NHS Education for Scotland NES/25/17

AGENDA FOR THE ONE HUNDRED AND EIGHTY-FIFTH BOARD MEETING

Date: Thursday 27 March 2025

Time: **10:15 – 11:45**

Venue: Hybrid meeting: Microsoft Teams / and
Room 1 and 2 West Port 102, Edinburgh EH3 9DN

1.	**10:15**	**Chair's introductory remarks**	
2.	**10:16**	**Apologies for absence**	
3.	**10:17**	**Declarations of interest**	
4.	**10:18**	**Draft Minutes of the One Hundred and Eighty-fourth Board Meeting 6 February 2025** For Approval	NES/25/18
5.	**10:20**	**Matters arising from the Minutes and notification of Any Other Business**	
6.	**10:21**	**Actions from previous Board Meetings** For Review and Approval	NES/25/19
7.		**Chair and Chief Executive reports**	
7a.	**10:25**	**Chair's Report** For Information and Assurance	NES/25/20
7b.	**10:35**	**Chief Executive's Report** For Review and Assurance	NES/25/21
8.		**Strategic Item**	
8a	**11:00**	**NHS Collaboration, Reform and Renewal** For Endorsement and Confirmation (K. Reid)	NES/25/22
9.		**Quadrennial and Biennial Items**	
9a.	**11:10**	**Mainstreaming the Public Sector Equality Duty and Equality Outcomes Progress Report: 2023-2025** For Review and Approval (K. Hetherington)	NES/25/23

9b. 11.20 NES Equality Diversity & Inclusion (EDI) Strategy 2025-2029 and Anti- Racism Action Plan 2025-2026 NES/25/24
For Review and Approval (K. Hetherington)

10. Governance Items

10a. 11:30 2025-26 Board Schedule of Business NES/25/25
For Review and Approval (D. Thomas / C. Bichan)

Significant issues to report from Standing Committees:

10b. 11:35 Staff Governance Committee, 20 February 2025
(N. Henderson, verbal update)

10c. 11:38 Education and Quality Committee, 6 March 2025
(A. Gunner Logan, verbal update)

11. Items for Homologation

NES Standing Committee Minutes:

11a. 11:41 Staff Governance Committee, 7 November 2024. NES/25/26
(For homologation)

11b. 11:42 Education and Quality Committee, 13 December 2024. NES/25/27
(For homologation)

11c. 11:42 Technology and Information Committee, 27 January 2025. NES/25/28
(For homologation)

12. 11:44 Any Other Business

13. 11:45 Date and Time of Next Meetings:

- Private Board: 27 March 2025 follows on from Public Board (Hybrid Meeting)
- Board Development Meeting: 23 April 2025 at 10:15. (Hybrid Meetings / TEAMS)

D. Thomas, Board Secretary.
NHS Education for Scotland (NES)
e-mail: Chair & Chief Executive's Office ceo.nes@nes.scot.nhs.uk

NES/25/18

NHS Education for Scotland

Draft for approval Minutes of the One Hundred and Eighty Fourth Board Meeting held on 6 February 2025 at 10:15 am – 12:10 pm.

This public Board meeting was held in a hybrid format via Microsoft Teams and in person at the NES office at 102 Westport, Edinburgh.

Present:
David Garbutt (DG), (Chair)
Ally Boyle (AB), Non-Executive Director
Jim Boyle (JB), Executive Director of Finance
Olga Clayton (OC), Non-Executive Director
Shona Cowan (SC), Non-Executive Director
Jean Ford (JF), Non-Executive Director
Lynnette Grieve, Non-Executive and Employee Director
Annie Gunner Logan (AGL), Non-Executive Director
Nigel Henderson (NH), Non-Executive Director
Gillian Mawdsley (GM), Non-Executive Director / Whistleblowing Champion
Karen Reid, (KR) Chief Executive and Accountable Officer
George Valiotis (GV), Non-Executive Director
Karen Wilson (KW), Executive Director of Nursing Midwifery and Allied, Health Professionals (NMAHP) / Deputy Chief Executive
Emma Watson, Executive Medical Director

