</i>	<i>Draft Annual Self-Assessment is an annual requirement. Ministerial led reviews are less frequent</i>	<i>Before the COVID-19 crisis arose, NES were scheduled to receive a Ministerial Review in 2020. It is uncertain, at this time, if and how Annual Accountability Reviews will proceed in the post COVID-19 world. This will need to be confirmed in due course due to the COVID-19 crisis.</i>	<i>Director of Planning & Corporate Resources</i>
	<i>Sharing Intelligence for Health & Care Group Annual Report</i>	<i>Report of annual work of national group co-chaired by NES and HIS.</i>	<i>This report has been stood down due to the COVID-19 crisis</i>	<i>Acting Medical Director</i>
	<i>i.Matter Annual Report</i>	<i>NHSS Staff survey</i>	<i>There will not be an annual i.Matter report. The process of i.Matter data gathering and action planning has been stood down by the SG due to the COVID-19 crisis</i>	<i>Director HR</i>

Forward Plan of Board Business

Date	Item	Nature of Item	Notes	Lead (s)
	Medical/Dental Recruitment Update	Annual standing item		Acting Medical Director and Dental Director
	Performance	Standing Item		
	2020/21 Q1 Financial Report		The April-June 2020 would normally come to Sept Board. It is to be determined how this will be handled in light of the COVID-19 crisis	Director of Finance
	2020/21 Q1 Performance Report		The April-June 2020 would normally come to Sept Board. It is to be determined how this will be handled in light of the COVID-19 crisis	Director of Planning & Corporate Resources
	2020/21 Q1 Risk Report		The April-June 2020 would normally come to Sept Board. It is to be determined how this will be handled in light of the COVID-19 crisis	CEO/Director Finance
	CEO and Chair Reports	Standing items		CEO and Chair
	For Noting			
	Approved Standing Committee minutes for Board to note	Standing item		Board Secretary and Principal Lead Corporate Governance
	<i>Training and Development Opportunities for Board</i>	<i>Standing item</i>	<i>It may be possible to re-introduce this item, adapted in line with the "new norm" & to compliment any changes to Board governance arrangements and processes post COVID-19</i>	<i>Board Secretary and Principal Lead Corporate Governance</i>
	Note: Further work on next 6 months schedule required. Below indicates			

Forward Plan of Board Business

Date	Item	Nature of Item	Notes	Lead (s)
	items that have come to Board in previous years			
	2021/22 Budget and Operational Planning			
	Annual Review: Cabinet Secretary sign-off letter			
	Organisational Performance Report – Q2			
	Pharmacy Recruitment Update	Annual standing item	Ambition to align medical, dental and pharmacy recruitment papers into one paper for 2021 Board	
29 Oct 2020	Budget preparation for 2021/22			
	Medical Revalidation Report			
	Medical and Dental Trainee Progression Outturn			
28 Jan 2021	Draft 2021/22 Local Delivery Plan/AOP (in 2020 was received in January)			
	Draft 2021/22 NES Budget/Financial Plan			
	Organisational Performance Report – Q3			
	Statutory Equality and Diversity Report			
	Assurance Framework – for approval			
	Active Governance			

NHS Education for Scotland (NES)

Board Paper

1. Title of Paper

National Whistleblowing Arrangements

2. Author(s) of Paper

Nancy El-Faragy, Planning and Corporate Governance
Donald Cameron, Director of Planning and Corporate Resources
Audrey McColl, Director of Finance
Rob Coward, Principal Educator (Planning & Corporate Governance)
Alistair McLellan, Postgraduate Dean – Medical
Morag McElhinney, Principal Lead (Human Resources)
Karen Howe, Planning and Corporate Governance Manager
Monica Halcro, Senior Manager Governance & Operational Services (Finance)

3. Purpose of Paper

The purpose of the attached paper is to outline the new NHS Scotland Whistleblowing arrangements.

4. Key Issues

NHS Education for Scotland is committed to dealing responsibly, openly and professionally with any genuine concern about wrongdoing, malpractice or safety risk in the workplace. Whistle-blowers can have an important role in highlighting any unjust or unethical behaviour; potentially resulting in positive change. Affording whistle-blowers protection whilst progressing justice in relation to the whistleblowing concern, is an important balance to maintain.

The 2015 'Freedom to Speak Up' review (and latterly the 2019 review of allegations of bullying and harassment in NHS Highland) highlighted the need to improve whistleblowing arrangements, and to foster more open, honest and inclusive cultures.

In support of an open and transparent NHS Scotland culture, the following developments are noted:

- Based within the Scottish Public Services Ombudsman (SPSO), a new role of an Independent National Whistleblowing Officer (INWO) is being established. The INWO is expected to support all NHS Scotland Boards to comply with national whistleblowing responsibilities and to provide critical oversight to any whistleblowing concerns. The INWO will be the final stage of the process for those raising concerns.
- A new set of 'National Whistleblowing Standards', has been developed.
- Non-Executive Whistleblowing Champion (NWC) board members have been appointed to NHS Scotland Boards. The NWC will not have any operational role in the Board. Each NWC will be expected to work alongside the INWO and will contribute towards the promotion and delivery of a positive working culture.
- The newly appointed NES NWC is Gillian Mawdsley.
- The National Whistleblowing Standards will provide the framework for the new national 'Once for Scotland' NHS Scotland Whistleblowing Policy (this will render the NES Whistleblowing Policy redundant).

In preparation of the new NHS Scotland Whistleblowing arrangements, the attached paper outlines a range of actions completed. Future considerations are also presented.

5. Educational Implications

Once the national NHS Scotland Whistleblowing Policy is published (and related arrangements are in place), we are required to ensure that all staff are informed of the developments (e.g. through corporate induction, NES-wide email, intranet newsfeed, etc).

6. Financial Implications

- Staff resource and time.

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

NES Strategy 2019-2024: https://www.nes.scot.nhs.uk/media/4269697/NESD0968/Strategic_Framework_2019-2024.pdf

Key Areas of Focus:

- Number 1: A high-quality learning and employment environment.
- Number 5: A high performing organisation (NES).

8. Impact on the Quality Ambitions

The Healthcare Quality Strategy for NHS Scotland:

<https://www.gov.scot/publications/healthcare-quality-strategy-nhsscotland/>

Person-centred:

- Mutually beneficial partnerships between patients, their families and those delivering healthcare services which respect individual needs and values and which demonstrate compassion, continuity, clear communication and shared decision making.

Safe:

- There will be no avoidable injury or harm to people from healthcare, advice or support they receive and, and an appropriate, clean and safe environment will be provided for the delivery of healthcare services at all times.

Effective:

- The most appropriate treatments, interventions, support and services will be provided at the right time to everyone who will benefit, and wasteful or harmful variation will be eradicated.

Quality Infrastructure:

- Create the necessary governance and delivery structures across NHS Scotland so that the interventions we pursue are clearly and appropriately integrated, aligned and managed.

9. Key Risks and Proposals to Mitigate the Risks

- Affording whistle-blowers protection whilst progressing investigations in relation to the whistleblowing concern is an important balance to maintain.

10. Equality and Diversity

NES has a duty to consider equality and diversity issues and take relevant and proportionate action to eliminate discrimination and harassment, advance equality of opportunity and foster good relations between people who share a protected characteristic and those who do not in the delivery of our functions.

Please summarise any key equality and diversity findings related to the duty or equality and diversity risks relevant to the work described in the paper. If you have identified any risks of negative impact, indicate what actions you propose to mitigate that impact.

[This section is required when a decision is requested to: approve new work; approve work which will result in significant change; disinvest in programmes of work].

- We collect and report on workforce equality data and use this information to deliver any improvements.

11. Health Inequalities

Briefly describe opportunities the work offers to reduce health inequalities and proposed actions.

- N/A.

12. Communications Plan

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

Yes

No

13. Recommendation(s) for Decision

The Board are invited to:

- Discuss this update with respect to the new NHS Scotland Whistleblowing arrangements.
- Review current actions completed and advise on proposals suggested.
- Provide any other comments for consideration.

NES
May 2020
DC

Whistleblowing Arrangements

NHS Education for Scotland

1. Whistleblowing

NHS Education for Scotland (NES) is committed to dealing responsibly, openly and professionally with any genuine concern about wrongdoing, malpractice or safety risk in the workplace.

A whistleblowing concern relates to speaking up when there is a risk of harm or wrongdoing to the public, other staff, or to our organisation. The harm, wrongdoing, or lack of action, may have occurred in the past, is currently happening, or perceived as likely to happen. A whistleblowing concern is raised in the public interest when the issue is not something that can be (or appears not to be) addressed by any other processes. A whistleblowing concern can be raised by employees, ex-employees, contractors and anyone else who interacts with NES (e.g. trainees).

Sir Robert Francis QC conducted the 2015 ‘Freedom to Speak Up’ review¹ into whistleblowing in the NHS in England. His review highlighted the importance of creating an open and honest reporting culture. In his letter to the Secretary of State for Health, he highlighted:

“There is a need for a culture in which concerns raised by staff are taken seriously, investigated and addressed by appropriate corrective measures...”

“We need to get away from a culture of blame, and the fear that it generates, to one which celebrates openness and commitment to safety and improvement. That is the way to ensure that staff can make the valuable contribution they want to offer towards protecting patients and the integrity of the NHS.”

Proposals emanating from the review included²:

- A ‘Freedom to Speak Up Guardian’ in every NHS Trust;
- A National Independent Officer to give independent support and advice to staff who want to speak up and hold the board to account;
- A new support scheme to support those who have suffered detriment (as a result of speaking up).

¹ Francis, R. (2015). Freedom to speak up. An independent review into creating an open and honest reporting culture in the NHS. Available at: https://webarchive.nationalarchives.gov.uk/20150218150953/https://freedomtospeakup.org.uk/wp-content/uploads/2014/07/F2SU_web.pdf (Accessed 11 November 2019).

² Freedom to speak up. (2015). Press Release: Sir Robert Francis publishes his report on whistleblowing in the NHS. Available at: https://webarchive.nationalarchives.gov.uk/20150218151133/https://freedomtospeakup.org.uk/wp-content/uploads/2014/07/Press_release.pdf (Accessed 11 November 2019).

Following the Francis report, the Cabinet Secretary for Health and Sport announced³ that an Independent National Whistleblowing Officer (INWO) will be established in Scotland, to provide critique on the handling of any whistleblowing concerns.

Likewise, a 2018 review by the Scottish Parliament (Health and Sport Committee)⁴ noted that NHS Scotland whistleblowing arrangements need improving, and that a culture of openness and transparency is required. It concluded that cultural change could be supported through an Independent National Whistleblowing Officer (INWO), a national whistleblowing hotline, and in embedding Non-Executive Whistleblowing Champions in each NHS Scotland Board. An impending model procedure (the 'Standards') for handling any whistleblowing concerns was noted.

Similar insights into the need to improve whistleblowing arrangements were suggested by John Sturrock QC in his April 2019 review of allegations of bullying and harassment in NHS Highland⁵. In response, the Scottish Government (May 2019) advocated ways forward for improving whistleblowing arrangements, and in fostering more open, honest and inclusive cultures across NHS Scotland⁶.

2. The Independent National Whistleblowing Officer

From July 2020, an Independent National Whistleblowing Officer (INWO) will be hosted within the Scottish Public Services Ombudsman (SPSO)⁷.

The INWO is expected to:

- Support all NHS Scotland Boards to comply with national whistleblowing responsibilities;
- Provide critical oversight to any whistleblowing concerns;
- Raise any issues of concern with the Board, as appropriate;
- Ensure that appropriate systems are in place that meet the requirements of the Standards (as discussed in the next section).

³ Scottish Public Services Ombudsman. (2018). Valuing Complaints: INWO Update - June 2018. Available at: <https://www.valuingcomplaints.org.uk/news/inwo-update-june-2018> (Accessed 11 November 2019).

⁴ Scottish Parliament (Health and Sport Committee). (2018). The Governance of the NHS in Scotland - ensuring the delivery of the best healthcare for Scotland. Available at: <https://digitalpublications.parliament.scot/Committees/Report/HS/2018/7/2/The-Governance-of-the-NHS-in-Scotland---ensuring-delivery-of-the-best-healthcare-for-Scotland-1#Introduction> (Accessed 11 November 2019).

⁵ Sturrock, J. (2019). Report to the Cabinet Secretary for Health and Sport into: Cultural issues related to allegations of bullying and harassment in NHS Highland. Available at: <https://www.gov.scot/publications/report-cultural-issues-related-allegations-bullying-harassment-nhs-highland/> (Accessed 30 June 2019).

⁶ Scottish Government. (2019). The Scottish Government Response to the Sturrock Review: into cultural issues related to allegations of bullying and harassment in NHS Highland. Available at: <https://www.gov.scot/publications/scottish-government-response-report-bullying-harassment-nhs-highland/> (Accessed 30 June 2019).

⁷ SPSO (2020). About the Independent National Whistleblowing Officer (INWO). Available at: <https://inwo.spsos.org.uk/about> (Accessed 11 March 2020).

The INWO will be the final stage of the process for those raising concerns. In preparation for this role, a set of National Whistleblowing Standards was developed by the SPSO.

3. The National Whistleblowing Standards

The National Whistleblowing Standards set out how the INWO will support NHS service providers to handle issues which meet the definition of a ‘whistleblowing concern’⁸:

“when a person who delivers services or used to deliver services on behalf of a health service body, family health service provider or independent provider (as defined in section 23 of the Scottish Public Services Ombudsman Act 2002) raises a concern that relates to speaking up, in the public interest about an NHS service, where an act or omission has created, or may create, a risk of harm or wrong doing.”⁹

This includes an issue that has happened, is happening or is likely to happen; and affects the public, other staff or the organisation itself. People can talk about ‘raising concerns’ or ‘speaking up’. These terms can be inter-changeable with whistleblowing. The issue just needs to meet the definition, whatever language is being used to describe it. In NES an individual is always asked by the Planning and Corporate Governance Team.

Anyone who provides services for the NHS can raise a concern, including¹⁰:

“current (and former) employees, bank and agency workers, contractors (including third sector providers), trainees and students, volunteers, non- executive directors, and anyone working alongside NHS staff, such as those in health and social care partnerships. A person raising a concern has usually witnessed an event, but they may have no direct personal involvement in the issue(s) they are raising.”

The Standards consist of ten main sections (parts) and cover:

- The whistleblowing principles:
 - These underpin the approach taken to handling any concerns raised by staff or those working with NHS services. They also include definitions of whistleblowing and whistle-blower.
- The whistleblowing procedure:
 - Provides an explanation of whistleblowing, who can raise a concern and a brief description of the procedure for handling these concerns.

⁸ INWO (2020). The National Whistleblowing Standards. Final draft - shared for information by the SPSO, ahead of publication in Summer 2020 - exact date to be confirmed. Edinburgh: Scottish Public Services Ombudsman. Available at: https://inwo.spsso.org.uk/sites/inwo/files/Standards/NationalWhistleblowingStandards_AllParts.pdf (Accessed 11 March 2020).

⁹ Scottish Public Services Ombudsman. (2019). The Draft National Whistleblowing Standards - Scottish Parliament call for views. Available at: [https://www.parliament.scot/S5_HealthandSportCommittee/General%20Documents/The_Draft_National_Whistleblowing_Standards_\(full\).pdf](https://www.parliament.scot/S5_HealthandSportCommittee/General%20Documents/The_Draft_National_Whistleblowing_Standards_(full).pdf) (page 14) (Accessed 31 October 2019).

¹⁰ INWO (2020). The National Whistleblowing Standards. Final draft - shared for information by the SPSO, ahead of publication in Summer 2020 - exact date to be confirmed. Edinburgh: Scottish Public Services Ombudsman. Available at: https://inwo.spsso.org.uk/sites/inwo/files/Standards/NationalWhistleblowingStandards_AllParts.pdf (p. 13) (Accessed 11 March 2020).

- Governance:
 - Information for NHS Boards and staff on their responsibilities regarding recording and reporting concerns.
- Guidance and resources:
 - Includes supporting information on how the INWO expects the procedure to be applied, alongside the governance arrangements that must be in place.

A draft set of Standards was open to public consultation between 1 May and 28 June 2019¹¹. A final draft¹² set of the Standards¹³ was laid before the Scottish Parliament (Health and Sport Committee) in October 2019 (and accompanied by the draft Whistleblowing Order¹⁴ and incorporating the Whistleblowing Principles¹⁵). The call for views was open between 29 October and 12 November 2019¹⁶. The Whistleblowing Order creates a new route for healthcare whistleblowers to bring complaints to the SPSO.

In tandem with the development of the Standards, each NHS Scotland Board was in the process of recruiting a Non-Executive Whistleblowing Champion (NWC) board member.

4. Non-Executive Whistleblowing Champion (NWC) Board Member Appointments

Across each of Scotland's NHS Boards, applications were invited for new dedicated Non-Executive Whistleblowing Champion (NWC) board members. The purpose of the new posts is to further promote a culture of openness and transparency in NHS Scotland. Each NWC is expected to contribute towards the promotion and delivery of a positive working culture, where all staff feel confident to raise any concerns. Those raising any concerns will be supported, receive fair treatment, suffer no detriment, and have assurance that their concerns will be properly investigated.

¹¹ Scottish Public Services Ombudsman. (2019). The Draft National Whistleblowing Standards: Summary of consultation processes and recommendations for changes to the Standards. Available at: <https://www.spsso.org.uk/sites/spso/files/INWO/190911FinalStandardsConsultationFindingsReport.pdf> (Accessed 6 November 2019).

¹² Scottish Public Services Ombudsman. (2019). Independent National Whistleblowing Officer: Updated October 30, 2019. Available at: <https://www.spsso.org.uk/independent-national-whistleblowing-officer> (Accessed 6 November 2019).

¹³ Scottish Public Services Ombudsman. (2019). The Draft National Whistleblowing Standards - Scottish Parliament call for views. Available at: [https://www.parliament.scot/S5_HealthandSportCommittee/General Documents/The_Draft_National_Whistleblowing_Standards_\(full\).pdf](https://www.parliament.scot/S5_HealthandSportCommittee/General Documents/The_Draft_National_Whistleblowing_Standards_(full).pdf) (Accessed 31 October 2019).

¹⁴ Crown Copyright. (2019). Draft Scottish Statutory Instruments. The Public Services Reform (The Scottish Public Services Ombudsman) (Healthcare Whistleblowing) Order 2019. Available at: https://www.parliament.scot/S5_Finance/Inquiries/SG_2019_66_Proposed_Draft_Order.pdf (Accessed 31 October 2019).

¹⁵ Scottish Public Services Ombudsman. (2019). Whistleblowing principles. Submitted for approval to the Scottish Parliament under section 16A of the Scottish Public Services Ombudsman Act 2002. Edinburgh: Scottish Public Services Ombudsman. Available at: https://www.parliament.scot/S5_HealthandSportCommittee/General Documents/Whistleblowing_Principles.pdf (Accessed 31 October 2019).

¹⁶ Scottish Parliament. (2019). Whistleblowing Order - call for views. Available at: <https://www.parliament.scot/parliamentarybusiness/CurrentCommittees/113311.aspx> (Accessed 31 October 2019).

In order to maintain the integrity of the role, the NWC will not have any operational role in any Board. They will seek and provide assurance that their Health Board is complying with the national Whistleblowing Standards.

Key responsibilities include:

- Staff are encouraged and supported to report any concerns about any wrongdoing or malpractice;
- Boards have systems in place that are used and monitored appropriately to ensure that all reported concerns are investigated in a timely and appropriate way;
- The whistle-blower (and anyone else implicated) is supported and updated on progress throughout the process;
- The outcome is fed-back to the whistle-blower and any resultant recommended actions are progressed by the Board;
- Any detriment or potential detriment to the whistle-blower is properly addressed.

All NWC's are expected to complement the work of the INWO and will support the delivery of the impending national 'Once for Scotland' NHS Scotland Whistleblowing Policy.

Gillian Mawdsley has been appointed as the NES NWC. This appointment is expected to be for four years; running from 1 February 2020 to 31 January 2024^{17,18}.

5. The National NHS Scotland Whistleblowing Policy

It is understood that the National Whistleblowing Standards will provide the framework for a national 'Once for Scotland' NHS Scotland Whistleblowing Policy^{19,20}.

The following national policies are currently live:

- Attendance
- Bullying and Harassment
- Capability
- Conduct
- Grievance
- Workforce Policies Investigation Process

¹⁷ Scottish Government (2020). Improving NHS workplace culture. Available at: <https://www.gov.scot/news/improving-nhs-workplace-culture-1/> (Accessed 11 March 2020).

¹⁸ Scottish Government (2020) 'Non-executive Whistleblowing Champion Member appointed to NHS Education for Scotland Board'. Edinburgh: Scottish Government. Available at: <http://www.appointed-for-scotland.org/media/58598/nhs-education-for-scotland-whistleblowing-champion-member-appointment-news-release-26-february-2020.doc>.

¹⁹ The current NES Whistleblowing Policy will therefore become redundant.

²⁰ NHS Scotland (2020). NHS Workforce Policies - Simple, standardised and person-centred policies. Available at: <https://workforce.nhs.scot/> (Accessed 11 March 2020).

6. NES Responsibilities

With respect to the National Whistleblowing Standards, NES responsibilities are outlined under four broad domains: leadership; training and awareness raising; contractors and joint working arrangements; and monitoring, learning and reporting.

NES leadership:

- Leadership demonstrates an open and transparent culture that values the contributions of all staff – including for those raising concerns and for those identifying the need for change.
- The Board supports the NWC, including any need to progress any actions regarding any issues raised.

Training and awareness raising:

- A clear description of the whistleblowing procedure is in place for anyone wishing to raise a concern (as well as for those receiving a concern).
- All staff are to be made aware of the Standards (and their implementation), the NWC, and the main point of contact for any whistleblowing concern.
- Specific responsibilities are outlined for the Chief Executive, Executive Directors, senior management, the HR/Workforce Director, investigators, the independent and confidential main point of contact, the INWO liaison officer (to be identified), managers, staff and union representatives.
- Anyone raising a whistleblowing concern must be signposted to the INWO at the end of the process.

Contractors and joint working arrangements:

- Any services contracted out have arrangements in place to support staff to raise any concerns.
- Arrangements are in place to ensure that students and volunteers are made aware of their right to access the whistleblowing procedure.
- Similarly, any joint working arrangements with other organisations/sectors have provisions in place to support anyone raising a whistleblowing concern.
- The Board must receive quarterly whistleblowing concern reports, as required, from services delivered on their behalf (as outlined in the following section). The Board must review these reports and follow up learning and any issues, as required.

Monitoring, learning and reporting:

- A systematic procedure is in place for recording, reporting and learning from any whistleblowing concerns.
- Recording systems should maintain confidentiality requirements for whistle-blowers and are in line with the General Data Protection Regulation (GDPR).
- Any whistleblowing concerns are reported to the Board on a quarterly basis.
- Quarterly reports are based on Key Performance Indicators (KPIs), which include:
 - A statement outlining any learning, changes or improvements as a result of a whistleblowing concern.
 - Statements on the number of concerns received, staff perceptions, the experiences of those concerned, the number of concerns upheld/partially upheld/not upheld at each stage, the average time to respond to concerns, and timescales for closure (e.g. within five working days and 20 working days).
- An annual report is published, setting out performance in handling any whistleblowing concerns.

7. Current NES Arrangements²¹

We would expect staff, trainees and volunteers to feel comfortable in raising a whistleblowing concern and to feel confident that the issue will be investigated fully and impartially. In line with the Public Interest Disclosure Act 1998²², the current [NES Whistleblowing Policy](#)²³ has been designed to protect whistle-blowers from any detrimental treatment. It is expected that this policy will be replaced by a national 'Once for Scotland' policy for NHS Scotland.

At the outset, a whistleblowing concern should be raised (verbally or in writing) with the line manager, if possible. Staff can also contact the HR department or trade union representative. The confidential (and main) point of contact for any whistleblowing concern is Donald Cameron, Director of Planning and Corporate Resources.

Anyone receiving a whistleblowing concern thanks the person for raising it and provides reassurance that the concern will be handled sensitively and that they will not suffer any detrimental treatment. An investigation will be timeously concluded by the Corporate Complaints Team (Planning and Corporate Governance Department) and an HR representative (as appropriate). Robust governance arrangements are maintained throughout and feedback will be provided on the outcome of the investigation.

²¹ NHS Education for Scotland. (2019). Whistleblowing. Available at: <https://intranet.nes.scot.nhs.uk/help-me-with/complaints-and-whistleblowing/whistleblowing/> (Accessed 29 October 2019).

²² Crown Copyright. (1998). Public Interest Disclosure Act 1998. Chapter 23. Available at: <http://www.legislation.gov.uk/ukpga/1998/23/data.pdf> (Accessed 29 October 2019).