In attendance:
Christina Bichan (CBi), Director of Planning & Performance
Colin Brown (CB), Head of Strategic Development
Scott Brown (SB), Scottish Clinical Leadership Fellow (SCLF) (observing for personal development)
David Felix (DF), Postgraduate Dental Dean / Director of Dentistry
Louise Harker (LH), Boardroom Apprentice
Joy Harvey (JH), Executive Assistant to Chair and CEO (observing for personal development)
Nick Hay (NHay), Principal Manager – Communications and Engagement
Laura Howard (LH), Deputy Finance Director (observing for whole meeting and to support items 8c and 10a)
Cristina Fernandez-Garcia (CF-G), Specialist Lead (Health Inequalities) (observing as part of induction)
Clair Graham (CG), Director of NHS Scotland Academy, Learning & Innovation (observing for personal development)
Kevin Kelman (KK), Director of NHS Scotland Academy, Learning & Innovation
Debbie Lewsley (DL), Risk Manager (Items 8b-8d and 9a)
David Main (DM), Technician, NES Technology Service (providing technology support up until item 8a)
Claire McGuire (CM), Head of Programme (PCC) – NMAHP (observing for personal development)
Kirsteen McColl (KMc), Manager Chair and CEO Office (minute taker)
Roisin O'Donoghue (RO), Scottish Clinical Leadership Fellow (SCLF) (observing for personal development)
Lee Savarrio (LS), Dental Director / Post Graduate Dental Dean

Alison Shiell (ASh), Manager, Planning & Corporate Resources (Item 8a)
Andrew Sturrock (AS), Postgraduate Pharmacy Dean / Director of Pharmacy (up until item 8a)
Tuija Tengvall (TT), Senior Specialist Lead OL&ED (observing for personal development)
Della Thomas (DT), Board Secretary / Principal Lead Corporate Governance
Judy Thomson (JT), Director of Training for Psychology (joined the meeting at the end of item 8a and left at the end of item 8b and re-joined for item)
Simon Williams (SW), Principal Educator (observing meeting and left the meeting after item 8b)
Christopher Wroath (CW), Director of NES Technology Service
Alan Young (AY), Principal Lead, Finance (Item 9a)

1. Chair's Welcome

1.1. The Chair welcomed everyone to the meeting. He particularly welcomed our new Non-Executive Director, George Valiotis to his first Public Board Meeting following his appointment to the Board on the 6 January 2025. The Chair also welcomed Louise Harker, our Board Room Apprentice, who joined the Board on the 1 January 2025. The Chair welcomed Lee Savarrio, Dental Director and Post Graduate Dental Dean, to his first Board meeting since taking up his post. The Chair noted the overlap between Lee Savarrio and David Felix, prior to David Felix's retirement.

1.2. The Chair welcomed Christina Fernandez-Garcia, Scott Brown, Rosine O'Donoghue, Claire McGuire, Tuija Tengvall, Clare Graham and Joy Harvey as observers for either induction or personal development.

1.3. The Chair welcomed Kirsteen McColl, Chair and Chief Executive's Office Manager, and noted that she was responsible for taking the public Board meeting minutes.

1.4. The Chair asked the Board to note that Allison Shiell would be joining for agenda item 8a, Simon Williams for item 8b, Laura Howard for item 8c and 10a, Alan Young for item 8c and Debbie Lewsley for 8d and 9a and to observe item 8b.

1.5. The Chair acknowledged that this was Simon Williams' last NES Public Board meeting. The Chair thanked Simon Williams for his valuable contributions and insights in supporting the development of the Strategic Key Performance Indicators and his work within the Corporate Planning and Performance Directorate over the years.

1.6. The Chair expressed his deep gratitude to Della Thomas, recognising that this was her final NES Public Board meeting before her retirement in April 2025. The Chair commended Della Thomas for her outstanding work as Board Secretary. He thanked her for all her excellent contributions to corporate governance and her advice and assistance to both non-executive and executive Board members. The Chair emphasised her significant impact and contribution to the work of the Board and NES.

2. Apologies for absence

2.1. No apologies were received from Board members.

2.2. Apologies were received from regular Board attendees Gordon Paterson, Director of Social Care; Lindasy Donaldson, Deputy Medical Director and Claire Neary, Manager, Policy, and Briefings.

3. Declarations of Interest

3.1. There were no declarations of interest made in relation to the business of the meeting.

4. Draft Minutes of the One Hundred and Eighty Third Meeting – 21 November 2024 (NES/25/02)

4.1. The Board approved the draft minutes of the 21 November 2024 meeting, subject to the amendment raised by Gillian Mawdsley to correct the reference to a connection she had with the Scottish Refugee Council, this is a connection with her Open University work. **Action KMc/DT**

5. Matters arising from the Minutes and notification of Any Other Business

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

5.2. No items of any other business were raised.

6. Actions from previous Board Meetings (NES/25/03)

6.1. The Board received the rolling Board action list for review and approval.

6.2. The Board noted that the rolling action log from the 21 November 2024 meeting included 17 actions, all of which are marked as complete.