²³ NHS Education for Scotland. (2013). NHS Education for Scotland Whistleblowing Policy. Available at: https://scottish.sharepoint.com/:b/s/1nes/Ef_MW6NER3tBuOdmrBAIKGYBW5xbPG0rMOYgkPkrXDjDFg?e=XagqIE (Accessed 29 October 2019).

Should these approaches not seem feasible or that confidential advice is first required, staff can contact the 'Whistleblowing Alert and Advice Services for NHS Scotland'²⁴. This is managed by 'Protect', an independent whistleblowing charity²⁵, and they can be contacted on 0800 008 6112 or via email: alertline@protect-advice.org.uk.

The remainder of this section outlines:

- The management of corporate complaints and whistleblowing (Planning and Corporate Governance).
- The Lead Employer Model (Workforce).
- Arrangements within the Scotland Deanery (Medical).

7.1. Feedback, Comments, Concerns and Complaints – Planning and Corporate Governance Department

There is a clear and established corporate procedure for dealing with (and reporting on) feedback, comments, concerns and complaints. This is led by a team within the Planning and Corporate Governance Department, and this team will have additional investigatory responsibilities for any whistleblowing concerns.

Moving forward, any whistleblowing concerns must be handled in line with the impending 'Once for Scotland' NHS Scotland Whistleblowing Policy (which in turn, is underpinned by the National Whistleblowing Standards).

In order to support clarity around terminology used, suggested definitions for each of the main categories – feedback, comments, concerns, complaints and whistleblowing – are outlined in Appendix A, p. 19.

Governance arrangements for feedback, comments, concerns, complaints, whistleblowing and staff grievances²⁶ can be seen in Appendix B, p. 24.

²⁴ Protect Advice. (n.d.). Whistleblowing Alert and Advice Services Flow Chart. Available at: <https://scottish.sharepoint.com/:b:/s/1nes/EeoQSF0iWVJvXhefikxCwEBYBKvOjg7QvWMst3GegoSIQ?e=7H5hRM> (Accessed 29 October 2019).

²⁵ Scottish Government. (2018). Whistleblowing alert and advice services for NHS Scotland. Available at: <https://www.gov.scot/publications/whistleblowing-alert-and-advice-service/> (Accessed 29 October 2019).

²⁶ The Workforce Directorate has responsibility for investigating any staff grievances.

7.2. The Lead Employer Model

7.2.1. Introduction

Since 2018²⁷ doctors in training are employed by one of four lead employers for the duration of a training programme. Whilst this reduced employment related administration for all parties, it also introduced a new framework for employment, with roles and responsibilities for the employing Board and for the host placement Board. This section outlines arrangements in the lead employer model in relation to whistleblowing.

7.2.2. Background

The lead employer model is underpinned by the Employment Responsibilities Agreement (ERA), Standard Operating Procedures (SOPs) between Employing Boards and Placement Boards, contracts of employment, and Employing Board policies²⁸.

There is variation in Employing Board policies and SOPs. Whilst the ‘Once for Scotland’ programme should, over time, reduce this, local practices do vary.

The ERA describes the roles and responsibilities for whistleblowing as follows²⁹:

“15.7. Any potentially qualifying disclosure under the Public Interest Disclosure Act 1998 made to the Employing Board or NES by a Doctor in Training, will be afforded the terms and protections of the Whistleblowing Policy of the Party to whom disclosure is made in the first instance. Parties will keep the Employing Board advised of the progress of their response to potentially qualifying disclosures. The Parties will co-operate with each other in the fulfilment of their respective obligations.”

The Policy Schedule in Appendix E of the ERA³⁰ further confirms that the Whistleblowing Policy may be that of the Employing Board or the Placement Board.

²⁷ NHS Education for Scotland. (2018). Media Release: Improving Junior Doctors’ working lives. Available at: <https://nes.scot.nhs.uk/newsroom/media-releases/improving-junior-doctors-working-lives.aspx> (Accessed 23 October 2018).

²⁸ NHS Education for Scotland. (2019). Introduction to the Lead Employer Model. Available at: <https://hub.nes.digital/lead-employer-arrangements/help-me-with/lead-employer-arrangements/introduction-to-the-lead-employer-model/> (Accessed 5 November 2019).

²⁹ NHS Scotland. (2018). Agreement of Employment Responsibilities between Employing Boards and Placement Boards. Version 1.9, 17 May 2018. Page 23.

³⁰ NHS Scotland. (2018). Agreement of Employment Responsibilities between Employing Boards and Placement Boards. Version 1.9, 17 May 2018. Appendix E, Page 31.

7.2.3. Standard Operating Procedures (SOPs)

The SOPs describe whistleblowing arrangements across the Boards (Table 1).

Table 1: Whistleblowing arrangements across lead employing Boards.

Employer/Region	Description of Whistleblowing Responsibilities	Source
NHS Education for Scotland (NES)/National	Documentation states as per NES policy.	Appendix A, Ref. 15 ³¹ .
Lothian/East Region	Placement Board/Employing Board (depends on the nature of the concern if it relates to the Placement Board or Employing Board).	Appendix A, Ref. 14 ³² .
Grampian/North	<u>Action:</u> Keep NHS Grampian advised of the progress of their response to any potentially qualifying disclosures. <u>Standard:</u> In line with Placement Board Whistleblowing Policy as appropriate. <u>Responsibility:</u> Placement Board (PB)	Pages 19-20, Employment Table ³³ .
Greater Glasgow and Clyde (GGC)/West	<u>Action:</u> Keep the Employing Board advised of the progress of their response to any potentially qualifying disclosure under the Public Interest Disclosure Act 1998. <u>Standard:</u> Whistleblowing Policy of the placement board to whom disclosure is made in the first instance. <u>Dependent Upon:</u> Qualifying disclosures being made and treated according to best practice policy and PIN guideline as a minimum. <u>Responsibility of:</u> Placement Board (PB).	Section 4.3. HR/Employee Relations, Page 13 ³⁴ .

³¹ NHS Education for Scotland. (2019). NHS Education for Scotland Doctors in Training Shared Services Lead Employer Model Standard Operating Procedure. August 2019. Available at: <https://hub.nes.digital/media/1542/nes-ddit-lead-employer-model-standard-operating-procedure-annotated.docx> (Accessed 5 November 2019).

³² East Region. (2018). Doctors in Training Shared Services Lead Employer Model Standard Operating Procedure. Appendix A: Policies, Procedures and Guidelines for Doctors in Training. July 2018.

³³ North Region. (2018). Doctors and Dentists in Training Shared Services Lead NHS Grampian Model Standard Operating Procedure. July 2018.

³⁴ West Region. (2018). Doctors and Dentists in Training Shared Services Lead Employer Model Standard Operating Procedure. June 2018.

7.2.4. *Contracts of employment*

The contracts of employment make the following references to whistleblowing protections³⁵:

- Foundation House Officers: No mention.
- Specialty Trainees: No mention.
- Core Trainees: No mention.
- GPSTs: Section 7. Whistleblowing: Concerns should be raised at an early stage with the Employing Board or Placement Board as appropriate. Please see the Whistleblowing Policies of the Employing Board and the Placement Board. This does not affect your rights under the Public Interest Disclosure Act 1998. You will not be subject to any detriment as a result of making a protected disclosure within the meaning of the ERA 1996.

7.2.5. *Recommendations*

It is very clear in the ERA that either the Employing Board (EB) or the Placement Board (PB) Whistleblowing Policy will apply, dependent on which Board the disclosure is made to in the first instance. Parties are to keep each other abreast of developments and to co-operate with each other.

The contracts of employment are quieter on this, however, from a NES perspective, as the employer of national programme trainees who will either be on the GPST or Specialty terms and conditions, our Whistleblowing Policy will apply.

The following recommendations are made:

- SOPs:
 - NES SOPs should be updated to reflect the Employing Board/Placement Board being updated on any protected disclosures.
 - Through the Lead Employer Operational Group (this is a regular meeting with placement Boards and NES), remind Placement Boards to keep us updated on any developments in relation to whistleblowing involving NES employed Doctors and Dentists in Training (DDiT).
- Policy/Guidance:
 - If the NES Policy/Guidance is being reviewed, it may be beneficial to add in a paragraph that explains to DDiT that a protected disclosure can be made to either the Employing Board or the Placement Board.

³⁵ Whistleblowing notes: An overview of arrangements in the lead employer model.

7.3. Arrangements within the Scotland Deanery

7.3.1. Quality Management process and sources of data

The Deanery commissions posts (in primary and secondary care) from NHS Boards to deliver training to Scotland's doctors in training. The training that is provided must deliver the requisite General Medical Council's (GMC's) standards for postgraduate medical education and training. The Deanery has a statutory responsibility to quality manage the training to ensure it fully meets the GMC's standards. The Deanery's quality management process is characterised by gathering, reviewing and responding to data, information and intelligence about the quality of training. Tables 2 and 3 summarise the means by which feedback is gathered by the Deanery.

Table 2: Sources of data and information informing Deanery quality management processes – doctors in training.

Source	How the source is used	Managed as feedback through 'business as usual' process	Potential route for whistleblowing
Doctors in Training			
GMC National Training Survey (NTS)	<ul style="list-style-type: none"> Annually. Used in conjunction with other data and information to inform assessment of quality of training in a post, programme, department, hospital and Health Board. 	Yes	No
GMC NTS undermining and patient safety free text comments.	<ul style="list-style-type: none"> Annually. Each comment requires NHS Board and Deanery comment. Trainee can be contacted for further information and has the option to disclose his/her name to enable the Board to look further into the issue. Source used as per NTS (noted above). 	Yes (GMC process supported by the Deanery)	No
Scottish Training Survey (STS)	<ul style="list-style-type: none"> End of post. Each trainee completes between one-three per year, depending on post duration. Source used as per NTS (noted above). 	Yes	No
STS free text comments	<ul style="list-style-type: none"> Aligned to each run of the STS. Each comment is screened for safety or undermining issues and to select those that are informative to the quality management processes. 	Yes	No
Pre-Visit Questionnaire (PVQ)	<ul style="list-style-type: none"> Sent to all doctors in training within scope of a Deanery quality management visit, who are in post within and including the six weeks running up to the post. 	Yes	No
'Report a Concern' process	<ul style="list-style-type: none"> Process to receive ad hoc concerns from those in training environments when there is uncertainty around the route for escalation, or when, for whatever reason, existing Board's escalation processes are not used. 	Yes	Yes
Feedback from groups of doctors in training on their training environment to a visit panel conveyed during a Deanery quality management visit.	<ul style="list-style-type: none"> Informs assessment as to whether training meets the GMC's standards, and where not, results in requirements being set to address any deficiencies. 	Yes	No

Table 3: Sources of data and information informing Deanery quality management processes – trainers.

Source	How the source is used	Managed as feedback through 'business as usual' process	Potential route for whistleblowing
Trainers			
GMC Trainers' Survey	<ul style="list-style-type: none"> Annually. Source used as per NTS (noted in Table 2). 	Yes	No
'Report a Concern' process	<ul style="list-style-type: none"> Process to receive ad hoc concerns from those in training environments when there is uncertainty around the route for escalation, or when, for whatever reason, existing Board's escalation processes are not used. 	Yes	Yes
Feedback from groups of trainers on their training environment to a visit panel conveyed during a Deanery quality management visit.	<ul style="list-style-type: none"> Informs assessment as to whether training meets the GMC's standards, and where not, results in requirements being set to address any deficiencies. 	Yes	No

7.3.2. Reporting a concern

In contrast to all other sources of data and information that inform the Deanery's quality management process, the process for reporting a concern has the greatest potential to be a route for whistleblowing.

As outlined on the Scotland Deanery website³⁶, the following processes can be used to report a concern:

- Use the clinical governance framework in the NHS Board to highlight any risk. All Boards have policies for incident and near-miss reporting, risk management and clinical governance. Other policies include bullying and harassment, and staff conduct and capability.
- Approach the clinical or educational supervisor for advice and use the policies within the Board to try and resolve the problem.
- Support can also be obtained from the Director of Medical Education and their department.
- Further support can be also be obtained from the Training/Foundation Programme Director or the programme administrator at the Deanery.

A concern can also be reported via the 'Report a Concern' form³⁷. The concern is acknowledged within three working days, with action being taken within 20 working days. Additional information regarding the overall process can be seen in Appendix C, p. 27³⁸.

³⁶ NHS Education for Scotland. (2016). Trainee Information - Report a Concern. Available at: <https://www.scotlanddeanery.nhs.scot/trainee-information/report-a-concern/> (Accessed 5 November 2019).

³⁷ NHS Education for Scotland. Scotland Deanery: Notification of Concern. Available at: <https://response.questback.com/isa/qbv.dll/ShowQuest?QuestID=4728768&sid=NfxK65lvki> (Accessed 6 November 2019).

7.3.3. Adaptations required under the new whistleblowing arrangements

In order to ensure delivery under the new whistleblowing arrangements, key adaptations to the Deanery's 'report a concern' process are required.

These include:

- Incorporation of discussion to ascertain if the person wants to raise the concern under the whistleblowing procedure (thereby explicitly invoking the protections available through that route) or whether it conforms to 'business as usual' and is managed that way.
- Ascertainment of which NHS Board (including NES) has accountability for what has been raised through its governance (clinical, educational, staff, financial, etc) processes.
 - If NES has accountability, the issue is then engaged with, and managed through, NES's current Whistleblowing Policy, conforming to the requisite timelines and reporting.
 - If the accountability lies with another NHS Board, there must be:
 - Agreement that the person raising the concern of the need to progress the concern through the NHS Board with governance responsibilities for the site where the issue has arisen.
 - Formal handover of the concern to that Board's whistleblowing process with documentation of that handover. The onus is then upon that Board's process to meet the expectations of their whistleblowing policy (including support and protections).
 - If a decision is taken not to accept a concern through this procedure (for some or all of the issues raised), even when this route has been requested by the person raising the concern, the decision must be recorded. Where possible, the person raising concerns should be informed face to face or on the telephone. The person raising the concern must also be told that they can take this decision to the INWO if they are dissatisfied with the explanation they have been given.

³⁸ NHS Education for Scotland. (n.d.). Quality Management - Notification of Concerns. Available at: <https://www.scotlanddeanery.nhs.scot/media/2773/project-3-qm-process-dealing-with-concernspaper2.pdf> (Accessed 6 November 2019).

8. Future Directions

In preparation for the new whistleblowing arrangements, Dorothy Wright, the then Director of Workforce, convened a group of staff (over three meetings), to review current arrangements and to complete a range of actions.

A significant part of the discussions focused on the Deanery/service interface and as NES as the Lead Employer/Placement Board interface.

Another issue highlighted was the distinction between ‘business as usual processes’, e.g. issues raised via surveys and other routes and those, where for example, might be raised through our notifications of concerns route. These would trigger a conversation between the person raising the concern and one of our Quality Improvement Managers.

There is also a specific responsibility in the standards for HR/Workforce Directors to ensure all staff have access to this procedure, as well as the support they need if they raise a concern. HR functions should not be involved in investigating whistleblowing concerns unless the issue relates to staff conduct issues.

Several discussions have also since taken place; namely about recording Whistleblowing concerns (e.g. via case folders on ‘SharePoint’) and reporting procedures. ‘Datix’ – which is commonly used in the regional boards for reporting purposes – will not be used in NES.

NES will require to ensure that systems allow for full reporting of all concerns raised under this procedure, regardless of who they have been raised with. We have to have the ability to record all concerns even if – as we understand the standards – are raised and resolved at ‘Stage 1’, which deals with simple/straightforward concerns that can be resolved within five working days or less with little or no investigation. There are specific data recording and reporting requirements set out in the standards.

8.1. Summary of Actions Completed

- Development of suggested definitions for ‘feedback’, ‘concerns’, ‘complaints’ and ‘whistleblowing’ (Appendix A, p. 19).
- Both the NES intranet³⁹ and the ‘Turas Hub’ for GPSTs, OH and Public Health⁴⁰ have been updated to reflect recent developments.
- Documentation and guidance on the Lead Employer Model, and the interface between the Deanery and the Boards have been reviewed.
- The current NES Whistleblowing Policy⁴¹ has been annotated (August 2019, front page) – with details that it will be replaced by the impending ‘Once for Scotland’ NHS Scotland Whistleblowing Policy.
- The NES Assurance Framework has been reviewed and updated (February 2020) to reflect the new arrangements (Appendix D, p. 29).
- This topic has been added to the agenda for the Core Steering Group for the Lead Employer.
- To facilitate discussion amongst group staff members, a ‘Microsoft Teams’ channel has been set up.

8.2. Summary of Actions in Progress and Future Considerations

Across our Directorates/Departments, we currently have ‘Complaints Leads’⁴²:

- Dental: Current
- Digital: Current
- Finance: *New contact required*
- NMAHP: Current
- Medical: Current
- Pharmacy: Current
- Psychology: *New contact required*
- Workforce: Current

These leads support local complaints handling and liaise with the Corporate Complaints Team when required. It is suggested that these directorate contacts can also double-up their role and become directorate whistleblowing leads. Consideration is also being given to doubling up any required HR roles.

³⁹ NHS Education for Scotland. (2019). Whistleblowing. Available at: <https://intranet.nes.scot.nhs.uk/help-me-with/complaints-and-whistleblowing/whistleblowing/> (Accessed 29 October 2019).

⁴⁰ NHS Education for Scotland. (2019). Whistleblowing. Available at: <https://hub.nes.digital/help-me-with/complaints-and-whistleblowing/whistleblowing/> (Accessed 30 October 2019).

⁴¹ NHS Education for Scotland. (2013). NHS Education for Scotland Whistleblowing Policy. Available at: https://scottish.sharepoint.com/:b:/s/1nes/Ef_MW6NER3tBuOdmrBAIKGYBW5xbPG0rMOYgkPkrXDjDFg?e=XagqIE (Accessed 29 October 2019).

⁴² NHS Education for Scotland. (2019). Complaints. Available at: <https://intranet.nes.scot.nhs.uk/help-me-with/complaints-and-whistleblowing/complaints/> (Accessed 29 October 2019).

Other future actions include:

- Corporate induction processes will be reviewed to include details about whistleblowing.
- The impending whistleblowing arrangements is to be highlighted to the Taskforce to Improve the Quality of Medical Education (TIQME).
- Any whistleblowing concerns will be reported to the Staff Governance Committee and NES Board in a format as determined by the final Standards.
- The current NES Whistleblowing Policy will shortly be replaced by a national 'Once for Scotland' NHS Scotland Whistleblowing Policy⁴³.
- Consideration will also need to be given to whistleblowing arrangements for the impending NES responsibility for dentists in training.
- Consideration will be given to arrangements for Trainee induction (e.g. at Health Board level, Hospital or GP site, and with the Scotland Deanery).

Finally, it is recommended that a series of communications is cascaded out to our staff once all developments have been finalised. This may comprise of:

- A piece to camera by Donald Cameron, Director of Planning and Corporate Resources and/or Gillian Mawdsley, the newly appointed NWC.
- A video explainer/animation.
- Posters/infographics.
- Updates on our internal communications channels, e.g. 'Yammer', NES wide email, 'Management Matters' Briefing, and our intranet newsfeed, etc.

Nancy El-Faragy
NHS Education for Scotland
Edinburgh, March 2020

⁴³ A national Portal, which will house all 'Once for Scotland' policies, will be available to HR and Staff side in January 2020, with an expected launch in March 2020 for the wider workforce.

Appendix A: Definitions for Feedback, Comments, Concerns, Complaints and Whistleblowing

Feedback, Comments, Concerns, Complaints, Grievances and Whistleblowing at NHS Education for Scotland

As a lead organisation for education and training for Scotland's health and care services, NHS Education for Scotland (NES) receives many comments on our work. This is often feedback requested from trainees and other learners but includes comments and expressions of concern from individuals and organisations. We welcome all types of feedback and comment as opportunities to learn about our products and services. We take these comments seriously and use them to improve our work.

This guide to feedback, comments and concerns at NES aims to explain the similarities and key differences between the different types of communication – including complaints – using selected examples. The guide also explains how comments can be submitted to NES.

The guide covers concerns submitted by NES staff and NES employed trainees, including grievances and whistleblowing concerns.

N.B. The draft standards describe the difference between a grievance and concern. 'A person raising a concern is usually a witness and may have no direct personal involvement in the issue(s) they are raising. They are simply trying to alert management to the risk(s) they have identified. These concerns usually have wider implications; they are not only about the personal impact on the individual. When a person raises a grievance or makes an allegation about bullying or harassment, they are raising issues about their own employment rights or how they have been personally treated. Sometimes the person may raise issues which contain elements of both whistleblowing and grievance concerns. These need to be dealt with separately through the application of policies and procedures.'

Feedback

Feedback is given by trainees and other learners about the quality of our work or training provided by other organisations (where this is commissioned by NES). It helps us by identifying good practice or highlighting opportunities for improvement. Feedback is often requested by NES but can be provided by individuals and organisations at any time.

Feedback does not always require a response from relevant NES teams, although this is recommended practice.

Examples of feedback include:

- The views of learners provided in a questionnaire following a training course;
- An email from a trainee, complimenting a member of NES staff on the service they have provided;
- Feedback from trainees as part of regular surveys;
- Free text comments received as part of surveys of learners.

You can contact any member of NES staff to provide feedback on our work, or use our [Feedback, Comments, Concerns and Complaints](#)⁴⁴ mailbox. Where we request feedback, we will provide you with a questionnaire or invite you to take part in an interview or meeting.

Comments

Comments are similar to feedback as they are usually made by users of NES products and services to improve quality or identify good practice. Comments are not normally requested by NES staff.

We will usually reply to comments to explain how suggestions and issues will be addressed. An example of a comment would include an email from a health care professional recommending changes to an e-learning resource.

As with feedback, you can contact any member of NES staff to provide comments on our work, or use our [Feedback, Comments, Concerns and Complaints](#) mailbox.

⁴⁴ NHS Education for Scotland. (2019). Feedback, Comments, Concerns and Complaints. Available at: <https://www.nes.scot.nhs.uk/contact-us/feedback,-comments,-concerns-and-complaints.aspx>

Concerns

If you are not satisfied with any aspect of our work, we will welcome your views. Such concerns may be about poor quality, ineffective products, unfair treatment, poor conduct or errors. They are often to request or recommend improvements and we will investigate and respond to all concerns received.

Examples of concerns include:

- A letter to the NES Chief Executive from a group of staff in a Health Board highlighting the limited access to a NES training programme in their area of Scotland.
- An email from a partner organisation commenting on poor levels of communication from NES.

You can contact any member of NES staff to express concerns about our work, or use our [Feedback, Comments, Concerns and Complaints](#) mailbox. Postgraduate medical trainees can use the [Notifications of Concerns](#)⁴⁵ process to communicate issues relating to the delivery of training and education. If you wish to report a concern on behalf of a medical trainee, you can raise a concern with the Scotland Deanery.

Complaints

A complaint is an expression of dissatisfaction about our products, services or business conduct requiring investigation and response⁴⁶. It will relate to the treatment of learners, trainees or others by a NES staff member, associate employee, contractor, volunteer or team. Where complaints are investigated and upheld, NES will acknowledge the negative experience of the complainant, apologise for the behaviour, errors or inefficiencies of NES staff, and take remedial action.

Examples of complaints include:

- An email from a trainee alleging bullying and harassment from their training director.
- A telephone call from a Health Board manager stating that NES has failed to process a payment within the specified timescale.

Complaints from patients relating to a NES employed trainee will be handled by the health care provider responsible for their care and treatment.

You can contact any member of NES staff to make a complaint about our work, or use our [Feedback, Comments, Concerns and Complaints](#) mailbox.

⁴⁵ NHS Education for Scotland. (2016). Trainee Information: Report a Concern. Available at: <https://www.scotlanddeanery.nhs.scot/trainee-information/report-a-concern/>

⁴⁶ Scottish Government, & Scottish Public Services Ombudsman. (2017). The NHS Scotland Complaints Handling Procedure. Available at: [https://www.valuingcomplaints.org.uk/sites/valuingcomplaints/files/resources/NHS_Model CHP %28updated Aug 2018%29.PDF_0.pdf](https://www.valuingcomplaints.org.uk/sites/valuingcomplaints/files/resources/NHS_Model_CHP_%28updated_Aug_2018%29.PDF_0.pdf)

Whistleblowing

Whistleblowing is the term used to describe the act of raising concern in the public interest by a member of staff, former staff member, student, trainee or volunteer. The concern relates to speaking up about a NES service where an action or lack of action has created, or may create, a risk of harm or wrong-doing, which:

- Has happened, is happening or is likely to happen;
- Affects the public, other staff or the organisation itself;
- Is not (or appears not to be) actively being addressed by other processes; and
- Has been intentionally raised by the person.

Whistleblowing concerns may relate to the treatment or conduct of individuals or groups and may address one or more of the following⁴⁷:

- *patient safety issues;*
- *patient care issues;*
- *poor practice;*
- *unsafe working conditions;*
- *fraud (theft, corruption, bribery or embezzlement);*
- *manipulation/falsification of performance information;*
- *a breach of any legal obligation;*
- *abuse of authority; or*
- *a deliberate attempt to cover up any of the above.*

Whistleblowing concerns are investigated using an agreed process, which will preserve the anonymity of the whistle-blower as far as possible (unless this is not required). Matters affecting only the individual reporting the concern are normally considered under complaints handling or grievance procedures.

⁴⁷ Scottish Public Services Ombudsman. (2019). The Draft National Whistleblowing Standards. Part 2 Procedure Overview. Available at: <https://www.spsso.org.uk/sites/spso/files/INWO/02.DraftStandards%3B2ProcedureOverview.pdf> (Pages 2-3).

Grievances

A grievance is a concern, problem or complaint raised by a NES staff member, or group of employees, relating to their work, employment or treatment. In most circumstances, grievances are raised with the line manager to resolve informally in the first instance. Grievances may relate to one or more of the following:

- terms and conditions of employment, e.g. pay;
- health and safety issues;
- working relationships between employees or between an employee and their line manager, including bullying and harassment;
- new working practices;
- restructuring or other organisational changes;
- discrimination – allegations of unfair treatment at work that an employee perceives as being due to a protected characteristic.

Where grievances cannot be resolved informally, they will be referred for formal resolution as set out in the [NES Grievance Policy](#)⁴⁸. Grievances relating to bullying and harassment are addressed by the [NES Dignity at Work Policy](#)⁴⁹, which sets out specific procedures for reporting, investigation and support.

⁴⁸ NHS Education for Scotland. (2017). Grievance Policy and Procedures. Available at: <https://scottish.sharepoint.com/sites/1nes/Shared%20Documents/Policies/HR/NES%20Grievance%20Policy%20and%20Procedures%20%202017-CM.pdf>

⁴⁹ NHS Education for Scotland. (2013). Dignity at Work Policy: Eliminating Bullying and Harassment in the Workplace. Available at: https://scottish.sharepoint.com/sites/1nes/Shared%20Documents/Policies/HR/Dignity_at_Work_31%20Jan%202013-1.pdf

Appendix B: Governance Arrangements for Feedback, Comments, Concerns, Complaints, Whistleblowing and Staff Grievances

Table 4: Governance and information flows for feedback, comments, complaints, whistleblowing and staff grievances.

Category	Purpose	Related NES Policy/Procedure	Corporate Responsibility	Accountability	Governance/Source of assurance
1. Feedback (including trainee surveys)	Evaluation, service improvement, commendation	Feedback surveys, ad hoc communications (unsolicited) No organisational policy	Heads of Programme, Principal Educators, Senior Officers, etc.	Professional Leads, Directors	Educational Governance monitoring reports (Educational and Research Governance Committee (E&RGC)) Annual Feedback, Comments, Concerns and Complaints (FCCC) report (Audit, E&RGC)
	Trainee surveys for Quality Management	Profession specific Quality Management Frameworks	Postgraduate Deans/Quality Managers	Director of Medicine (and Postgraduate Dean Dentistry)	Annual Postgraduate Medical Quality Management report to E&RGC (plus ad hoc reports as required) National Training Survey outcomes for Postgraduate Medical Trainees collected by the GMC.
2. Comments	Service improvement, commendation	Ad hoc communications (unsolicited) FCCC mailbox (unsolicited)	Heads of Programme, Principal Educators, Senior Officers, etc.	Professional Leads, Directors	Educational Governance monitoring reports (E&RGC) Annual FCCC report (Audit, E&RGC)

Category	Purpose	Related NES Policy/Procedure	Corporate Responsibility	Accountability	Governance/Source of assurance
3. Concerns (including Postgraduate Medicine Notification of Concern process)	Service improvement/remediation	FCCC mailbox No policy, but Complaints Handling process is relevant Ad hoc communications	Director of Planning and Corporate Resources (FCCC mailbox, recording, reporting)	Professional Leads, Directors	Educational Governance monitoring reports (E&RGC) Annual FCCC report (Audit, E&RGC)
		Scotland Deanery Notification of Concern process	Postgraduate Dean (Medical) Deanery mailbox, investigation)	Director of Medicine	
4. Complaints	Personal redress/apology	FCCC mailbox Ad hoc communications Complaints Handling Policy (based on NHS Scotland Model Complaints Handling Procedure)	Director of Planning and Corporate Resources (FCCC mailbox, recording, reporting)	Director of Planning and Corporate Resources	Annual FCCC report (Audit, E&RGC)
5. Whistleblowing	Service improvement/remediation	FCCC mailbox Ad hoc communications	Director of Planning and Corporate Resources (FCCC mailbox, recording, reporting)	Director of Planning and Corporate Resources	NWC
	Whistleblowing concerns from trainees will be for the purpose of remedying/improving education and training	Scotland Deanery Notification of Concern process	Postgraduate Dean (Medical) Deanery mailbox, investigation)	Director of Medicine	Annual report
6. Staff Grievances	Personal redress/mediation	Line Manager/Mediation Coordinator/Grievance Notification	Line Manager/Mediation Coordinator/Business Partner	Director of Workforce	Reports to Staff Governance Committee

Category	Purpose	Related NES Policy/Procedure	Corporate Responsibility	Accountability	Governance/Source of assurance
		NES Grievance Policy ⁵⁰ Dignity at Work Policy ⁵¹			

⁵⁰ NHS Education for Scotland. (2017). Grievance Policy and Procedures. Available at:

<https://scottish.sharepoint.com/sites/1nes/Shared%20Documents/Policies/HR/NES%20Grievance%20Policy%20and%20Procedures%20%202017-CM.pdf> (Accessed 11 November 2019).

⁵¹ NHS Education for Scotland. (2013). Dignity at Work Policy: Eliminating Bullying and Harassment in the Workplace. Available at:

https://scottish.sharepoint.com/sites/1nes/Shared%20Documents/Policies/HR/Dignity_at_Work_31%20Jan%202013-1.pdf (Accessed 27 June 2019).

Appendix C: Quality Management – Notification of Concerns

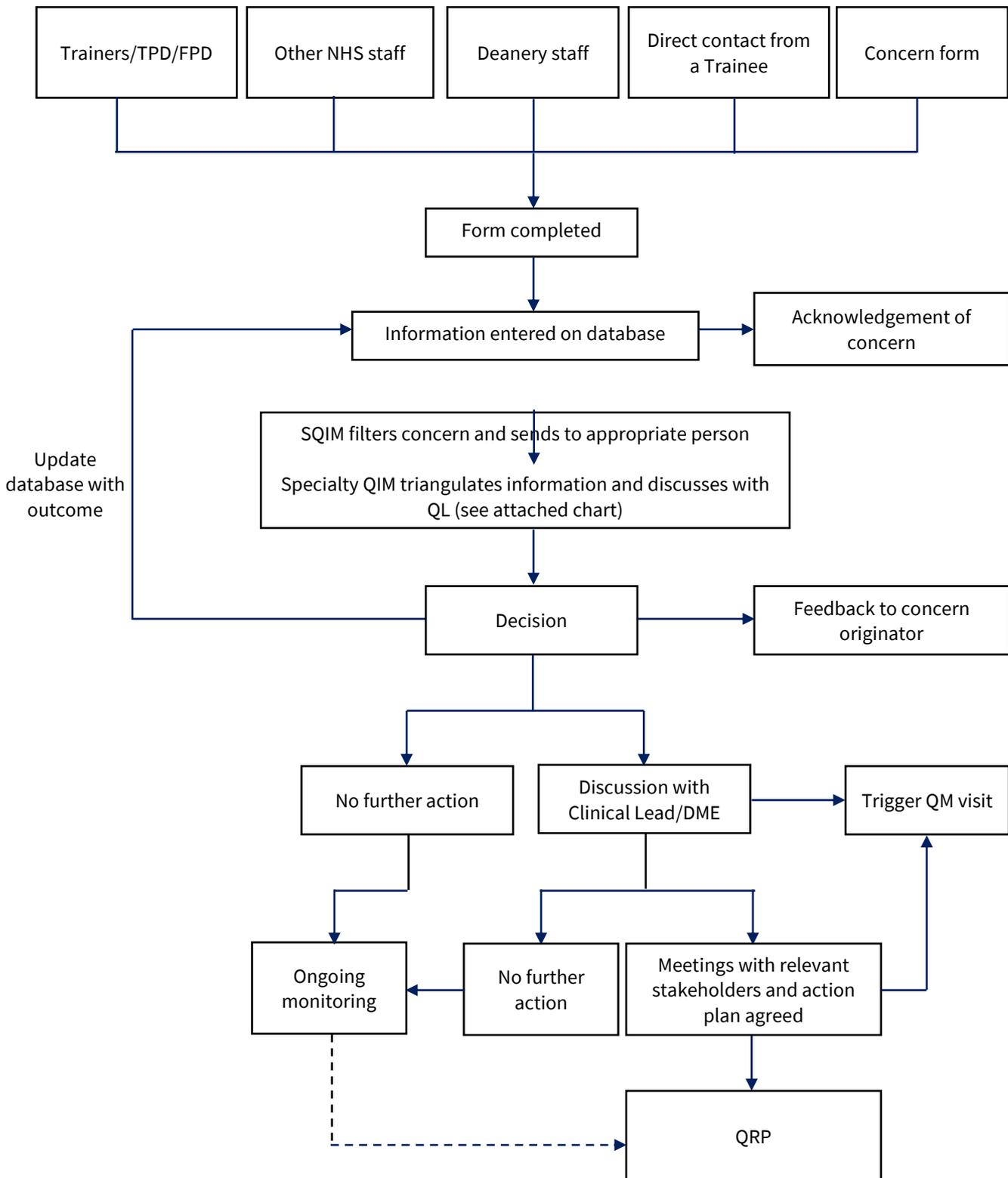


Figure 1: Overview of the notification of a concern process.

(TPD=Training Programme Director, QIM=Quality Improvement Manager, QL=Quality Lead, DME=Director of Medical Education, QM=Quality Management, QRP=Quality Review Panel)

Cont. Appendix C

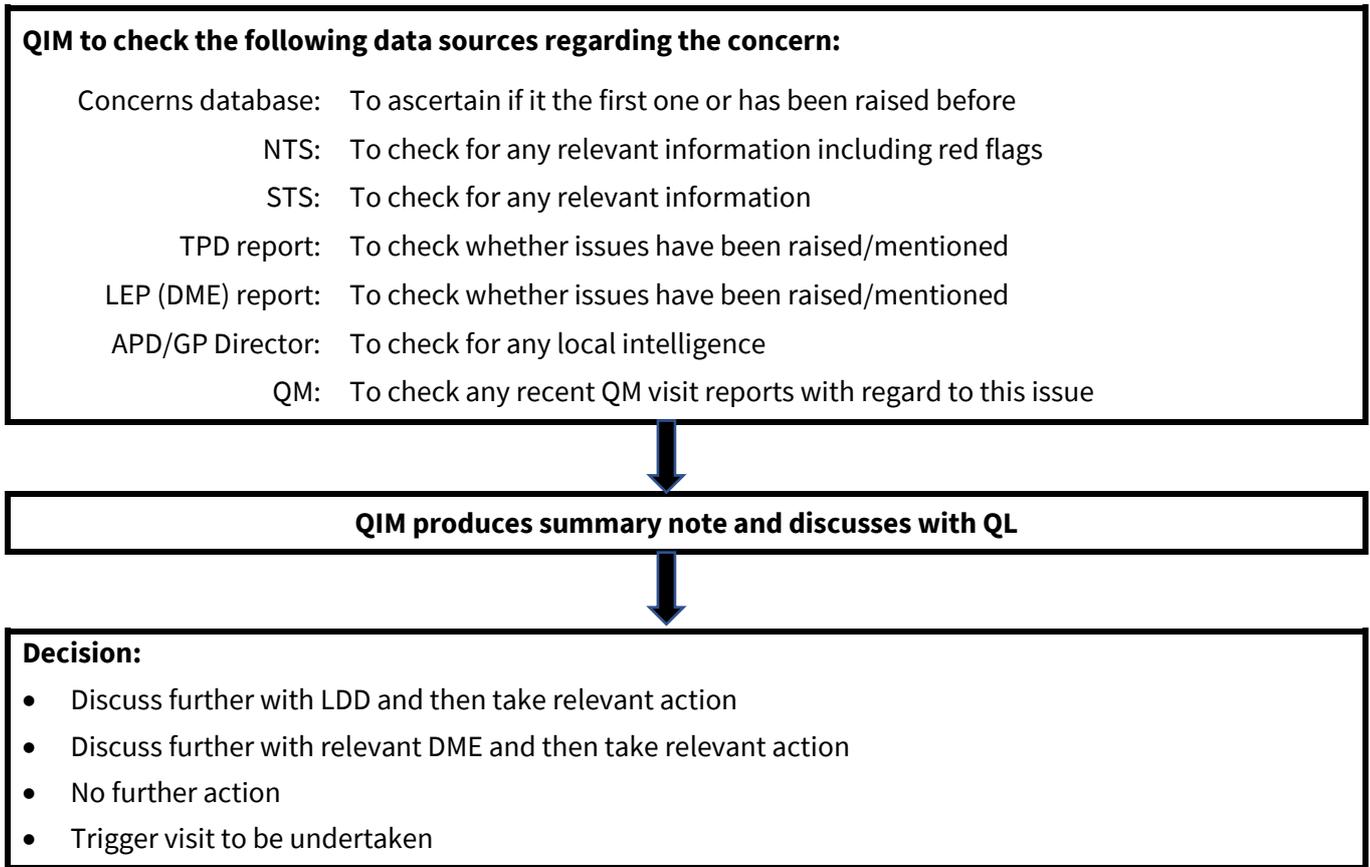


Figure 2: Flowchart for the triangulation of data following a quality concern being raised. (NTS=National Training Survey, STS=Scottish Training Survey, TPD=Training Programme Director, LEP=Local Education Provider, DME=Director of Medical Education, APD=Assistant Postgraduate Dean, QM=Quality Management, LDD=Lead Dean/Director)

Appendix D: Updated NES Assurance Framework

February 2020

Document information

Consultation		Executive Team NES Board Audit Committee
Scope of Document		The sources of assurance used by the NES Board to obtain assurance on the delivery of the organisation's strategic, operational and financial plans
Objective		To enable the NES Executive Team and Board to assess the level of assurance provided in all corporate functions.
Linked Documentation		-
Document Sponsor	Name	Audrey McColl
	Job Title	Director of Finance and Acting Deputy Chief Executive Officer
	Division	Finance and Corporate Resources
Approved by/ & Date		
Author	Name	Rob Coward
	Job Title	Principal Educator

Amendment History

Date	Issue No.	Details of Change
11/09/19	2	New introductory text to explain the origins and purposes of the Assurance Framework
11/09/19	2	New content under Staff Governance on Whistleblowing
11/09/19	2	New content under several functional areas to reflect the distributed nature of risk management
04/10/19	2	Change Management – New text to indicate that Change Management Board Minutes are presented at Staff Governance Committee
14/02/20	3	Quality Management - New reference to sharing examples of good practice
14/02/20	3	New information regarding directorate reporting on Equality & Diversity performance targets in Performance Management
14/02/20	3	Links to current Committee remits in introductory section

Introduction

The Scottish Government's Blueprint for Good Governance⁵² set out the requirement for Health Boards to commission information systems to assist them in obtaining assurance on the delivery of the organisation's strategic, operational and financial plans. The Blueprint - a response to reviews of governance processes and practice in NHS Tayside and NHS Highland - indicated that assurance systems should provide frequent and informative performance and financial reports to assure the Board that it is delivering safe, accessible, quality, affordable and sustainable services.

The Blueprint reinforces the Scottish Government's requirements published in the revised

Audit and Assurance Committee Handbook (April 2018) for health boards to develop an

Assurance Framework. The purpose of the new Framework is to enable the Audit Committee and the Board to understand the levels and sources of assurance it receives in relation to work, systems and processes. This will enable identification of areas where current levels of assurance are considered excessive or where further assurance mechanisms need to be identified and implemented.

The Audit and Assurance Handbook specifies the following corporate functions where the Board will require assurance regarding management, quality and performance:

- **Performance in delivering Strategic Plans** – setting the organisation's strategic direction and monitoring and managing performance against related objectives.
- **Quality Management** – monitoring quality, making improvements and rectifying quality deficits
- **Financial Management** – the organisation's financial resources are managed effectively
- **Human Resources Management** – NES employees are recruited, developed and managed fairly and effectively
- **Change Management** – organisational and service change is efficient and effective
- **Risk Management** – NES's processes and practices for identifying and managing operational, strategic and other risks are effective.
- **Information Management** – the policies, processes and for collecting, holding, using and sharing information safely and effectively.

The responsibilities of the NES Board and its Standing Committees in obtaining and improving assurance NES's key functions. The specific responsibilities of the Board and standing committees are provided in the linked remits:

[Audit Committee](#)

[Digital Committee](#)

[Educational & Research Governance Committee](#)

[Finance & Performance Management Committee](#)

[Staff Governance Committee](#)

⁵² Scottish Government, [Blueprint for Good Governance](#), January 2019

Table 5: NES Assurance Framework – Performance in delivering Strategic Plans.

What are we seeking assurance on?	First line (from front line operational areas)	Second line (oversight, effective management information)	Third line (independent and more objective assurance)	Executive Assurance Role	Board Governance Assurance Role
<p>Performance in delivering Strategic Plans</p> <p>(Making sure that our plans deliver against our strategy and that we deliver against our plans)</p>	<p>Development of the NES Strategy in consultation with internal and external stakeholders</p> <p>Operational Planning processes – ensuring strategic alignment</p>	<p>Board workshop and sign-off of consultation draft and final NES Strategy</p> <p>Annual Operational Plan presented to F&PM and Board, evidences plans to progress delivery of key strategic outcomes.</p>	<p>Consultation feedback on NES Strategy and Scottish Government feedback</p> <p>Internal Audit Reports on Performance, and Staff Governance</p>	<p>Managing the process to develop the Strategic Plan and Financial Plan for approval by the F&PM and the Board.</p> <p>Ensuring systems and processes at a local directorate level support high performance.</p> <p>Executive Team oversight of performance indicators, financial</p>	<p>Setting the Direction (Approval of Strategic Plan and Financial Plan (Board))</p> <p>Holding to Account (Receiving quarterly performance reports and challenging areas of poor performance (F&PM))</p>

<p>Performance in delivering Strategic Plans (continued)</p>	<p>Corporate Performance Management Dashboard with quarterly reports and quality control process</p> <p>Financial Plan aligns with Operational plan</p> <p>All staff have objectives that relate to delivery of key targets</p> <p>Performance against targets considered at Directorate meetings – measures taken to remedy areas of poor performance</p>	<p>Quarterly Performance Reports presented to F&PM and Board with detail of actual performance against targets.</p> <p>Annual Strategic Outcomes progress report to Board</p> <p>Reports to Staff Governance Committee on personal objectives and Staff Governance Standard</p>	<p>External Audit review of Performance in Annual Report and Accounts</p> <p>Scottish Governance monitoring of Staff Governance Standard</p>	<p>indicators and staffing indicators.</p>	<p>Assessing Risk (Achieving balance between ambition and realistic assessment of what is achievable given resources, environment etc (Board, standing committees))</p> <p>Engaging Stakeholders (obtaining assurance that stakeholders have been involved in the setting of Strategy and in understanding annual operational plans.</p> <p>Influencing Culture (oversight of Staff</p>
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<p>Performance in delivering Strategic Plans (continued)</p>	<p>Staff management – ensuring staff are managed in accordance with the Staff Governance Standard and NES policies to be high performing.</p> <p>Equality and diversity targets developed annually in operational planning</p>	<p>Biannual performance Equality & Diversity reports presented to E&RGC & SGC</p> <p>Directorate updates on prioritised E&D targets reported to Finance & PM Committee</p>		<p>Executive Team has oversight of progress against equality and diversity targets.</p>	<p>Governance indicators (SGC))</p>
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	<p>Feedback, complaints handling and participation processes implemented by directorates and corporate Complaints Handling team</p> <p>Engagement with stakeholders</p>	<p>E&RGC and Audit Committee sign-off annual Feedback, Comments, Concerns and Complaints (FCCC) report</p> <p>Board sign-off of Stakeholder Map and Communication Strategy</p>	<p>Scottish Government and Scottish Public Services Ombudsman reviews FCCC report and provides feedback</p>		
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Table 6: NES Assurance Framework – Quality Management

<p>What are we seeking assurance on?</p>	<p>First line (from front line operational areas)</p>	<p>Second line (oversight, effective management information)</p>	<p>Third line (independent and more objective assurance)</p>	<p>Executive Assurance Role</p>	<p>Board Governance Assurance Role</p>
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<p>Quality Management</p> <p>(Making sure that what we deliver – in all areas, is of a high quality, and fit for purpose)</p>	<p>Local processes in place to ensure quality and ‘fitness for purpose’ of educational programmes, resources.</p>	<p>Educational Governance Framework approved by the E&RGC</p>	<p>Internal Audit reviews.</p> <p>Formal Review by the GMC (every 5 years) of Medical Education in Scotland.</p>	<p>Managing local operational processes to assure, control and improve quality.</p>	<p>Setting the Direction (approval of the Educational Governance Framework (E&RGC))</p>
<p>Quality management (continued)</p>	<p>Systematic sharing of good practice for organisational learning and improvement</p> <p>Educational Governance case shared with directorates</p>	<p>Risk-based reporting in line with Educational Governance Framework to E&RGC</p> <p>E&RGC has approved arrangements for sharing education practice and is keeping these under review</p> <p>E&RGC receives and reviews Educational Governance case studies</p>	<p>-</p> <p>-</p>	<p>Ensuring appropriate stakeholder engagement in development of new products/review of existing programmes.</p> <p>Executive Team oversight of draft Educational Governance processes</p>	<p>Holding to account (reviewing educational governance reports, Annual FCCC report, Equalities Outcomes progress reports (E&RGC, SGC))</p> <p>Assessing Risk (Identifying risks to receiving assurance related to performance and quality including</p>

<p>Quality management (continued)</p>	<p>Feedback collected from service users and stakeholder organisations and reviewed to identify quality issues</p> <p>Complaints management process (including follow-up on complaints related recommendations) and annual review</p> <p>Annual review of standing committee business to check performance against approved remits</p> <p>Development of standing</p>	<p>E&RGC approval of Annual Feedback, Comments, Concerns and Complaints (FCCC) Report</p> <p>E&RGC review of local quality management outcomes, including those from trainee surveys.</p> <p>Audit Committee review of Board committee annual reports confirming adherence to approved remits</p> <p>Standing committee annual workplans approved by standing committees</p>	<p>Scottish Government review of Feedback, Comments, Concerns and Complaints report</p>	<p>Executive Team approval of complaints handling processes</p>	<p>compliance with statutory and policy duties (Board, standing committees))</p> <p>Engaging Stakeholders (oversight of appropriate stakeholder/lay involvement in educational and digital developments (E&RGC))</p> <p>Influencing Culture (advocating for proper oversight of learning environment at all NHS Boards (E&RGC))</p>
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	<p>committee annual workplans</p> <p>Compliance with equality related statutory duties</p> <p>Application of local quality management processes to digital developments</p> <p>Application of local research governance process aligned with NES Research Framework</p>	<p>and Audit Committee</p> <p>Approval and monitoring of: Equality Outcomes and Mainstreaming Priorities Equality Impact Assessments Fairer Scotland Duties</p> <p>-</p> <p>Approval of NES Research Governance Framework (aligned with UK Research Standards) and annual report to</p>	<p>Review of Equality Outcomes and associated reports by Equality & Human Rights Commission</p> <p>User feedback on digital products</p> <p>Internal audit of research governance</p>	<p>Executive Team oversight of draft Equality Outcomes, Mainstreaming Priorities and FCCC reports</p>	
		<p>E&RGC on research governance</p>			

Table 7: NES Assurance Framework – Financial Management

What are we seeking assurance on?	First line (from front line operational areas)	Second line (oversight, effective management information)	Third line (independent and more objective assurance)	Executive Assurance Role	Board Governance Assurance Role
<p>Financial Management</p> <p>(Making sure that our resources are properly applied to deliver our Strategic Plans and that we do not breach our financial limits)</p>	<p>Budget setting process aligned to Operational Planning which aligns to Strategic Plan</p> <p>Operational level challenge to budget setting process</p> <p>Regular and accurate reporting of actual against budget and forecast</p> <p>Production of Annual Accounts and sign-off by Accountable</p>	<p>Full details of process of developing an annual budget discussed at F&PM and Board</p> <p>Regular Financial reporting to F&PM and Board</p> <p>Review of annual accounts by Audit Committee and approval by NES Board</p>	<p>Internal Audit (e.g. Budget Management, Fraud prevention, Procurement)</p> <p>External Audit of Annual Accounts</p> <p>Scottish Government scrutiny of Procurement Annual Report</p> <p>Auditor General for Scotland and the Scottish Government Health</p>	<p>Detailed controls on expenditure at a Directorate level.</p> <p>Adherence to delegated authorities</p> <p>Regular review of Finance monitoring reports</p>	<p>Ensures effective financial stewardship through considering value for money, financial control and financial planning and strategy through the following:</p> <p>Setting the Direction (Approval of Strategic Plan and Financial Plan)</p> <p>Holding to Account (Receiving</p>

	officer		and Social Care Directorate review
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Financial Management (continued)	Annual Best Value review		and provide feedback on Annual Accounts		monthly Finance Report)
	Regular review of in-year financial performance at Directorate level	Directors assurance provided to the C.E to support signing of the Governance Statement.			Assessing Risk (Understanding key areas of budget risk)
	Development and adherence to Standing Financial Instructions setting out limits of financial delegation				Engaging Stakeholders (Ensuring that stakeholders understand the budget)
	Development and implementation of procurement controls	F&PM Committee monitoring of Procurement including performance of the compliance with Procurement Duty (through Procurement Annual Report)			Influencing Culture (Setting a strong tone in relation to the proper use of public money)

<p>Financial Management (continued)</p>	<p>Development and implementation of financial controls and reconciliations</p> <p>Savings plans and measurement of delivery</p> <p>Management and reporting of finance risks</p>	<p>Risk report to F&PM Committee and Board review of Corporate Risk Register</p>			
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Table 8: NES Assurance Framework – Human Resource Management

<p>What are we seeking assurance on?</p>	<p>First line (from front line operational areas)</p>	<p>Second line (oversight, effective management information)</p>	<p>Third line (independent and more objective assurance)</p>	<p>Executive Assurance Role</p>	<p>Board Governance Assurance Role</p>
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<p>Human Resource Management</p> <p>(Making sure that NES recruits, develops, manages and retains its staff fairly, efficiently and effectively)</p>	<p>People and OD Strategy including Key Performance Indicators (including relevant workforce metrics)</p> <p>Reports on Staff Governance Standard</p> <p>Use of feedback on staff satisfaction and team working through iMatter to identify issues and affect improvements</p>	<p>Approval of People and OD Strategy (including KPIs) by Staff Governance Committee</p> <p>Staff Governance Committee reviews progress against agreed KPIs (through quarterly review of metrics and dashboard with KPIs) and reports on Staff Governance Standard</p> <p>Staff Governance Committee review of NES and national iMatter reports</p>	<p>Internal audit</p> <p>External audit</p> <p>Scottish Government reviews Staff Governance Monitoring data and provides feedback</p> <p>Publication of iMatter comparative data by Scottish Government and thematic review</p>	<p>ET ensures alignment of human resources with strategic priorities and operational needs</p> <p>ET reviews performance against People and OD Strategy KPIs</p> <p>ET reviews reports on Staff Governance Standard</p> <p>ET reviews iMatter reports and initiates change where required</p>	<p>Setting the Direction (Approving the People and OD Strategy and Workforce Plan (SGC))</p> <p>Holding to account (Reviewing reports on Staff Governance, the Workforce Plan, iMatter, performance against KPIs (SGC))</p> <p>Assessing Risk (Identifying key risks relating to Human Resource Management and ensuring these are managed effectively (Board, SGC))</p>
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<p>Human Resource Management (continued)</p>	<p>Monitoring quality of staff performance objectives and personal development plans to ensure alignment with directorate and NES objectives</p> <p>Compliance with the specific statutory duties under Equality and Fairer Scotland legislation</p>	<p>Report to Staff Gov Committee on outcomes from quality assurance of performance objectives and PDPs</p> <p>Staff Gov. Committee approves Equality Outcomes and Mainstreaming Priorities and monitors progress reports</p> <p>Staff Gov. Committee monitors compliance and improvement in relation to specific equality duties through review of Equal Pay</p>	<p>-</p> <p>Equality and Human Rights Commission scrutiny</p> <p>Scottish Government reviews Workforce Plan</p>	<p>ET considers Establishment Control recommendations at each meeting</p> <p>Equalities performance data reviewed by SMLT</p>	<p>Engaging stakeholders (Ensuring that People, OD and policy application is developed in partnership (SGC))</p> <p>Influencing Culture and standards of people management across the organisation (SGC)</p>
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<p>Human Resource Management (continued)</p>	<p>Ensure fair remuneration of senior staff</p> <p>Ensure fair access to development opportunities and training progression for staff and employed trainees through 'Differential Attainment' actions</p>	<p>statement and workforce equality data (presented in Workforce Plan) and Fairer Scotland related reports.</p> <p>Remuneration Committee considers pay levels and performance of senior staff.</p> <p>Staff Governance Committee and E&RGC considers reports on Differential Attainment initiatives and information.</p>	<p>National Performance Evaluation Committee reviews performance ratings and provides feedback.</p>		
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<p>Human Resource Management (continued)</p>	<p>Whistleblowing Policy and processes to encourage staff and others to raise public interest concerns and ensure these are investigated and reported effectively</p> <p>Maintenance of risk registers relating to human resources</p>	<p><i>[Arrangements for Board oversight of Whistleblowing processes and policy in development.]</i></p> <p>Non-Executive Whistleblowing Champion appointed</p> <p>Staff Governance review of annual risk registers report/Board review of corporate risk register</p>	<p>Independent external review of Whistleblowing concerns referred to the Independent National Whistleblowing Officer.</p>	<p><i>[Assurance arrangements in development]</i></p>	<p>Holding to account for whistleblowing policies and practice.</p> <p>Assessing risks identified in whistleblowing concerns</p> <p>Influencing the culture to encourage staff and others to report public interest concerns</p>
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Table 9: NES Assurance Framework – Change Management.

<p>What are we seeking assurance on?</p>	<p>First line (from front line operational areas)</p>	<p>Second line (oversight, effective management information)</p>	<p>Third line (independent and more objective assurance)</p>	<p>Executive Assurance Role</p>	<p>Board Governance Assurance Role</p>
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<p>Change Management</p> <p>(Making sure that NES manages significant service change and any consequential organisational change)</p>	<p>Business cases and plans for service re-design and change (including explicit information on impact and efficiency and Stakeholder Engagement Plan)</p> <p>Organisational Change Policy and Procedures</p> <p>Change Management Programme Board authorises and monitors organisational change processes</p>	<p>Plans for service redesign and progress reports</p> <p>Organisational Change Policy and Procedures approved by Staff Governance Committee</p> <p>Change Programme risk register reviewed by Staff Governance Committee</p> <p>Minutes of Change Management Programme Board meetings reported to Staff Governance Committee</p>	<p>Internal audit</p> <p>External audit</p>	<p>ET reviews and authorises business cases and plans for service re-design and change</p> <p>Change Management Programme Board authorises and monitors organisational change processes</p>	<p>Setting the direction (Approving the Organisational Change Policy- Staff Gov)</p> <p>Holding to account</p> <p>Assessing risk</p> <p>Engaging stakeholders (Ensuring NES follows consultation and engagement processes (Board))</p> <p>Influencing culture (Ensuring NES is focused on improvement in all aspects of its</p>
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Change Management (continued)	Organisational Perf. Imp. Programme processes	The F&PM committee review a quarterly report from the OPIP team.			work (Board, Standing Committees)
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Table 10: NES Assurance Framework – Risk Management.

What are we seeking assurance on?	First line (from front line operational areas)	Second line (oversight, effective management information)	Third line (independent and more objective assurance)	Executive Assurance Role	Board Governance Assurance Role
<p>Risk Management</p> <p>(Making sure that NES identifies and manages key risks to its services, stakeholders and the organisation)</p>	<p>ET review of NES Risk Strategy and Risk Management Framework.</p> <p>Development and local review of corporate and directorate risk registers.</p> <p>Recording and monitoring of directorate and project risks using Planning and Risk Management System (MiTracker).</p>	<p>Audit Committee review and approval of Risk Strategy and Management Framework</p> <p>Annual review of risk appetite by the Board</p> <p>Regular Board review of the Corporate Risk Register</p> <p>Standing Committee review of the most significant (Primary rated) Directorate risks</p>	<p>Internal audit reviews</p> <p>External audit</p>	<p>ET reviews reports on risk registers</p> <p>ET advises on Risk Strategy and Risk Management Framework</p>	<p>Setting the Direction (Approving the Risk Strategy and Management Framework, determining NES’s risk appetite)</p> <p>Holding to account (Reviewing corporate and directorate risk registers to check key risks are identified and</p>

<p>Risk Management (continued)</p>	<p>Quarterly Risk Register Review Process in directorates.</p> <p>Reports to ET on directorate risk registers</p>	<p>Reports of Audit Committee on Standing Committees' review, handling and identification of risks</p> <p>Audit Committee review of Audit Scotland reports</p>			<p>managed effectively)</p> <p>Assessing risk (Identifying key risks to NES business)</p>
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Table 11: NES Assurance Framework – Information Management.

What are we seeking assurance on?	First line (from front line operational areas)	Second line (oversight, effective management information)	Third line (independent and more objective assurance)	Executive Assurance Role	Board Governance Assurance Role
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<p>Information Management</p> <p>(Making sure that NES only collects the data it needs, the data is kept securely and is only accessed by the correct people)</p>	<p>Development and implementation of Information Management Strategy</p> <p>Policies, plans and processes for information governance, data security, records management, Freedom of Information and intellectual property.</p> <p>Information management policies, plans and processes aligned with relevant legislation, international quality standards and Scottish</p>	<p>Board reviews Caldicott Guardian annual report</p> <p>Annual Information Governance & Security report reviewed by Finance and PM Committee</p>	<p>Internal audit</p> <p>External audit</p> <p>The Digital Health & Care Strategic Portfolio Board reviews and provides feedback on regular reports from the NES Digital Service</p>	<p>Executive Team approves organisational policies, plans and processes for information management.</p> <p>Executive Team monitors Information Management through reports in areas such as Freedom of Information and data protection.</p>	<p>Setting the direction (Approve strategy (F&PM, Digital Sub-Committee)</p> <p>Holding to account (Review and challenge progress reports from NDS. Review Data incident reports) (Digital Committee)</p> <p>Assessing risk (Understand the kind of information risks NES could be exposed to and seek assurance on how these are addressed)</p>
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<p>Information Management (continued)</p>	<p>Government policy/strategies</p> <p>Role-based access to information systems and dashboards</p> <p>Development, implementation and audit of NES Information Security Management System</p> <p>Information Asset Register and Data Protection Impact Assessment Register</p>				<p>(Digital SubCommittee)</p> <p>Engaging stakeholders (how do we communicate how we use the data we hold)</p> <p>Influencing culture</p>
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<p>Information Management (continued)</p>	<p>Business continuity/disaster recovery systems and processes</p> <p>Provision of cloud-based information management systems for safe data storage, retrieval and sharing</p> <p>Information security based on agreed processes for authentication and registration of system users.</p> <p>Mandatory training of all NES staff on Information Governance.</p>	<p>The Executive team has reviewed and commented on the iterative development of NES Business Continuity plans</p> <p>There is governance oversight of the NES Digital Service through the Board's Digital Sub Committee</p> <p>Staff Governance scrutiny of training data</p>			
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	Assessment and management of risks relating to data management	Digital Committee review of NDS Risk Register			
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NHS Education for Scotland

Board Paper Summary

1. Title of Paper

Performance Management Report following 31st March 2020 progress updates.

2. Author(s) of Paper

Karen Howe, Planning and Corporate Governance Manager
Donald Cameron, Director of Planning and Corporate Resources

3. Purpose of Paper

This paper provides a summary of performance for the fourth and final quarter of 2019/20.

4. Key Issues

Overall, there are 562 targets, of which 37 are red, 98 are amber, and 427 are green. Of the 111 priority targets, 7 are red, 19 are amber and 85 are green.

5. Educational Implications

The performance targets cover all NES planned educational activity.

6. Financial Implications

The performance targets are delivered within the NES budget. Board members should note that this report would normally come through the Finance and Performance Committee first for their scrutiny, but as this Committee has been suspended, due to COVID-19 core governance arrangements, this report has come straight to the Board.

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

A high performing organisation

8. Impact on the Quality Ambitions

The performance targets cover the quality ambitions.

9. Key Risks and Proposals to Mitigate the Risks

The performance targets have attached risks to delivery contained within the corporate risk register.

10. Equality and Diversity

Equality and diversity performance targets are included and reported each quarter.

11. Health Inequalities

There are a range of health inequality focused targets included.

12. Communications Plan

The Annual Operational Plan includes these performance targets and is published each year.

13. Recommendation(s) for Decision

To note and approve the current performance of NES.

KH/DC
May 2020

NHS Education for Scotland – 2019/20 Quarter 4 Performance Report

1. Corporate Dashboard

Full performance data can be found in the [Corporate Insights area of TURAS | Data Intelligence which presents corporate metrics in one place.](#) *Note: this will require a TURAS user sign in.*

COVID 19 has impacted on the year-end (Q4) with most core NES activities paused or suspended as at 31/03/2020 in line with the NES COVID 19 Mobilisation Plan.

2. Summary of Performance

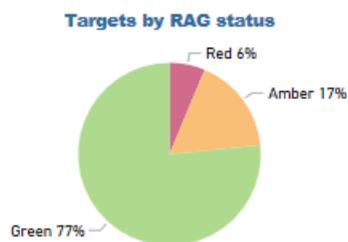
There are 562 performance targets for 2019/20, of which 111 have been identified as priorities and represent key performance indicators. Diagram 1 shows the performance across the 111 priority targets and diagram 2 outlines performance across all 562 targets. Performance is measured using RAG (Red, Amber, Green) ratings, the definitions are set out below:

- **Red** – progress has not been satisfactory. The target is more than 10% off the stated goal and/or delayed by more than 3 months.
- **Amber** – progress against this target/outcome has not been fully satisfactory. The target is up to 10% off the stated goal AND/OR is delayed by up to (and including) 3 months. If a target is marked as amber during Q4, then it is expected to be complete by the end of June 2020.
- **Green** – progress against this target/outcome has been satisfactory, with 100% of the target achieved or exceeded AND meeting all time deadlines.

Diagram 1 – Summary of performance for priority targets (Q4, 2019/20, n=111)

Performance (Priority Targets)

DirectorateName	Red	Amber	Green	Total
Dental	1	3	12	16
Digital Group	2		10	12
Finance			6	6
Medical	1	3	19	23
NES Digital Service			5	5
NMAHP	1	5	13	19
Planning & Corporate Resources		2	4	6
Psychology		2	8	10
Workforce	2	4	8	14
Total	7	19	85	111

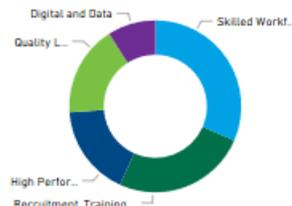


StrategicThemeName	Red	Amber	Green	Total
Digital and Data			10	10
High Performing NES	2	2	15	19
Quality Learning and Employment	1	3	15	19
Recruitment, Training and Retention		9	19	28
Skilled Workforce	4	5	26	35
Total	7	19	85	111

Targets by Directorate



Targets by Theme



Of the 111 priority targets, 7 are red, 19 are amber and 85 are green. All priority target updates are reviewed to ensure the updates accurately reflect the content of the target and that the RAG rating is correct. Overall, eleven priority targets were followed up for further clarification. Of those eleven: eight remained unchanged; two were changed from amber to green; and one was changed from green to amber.

A recent audit of performance management also recommended that we independently verify the supporting documentation behind a sample of the updates to provide additional reassurance that the inputs are accurate, complete and representative of the current status. Therefore, 5% (n=5) of the priority targets were independently verified, which included reviewing meeting agendas/papers, intranet/internet content and screenshots of appropriate documentation. All the information collected verified the updates that had been provided and no changes were made.

A spreadsheet with all 111 priority targets along with their quarter 4 updates and RAG status can be found [here](#) - further details of the red and amber priority targets are outlined in Tables 1 and 2 below.

Table 1 – Red priority targets Q4 2019/20

Target	Comment
<p>Medical - Appoint up to 10 GP-SIPS (Stay in Practice) doctors at an average of 6 sessions per week by March 2020. (TAR0002925)</p>	<p>There is one GP in the SIPS scheme at Q4. One further GP has been approved for the scheme, and there are two expressions of interest. However, in the current Covid19 emergency these applications have been put on hold.</p>
<p>Digital - Over the next year we will approve the preferred bidder, develop a full business case, complete the contract award and scope work to remove the requirement for re-keying data between existing eRoosting systems and the Scottish Standard Time System (SSTS). (TAR0003127)</p>	<p>Work on this interface has been delayed with a lack of progress at the Atos/SSTS end. It is expected to be completed within 2020/21.</p>
<p>Workforce - 100% of eligible staff having meaningful appraisal discussions and 100% of eligible staff completing all Essential Learning. (TAR0003114)</p>	<p>Our performance against this key target remains unsatisfactory. Our final completion figures are: Appraisal 85%; Objectives 88%; and PDP 89%.</p> <p>In Essential Learning, completion of the H&S modules shows 67% of staff completing all modules. At the end of December 2019, we discontinued the Assess rite Module and are no longer reporting on completion rates for this module. We have introduced a new Agile working module which is more aligned to the assessment needs for NES SMARTER initiative. We will report on completion rates for the new module from Q1 2020/21. Completion rates for Equality and Diversity, Information Governance and Counter Fraud are 93%, 93% and 95% respectively at end March which is a slight increase from the reported Q3 performance. Counter Fraud for Managers is lower at 83% and this may reflect capacity issue which we are working to resolve for 20/21. Attendance at Corporate Induction sits at 44%. Our review of our Leadership and Management development in NES has commenced although proposed actions, including inclusion of a managers' performance objective, have been impacted upon by our COVID - 19 response.</p>
<p>Dental (Optometry) - Design a programme of education and training to support the management of Ocular Hypertension and Glaucoma by Scottish Optometrists and deliver to first cohort of 30 by January 2020. (TAR0002495)</p>	<p>All work fully completed, with the course being approved by the SQA, and rated at level 11. We have successfully recruited 22 optometrists to commence in early 2020. Target was set at 30 due to proposed funding; however, funding has been reduced mid-year and hence there is now only funding for 22 places, which has been achieved (over 80 applications received). We await confirmation of government funding.</p>
<p>Digital - Achieve accreditation with ISO27001 by October 2019 and Cyber Essentials Plus, completion by March 2020. (TAR0002652)</p>	<p>This work is now more than 3 months behind target due to delays earlier in the year. Funding for IS Manager now confirmed, but business case was put on hold in order to establish the most appropriate banding level for this post.</p>

Target	Comment
<p>NMAHP - Test and evaluate innovative models for at least 5 Return to Practice placements across GPN/DN integrated teams with collaboration between general practices, NHS Boards and HEI providers by March 2020. (TAR0002766)</p>	<p>NES has fully delivered on this work and has liaised with general practices, NHS Boards and universities. Placements have been advertised and opportunities made available. There's funding and a recruitment process in place for the Return to Practice placements to be managed. However, the target is rated red because there has been no appetite for these opportunities as - to date - no-one has applied for a placement. We continue to offer opportunities via the NES website.</p>
<p>Workforce -Deliver and further develop multi-professional early leadership careers development approaches (MTS, New Horizons, SCLFs) aligned to the Project Lift ethos and processes, and the Leadership & Management Development Framework (TAR0002891)</p>	<p>COVID 19 has had a significant impact on this work. Scottish Clinical Leadership Fellowship: Cohort 9 of SCLFs has been suspended. Leadership Days and Action Learning was delivered in Q4, but 3 planned days in March were cancelled. We are continuing to offer coaching on a 1:1 basis to support Fellows as they transition quickly back to clinical roles. Recruitment to Cohort 10 was completed in January 2020 with 12 new Fellows appointed, however the position of the programme in August 2020 is unclear. New Horizons – programme commenced on 3-4 December with 18 participants: 13 multidisciplinary participants and five MTS 2019 trainees representing 10 NHSS Boards: 8 Territorial and 2 National. Now suspended.</p> <p>Peer Thinking Sessions 1-2 of the Programme completed. Sessions 3 and 4 timetabled for March and April respectively postponed until after July 2020 due to COVID-19.</p> <p>MTS MTS 2019 cohort started their placements in their host Boards in January 2020. Cohort 2018 are in their last placements and have started their coaching contracts. The recruitment of 2020 cohort is in progress, with interviews planned online and postponed until May 2020 due to COVID-19. Placement planning discussions with potential host Boards postponed until Q1 2020-21.</p>

Table 2 – Amber priority targets Q4 2019/20

Target	Comment
Dental - Support approximately 16-18 Practitioner grade Clinical Physiology trainees will start training in Sep19 (2019 Cohort). (TAR0002467)	We have agreed year 1 sponsorship of 15 trainees as per target, with service likely to contribute additional posts. Recruitment still underway. 15 trainees supported. No further issues to date.
Dental - 94 Dental Core trainees (DCT) and 45 Specialty and post Certificate of Completion of Specialist Training (CCST) trainees working towards the learning outcomes of the relevant curricula. Supported by relevant digital systems and trainers who can access support from NES. (TAR0002584)	89 of the 94 posts have been filled. We are still trying to fill the vacancies with the introduction of post DCT fellowships. No further recruitment now planned.
Medical - Establish, evaluate and refine new processes for Recognition of Medical Trainers (RoT), using existing and new data management systems by end March 2020. (TAR0002557)	We are still experiencing difficulties with TURAS Trainers for RoT. Regional (Health Board) Administrators appear to have access to the system beyond what has been agreed, therefore by-passing our checking of a trainer's eligibility for recognition. This has again been communicated to the TURAS development team and we are awaiting further development of the system. We are now experiencing difficulties with "glitches" in the SOAR system. Colleagues in Digital are aware of these concerns and are looking to provide an appropriate level of support to fix these issues. We have also discovered that our RoT process which links re-recognition with revalidation is problematic in terms of timing of these reviews, a significant number of reviews for re-recognition have been missed. There is a simple solution to this problem which we are going to present to DME (Directors of Medical Education) at the next RoT Steering Group meeting in April.
PCG - Establish a long-term property option for the NES Digital Service and complete a new lease for Westport by end December 2019. (TAR0002476)	Preferred property option has been identified and provisional terms agreed subject to Board and SG approval. COVID 19 has led to some delays in terms of access for design consultants, however, Framework Consultants have been approached at this stage and await access to the preferred property in the coming months.
Psychology - Recruit three trainee health psychologists in training to commence in May 2019 and support four current trainees to complete training by January 2020. (TAR0003000)	Two trainees commenced in May 2019, three completed at the end of January 2020 and a further cohort of 3 trainees commenced in March 2020.
Psychology - Support 30 trainees for psychological therapies in primary care (PTPC) and 30 MSc trainees in applied psychology for children and young people (APCYP) to complete training by January/February 2020. (TAR0002999)	28 APCYP trainees completed by the end of March with 1 further trainee due to complete in Q1 of 2020/21. 28 PTPC trainees completed by the end of March.
Workforce - Contribute to work across NHS Scotland on Agenda for Change reform that strengthens the link between Appraisal, Essential Learning and Incremental Progression, ensuring that outcomes of this work are reflected in development of Turas Appraisal and Learn, and our portfolio of	Work has progressed with the notifications process for both email and web notifications. Both due to be released under a 'feature flag' to hide from the end user until the current situation starts to return to normal. Development is in progress of a link between Learn and Appraisal that allows a Line

Target	Comment
OD&L national development programmes and resources. (TAR0002900)	Manager to push national eLearning modules to the PDP of their staff. This development has reached the Integration environment and is being held at the moment because of work that is ongoing for Covid-19 that needs urgent pushes through all of the environments. The wireframes detailing changes to the PDP page have been out to Boards and received very positively by both KSF Leads and Appraisal Administration and other application users. Work will be commencing on this development during April.
Workforce - Widen opportunities for young people by supporting all Boards in Scotland to promote NHSScotland as an employer of choice, widening access routes and opportunities for under-represented groups, increasing the number of young people entering the service, including apprentices. (TAR0002933)	Best practice guide for Foundation Apprenticeship placements is being developed with Skills Development Scotland for Boards. Promoted Scottish Apprenticeship Week via NHS Careers platforms. Final version of The Prince's Trust Get into Healthcare Programme Toolkit was completed and signed off by the Taskforce. Supported Ayrshire and Arran with their first Get into Healthcare Programme with all young people on programme now having been offered permanent posts. Delivered Scottish Mentoring Network training to Ayrshire and Arran staff. Target is red because of the low number of Boards reached.
Digital (with OPIP support) - Working with the Steering Committee ensure consolidation of a new NES Data Team into NES by the end of December 2019 and ongoing progress reporting to Scottish Government on workforce planning initiatives being progressed by NES. (TAR0002486)	The Data Group published another set of National Statistics on 3 March 2020 relating to data on 31 December 2019. The Data Group paper is in draft and awaiting submission to CMPB (Change Management Programme Board) - timeline may be impacted by COVID-19. Regular reporting to the Scottish Government still ensures they are kept abreast of progress.
NMAHP - The Practice Education Leads infrastructure will support all NHS Boards and partnerships to use and embed the NES AHP Return to Practice Guidance by March 2020 which will enable AHPs to meet HCPC registration requirements. (TAR0002779)	Following Scotland's approach being presented at the UK Health & Care Professions Council Return to Practice stakeholder event in October 2109. NES has not been able to progress working in partnership with the Health & Care Professions Council and Scottish Government to develop a more consistent Allied Health Professions' Return to Practice model. The guidance still requires to be updated following the newly published Health & Care Professions Council recommendations. A business case is required to propose the development of a more consistent approach which has not started yet.
Medical - Provide administrative and medical educational resources to deliver 293 training programmes encompassing approx. 6000 doctors in training across Scotland. This includes maintaining Turas TPM information according to policy; managing progression via ARCP; administering LTFT and OOP; supporting inter/intra deanery transfers on a twice yearly basis. (TAR0003086)	Training disrupted for some trainees due to redeployment within service to support COVID response, 89 trainees returned from Out of Programme to service and cancellation of study leave and exams.
NMAHP - Work with NHS Boards and partnerships to use workforce data and NES AHP Learning Needs Analysis survey results from 3 pilot areas (MSK Primary Care, Reporting Radiography and	Existing educational resources have been mapped to Learning Needs analysis survey results for Musculoskeletal Primary Care and for Reporting Radiography for all 4 pillars of practice. For

Target	Comment
<p>Unscheduled Care) to develop educational solutions and career pathways for AHP Advanced Practitioners by March 2020. (TAR0002769)</p>	<p>Unscheduled Care, existing educational resources have been mapped to 3 of the 4 pillars of practice as the Expert Group wished to refine the clinical pillar or practice and repeat the learning needs analysis which is currently underway.</p>
<p>NMAHP - Continue to support and fund a minimum of 350 additional nurses to enrol on the Postgraduate Diploma in Advanced Clinical Practice by September 2020 to ensure the target of an additional 500 advanced nurse practitioners are trained by 2021. (TAR0002754)</p>	<p>Final purchase orders processed for financial year 2019/2020. A total of 970 individual nurses have received funding for education to date and we expect 70% of nurses will complete education within the time frame. Therefore, we expect 679 nurses to have attained Advanced Nurse Practice Diploma by 30 Sept 2021. Potential for impact of Covid 19 on ability to attend modules anticipated. Drafting reporting templates for final year of funding, and an evaluation commission to commence by September 2020.</p>
<p>Medicine - Deliver the requirements of the Scottish Shape of Training Transitions Group (SSoTTG) in delivering pilots of Improving Surgical Training (IST), Improving Medical Training (IMT) including provision of simulation training for curricular requirements and evaluation of pilots. (TAR0002660)</p>	<p>IST simulation funding request is being developed to be submitted to SG to ensure continuity of this successful programme. Funding for a formal evaluation has been secured and this will be progressed throughout 2020. IMT1 trainees have been attending the newly developed IMT bootcamps with very positive feedback. Funding will be requested to continue this next year and develop the training for IMT year 2 programme. Awaiting SG confirmation of bid for funding.</p>
<p>Workforce - Work in partnership to improve access to learning for health care support workers by building capacity, identifying skills gaps and improving provision; including the delivery of 2 regional learning events and the creation of at least 2 new education pathways. (TAR0002935)</p>	<p>Recognition of Prior Learning (RPL) pilot continues; development of animation to raise awareness has been completed and is ready for deployment on Turas. RPL Pilot boards are beginning to identify key projects to focus on during pilot phase (e.g. NHS Lothian pharmacy qualification mapping project), these are being managed by RPL leads with some support to connect with key partners in SCQF, FE and HE institutions. Since January RPL awareness sessions related to pilot have been carried out with FE/HE groups, SCQF and NHS GGC. Ongoing work will focus on enabling RPL leads to carry out RPL work independently and engaging with partners to track best practice and inform future direction/provide recommendations on next steps. HCSW East Region event held in Edinburgh for Lothian, Borders and Fife Boards. Final of the 3 regional events for HCSWs. All spaces filled.</p>
<p>NMAHP - Continue to support digital and non-digital educational opportunities for the public health workforce by (a) offering videoconferencing for 8 events (b) providing digital and paper-based copies for 4 new educational resources and (c) ensuring 6 webinars/videos are developed including subtitles by March 2020. (TAR0002647)</p>	<p>The 'Preventing Infection in Care' booklet has been reviewed and reprinted. MSU (Midstream Specimen of Urine) and CSU (Obtaining a Specimen of Urine) pockets booklet were re-printed in November and again in February. These support the MSU and CSU resources on how to take a specimen of urine. Outbreak resource on norovirus for care home and MSU/CSU decision making animation postponed/cancelled due to COVID-19.</p>
<p>NMAHP - Engage with all key stakeholders (including NHS Boards, social care, universities and local authorities) to review and revise educational provision through: a) 3 workshops and 21</p>	<p>Webinars for HAI, parasitology and Ticks and Lyme postponed due to COVID-19.</p>

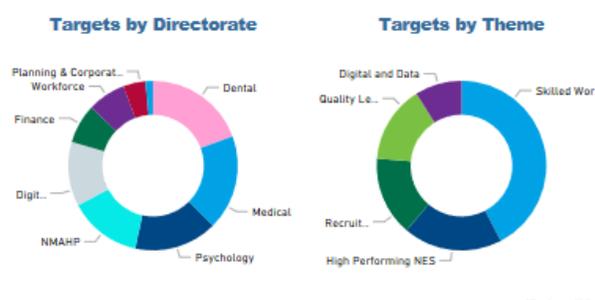
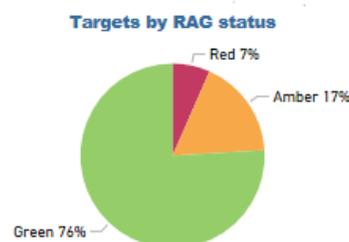
Target	Comment
stakeholder meetings; b) online surveys for all e-learning and one annual survey for non-digital resources by March 2020. (TAR0002646)	
Workforce - Continue to play a lead role in partnership in the implementation of the DDiT Lead Employer programme, including the development of Turas People and Turas Learn in support of agreed national priorities. (TAR0002928)	National Trainees have transferred over. Ongoing Turas development required for the dentists in training, on hold due to COVID-19. Currently CEO Agreed Workplan for Lead Employer all on hold due to response to COVID-19.
Workforce - Continue to play a lead role in partnership in the implementation of the DDiT (Doctors and Dentists in Training) Lead Employer programme, including the development of Turas People and Turas Learn in support of agreed national priorities. (TAR0002782)	National Trainees have transferred over. Ongoing Turas development required for the dentists in training on hold due to COVID-19. Currently CEO Agreed Workplan for Lead Employer all on hold due to response to COVID-19.

Diagram 2 – Summary of performance for all targets (Q4, 2019/20, n= 562)

Performance (All Targets)

DirectorateName	Red	Amber	Green	Total
Dental	7	22	80	109
Digital Group	3	8	58	69
Finance	5	2	35	42
Medical	4	14	84	102
NES Digital Service			8	8
NMAHP	4	17	57	78
Planning & Corporate Resources	2	3	19	24
Psychology	9	17	63	89
Workforce	3	15	23	41
Total	37	98	427	562

StrategicThemeName	Red	Amber	Green	Total
Digital and Data		5	45	50
High Performing NES	10	12	84	106
Quality Learning and Employment	9	12	62	83
Recruitment, Training and Retention	3	16	66	85
Skilled Workforce	15	53	170	238
Total	37	98	427	562



Overall, there are 562 targets, of which 37 are red, 98 are amber, and 427 are green. As part of quality control, all the red and amber targets were reviewed and approximately 10% (n=43) of the green targets were randomly selected to ensure the update accurately reflected the content of the target and that the RAG rating was correct. Of the targets reviewed, nine were followed-up and seven of those were moved from green to amber. Of the seven targets which were revised from green to amber, five of those had been on track until the COVID-19 crisis. The red non-priority targets are outlined in Table 3 (*Note: priority targets have been excluded from Table 3 to prevent duplication*).

Table 3 – Red non-priority targets Q4 2019/20

Target	Comment
PCG - Organise and deliver the NES Annual Review by December 2019. (TAR0002717)	Scottish Government have confirmed that we do not need to hold an annual review during 2019, so this work will no longer take place. Scottish Government have advised that our next Annual Review requirement will not be until 2020. We will not know whether the NES Annual Review will be ministerial or non-ministerial until nearer the time. Guidance will be issued circa May 2020. Target was closed in Q2, so no further update for Q4.
Medical - Develop a pharmacy genetics website with educational support resources. (TAR0002513)	This is a duplicate of TAR0002512 which is on target and green. This target is a duplicate and was closed in Quarter 1 and therefore no further update.

Target	Comment
<p>Psychology – To continue to increase supervision capacity in major psychological interventions: Cognitive Behavioural Therapy (CBT), Interpersonal Therapy (IPT) and Family Based Treatment (FBT). (TAR0003009)</p>	<p>9 clinicians started FBT supervision this year. 1 of those completed to certified level, but others will need to complete the supervised practice involving 25 hours of supervision extending beyond March 20. Some disruption now to cases and supervision due to COVID-19.</p> <p>CBT Supervision (completed) A further cohort of clinicians was trained in in CBT supervision in January 20 taking the total number of clinicians trained this year since April 19 to 34.</p> <p>IPT (delayed) 7 completed IPT supervisor training, 1 withdrew, 2 extensions now delayed to June 2020.</p>
<p>Dental (Optometry) - Scoping work to determine safety concerns in Optometric practice, and consideration of appropriate training to support in these areas: analysis of questionnaires to the profession to be completed by end of quarter 2. (TAR0002499)</p>	<p>This target has been negatively impacted on by a simultaneous project launched by the GOC. We have therefore stalled issuing the questionnaire until the results of the GOC survey are released. The survey results have still not been released. Work no longer to be completed, due to similarity of project elsewhere. We have moved tutor time to focus on the topics of QI in the profession and addressing this particularly in our Enhanced Service Delivery training package development. Target to be closed.</p>
<p>Digital - All phase 3 recruitment activity completed before end of September 2019 (TAR0002624)</p>	<p>Some posts remain unfilled as we have been unable to attract candidates of sufficient quality. We will address this in Q1 2020/21.</p>
<p>Finance - Undertake an information needs analysis to identify the financial reporting requirements of the corporate groups and committees within NES to be provided for the scheduled meetings to support decision making (TAR0002954)</p>	<p>Information Needs Analysis will be carried out by Head of MIS & Analysis in 20/21.</p>
<p>Finance - Produce an Information Strategy for Finance to identify the preferred reporting solution to improve the quality of financial reporting to NES. This will include identifying the various data sources, including the corporate data warehouse being developed by NSS, the workforce planning data lake to be developed and the Turas data warehouse, as well as the data visualisation tool to support user friendly reporting (TAR0002953)</p>	<p>The development of an Information Strategy for Finance was delayed due to the absence of a Head of MIS. The post was filled at the beginning of March 2020 and this target will be carried into 2020/21.</p>
<p>Finance - Ensure MiTracker problems identified from the 2019/20 budget setting process are resolved and ensure that the efficiency targets can be tracked. Developments to be submitted for inclusion in the sprint reviews for development, testing and implementation in time for operational planning for 2020/21. (TAR0002956)</p>	<p>Finance System update requirements and key priorities were again highlighted to Digital group at the Business Owners Group on the 3rd March. It is highly likely that the recent COVID-19 pandemic will delay immediate action however given the limited resources available within NES Digital, it may be necessary to employ additional external resources to improve the system.</p>
<p>Medical - Produce and publish a revised Clinical Skills and Simulation Strategy by June 2019 (TAR0002555)</p>	<p>This strategy document is fully complete. However, due to an internal change in process, additional checks have been put in place and therefore the strategy document has not yet been circulated, resulting in delays. Awaiting input from the Leads for Patient Safety and Quality Improvement and once</p>

Target	Comment
	completed this will be distributed for further consultation.
NMAHP - Work with The Scottish Collaboration for the Enhancement of Pre-registration Nursing (SCEPRN) and Midwifery Education Group Scotland (MEGS) to provide programme enhancement and development for the new NMC standards for Nursing and Midwifery across Scotland through the funding of at least 2 projects to be completed by end March 2020. (TAR0002680)	Capacity within the universities to undertake any funded research work because of the new Future Nurse and Midwifery standards is extremely limited and no bids were submitted by the end of September. This was reported to Scottish Government and to the Nursing & Midwifery Programme Advisory Board meeting in November 2019.
PCR - Room booking system and helpdesk: full scope of the solution to be completed to enable all sites to move to one platform (which will enable more automation) by end of March 2020. (TAR0002479)	FM Easy not accessible remotely across NES staff, however, access has been made possible to members of the PFM team to enable some continued working following the WFH period. Working alongside Digital, a tender was prepared for a new room booking system, however, none of the respondents were able to meet the criteria. A new tender is now being prepared using different hardware which should broaden the scope for respondents.
Psychology - To continue to promote and monitor the use of the Emotion Matters Module. 500 access rates and 250 pass rates by March 2020. (TAR0003028)	31 people accessed the module and 5 people passed the module in Q4. For full year: 84 accessed, and 19 completed through TURAS site. Unique visitors to Knowledge Network pdf resource: 150 this quarter (based on extrapolation from available data) Total unique visitors for year: 503. Access target of 500 achieved. Completion target of 250 not achieved. The module was promoted to 85 people at our conference on 2.3.20, using new leaflet.
Workforce - Deliver and further develop national Leadership & Management Programmes (including LFTF, SCLIP, Leadership Links, Healthcare Science, Psychology, Human Factors) that remain relevant, high quality resources for Health & Care staff and contribute to the development of a leadership community in and beyond NHS Scotland. (TAR0002890)	<p>Leading for the Future: Cohort 10 of Leading for the Future was active with 107 participants from across Health, Social Care and the Third Sector. Module 1 & 2 and skills workshops had been successfully delivered and recruitment to Cohort 11 was imminent. Only one of four planned Masterclasses completed in Q4. The programme has been suspended and plans are in place to enable current participants to complete next year. Recruitment to Cohort 11 has been deferred to next year.</p> <p>NES Scottish Coaching & Leading for Improvement: The NES Board SCLIP commenced in November 2019 with delivery of workshops 1, 2, 3 & 4 completed. The programme has been suspended with an initial plan to recommence with workshop 5 in August 2020.</p> <p>Healthcare Science: Dates for delivery of Refreshing Leadership and Early Career (Foundations in Leadership) modules for Healthcare Science are scheduled, redesign of programme is complete with delivery of day one in March 2020. The programme has been suspended.</p> <p>Human Factors: Delivery of scheduled CIEHF accredited ½ day Human Factors and Ergonomics (HFE) Workshops went ahead as planned during Q4</p>

Target	Comment
	with bespoke sessions also delivered as part of national commitment to spread consistent, accurate understanding. Version two of HFE e-learning is now live. Discussions around integration with OD & Leadership programme are active. Delivery of pilot Advanced HFE two-day workshop (for target group) delivered March 2020. Programme now suspended until August 2020. Additional e-learning development for "How to Respond," and work for National "Openness and Learning" project continues. Leadership Links – (Complete) - Offered two live online learning events to leaders and managers at all levels. Webinar recordings and related resources are made available via the Leadership Links webinar library at Turas Learn Leadership and Management Zone.
Dental - To provide sufficient Adults with Incapacity training to meet ongoing demand for those providing dental care to Priority Groups where consent is an issue. (TAR0002595)	Domiciliary Care – 42 have successfully completed this programme in 2019/20. AWI course – 23 have successfully completed to date. COVID-19: AWI Day 3 of the latest course cancelled 8 participants impacted. A session with those involved in delivery of the Dom Care training to develop a Situational Judgement Test as part of assessment had to be postponed on 23 March due to COVID-19.
NMAHP - Leadership development programme to be developed and delivered for approximately 30 general practice nurses and coaching for approximately 30 GPNs per year commissioned and evaluated by March 2020. (TAR0002764)	Seven General Practice Nurses attended two leadership masterclasses focusing on leading and leadership and unconscious bias. Feedback has been positive and will continue to be monitored to adapt content for wider dissemination. Coaching is offered via People Connect and advertised via the NES General Practice Nursing web pages. To date one General Practice Nurse has accessed the service.
Psychology - Provide supervisor training to supervisors of applied psychology trainees across all funded programmes to ensure consistent level of support, opportunity and evaluation for trainees. Deliver: introductory supervisor training to 50 new supervisors; supervision CPD training to 60 experienced supervisors; CBT supervision skills training to 20 clinical psychologists; competence awareness sessions to 4 Health psychology supervisors. (TAR0003007)	Delivered introductory supervisor training to 55 new supervisors; supervision CPD training to 44 experienced supervisors; CBT supervision skills training to 7 clinical psychologists; training sessions to 5 new health psychology supervisors.
Medicine - Creation of an e-learning resource for all community pharmacy staff will be produced and payment will be made to all community pharmacies for time to undertake training. (TAR0003096)	Target no longer active. There is agreement with SG and NES (including NES Finance) that these funds will not be drawn down for 2019/20. SG agreed this was not a priority.
NMAHP - Test and evaluate general practice nurse placements for a minimum of 20 final year pre-registration nursing students in general practice by March 2020. (TAR0002759)	Nine placement opportunities were taken up: 8 student nurse placements by practices in Greater Glasgow and Clyde, working with University of West of Scotland and Glasgow Caledonian University, and 1 student nurse placement in a practice in Ayrshire and Arran, working with University of West of Scotland.
Psychology - Trainee Survey. Use outcomes from pilot to guide full implementation of trainee survey in NHS Boards once reporting systems developed with	Trainee survey: Remainder of scoring and reporting system and method of access for NHS Board staff

Target	Comment
NES Digital. Survey to rolled out by March 2020 (TAR0003006)	not delivered by Digital. Roll-out of survey to be delayed due to COVID-19 pandemic.
Psychology - To support the implementation of the Autism Training Framework (ATF). 80 training places & resources that address mental health and behaviour issues associated with autism, such as adapting evidence-based practice (CBT), 120 national / regional training places & resources for multi-professional practitioners (CAMHS & adult) involved in identifying, screening or diagnosing people who may have autism; improve equity of access to autism diagnosis; promote consistent good practice in assessment and diagnosis. (TAR0003074)	As a result of the European Tender process, 3di (Developmental, Dimensional and Diagnostic Interview) training was arranged for 2 dates in March. A total of 13 staff attended training whilst the 2nd session (15 staff) was postponed owing to COVID-19. Agreement has been reached with the ADOS consortium to produce training materials before the end of March and training to be planned for 2020/2021. Transitions Workshops were delivered to 3 Local Authority regions (60) people. Adapted CBT training for 37 staff has been postponed owing to the current circumstances.
Finance - Develop a Customer Satisfaction questionnaire to go out to Finance Customers by the end of October 2018. Survey will exclude Procurement but cover all aspects of Finance service delivery to customers internally and externally. (TAR0002958)	This was put on hold to progress the diagnostics element of the Business Partnering implementation. This will now take place in 20/21.
Psychology - Develop and pilot, to 20 staff, a behavioural activation training resource for CYP (Children & Young People) with low mood by March 2020. (TAR0003063)	T4T in BA to be delivered 31st March 2020 and all places had been filled from TIPS-EIC (Training in Psychological Skills – Early Intervention for Children) perspective (16 places). Due to COVID-19 this training has had to be cancelled and is unlikely to be delivered before June 2020.
Finance - Provide reports on actual performance against KPIs bi-monthly to the Finance Operational Group. The reports will include details from managers/team leads of any mitigating actions being taken where KPI targets have not been met to allow the group to ensure actions are being taken and performance improves (monitoring performance and taking action to correct any problem areas) (TAR0002957)	The review of KPIs will be added as a standing item to the meetings going forward. In addition, an overall review of KPI's and metrics will be undertaken to ascertain if metrics are still key and understand any other metrics that could enhance monthly reporting and improve efficiencies.
Psychology - Develop a half day training resource about children and young people with neurodiversity (such as Autism Spectrum Disorders) and how to adapt practice to meet their needs. Adapt current TIPS-EIC training resources (LIAM and Modules) so they are applicable for these children and young people (March-September 2019). Pilot and further refine these resources with 30 workers by March 20. (TAR0003061)	Neuro-diverse module and 2 social skills workbooks to support LIAM delivery were drafted and consulted on at the national TIPS-EIC meeting but are still incomplete due to staff vacancy. Further meeting with SG and Education Scotland colleagues on 23rd March 20 to continue discussions about coordinating neuro-developmental training resources was cancelled due to COVID-19.
Psychology -Developing a training model for Routine Enquiry and Response and delivering 3 pilot sites across the workforce. (TAR0003047)	Scottish Government asked for this pilot to have a reduced priority in Q1 because of the national pressure for front line training delivery. Final planning now underway with Family Nurse Partnership in terms of an initial pilot site. The maternity pilot is likely to be developed in 20/21 once SG funding for this work is finalised.
Dental - Face-to-face learning opportunities for early career, mid-career leaders and for training officers. Establish generic E-learning CPD activity via TURAS Learn. (TAR0002464)	There had been no issues to date with this work. Courses scheduled by ODLL. Proceeding as expected until COVID-19 led to suspension of the work to refocus on other priorities.

Target	Comment
<p>Psychology - Deliver 2 Stress and Distress (S&D) Coaching Workshops to support Stress and Distress 'Trainers'. A maximum of 40 attendees for the two workshops. Attendees will be health and social care staff from a mix of Health Boards and Health & Social Care Partnerships. These will be delivered by March 2020. (TAR0003036)</p>	<p>An S&D Trainer coaching workshop was delivered in Edinburgh on 21st January 2020; 6 senior health and social care staff attended. A total of 13 health and social care staff attended S&D coaching workshops over 19/20 - it would seem attendance at events may be affected by competing demands and priorities being placed on staff as well as not being released from usual activities. A planning session will be developed to look further into this.</p>
<p>Dental - National learning/events, dissemination of best practice. Retain service interest in NES's HCS workstream particularly as we have 'soft' dependencies on non-NES external staff to help deliver our training numbers. Feedback surveys, attendance numbers. Engagement and influence key UK-level agencies. (TAR0002463)</p>	<p>All trainer programmes being delivered as per plan, as were Early Career and Senior Leadership programmes. However, COVID-19 has resulted in this work being suspended and so the target ends the year as red.</p>
<p>Dental - Develop and implement processes to review the quality of Core and Specialty training. (TAR0002598)</p>	<p>Recent visits to Aberdeen Dental Institute and Royal Infirmary. Trainee dental survey recently completed and for the first time, this has been run by Dental Quality Manager. Unfortunately, planned visits to QEUH, Crosshouse and Edinburgh Dental Institute have been postponed due to COVID-19.</p>
<p>Dental -Support for trainees through provision and allocation of Educational Supervisors (ES), working in partnership with Health Boards to identify and support supervisors. Develop a combination of face-to-face events and electronic resources to support Educational Supervision of Core and Specialty trainees. This will include a conference for Educational Supervisors in 2020. (TAR0002596)</p>	<p>Restorative training was well received. ES event now cancelled due to COVID-19.</p>

NHS Education for Scotland (NES)

Board Paper

1. Title of Paper

NES Corporate Risk Register, including COVID-19 Risks

2. Author(s) of Paper

Audrey McColl, Director of Finance/Acting Deputy Chief Executive

3. Purpose of Paper

To present the Board with the Corporate Risk Register to demonstrate that NES has a clear understanding of the risks which impact the organisation and that controls and actions are in place to mitigate these.

4. Key Items

The paper comprises the NES Corporate Risk Register as at May 2020, which has been re-scored, where appropriate, to reflect the impact of the COVID-19 pandemic on *existing* risks.

In addition, an annex details the *additional* key risks identified for the organisation as a result of the impact of, and the NES response to, the COVID-19 pandemic.

The COVID-19 risks are aligned to risks raised at the Board meeting on 26 March, which were then further reviewed by the Audit Committee. The feedback received from the Audit Committee has been incorporated into the COVID-19 risk annex.

4.1 Within the Corporate Risk Register the following amendments have been made to the scoring of existing risks;

Risk 2 : The residual risk has been increased from Primary 2 to Primary 1. It is possible that the national cost of COVID may exceed the Barnett consequentials expected to be available from UK Treasury. Scottish Government has signalled that this could mean budget reductions in 2020/21 in order to balance the Scottish Budget. It is possible that non-recurrent funding will be most at risk which, within the draft NES budget for 2020/21, is approximately £80m and any reduction would impact the level of activity which could be delivered. There is also a significant amount of additional funding required as a result of actions arising from the NES mobilisation plan and work requested by Scottish Government. This includes the estimated cost of staff employed by NES via the COVID-19 portal as well as items such as potential double-running costs, across professional groups, from the impact on training

programmes and exam deferrals, all currently estimated to be in the region of £18m.

Risk 3: The text has been amended to reflect the impact that Policy decisions as a result of the COVID-19 pandemic may have on NES's capacity to support attraction, recruitment and retention of the workforce; potential future workforce supply; and training progression. The residual risk score has been increased to reflect the cumulative level of uncertainty across all the professional groups.

Risk 12 and 13. The text has been amended to reflect the changing nature of the reputational risks but given the mitigations in place the residual scores remain unchanged.

- 4.2** An annex to the Corporate Risk Register has been developed to reflect NES's key COVID-19 risks. It includes both organisational and directorate-specific risks that have been categorised and scored in line with the NES Risk Management Strategy. As evidenced, the majority of the risks identified, we believe, are significantly mitigated by the controls which have been documented. Where there is a significant element of outstanding risk it primarily relates to the development and deployment of the COVID-19 Accelerated Recruitment Portal. The scale and pace of development, combined with the large volume of stakeholders involved means that successful delivery is not completely within the control of NES therefore, at this stage the risk cannot be mitigated any further.
- 4.3** The current situation is developing at such a pace that these risk evaluations are at a point in time and will continue to evolve. In order to ensure regular management review, the COVID-19 risk register will be a standing item at each formal Executive team meeting.

5. Educational Implications

Most of NES's normal education and training activity has paused as a result of the pandemic. Directorates have been focusing on contingency planning to ensure that appropriate arrangements are put in place so that currently suspended activities can resume once the pandemic is over, if this is appropriate

6. Financial Implications

A robust governance system is essential to ensure that the Board continues to discharge its responsibilities to ensure that financial governance is maintained at all times, particularly so during this unprecedented period of uncertainty.

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

A High Performing Organisation

8. Impact on Quality Ambitions

Not directly applicable to this paper.

9. Key Risks and Proposals to Mitigate the Risks

During the pandemic phase, the risks to normal NES business are clear and substantial, and the corporate risk register has been amended to reflect this.

10. Equality and Diversity

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

11. Communications Plan

A formal COVID-19 communications plan has been published on the NES intranet.

12. Recommendations

The NES Board is asked to approve the NES Corporate Risk Register and COVID-19 risks and provide any further feedback as appropriate.

AMcC
May 2020

NES Corporate Risk Register - May 2020

Risk No.	Description	Risk Owner (Lead Director)	Current Period			Mitigating measures	Appetite	Last Period	
			I x L	Inherent Risk	I x L			Residual Risk	I x L
Strategic Policy Risks									
R1	Pressures on the system result in education and training being considered as less important.	NES Executive Team (Stewart Irvine)	4 x 4	Primary 1	4 x 4	Primary 1		4 x 4	Primary 1
R2	Scottish Government budgetary decision results in an uplift for NES that is less than cost pressures which in turn could mean NES Board are unable to balance expenditure	NES Executive Team (Audrey McColl)	5 x 5	Primary 1	4 x 4	Primary 1	Open	4 x 3	Primary 2
R3	Policy development UK-wide and within Scotland (including as a result of COVID-19 pandemic), may have negative impact on NES's capacity to support attraction, recruitment and retention of the workforce; potential future workforce supply; and training progression.	NES Executive Team (Stewart Irvine)	4 x 4	Primary 1	3 x 3	Contingency		3 x 3	Contingency
R4	Challenges that Boards and other organisations have in meeting demand for staffing result in a negative perception of NES's involvement in the attraction, recruitment and retention of the workforce	NES Executive Team (Stewart Irvine))	4 x 4	Primary 1	3 x 4	Primary 2		3 x 4	Primary 2
R5	Changes in the landscape of health and social care and pressures in the system result in a risk that NES is unable to manage constructive relationships with key partners	NES Executive Team (Stewart Irvine))	4 x 4	Primary 1	3 x 4	Primary 2		3 x 4	Primary 2
R16	The UK fails to achieve a trade deal with the EU by the end of 2020 and this results in disruption to NHS services	NES Executive Team (Stewart Irvine)	4 X 5	Primary 1	3 x 5	Primary 1		3 x 5	Primary 1
R17	The National Digital Platform is not delivered in line with the Digital Health and Care Strategy.	NES Executive Team (Geoff Huggins)	4 X 4	Primary 2	4 X 3	Primary 2		4 x 3	Primary 2

NES Corporate Risk Register - May 2020

Risk No.	Description	Risk Owner (Lead Director)	Current Period			Mitigating measures	Appetite	Last Period	
			I x L	Inherent Risk	I x L			Residual Risk	I x L
Operational/Service Delivery Risks									
R6	In the face of new and existing demands, NES is unable to allocate resources to support priority activities in an agile and responsive manner	NES Executive Team (Stewart Irvine)	5 x 5	Primary 1	3 x 4	Primary 2		3 x 4	Primary 2
R7	Turnover in key roles leads to loss of expertise/corporate knowledge resulting in negative impact on performance	NES Executive Team (Stewart Irvine)	4 x 4	Primary 1	3 x 3	Contingency	Open	3 x 3	Contingency
R8	Organisational or other changes lead to dissatisfaction and disengagement of staff	NES Executive Team (Stewart Irvine)	4 x 4	Primary 1	3 x 3	Contingency		3 x 3	Contingency
R9	Major adverse incident impacting on business continuity	NES Executive Team (Christopher Wroath)	4 x 4	Primary 1	2 x 4	Housekeeping		2 x 4	Housekeeping
Finance Risks									
R10	The complexity of the NES budget results in year-end underspend giving the impression that NES is overfunded	NES Executive Team (Audrey McColl)	4 x 5	Primary 1	3 x 3	Contingency	Averse	3 x 3	Contingency
R11	NES is unable to identify in year savings required to balance budget and therefore has year-end overspend	NES Executive Team (Audrey McColl)	4 x 5	Primary 1	3 x 3	Contingency		3 x 3	Contingency

NES Corporate Risk Register - May 2020

Risk No.	Description	Risk Owner (Lead Director)	Current Period			Mitigating measures	Appetite	Last Period	
			I x L	Inherent Risk	I x L			Residual Risk	I x L
Reputational/Credibility Risks									
R12	NES is not able to demonstrate the impact from the interventions that it has developed and delivered: Scottish Government guidance has required necessary reprioritisation of organisational activities in response to Covid-19.	NES Executive Team (Stewart Irvine)	4 x 5	Primary 1	3 x 4	Primary 2	Cautious	3 x 4	Primary 2
						<ul style="list-style-type: none"> • Directorates have focused on contingency planning and arrangements for paused work. • UK based guidance from Statutory Education Bodies has informed education and training remediation responses. • Some core areas of education and training have been maintained/adapted to mitigate long-term impact to workforce supply. • Scottish Government guidance to NHS Boards will shape recovery phase requirements. • NES Recovery Plan will focus on three-phased approach: to prioritise delivery of critical activities in short-term; resume delivery in medium term; and consider improvements to business model in longer-term. • Annual Operational Plan, incorporating desire outcomes, will form baseline for organisational activities post-COVID-19. <ol style="list-style-type: none"> 1. Planning systems require all activities to include anticipated desired outcome 2. Desired outcome measured 3. Readiness to 'fail fast' rather than pursue initiatives that aren't working 			
R13	NES does not deliver leading to a loss of reputation and confidence from stakeholders. Uncertainty in health and social care as a result of COVID-19 may lead to difficulties responding to service demands and needs.	NES Executive Team (Stewart Irvine)	4 x 5	Primary 1	3 x 3	Contingency		3 x 2	Contingency
						<ul style="list-style-type: none"> • NES organisational activity has been refocused to support frontline services and implementation of the NES Local Mobilisation Plan (addendum to draft NES Annual Operational Plan). • Work has been undertaken with NHS Boards, statutory education bodies in the four nations, and professional regulators, to mitigate disruption and allow trainees/learners to progress where possible. • In consultation with statutory bodies across the four nations, recruitment procedures have been put into place to enable recruitment to operate effectively under current restrictions and support workforce supply chain. • Management of stakeholder expectations in relation to NES capability to deliver and support new systems developments. • Review of Operational Plan targets to identify and plan priorities in the recovery phase. <ol style="list-style-type: none"> 1. Ensure targets set are SMART and also have resources allocated to them to support delivery 2. Ensure Chief Executive, NES Directors, Board and standing committees have access to regular management reporting 			
Accountability/Governance Risks									
R14	Failures in Board processes lead to corporate governance non-compliance and loss of credibility with Scottish Government e.g. failure to comply with statutory and/or other requirements, failures in financial/audit/staff governance/educational quality procedures	NES Executive Team (Donald Cameron)	5 x 5	Primary 1	2 x 2	Housekeeping	Averse	2 x 2	Housekeeping
R15	NES has a breach of Information Governance requirements resulting in loss of data and/or negative publicity	NES Executive Team (Christopher Wroath)	4 x 5	Primary 1	4 x 2	Contingency		4 x 2	Contingency
						<ol style="list-style-type: none"> 1. Statutory and relevant data security processes in place, with specific reference to the new General Data Protection Regulations. 2. Specific additional policies, procedures and practices being put in place to ensure robust security applies to the National Digital Platform. 			

NES Corporate Risk Register - May 2020

Risk No.	Description	Risk Owner (Lead Director)	I x L	Current Period			Mitigating measures	Appetite	Last Period	
				Inherent Risk	I x L	Residual Risk			I x L	Residual Risk
R18	Impact to NES operations, staff and stakeholders as result of Coronavirus pandemic.	NES Executive Team (Stewart Irvine)	5 x 5	Primary 1	4 x 5	Primary 1		4 x 5	Primary 1	

Operational/Service Delivery Risks								NES Risk Appetite
Risk No.	Directorate	Risk Title	Cause	Effect	Inherent Priority I x L	Residual Priority I x L	Mitigation Measures (Controls/Actions)	NES Risk Appetite
1.	NES Clinical Directorates: <ul style="list-style-type: none"> Medical NMAHP Dental Pharmacy Optometry Healthcare Science Psychology 	Interruption/delay /adverse impact to training programme delivery including Scottish Government mandated training Risk Owner (Lead Director): Stewart Irvine	<ul style="list-style-type: none"> Cancellation of required courses Cancellation of required professional examinations Reduced clinical experience and training capacity due to: cancellation of routine clinical activities; redeployment of trainees to different clinical duties; absence from work due to self-isolation or illness 	<ul style="list-style-type: none"> Disruption to training leading to delays in training progression Slippage to recruitment and training plans Financial implications as a result of extensions to training and support Training capacity issues Negative impact on service delivery Potential future workforce supply issues/gaps Uncertainty around non-recurrent funding 	Primary 1 4 x 4	Contingency 3 x 3	<p>Medical: Cancellation of professional examinations Control: Scottish Government funding secured for 6-month extension to training for 86 trainees unable to complete RCGP (Royal College of General Practitioners) examination. Four-nations and RCGP collaboration to develop an alternative method for completion of this examination via video recordings. Agreement reached on alternative examination to be held in July and a submission is being made to the GMC on 6 May 2020 for approval. Scotland Deanery will provide support for trainers and trainees on the alternative examination.</p> <p>NMAHP: Delay to pre and post registration commissioned programmes (by NES or Scottish Government). Control: Questionnaire issued to the Nurse Directors and Clinical Education Leads seeking their priorities and risks associated with delayed programmes. Following return of questionnaire, NMAHP will talk to CNOD (Chief Nursing Officer's Directorate) about priorities and funding availability. This early anticipation of issues should assist with forward planning to reduce effect of risk.</p> <p>Dental: Interruption to supply of workforce (especially Dental Vocational Trainees but also Core and Specialty and Dental Nurses). Control (1) Vocational Training: Online resources have been identified/developed to provide alternatives to study day activities and requirements, as well as some aspects of evidence required for Satisfactory Completion. Action (1) Adjust existing students' training plans. Action (2) Review the teaching and assessment schedules. Action (3) Delay commencement of new Dental Care Professionals (DCP) programmes until further guidance provided. Action (3) Revise financial planning predictions in relation to the Modern Apprenticeship in Dental Nursing funding. Action (4) Confirm numbers of staff who are still in employment and require training when new programmes can commence. Action: (5) Adapt teaching and assessment approaches utilising online technologies in line with awarding bodies requirements. Action (6) Extension of training where necessary to allow trainees to pass examinations or gain required competences. Action (7) Continuation of recruitment processes, although some are being delayed. There will also be increased flexibility for Specialty training start dates. Action: (8) Trainee progress will be monitored through existing process and training network Action (9) The potential to deliver mandatory training online is being explored as is the ability to invigilate the Test of Knowledge assessment which must be passed within six weeks of attending the knowledge component.</p> <p>Pharmacy: Potential workforce gaps and extended training support required for the 2019/20 200 PRPS (Pre-registration Pharmacist Scheme) trainees Control (1) Continuing dialogue with General Pharmaceutical Council and relevant partners/stakeholders to influence direction and outcome. Control (2) Continuing to work with Finance colleagues and Scottish Government on the financial impact of all potential scenarios under review. Funding options request being submitted to Scottish Government by 22 May 2020. Control (3) Continuing to review communications from and with trainees and employers, particularly recognising the additional strain on the frontline service at this time. Control (4) Continuing to engage with a three-nation response to impact across the Pharmacy profession. Cont'd over/</p>	Open (Score Range 10 – 12)

1. / Cont'd	NES Clinical Directorates: <ul style="list-style-type: none"> Medical NMAHP Dental Pharmacy Optometry Healthcare Science Psychology 	Interruption/delay /adverse impact to training programme delivery including Scottish Government mandated training Risk Owner (Lead Director): Stewart Irvine	<ul style="list-style-type: none"> Cancellation of required courses Cancellation of required professional examinations Reduced clinical experience and training capacity due to: cancellation of routine clinical activities; redeployment of trainees to different clinical duties; absence from work due to self-isolation or illness 	<ul style="list-style-type: none"> Disruption to training leading to delays in training progression Slippage to recruitment and training plans Financial implications as a result of extensions to training and support Training capacity issues Negative impact on service delivery Potential future workforce supply issues/gaps Uncertainty around non-recurrent funding 	Primary 1 4 x 4	Contingency 3 x 3	<p>Pharmacy: Potential workforce issues due to alternative recruitment arrangements required for 2021/22 PRPS (Pre-registration Pharmacist Scheme) Control (1) Plan now agreed with the National Directors of Pharmacy (DoPs) Group and Community Pharmacy Scotland for the alternative PRPS recruitment this year due to COVID-19. Alternative to the traditional recruitment model has been agreed with access confirmed to Situational Judgement Tests (SJTs) through Health Education England for Oriol recruitment (online recruitment model) enabling NES Pharmacy/NES HR to run effective recruitment processes compliant with likely requirement for social distancing. Control (2) Ongoing communication programme in place with employers, potential candidates, and relevant stakeholders.</p> <p>Optometry: Service delivery impact due to reduction in training and support Action (1) Sourcing/using as many online skills training materials as possible. Action (2) Potential for implementation of socially distanced skills training with newly acquired Eyesi simulator: dependent on ability to set up equipment and gain access to hospital clinic, and lockdown restriction easing. Action (3) Regular touching base with the team, and encouragement around lockdown protocols, to reduce risk to health.</p> <p>Healthcare Science: Slippage to recruitment Control: Measures being put in place to facilitate virtual recruitment selection for September 2020 Clinical Science trainee intake.</p> <p>Healthcare Science: Slippage to Training Plans Action: Discussions with training leads to be progressed. Control: Financial implication for employment/SLA (Service Level Agreement) extensions - worst case scenario modelled and submitted to Finance.</p> <p>Psychology: Interruption to Workforce Supply of Clinical and Applied Psychologists Control (1) NES Psychology, Higher Education Institutes (HEIs) and Health Boards to meet twice weekly as part of wider Psychology Services meetings. Regular discussions to discuss COVID-19 impact on training placements. Action (2) Adjustment made to training plans to take account of COVID-19.</p>	Open (Score Range 10 – 12)
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Operational/Service Delivery Risks cont'd over/

Operational/ Service Delivery Risks (cont'd)								
Risk No.	Directorate	Risk Title	Cause	Effect	Inherent Priority I x L	Residual Priority I x L	Mitigation Measures (Controls/Actions)	NES Risk Appetite
2.	NES Clinical Directorates: • Medical • Dental • Optometry • Psychology	Reduced capacity (human and financial) to deliver appropriate education and training once clinical services are re-established Risk Owner (Lead Director): Stewart Irvine	<ul style="list-style-type: none"> Significant backlog of clinical work Service delivery may not resume in line with previous mode of delivery Pressure to regain lost ground Surge in clinical demand 	<ul style="list-style-type: none"> Reduced capacity to deliver upskilling for roles in certain areas to maintain and improve the quality of patient care Methods of workplace education and training may need to be revised Potential implications from adapting to online delivery Training environment is compromised Significant requirement to release clinical trainers to deliver mandatory training/courses and professional examinations to remediate critical missed elements required for training progression, including Certificate of Completion of Training (CCT) 	Primary 1 4 x 4	Contingency 3 x 3	<p>Medical: Ability to deliver education and training due to backlog of clinical work Control (1) Medical Directorate Executive Team (MDET) is in discussions with Health Board Directors of Medical Education (DMEs). Control (2) Regular discussions at UK level with all stakeholders including other Statutory Education Bodies, the GMC (General Medical Council), Royal Colleges and others, to address this risk. Control (3) A new Scotland Deanery COVID-19 risk survey is under development to assess impact on trainee experience. Control (4) Medical Directorate has commenced a wide-ranging Business Recovery Programme that will also tackle this risk in all its aspects.</p> <p>Dental: Reduced Capacity to Deliver Upskilling of Existing Dental Workforce Action (1) Prioritise the delivery of specific programmes depending on workforce demands and access to relevant practical cases required for assessment. Action (2) Adapt teaching and assessment approaches utilising online technologies in line with awarding bodies requirements. Action (3) Delivery of some CPD online, using tools such as GoTo Webinar, will enable access to key CPD topics by a large proportion of the dental team. Action (4) Keep under review Enhanced Practitioner for Domiciliary Care - training is currently suspended and will be unable to re-start until it is clear when access to care homes for mentoring is once again possible. This will also be dependent on the capacity of the Public Dental Service (PDS) to provide the PDS mentors.</p> <p>Optometry: Inability to deliver NES Glaucoma Award Training (NESGAT) in 2020/21 Action (1) Discussions and proposals around moving to a remote supervision set up, which could be activated once patients return to clinics. Action (2) Extended deadlines for portfolio delivery.</p> <p>Psychology: Training and education delivery compromised Action (1) Adjust method of delivery to Digital webinars and virtual training environments. Action (2) Work closely with Board colleagues and offer flexible support to mitigate effect. Action (3) Through regular contact with stakeholders, ensure that our work is aligned with their priorities.</p>	Open (Score Range 10 – 12)

Operational/ Service Delivery Risks (cont'd)								
Risk No.	Directorate	Risk Title	Cause	Effect	Inherent Priority I x L	Residual Priority I x L	Mitigation Measures (Controls/Actions)	NES Risk Appetite
3.	NES Digital	Impact on BAU (Business As Usual) delivery which has had to be prioritised and the workforce realigned to the immediate requirements to support COVID-19. Risk Owner (Lead Director): Christopher Wroath	<ul style="list-style-type: none"> Scottish Government in combination with NHS Scotland determine new, amended or existing services which need to be developed and deployed in support of the wider COVID-19 response. These services require a significant proportion of the available resources within NES Digital effectively suspending or cancelling BAU services or delivery against agreed deadlines 	<ul style="list-style-type: none"> NHSS services are not deployed in a timely fashion causing detrimental effects to services and service users Training programmes and outcomes are delivered on time to the detriment of the individual learner or the service expecting their completed outcome Financial loss due to disrupted services and the need for remedial action Reputational risk 	Primary 2 4 x 3	Contingency 4 x 2	<p>Action (1) Stakeholders of the agreed BAU outcomes communicated with to indicate the NES Digital resource reallocation and expected timeframes for the resumption of BAU developments and delivery. Action Owners: Product Owners</p> <p>Action (2) Assessment and interweaving of BAU functionality/service requirements into COVID-19 responses to reduce the time to delivery of BAU outcomes on resumption of services Action Owners: Product Managers/ Digital Senior Team</p> <p>Action (3) Accelerate (within quality limits) the development and deployment timetables of COVID-19 responses to more quickly end the redeployment of BAU resources. Action Owners: Principle Leads Development/ Delivery</p>	Open (Score Range 10 – 12)
4.	NES Digital	Delivery and development of COVID-19 related work such as the requests upon Turas People and Turas Learn to support Scottish Government initiatives around returners to the workforce and redeployment of the workforce. Risk Owner (Lead Director): Christopher Wroath	<ul style="list-style-type: none"> Rapid and fast changing requirements from the Scottish Government Workforce initiative to develop/redevelop Turas based applications (Trainee Programme Management, People, and Turas Data Intelligence (reporting) in support of the COVID-19 Rapid Recruitment Portal, initially for the employment of students and returners. Associated outcomes (Test, Trace, Isolate, Support). 	<ul style="list-style-type: none"> COVID-19 Accelerated Recruitment Portal services not able to deliver to 'expectation' through misunderstanding of what the current systems landscape can deliver, poor communication of timetables and changing Scottish Government priorities Significant data reconciliation required as organisations reuse inappropriate BAU data processes. Requirements for manual input, and redeployed staff unused to the systems, tasks and technology Data breaches Reputational risk 	Primary 2 4 x 3	Contingency 4 x 2	<p>Action (1) Daily communications with Scottish Government to manage expectations and check and cross check requirements, expected deliverables and timeframes. Action Owner: Director NES Digital</p> <p>Action (2) Daily meetings with key NES and external stakeholders to identify, discuss and co-author responses to Scottish Government, Board and COVID-19 Accelerated Recruitment Portal applicants' expectation. Action Owner: Director NES Digital</p> <p>Action (3) Co-ordinate NES staff across all Directorates to bring to bear increased, appropriate and targeted resources to increase available resource to assist timely delivery at expected quality. Action Owner: Director NES Digital</p> <p>Action (4) Introduce as much technology support as practicable in an iterative manner, to reduce/remove manual processes as understanding of them matures and time is allowed to develop and implement. Action Owner: Associate Director, NES Digital</p>	

Operational/ Service Delivery Risks (cont'd)								
Risk No.	Directorate	Risk Title	Cause	Effect	Inherent Priority I x L	Residual Priority I x L	Mitigation Measures (Controls/Actions)	NES Risk Appetite
5.	NES Digital Service (NDS)	National clinical data landscape is further fragmented by short-term COVID-19 digital solutions Risk Owner (Lead Director): Geoff Huggins	<ul style="list-style-type: none"> Responsiveness to a complex and ever-changing health and social care landscape; serial development of short-term Minimum Viable Product digital solutions that are adopted to address the pandemic. 	<ul style="list-style-type: none"> Short term digital solutions further exacerbate the fragmentation of clinical data and make the objective of delivering national infrastructure more challenging, compromising ability of NDS to deliver agreed outputs. Overall reduction in project impact. 	Primary 2 3 x 4	House-keeping 2 x 3	<p>Control (1) Through meetings with the Scottish Government and eHealth leads and by feeding into national policy work, continue to make the case for data integration and availability, with a view to the longer term, while understanding that there are some short-term requirements</p> <p>Control (2) Continual delivery monitoring to ensure emergency digital solutions are robust, with product lifespan agreed at initiation of project. e.g. will this be used post COVID-19?</p>	
6.	NES Digital Service (NDS)	Digital product demand exceeds what the available resources can support Risk Owner (Lead Director): Geoff Huggins:	<ul style="list-style-type: none"> Expectations and demands from external bodies in respect of new digital products exceed what the available NDS resources can support. 	<ul style="list-style-type: none"> NDS medium- and long-term business as usual work is impacted, resulting in delayed or absent platform roll-out. Weakened external credibility 	Contingency 3 x 3	House-keeping 2 x 2	<p>Action (1) Develop short-term objectives for 2020/21 with clarity on required commitments to temporary COVID-19 projects and how this impacts longer-term work. Action Due Date: 31 May 2020 Action Owners: Geoff Huggins, Alistair Hann</p> <p>Action (2) Increase available resource, subject to agreement with Scottish Government. Recruitment of software engineers and product team continues, using a remote recruitment model developed by NES HR and NDS Principal Lead for Recruitment. This will increase capacity within the directorate on a long-term basis. Action Due Date: 30 June 2020 Action Owners: Geoff Huggins, Matthew Hill</p> <p>Control (1) NDS attend regular scheduled meetings with internal and external stakeholders (E-Health Leads, NDS Senior Management Team, NES Digital Standing Committee) to ensure continuous evaluation and reflection on short-term COVID-19 objectives.</p>	Open (Score Range 10 – 12)
7.	Workforce	Failure to Recruit NES Staff and Trainees. Failure to Recruit Staff through the COVID-19 Accelerated Recruitment Portal (CARP) Risk Owner (Lead Director): Tracey-Ashworth-Davies	<p>Due to a lack of resource and/or systems support leading to a failure to recruit:</p> <ul style="list-style-type: none"> Returners and students to the NHSS through COVID-19 Accelerated Recruitment Portal (CARP); Trainees across NHSS through usual vocational training recruitment activity, and NES staff through usual recruitment processes. 	<ul style="list-style-type: none"> For the trainees and CARP any failure to recruit will affect frontline service provision, impacting of patient care. A failure to recruit vocational trainees will result in workforce supply issues. The impact of the inability to recruit staff to NES would impact on delivery of the NES operational plan. 	Primary 1 5 x 4	Primary 2 3 x 4	<p>Control (1) The CARP has now been closed to new applicants due the excess supply of returners and students now in the system. The Boards demand informs clearance of applicants.</p> <p>Control (2) Redeployment of NES staff to support CARP high volume processing.</p> <p>Control (3) Development of Turas platform to support CARP processing.</p> <p>Control (4) Directorate leads are linked to national discussions on trainee recruitment across all relevant professional groups, including the suite of national systems such as Oriel, and continue to work with HR in progressing vocational training recruitment for trainee groups in Scotland.</p> <p>Control (5) Establishment control processes refined to enable more fluid response to Directorate demand for recruitment activity for NES staff.</p> <p>Control (6) Guidance on remote interviews developed and available to hiring managers, including support from HR. Jobtrain recruitment management system now embedded into NES recruitment processes.</p>	

Finance Risks								
Risk No.	Directorate	Risk Title	Cause	Effect	Inherent Priority I x L	Residual Priority I x L	Mitigation Measures (Controls/Actions)	NES Risk Appetite
8.	Finance	Payment of NES Staff and Suppliers Risk Owner (Lead Director): Audrey McColl	<ul style="list-style-type: none"> Staff absence. Requirement to work from home. Increased fraud risk as business processes have been amended in response to the COVID-19 pandemic. 	<ul style="list-style-type: none"> Data not available in time to meet payroll deadlines – especially for new NES employees as a result of COVID-19 i.e. Interim FY1's and student nurses deployed in non-NHS placements. Expenses not paid as the system needs to be accessed via the SWAN network. Staff not available to approve business usual processes for suppliers (Purchase orders/Goods received notes/ Invoice matching) resulting in payments issued incorrectly or not issued on a timely basis. 	Primary 2 4 x 3	Contingency 3 x 2	<p>Control (1.1) Members of the Senior Finance team are involved in twice weekly Payroll Contingency meetings with NHS NSS payroll and NES Workforce colleagues.</p> <p>Control (1.2) NHS NSS payroll are represented on the daily COVID Accelerated Recruitment Portal meetings to stay informed of the requirements for onboarding students and returners to the NES payroll. This ensures that early discussion of issues which need to be resolved can take place, particularly regarding student nurses and Interim Foundation Year 1 trainee doctors.</p> <p>Control (1.3): NES staff have been identified to support NHS NSS if required. They will need access to the various systems and training from NHS NSS along with clear guidance and procedure notes.</p> <p>Control (1.4) Where a payroll deadline cannot be achieved a process is in place to enable an advance of salary to be made into the individuals bank account.</p> <p>Control (2): A supplementary process has been agreed for the submission and approval of expenses where access to the SWAN network is not possible.</p> <p>Control (3.1) Fraud alerts are being circulated to relevant staff.</p> <p>Control (3.2) The same level of rigor to the controls are being applied before any supplier bank details are accepted and amended.</p> <p>Control (3.3) NES Finance are now also verifying supplier details with Directorates and the Procurement Team to ensure Bank details are legitimate and from a trustworthy source.</p> <p>Control (3.4) All directorate staff have been provided with SWAN VPN access to support working from home and social distancing.</p> <p>Control (3.5) The frequency of cheque payment runs has been reduced to limit the requirement to attend the office.</p> <p>Control (3.6) Suppliers have been contacted and requested to email invoices.</p> <p>Control (3.7) A member of staff is going into the office once a week to collect post and scan invoices.</p> <p>Control (3.8) Currently there are three members on each of the teams. The service can temporarily function with one staff member for a short period of time.</p> <p>Control (3.9) Before the period of Lockdown, procedure notes were refreshed and adapted to suit remote working to ensure teams have the necessary resources available to them. This will enable staff from other areas to be deployed into the payment function.</p> <p>Control (3.10) System authority levels have been amended to enable more flexibility in the number of authorisers and their authority levels. The required amendments to the SFI's have been approved.</p>	Averse (Score Range 1 -3)
9.	Finance	Maintenance of Financial Governance / Internal Control Mechanisms. Risk Owner (Lead Director): Audrey McColl	<ul style="list-style-type: none"> The interim Governance arrangements in place do not enable appropriate oversight of the Financial position Business as usual control mechanisms are ineffective. Staff absence 	<ul style="list-style-type: none"> Effective scrutiny and assurance will be compromised Regular reporting and monitoring is impacted reducing the effectiveness of the internal control environment and Scottish Government reporting requirements. <p>Cont'd over/</p>	Primary 2 4 x 3	Contingency 3 x 2	<p>Control (1) Although the Finance and Performance Management Committee is presently stood down any financial monitoring papers have been routed through the Audit Committee and the full NES Board.</p> <p>Control (2) The regular NES Executive team meeting once every 2 weeks continues in addition to the daily incident management meetings. This longer meeting enables a focus on key operational issues to continue – including Financial decision-making and review of the current financial position.</p> <p>Control (3) NES staff attend all weekly Corporate Finance Network and Director of Finance meetings to ensure that we are aware of the latest requirements from SG in terms of weekly reporting and Annual Accounts.</p> <p>Control (4) Standing Financial Instructions and desktop procedures have been reviewed and amended, where appropriate, to enable robust control measures in the current home working environment. Changes to the SFI's have been endorsed by the Audit Committee.</p>	Averse (Score Range 1 - 3)

COVID-19 Strategic Risks: Developed further to Board meeting discussion 26 March 2020, and Audit Committee feedback following 30 April 2020 meeting

/9. Cont'd)	Finance	Maintenance of Financial Governance / Internal Control Mechanisms. Risk Owner (Lead Director): Audrey McColl		<ul style="list-style-type: none"> It is not possible to produce a set of annual accounts which is a statutory requirement. 			<p>Control (5) We have met with External Audit to agree a revised approach to the field work required for the audit of the annual accounts.</p> <p>Control (6) Where required, Board committees have agreed to review the Annual Reports of committees remotely to enable the necessary assurance processes to be carried out in the development of the Governance Statement.</p> <p>Control (7) As we are not currently experiencing a high staff absence level we have continued to work in line with the existing annual accounts timetable so that, if this risk does materialise, we will still be well within the 3 month potential extension which has been agreed by SG.</p>	
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Reputational/Credibility Risks								
Risk No.	Directorate	Risk Title	Cause	Effect	Inherent Priority I x L	Residual Priority I x L	Mitigation Measures (Controls/Actions)	NES Risk Appetite
10.	NES Clinical Directorates: NMAHP	Unable to respond to demands and needs of the service Risk Owner (Lead Director): Karen Wilson	Uncertainty in health and social care during the recovery phase from COVID-19.	<ul style="list-style-type: none"> Potential negative effect on forward planning and ability to respond to, as yet, unknown demands/workload and potential broader impact on the health and wellbeing of staff due to the uncertainty for staff over a prolonged period of time. Lack of clarity in relation to future activity and workload and this may impact on visibility and perceived relevance of our work. 	Contingency 3 x 3	Contingency 3 x 3	<p>NMAHP: Ability to respond to service demands and needs</p> <p>Control (1) Strong links with Scottish Government to minimise uncertainty.</p> <p>Control (2) Reviewing remobilisation plans from Boards/Regions to understand plans and priorities.</p> <p>Control (3): Ensuring strong networking with professional bodies, regulators and Scottish Government, Boards, and partners such as Scottish Funding Council, Scottish Social Services Council, etc.</p> <p>Control (4) Good communication internally and externally.</p> <p>Control (5) NMAHP have started a COVID-19 debrief process which will continue and will reduce uncertainty and assist with flexibility and agility of response.</p> <p>Control (6) NES Health and Wellbeing work for staff to reduce effect of uncertainty.</p> <p>Control (7) Listening Service from Spiritual Care Service in NMAHP for staff.</p>	Cautious (Score Range 4 - 9)

Reputational/Credibility Risks cont'd over/

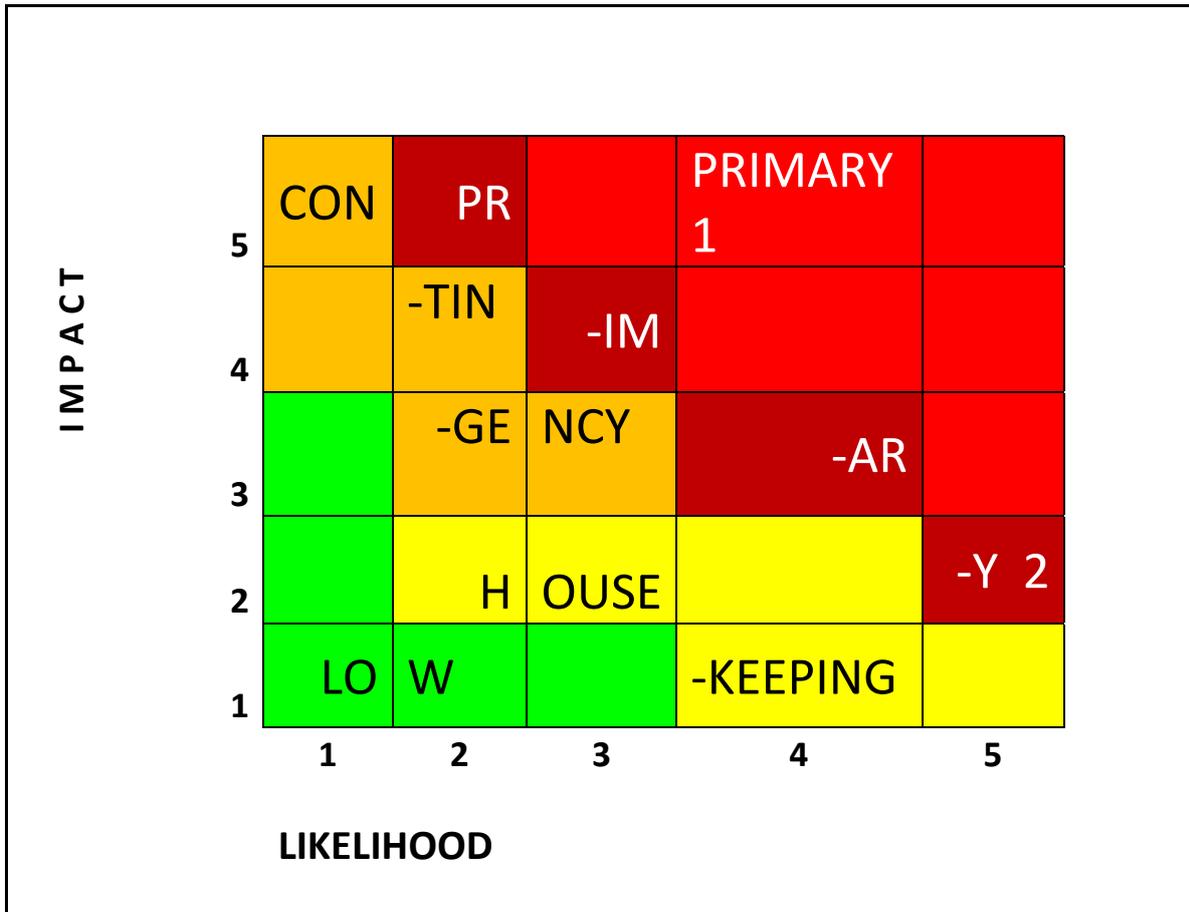
Reputational/Credibility Risks (cont'd)								
Risk No.	Directorate	Risk Title	Cause	Effect	Inherent Priority I x L	Residual Priority I x L	Mitigation Measures (Controls/Actions)	NES Risk Appetite
11.	Workforce/ Digital/ Finance	COVID-19 Accelerated Recruitment Portal Risk Owner (Lead Director): Tracey Ashworth-Davies / Christopher Wroath/ Audrey McColl/ Karen Wilson	<ul style="list-style-type: none"> The development of the Portal was at the request of Scottish Government and required to be available in a week. The initial ask was that all successful applicants would be employed, paid and deployed by NES across Health and Social Care. The pace of changing requirements/decisions meant that not all stakeholders were aware of the extent to which this initial ask had moved, nor of the processes involved in deploying medical and nursing students, creating unrealistic expectations. 	<ul style="list-style-type: none"> Perception that NES is not processing applicants via the COVID portal for deployment in NHSS in a timely way. Perception that NES is not providing data to support Boards payroll for Nursing students in a timely way. 	Primary 1 4 x 4	Primary 2 3 x 4	<p>Control (1) Regular meetings with Scottish Government to ensure common understanding of requirements as they developed/were amended.</p> <p>Control (2) Daily MS Teams meetings with Stakeholders as the Portal developed to provide the opportunity to ask questions.</p> <p>Control (3) Work with Scottish Government to develop the communications which were issued to ensure greater clarity of understanding.</p> <p>Control (4) Development of agreed reporting mechanisms so that progress and demand from Boards was visible.</p> <p>Control (5) Regular meetings with Universities to obtain data on where students had been placed.</p> <p>Control (6) Data reconciliation between what the nursing students themselves had provided via the portal/ data held by Boards and data provided by Universities to establish where students had been placed.</p> <p>Control (7) twice weekly meetings with payroll leads in Boards to agree the data required by Boards to support their local payroll processes.</p> <p>Control (8) Agreement from Scottish Government that all students placed on or after 27 April would remain 'on placement' until all pre-employment checks has been completed and would then transition to employment.</p>	Cautious (Score Range 4 - 9)

Accountability/Governance Risks								
Risk No.	Directorate	Risk Title	Cause	Effect	Inherent Priority I x L	Residual Priority I x L	Mitigation Measures (Controls/Actions)	NES Risk Appetite
12.	Planning and Corporate Resources	Ability and Capacity to meet Board Governance Standards Risk Owner (Lead Director): Donald Cameron	<ul style="list-style-type: none"> The agreed interim governance approach may fail to provide sufficient oversight of the business of the Board and effective scrutiny and assurance will be compromised Acting Chief Executive and his team come under increasing pressure to meet governance requirements when they are required to manage the NES response to the public health emergency Health and wellbeing of staff and board members if NES continues to hold face to face meetings Suspension of some governance processes and committees Meetings held without key stakeholders and public involvement 	<ul style="list-style-type: none"> NES as an organisation fails to meet some governance standards 	Contingency 4 x 2	House-keeping 2 x 2	<p>Control (1) The NES Board, Staff Governance and Audit committees will continue to meet and ensure the smooth running of board business and scrutiny of decision making during the COVID-19 pandemic</p> <p>Control (2) The NES Executive Team will continue to meet formally every two weeks and have enacted the COVID-19: NES Contingency Plan which includes a NES Executive Team (Extended) (meeting daily) and NES Internal Coordinating Group: COVID-19 (always on-call) using MS Teams for communication, incident management and decision making - all recorded and reported to the NES Board.</p> <p>Control (3) We have submitted a NES Local Mobilisation Plan and reported our temporary governance arrangements to Scottish Government - all planning and corporate governance arrangements that have been paused have been done so on the basis of letters from Scottish Government or advice from the responsible organisation.</p> <p>Action (1) Review NES standing committees, management groups and planning/performance functions, considering the governance arrangements put in place for COVID-19, and re-start corporate governance with agreed changes where appropriate. Action Due Date: TBC Action Owners: Della Thomas and Karen Howe</p>	Averse Score Range (1 – 3)
13.	Planning and Corporate Resources	Current NES properties and facilities will not be fit for purpose in the 'post COVID-19' world in terms of training, meeting and office space Risk Owner (Lead Director): Donald Cameron	<ul style="list-style-type: none"> NES will be unable to provide training, meeting and office facilities which comply with the requirements (still to be formulated) of a post COVID-19 world. 	<ul style="list-style-type: none"> Ability to deliver NES activities, in line with our current modes of business delivery and workplace utilisation, is compromised. 	Primary 1 4 x 5	House-keeping 2 x 3	<p>Control (1) The ability to work remotely using cloud-based systems and communications technology is already in place</p> <p>Control (2) The ability to reconfigure NES facilities in line with new guidance while NES staff continue to work remotely</p> <p>Action (1) Engage professional space design support and design the new NDS space to meet new/emerging 'post COVID-19' national guidance/policy for meetings and office space and apply these approaches to other NES sites. Action Due Date: TBC Action Owner: Nicola Todd</p> <p>Action (2) Compile common standards for all NES sites in line with 'post COVID-19' national guidance/policy and for locally managed sites, PFM will support their reconfiguration as required working with local facilities management colleagues in dental and medical. Action Due Date: TBC Action Owner: various – PFM, local site Facilities Managers (Medicine and Dentistry) and staff side.</p>	Averse (Score Range 1 – 3)

Accountability/Governance Risks (cont'd)								
Risk No.	Directorate	Risk Title	Cause	Effect	Inherent Priority I x L	Residual Priority I x L	Mitigation Measures (Controls/Actions)	NES Risk Appetite
14.	Workforce Directorate	The implementation of COVID-19 health protection measures could result in an unintended adverse impact on staff health and wellbeing Risk Owner (Lead Director): Tracey Ashworth-Davies	<ul style="list-style-type: none"> Sustained home working as result of COVID-19 pandemic mitigation measures 	<ul style="list-style-type: none"> (1) Staff feel disconnected and/or isolated from organisation and workplace. (2) Health and safety issues as a result of lack of suitable equipment/space or ergonomic workstation set-up. 	Primary 2 4 x 3	Contingency 3 x 2	<p>Control (1.1) Regular communications from the Chief Executive are posted on the intranet. Regular corporate communications issued to all NES staff and a series of FAQs developed.</p> <p>Control (1.2) Guidance issued to managers on the importance of keeping touch and regular virtual team and individual check-ins. Strong partnership links have been maintained to inform these communications.</p> <p>Control (1.3) Monthly management matters e-newsletters now issued weekly to support managers to mitigate staff health and well-being challenges.</p> <p>Control (1.4) Guidance and training resources on using Microsoft Teams and remote working are available on Turas Learn.</p> <p>Control (1.5) The NES Healthy Working Lives Strategy Group promotes a focus on health and wellbeing in the current context.</p> <p>Control (2.1) The Executive Team, through the Internal Coordinating Group, are supportive of staff health and wellbeing, and implementing reasonable adjustments in the home working environment, by taking steps to provide staff with the required or appropriate computing equipment, other elements of digital infrastructure (phones, access, etc) and also making available for their home workstations, customised chairs or other equipment previously purchased for them. Update of homeworking policy underway to take account of the current context.</p> <p>Control (2.2) Support is available from Health and Safety Adviser including workstation ergonomics self-assessment support.</p> <p>Control (2.3) Agile Working Health and Safety module available as part of staff essential learning.</p> <p>Control (2.4) Staff retain the option to work in the office as their key workplace. (excluding Edinburgh University Bayes Centre).</p>	Averse Score Range (1 – 3)
15.	Workforce Directorate	Failure to comply with legislative and statutory requirements Risk Owner (Lead Director): Tracey Ashworth-Davies	<ul style="list-style-type: none"> Failure to comply with legislative and statutory requirements these include employment legislation, Equality & Diversity legislation and Health & Safety reporting. 	<ul style="list-style-type: none"> NES pre employment checking of Covid19 Accelerated Recruitment Portal (CARP) students and returners is not completed to the required standard to ensure staff and patient safety. NES staff placed in danger due to NES failure to comply with and fulfil health and safety obligations. Employment Tribunal claims where NES has failed to fulfil employment obligations or is found to have discriminated against an employee. Inadequate staff governance and reporting. <p>Cont'd over/</p>	Primary 2 4 x 3	Contingency 3 x 3	<p>Control (1) DL 2020/10 sets out the agreed pre employment checking standards for CARP applicants. Additional resource deployed to workforce to deal with high volume of applicants requiring clearance, with business processes, standard operating procedures and training in place.</p> <p>Control (2) Ensuring robust health and safety arrangements are in place for all NES employees, including those who work in placement organisations.</p> <p>Control (3) Continued access to sufficient HR expertise to support Directorates in any employee relations cases.</p> <p>Control (4) Maintenance of data across systems including eESS, SSTS and Turas to inform reporting and performance dashboard.</p> <p>Control (5) Ensuring compliance with Staff Governance Standard for NES employees across all settings: <u>Well Informed:</u> via regular Corporate, Directorate and line manager led communications, including Hub and intranet sites. <u>Appropriately trained and developed:</u> ensuring induction, essential learning and development activity continues to be managed through usual processes including PDP&R activity. Updating materials to reflect new working arrangements. <u>Involved in decisions which affect them:</u> continued strong working in partnership. Ensuring Directors and line managers have regular two-way communication across teams. Staff survey to collate feedback from staff on impact of Covid19 on work life. <u>Dignity and respect:</u> promotion of NES values across all communications. HR support to any formal and informal grievance or dignity at work issues. <u>Health, safety and wellbeing:</u> updated policies to reflect new working arrangements, including refreshed risk assessments. Clear statements on responsibilities</p>	

/15. Cont'd	Workforce Directorate	<p>Failure to comply with legislative and statutory requirements</p> <p>Risk Owner (Lead Director): Tracey Ashworth-Davies</p>		<ul style="list-style-type: none"> Failure to deliver the Directorate's operational plan. 			<p>(employee, line manager, employer, placement). Healthy Working Lives Strategy Group Campaigns.</p> <p>Control (6) Manage any compliance risk, by publishing a brief report by the statutory date of 30 April 2021 which describes equality progress; equality outcomes; workforce KPIs; workforce data statistics, including occupational segregation analysis; overview of existing equal pay statement, and plans for equality outcomes and equal pay statement review in the following year.</p> <p>Control (7) Regular review and updating of progress against the operational plan, flagging any areas not being progressed for a further risk assessment.</p>	
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NES Risk Scoring Matrix
 (Included for information as per action from 26 March 2020 Board meeting)



Impact of Risk – NES scoring definitions

	Score	Aids to assessment
Extreme	5	Severe service disruption Gross failure to meet professional/ national standards Major financial loss (>£1m) and/or severe damage to reputation Serious adverse publicity in the national press. Major public/political concern Major long term consequences Very limited time in which to mitigate impact before terminal
Major	4	Substantial disruption of service Failure to meet professional/ national standards Unfavourable national media coverage or adverse local coverage (less than 3 days) Significant public/political concern Substantial financial loss Significant long term consequences
Moderate	3	Noticeable effect on the operation May cause a degree of disruption Significant financial loss (£10k - £100k) Repeated failures to meet internal standards or follow protocols Unfavourable local/long-term media coverage Minimal long term consequences
Minor	2	Minimal interruption of service Isolated failure to meet internal standards or protocols Local press interest Limited financial impact No long term consequences
Negligible	1	Negligible effect on service delivery Minor non-compliance Consequences are not severe and any associated losses and financial implications are very low (<£1k) No long term consequences

Likelihood of Risk materialising – NES Scoring Definitions

	Score	Aids to assessment
Almost Certain	5	This is expected to occur frequently/in most circumstances - more likely to occur than not. Risk will materialise on average once every 6 months
Likely	4	Strong possibility that this could occur - likely to occur. Risk will materialise on average once within each year
Possible	3	May occur occasionally, has happened before on occasions - reasonable chance of occurring. Risk will materialise on average once every 3 - 5 years
Unlikely	2	Not expected to happen, but definite potential exists - unlikely to occur. Risk will materialise on average once every 5 - 10 years
Rare	1	Very unlikely to occur – context and risk controls indicate this will only happen in exceptional circumstances. Risk will not materialise more regularly than every 10 years

Table 1 – Risk Types/Risk Appetite

Type of Risk	Risk Appetite		
	Concept (Inherent Risk)	Pilot /Test of Change (Inherent Risk)	Business as Usual (Residual Risk)
Strategic/Policy risks	Hungry	Open	Open
Operational/Service Delivery risks	Hungry	Hungry	Open
Finance risks	Cautious	Cautious	Averse
Reputational/Credibility risks	Open	Cautious	Cautious
Accountability/Governance risks	Cautious	Minimalist	Averse

Table 2 - Risk Appetite Classifications and Scoring

Classification	Description	Residual Score Range: Likelihood x Impact (see 4.4 Risk Priority Matrix)
Averse	Avoidance of risk and uncertainty is a key organisational objective	1 – 3 (Low Priority)
Minimalist	Preference for safe options where the inherent risk has low impact and there is a potential for limited reward	4 - 8 (Housekeeping Priority)
Cautious	Preference for safe options where the inherent risk has relatively low likelihood and there is limited potential for reward	4 - 9 (Contingency Priority)
Open	Willing to consider all options and choose the one that is most likely to result in success, despite a relatively high level of risk	10 – 12 (Primary 2 Priority)
Hungry	Eager to be innovative and to choose options offering the highest potential rewards or transformation, despite a high level of residual risk	15 – 25 (Primary 1 Priority)

AUDIT COMMITTEE

Minutes of the seventy-second Audit Committee held on Thursday 16 January 2020 at Westport 102, Edinburgh, Room 5.

Present: Doreen Steele (Chair)
Linda Dunion
Sandra Walker
Anne Currie

In attendance: Stewart Irvine, Acting Chief Executive
David Garbutt, NES Chair
Audrey McColl, Director of Finance (via phone)
Janice Sinclair, Head of Finance
James Lucas, KPMG
Paul McGinty, KPMG
Claire Connor, KPMG
Joanne Brown, Grant Thornton
Rob Coward, Principle Educator
Jenn Allison, Senior Officer
Chris Duffy, Senior Officer

1. Welcome and introductions

The Chair welcomed everyone to the meeting, particularly Rob Coward who was in attendance regarding item 12 Assurance Framework and Chris Duffy who has recently joined the Planning and Corporate Governance team as Senior Officer and will be providing administrative support to other NES Committees. Audrey McColl was welcomed to the meeting via tele-conference.

2. Apologies for absence

There were no apologies received.

3. Declarations of interest

There were no declarations of interest in relation to items on the agenda.

4. Any other business

There was no other business raised for discussion.

5. Minutes of the Audit Committee, 03 October 2019 (NES/AUD/19/42)

The minutes of the Audit Committee were approved as a correct record, subject to minor agreed amendment.

6. Action list of the Audit Committee, 03 October 2019 (NES/AUD/19/43)

Members noted that the actions were completed or in hand and the following was noted:

- The Committee noted the request raised by the Educational and Research Governance Committee (ERGC) on the 09th October to review NES's most significant risks to ensure they are being managed and reported to the appropriate committees. The ERGC had raised this request due to some concerns that no relevant Primary 1 risks have been reported to the ERGC. Audrey McColl informed the committee that NES's internal auditors will be working with NES colleagues to conduct a risk maturity assessment process. One of the areas this will cover is the consistency of risk recognition and scoring across NES. The Audit Committee will be updated on progress and outcomes of this review.
- A member raised a query regarding progress of the agreed amendments to the NES Business Continuity Plan (BCP) to include information on engagement with Board members. Audrey McColl noted she will follow up with Christopher Wroath regarding this for the April NES Audit Committee.

Action: AMcC

7. Matters arising

There were no matters arising from the minutes.

8. Internal Audit Reports

a) Status Update and Follow up Summary

Paul McGinty introduced the report which provided the Audit Committee with an update on progress against the plan and assurance that during Q3 2019/20 internal audit recommendations have been implemented satisfactorily or are in progress.

- The report highlighted that Internal Audit are on track with the number of completed, in progress and planned Audits according to the 2019/20 internal audit plan. The completion date of the review of IT Security and Resilience Arrangements has been deferred to April as more fieldwork is required for completion. There are three further audit reports due at the next Audit Committee in April regarding Corporate Governance, Property Transaction Monitoring and New Strategy Implementation / Business Change.

- 10 actions have been confirmed as closed during the third quarter of 2019/20 resulting in 5 open outstanding actions, 3 of which are not yet due, and 2 which are overdue.
- A member noted that 2 of the outstanding actions are from 17/18 and one outstanding action is from 16/17 and asked when it is expected they will be closed as complete. Janice Sinclair informed the committee that the recommendation from 16/17 regarding the Once for Scotland GP trainee policy as part of the Lead Employer model is in collaboration with other stakeholders therefore out of NES's complete control. Audrey McColl noted that the recommendation regarding the BCP is expected to be closed soon, once staff engagement is complete. Audrey will update the Audit Committee of progress via email. **Action: AMcC**
- The Committee noted that an update paper has been submitted under item 08d with an update to progress of the recommendations relating to Talent Management Framework.
- There are 11 new actions from the below reports, which will be added to the follow up summary report submitted to the Audit Committee in April 2020.
- The Committee noted the proposed Internal Audit coverage for 2020/21 which has been based on the approved three-year Internal Audit strategy. Indicative audits include Pharmacy, Allied Healthcare Professional, HR, Educational Governance and Communications and Stakeholder Management, Risk Management, Business Change and IT Security.
- Paul assured the Committee that there is scope to realign the plan as directed by the Audit Committee and a refined draft plan will be submitted to the April Audit Committee. Paul suggested that a further review of progress of NDS is conducted toward the end of financial year 20/21.
- A member queried if general horizon scanning into the wider sector would be included in the Audit plan and Paul McGinty advised that general horizon scanning would be considered as part of the risk maturity assessment.

The Committee noted the report and were satisfied that NES continues to make good progress in implementing outstanding audit recommendations and noted the planned Audits for the remainder of financial year 2019/20 and the draft plan for 2020/21.

- b) Review of the NES Digital Service (Early Stage Review)

Paul McGinty introduced the report which reviewed the early stage development of the NES Digital Service (NDS). The objective of the audit was to undertake an initial high-level assessment of the setup, establishment and governance of NDS with the principle focus upon governance and management oversight arrangements as well as consideration of the establishment of financial, operational and risk management arrangements.

- The report found that NDS has been established and incorporated into NES' financial, operational and governance arrangements in a structured manner and the revised governance arrangements of changing the Digital Sub Committee to the Digital Standing Committee will help to provide a clearer line of governance at NES Board level in line with Board standing orders.
- The report identified 1 high risk and 2 moderate risk improvement recommendations: produce a service level agreement document between NES and Scottish Government (high); seek confirmation from Scottish Government regarding funding allocations for NDS activity (medium); ensure membership of the new Digital Standing Committee is fully established and members attend regularly (medium).
- A member raised concerns regarding the uncertainty of funding arrangements and the potential impact this could have to core services. Audrey McColl informed the Committee that there are three separate funding elements, two of which have been received in the December 2019 allocation. It has been agreed that the third would be funded by NES on a non-recurrent basis in 2019/20. It is expected that the amount of funding available going forward will be less than the amount originally anticipated.
- Audrey McColl added that Scottish Government have asked NES to produce scenarios regarding what can be delivered and what the expected benefits are. NES has asked that the Scottish Government provide 3-4 key priority areas for them to guide the scenario planning. A meeting has been scheduled for 20th January between NES and Scottish Government to further discuss.
- A member noted that there is a reputational risk to NES if expectations are not met and added that communication to NHSS needs to be clear regarding what NDS will deliver.

The Audit Committee noted the report and the assurance provided and agreed that it would be worthwhile for the Internal Auditors to include a further audit regarding progress of NDS as the appropriate time. **Action: PMcG**

- c) Review of Core Financial Control Framework

Paul McGinty introduced the report which reviewed NES's Core Financial Control Framework using KPMG's Financial Control Framework Assessment Tool. The tool is used to outline the key baseline financial controls expected to be in place across all of NES's core finance process areas.

- The report found that NES has a high proportion (130 out of 153 / 86%) of the key baseline financial controls which KPMG would expect to be in place with a further 10 controls partly in place and 11 controls which are not in place.
- A member queried how this result compares to other organisations and Paul McGinty confirmed that the financial controls in place in NES are good compared to other organisations.
- The report identified 2 moderate risk and 6 low risk improvement recommendations regarding: revising processes and conducting reviews of supplier changes; increasing regularity of reviews of access rights, Standing Financial Instructions and system access privileges; conducting further spot checks on expense claims from DDiT and payroll reconciliation checks; and increasing complexity of system passwords.
- Paul McGinty noted that the audit focussed on the policies and procedures in place and advised operations will be reviewed in more detail in subsequent years.
- A member raised a query regarding the recommendation to establish a more structured review of changes made to details in the supplier Masterfile, with a concern that this may increase workload of NES colleagues for something that is already in place. Janice Sinclair assured the Committee that the further review of the Supplier Masterfile recommended will not take up much more time and will strengthen an already robust process.
- A member raised concern about the number of vacancies in finance and asked what action was being taken. Janice Sinclair advised the Committee that 2 vacant posts in the Finance directorate have been filled and a further 2 are going through the recruitment process, this includes the approval of a new temporary 8a post to assist with workload during the annual accounts period and during the interim arrangements of the Director of Finance acting as depute to the Chief Executive. Part of the difficulty recruiting is the vibrant finance sector in Edinburgh, however, innovative ways of attracting candidates such as flexible working arrangements are considered as a mitigating action against this risk.

The Audit Committee noted the report and the assurance provided.

Audrey McColl introduced the report, which provided the Committee with an update to the progress of Internal Audit Recommendations in relation to the Talent Management Framework audit, as requested by Audit Committee members during the meeting on 03rd October 2019. The audit was conducted by Scott-Moncrief and the report was submitted to the Audit Committee on 14 June 2018.

- The audit report recommended that NES develop succession plans and complete medium- and long-term workforce planning so that NES will develop a knowledge and skills base that will be ready to meet future service demands.
- The Committee noted that recommendations remain open due to pressures and changes in staff, as well as interdependencies with Scottish Government reporting requirements and ongoing NES and NHSScotland Talent Management initiatives, (Project Lift and NHSS Talent Management Board). The Committee also noted that progress of the work relating to the recommendations is reported to the Staff Governance Committee (SGC).
- NES has met Scottish Government requirements to publish an annual Workforce Plan, however this has not been developed with a medium to long term focus. The Scottish Government have however recently advised of a change in practice and they now require Boards to publish a 3-year workforce plan by April 2021.
- Discussion have been held with the Senior Leadership Management Team (SLMT) and the Executive Team (ET) in November and December 2019, respectively. The following actions were agreed: engage with managers across NES regarding the development of the three-year NES Workforce Plan to be published April 2020; and produce a diagrammatic representation of a proposed pathway, linking all the various strands of talent management, succession planning, career development and workforce planning together.
- Five posts and succession plans have been put in place, however the ET have agreed to develop a pathway which includes succession planning as one of the components to be embedded in enhanced workforce planning processes.
- The ET and the SGC have been monitoring corporate targets for appraisal/objective setting and essential learning. Further discussions are due to take place with the ET and the SGC regarding the value of the qualitative assurance data and to agree a way forward to report on aggregated outcomes.
- After considerable discussion as to the way forward including assessing critical business requirements and a long-term HR Strategy the Committee thanked Workforce colleagues for the comprehensive report and recognised that there is a large workload in relation to the recommendations and their connected ongoing work in NES and NHSS regarding workforce planning, succession planning and talent management.

The Audit Committee noted the report and the assurance provided and noted that progress will be monitored by the Staff Governance Committee. Members requested that a session regarding talent management is arranged for a future Board development session.

Action: JA

9. External Audit Reports

a) External Audit Plan 2019/20

Joanne Brown introduced the External Audit Plan for financial year ending 31st March 2020.

- Materiality has been calculated at £10.34m (2% of gross expenditure based on 2019/20 budget), with performance materiality set at 75% of overall materiality. This has remained at the level previously adopted and is based on auditors' experience of auditing NES over the previous three years.
- Members noted the identified risks in relation to management override of controls and the risk of fraud in expenditure and Joanne Brown gave members assurance that appropriate mechanisms are in place in NES regarding monitoring the risk of fraud.
- Members noted the detailed Audit timeline highlighting submission dates for Draft and Final Audit Plan, Quarterly Fraud Returns, Annual External Audit Report and Assurance Statement. Joanne Brown noted members previous query regarding horizon scanning and will bring this into future reporting.
- Members noted that Finance colleagues will arrange for 2019/20 Annual Accounts briefings and members will be informed of dates as soon as possible.

Action: JB

Action: JS

The Audit Committee noted and were satisfied with the draft external audit plan for financial year 2019/20.

b) External Audit Fee for 2020/21

Joanne Brown informed the committee that the External Audit Fee for 2020/21 has been set at the base level available as recommended by Audit Scotland. There has been a slight inflationary increase, however no further increase from 2019/20.

The Committee noted the External Audit Fee for 2020/21.

10. Counter Fraud Update

a) Counter Fraud Update

(NES/AUD/19/03)

Janice Sinclair presented the report which updated the Audit Committee on activities underway in NES aimed at supporting the Strategy to Combat Financial Crime in NHS Scotland up to September 2019.

- There were no new referrals to CFS from NES in Q2 and the review of the Gifts and Hospitality Registers has revealed no new declarations.
- The National Funding Initiative (NFI) review process for 2018/19 within NES is almost complete, with 5 data matches out of 803 remaining under review.
- The CFS conference in November 2019 provided some useful insights into the factors which influence behaviours and steps to protect organisations from threats. The conference also launched an Organised Crime impact assessment tool which is aimed at spending over £50k. Finance colleagues are looking into how this can be adopted in NES. It has been agreed that a CFS Board Development Session will be arranged. **Action: JS**

The Committee noted the report and progress of actions.

b) Self-Assessment tool review (NES/AUD/20/04)

Janice Sinclair introduced the Self-Assessment tool, which has been developed by Counter Fraud Services (CFS) to assist organisations to undertake a high-level assessment of their readiness to the risks posed by financial crime and to develop a time-bound improvement plan to increase resilience to fraud.

The Audit Committee reviewed the updated Self-Assessment tool and agreed to submit the actions proposed to Counter Fraud Services, following agreed changes. **Action: JS**

11. Annual Review of Audit Committee Effectiveness (NES/AUD/20/05)

Janice Sinclair led the annual review of Audit Committee Effectiveness.

The Committee reviewed each section of the self-assessment checklist and reviewed the proposed ratings, comments and actions. Further information regarding risk and the NES Assurance Framework, new Audit eLearning module, Internal Auditor KPI's and meetings with the Accountable Officer were added. The updated assessment will be presented to the Audit Committee in April. **Action: AMcC**

12. Assurance Framework Update (NES/AUD/20/06)

Rob Coward introduced the paper which presented the proposed changes to the NES Assurance Framework, following suggested amendments provided by the Board in June 2019.

- NES has developed an Assurance Framework, setting out the sources of assurance against each of the information systems required by the Scottish Government's Blueprint for Good Governance.
- A full discussion of additional sources of assurance took place and several sources were added to the sections.
- A member suggested that wording regarding reviewing issues for quality improvement opportunities also makes reference to gathering examples of good practice. Members asked that information is added regarding Equality and Diversity and Directorate Performance reporting. A member also suggested adding a link to Committee Remits for information.
- The Committee agreed that the Assurance Framework should be added as a standing item to the Audit Committee. **Action: JA**

The Committee noted Assurance Framework Action Plan and approved the Assurance Framework for submission to the Board, following agreed amendments.

Action: JS

13. Standing Financial Instructions (SFI) Review (NES/AUD/20/07)

Janice Sinclair introduced the paper which presented proposed changes to the SFI's for Audit Committee approval as part of their regular review cycle.

- The most recent amendments took place in January 2019 and focussed on changes in responsibility for tasks or changes in Business' Processes. This approach has been taken again as NES are waiting for templates for Standing Instructions and schemes of delegation from the Corporate Governance Steering Group (CGSG).
- The Committee noted the minor amendments made to the Standing Financial Instructions and discussions took place regarding producing a more interactive document however it was agreed that an interactive version of the NES SFIs can be produced once the template guidance documentation has been issued from the CGSG.

The Committee noted the report and agreed that the proposed changes should be submitted to the Board for approval and agreed that a further review of SFIs should be added to the Audit Pan for 2019/20.

Action: AMcC/JS

14. Items for information

The following Audit Scotland Reports were noted by the Committee:

- a) Preparing for withdrawal from the EU

- b) NHS in Scotland 2019
- c) Scotland's new Financial Powers: Operation of the Fiscal Framework 2018/19

15. Private meeting between Auditors and Audit Committee Members

A private meeting was held between the Auditors and the non-executive Audit Committee members.

16. Date and time of next meeting

The next meeting of the Audit Committee will be held on Thursday 09th April at 10:15am in Westport Room 6.

NES
Jan 2020
JA

STAFF GOVERNANCE COMMITTEE

Minutes of the Sixty-Seventh Meeting of the Staff Governance Committee held on Thursday 6th February 2020 at Westport 102, Edinburgh

Present: Linda Dunion, Committee Chair
Anne Currie, Non-executive Board member
Jean Ford, Non-executive Board member

In attendance: Dorothy Wright, Director of Workforce/Executive Secretary
Stewart Irvine, Acting Chief Executive
Morag McElhinney, Principal Lead, HR
Tom Power, Associate Director, Workforce
Ameet Bellad, Senior Specialist Lead, Workforce Infrastructure
Lynette Grieve, Employee Director
Kristi Long, Senior Specialist Manager, Workforce
Anne-Marie Campbell, Specialist Lead, Digital Learning
David Cunningham, Staff Side (BMA), (Via telephone)
Chris Duffy, Senior Admin Officer

1. Chair's welcome and introduction

Linda Dunion welcomed everyone to the meeting. Introductions were given as this is the first meeting for Chris Duffy and Lynette Grieve. Item 7 on the agenda will be deferred to the next meeting due to late submission.

2. Apologies for absence

Apologies were received from Liz Ford, Employee Director and David Garbutt, Board Chair.

3. Declaration of interests

There were no declarations of interest in relation to the items on the agenda, other than those logged previously.

4. Minutes of meeting held on 8th August 2019 (NES/SGC/19/49)

The minutes of the previous meeting were approved. **Action: CD**

5. Action Status Report (NES/SGC/20/02)

It was noted that the action points had all been completed or were in hand and the following updates were provided:

- It was agreed that the Fair Work 2025 paper is not required for the committee. Kristi Long will bring back to the committee in the future if required.
- The Update on the TURAS E+D Zone will be deferred to the next meeting to avoid a crowded agenda today.

Action: KL

6. Matters arising from the minutes

The board met last week and were given an overview of the budget. The Scottish budget will be read out today. Government funding is essential for ongoing work on Lead employer, once for Scotland policies and digital developments. Business cases have been sent to Scottish Government. It is an uncertain picture at the moment and therefore an area of risk for NES. It is important that the Staff Governance committee are aware of this.

It was highlighted that a Healthy and Safety report has not yet been provided to the committee. Dorothy Wright confirmed that the paper was requested but it is produced by a different directorate. The report will be brought to the April meeting.

Action: Nicola Todd/Bob McDonnell

7. Performance Report - Appraisal & Essential Learning (NES/SGC/20/03)

This item was deferred to the next meeting.

8. People & OD Dashboard: Key Performance Measures (NES/SGC/20/04)

a) People and OD Dashboard

Ameet Bellad gave a presentation on the live dashboard, the current position and the direction of travel. In January 2020 a paper was taken to the Executive Team to seek endorsement for the dashboard, agree the approach and agree the reporting format. The executive team endorsed all recommendations but agreed to test the dashboard at executive level before sharing more widely. The dashboard gives a snapshot of performance against KPIs and can be interrogated at organisation and Directorate level. Currently the dashboard has data for 14 of the 24 KPIs.

Key themes emerging for quarter 3 are:

- A review of establishment control outcomes may inform workforce planning;
- There is a greater focus across the HR and OD team on using the analytics and sharing insights around the indicators of happy teams and highly performing teams. These indicators will be further explored over the next quarter and will include the KPIs from the live dashboard, and
- The Smarter working programme will be informed by data and insights on staff experience and wellbeing.

Discussion of the presentation resulted in the following points,

- Two features of the report were clarified, the four blocks indicate the current month plus three previous months. And the RAG is set against the previous quarter. Going forward benchmarks will be set for the RAG.
- Dorothy Wright highlighted that other health boards are interested in this work and Tom Power agreed it would be useful to benchmark against comparable organisations.

b) Workforce Intelligence – Third insights

Morag McElhinney introduced a paper providing an update on the areas for improvement identified at the August 2019 meeting of the committee. The KPIs in the people and OD dashboard will future inform the analysis and discussions in the workforce directorate. For this quarter 3 report, the dashboard was in the final stage of development and so the KPIs were not available, instead the group focussed on the people analytics journey to date. The following areas were covered in the paper:

- Quarter 3 Headlines
- The People Analytics Journey
- Indicators of highly performing teams
- Smarter Working

The Committee considered the updates and insights provided and no further actions were agreed. The next update will be an interesting one driven by the data and will be provided at the next meeting.

9. Digital Learning Content – OD/Leadership & Learning (NES/SGC/20/05)

Anne-Marie Campbell gave an overview of learning zones developed by the OLED team as part of NES' online learning environment on the Turas platform and shared the plans for continuous improvement.

The learning zones include:

- Estates and Facilities Hub
- Business and Administration Hub
- Leadership and Management Zone
- Technology Enabled Care Zone
- Organisational Development Matters

Discussion on the presentation resulted in the following points,

- The business and administration hub contains a pathway for non-clinical staff to gain qualifications and all these qualifications are aligned with SCQF levels and quality assured.
- The Data group will use Power BI to explore the analytics.
- A member of the committee asked if the users have the ability to give feedback. Anne-Marie Campbell explained that feedback can be given in a variety of different ways, through the TURAS helpdesk, through a mailbox. There are stories on the TURAS learn backlog, shareholder networks, a

product owner group and a directorate group. Ameet Bellad also confirmed that users can rate the e-modules, they can rate out of 5 and answer “was this helpful” with a yes or no.

- A member asked, as this is a national resource can feedback be given to the individual boards on their use and access to the resources. Tom Power confirmed that boards are encouraged to access the data.
- The Committee noted the progress on Digital Learning content and sought clarification as to whether this item needs to be reported to this committee in the future and it was agreed that the Educational and Research Governance Committee would be more appropriate to review the progress of this work.

Action: Tom Power

10. Recruitment to NES

(NES/SGC/20/06)

Morag McElhinney delivered a presentation to the committee to provide an update on activities being progressed by HR to improve recruitment into NES. The presentation provided the following updates;

- The range and volume of recruitment delivered by NES HR
- The time to fill and the impact on staff of running below establishment
- Recruitment approaches
- Jobtrain implementation
- Values Based Recruitment
- Candidate experience.

A member recommended including the rollout of values-based recruitment in a specific objective. Dorothy Wright added, it will be important to assess the impact in the three-year workforce plan. Stewart Irvine noted some concerns on the implications for NES due to the volume of recruitment and the time to recruit. Dorothy Wright highlighted, East Region: recruitment shared services will be coming in the future and it was advised that NES should streamline their processes first. The Committee noted the recruitment update and will receive regular updates as this work progresses.

11. SMARTER Working Project

(NES/SGC/20/07)

Tom Power gave an overview of the SMARTER Working project. This is a priority corporate improvement project in NES sponsored by the executive team being delivered by a cross Directorate team including agile coaches, corporate communications, human resources, OLE and performance improvement. The project is going to be as inclusive as possible, there will be a focus on output rather than presenteeism and there is going to be more work with individual teams. Stewart Irvine is very supportive of the project and there should be a measurement plan to focus on the outcomes and what NES achieve. The committee noted the progress of the project and a further update will come to the December meeting.

Action: Tom Power

12. Development of new People & OD Strategy (NES/SGC/20/08)

The Committee agreed that the approach to developing the new strategy is a good one and an update on the new proposed strategy will come to the August Staff Governance Committee.

Action: Director of Workforce

13. HR to Workforce (NES/SGC/20/09)

Tom Power, Morag McElhinney and Ameet Bellad delivered a presentation to provide the committee with an overview of the Workforce Directorate's development under the leadership of Dorothy Wright. It was important to acknowledge Dorothy Wright's contribution over the last 10 years. The Committee noted the presentation and the team were thanked for their work. It was suggested that the presentation be given to any new non-executive directors joining the committee.

14. Staff Governance Committee Remit (NES/SGC/20/10)

The committee approved the remit. The Staff Governance Committee remit would now be forwarded to the NES board.

15. Lead Employer: Update (NES/SGC/20/11)

The committee noted the update.

16. Equality and Diversity: Update (NES/SGC/20/12)

Kristi Long reported two future events for the committee to be aware of. Firstly, there is going to be a ministerial review of specific equality duties starting this year. Secondly, there is a Human rights leadership group being held on 20th Feb which includes senior members of the NHS, this group will be looking at differential attainment. Kristi Long will observe how these progress and bring any updates back to the committee. The Committee noted the update.

17. Staff Governance Monitoring Return (2018/19) (NES/SGC/20/13)

The committee noted the Staff Governance Monitoring return.

18. Employment Tribunals (NES/SGC/20/14)

Dorothy Wright shared a confidential paper containing 4 employment tribunals. The Committee noted this paper.

19. Managing, Health, Safety and Wellbeing Committee Minutes
(NES/SGC/20/15)

The minutes of the meeting held on 22nd October 2019 were noted.

20. Change Management Programme Board Minutes (NES/SGC/20/16)

The minutes of the meeting held on 7th October 2019 were noted.

21. Any other business

The was no other business.

22. Date and time of next meeting

It was confirmed that the committee's next meeting will take place on Thursday 16th April 2020 at 10.15 a.m.

NES
February 2020
CD