6.3. The Chair informed the Board that two actions from 26 September 2024 remain on the log, while one is marked as complete, the other action relating to the Transformation Route Map is in progress and has been passed to the NES design team for further amendments.

6.4. The Board noted that one action from 15 August 2024 is marked as complete, and the other action relating to the Electronic Practice Assessment Document (ePad) remains in progress.

6.5. The Chair asked the Board to note that an amended action log recirculated on 4 February 2025 included further updates to actions 7.36 and 9.14.

6.6. The Board agreed and approved the action list and noted the actions in progress.

7. Chair and Chief Executive reports

7a) Chair's Report (NES/25/04)

7.1. The Chair submitted his report to the Board for information and assurance, detailing recent engagements and activities since the 21 November 2024 Board meeting, both in his capacity as Chair of the NES Board and as a member of the NHS Scotland (NHSS) Board Chairs Group (BCG).

7.2. The Chair asked the members of the Board if they had any questions.

7.3. The Board asked if clarification could be given if climate change and sustainability issues were being discussed in national leadership meetings and forums.

7.4. The Chair affirmed that climate change and sustainability are recurring themes in various discussions, including the NHS Boards Chair Group.

7.5. Karen Reid confirmed that climate change and sustainability are ongoing themes and emphasised the forthcoming publication of the Population Health Framework, which will focus on climate change and sustainability. She advised that this Framework is currently with the Scottish Government and is expected to be published in March 2025.

7.6. The Board noted the content of the report.

7b) Chief Executive's Report (NES/25/05)

7.7. The Chair invited Karen Reid to introduce the report submitted to the Board for review and assurance.

7.8. Karen Reid highlighted the recent announcements regarding the National Care Service, including the establishment of a National Care Service Advisory Board. She asked the Board to note that the forthcoming primary legislation will focus on several key areas, including the right to breaks, data sharing, progress on getting it right for everyone, carers, and dementia. ,She highlighted that she has been actively involved in representing the organisation and Board Chief Executives in discussions about the National Care Service for the past 18 months.

7.9. Karen Reid thanked her executive colleagues, Board members, and staff for their tremendous work on the NES Annual Review 2024. She advised that the feedback letter from Marie Todd, Minister for Social Care, Mental Wellbeing and Sport, praised the organisation's progress and noted no areas for improvement.

7.10. Karen Reid expressed her gratitude to Simon Williams for his significant contributions to the performance framework and Strategic Key Performance

Indicators, acknowledging the work he contributed to bring it to its current position. Karen Reid wished Simon Wiliams well in his retirement and noted this was his last Board meeting.

7.11. Karen Reid also thanked Della Thomas, expressing her appreciation on Della Thomas's support that she has given to her as Chief Executive. Karen Reid noted the significant contributions and advice she has provided to her personally, the NES Board and NES Executive Team.

7.12. Karen Reid highlighted the Honours acknowledging the outstanding achievements for two NES colleagues and a former NES colleague. She advised that Dr Pauline Wilson and Ruth Robertson received New Year's honours for their contributions to Public Services. Jack Gilmore, NES Technology Services, was recognised for his work in the open technology ecosystem. The Board congratulated these individuals for their significant accomplishments.

7.13. Karen Reid highlighted the date and details of the 2025 NES Annual Conference being held on 24 April 2025. She encouraged attendance and noted how positively last year's event was perceived.

7.14. Karen Reid also announced that Laura Liddle will take up post as the Associate Director of Human Resources in March 2025.

7.15. Karen Reid provided an update on the changes within the NES Executive Team. Her update confirmed that Kevin Kelman, will now report directly to herself. She advised that Gordon Paterson's role has been expanded to Director of Social Care and Communities, reflecting his broader strategic responsibilities. She went on to report that Laura Alison, Associate Director of Quality Improvement, will now report to Karen Wilson, and Katie Hetherington, Principal Lead - Equality, Diversity and Human Rights, will report to Christina Bichan.

7.16. The Chair thanked Karen Reid for her introduction and invited any further introductory remarks from executives or Directors.

7.17. Karen Wilson asked the Board to note the work of the senior specialist lead for disability, emphasising their vital role in implementing reasonable adjustments for trainees and staff. She highlighted the "Neuro Bureau," a network designed to support individuals with additional needs. Karen Wilson also pointed out the assistance provided by the psychology team to the workforce, which has been experiencing significant pressure, and the positive impact of their efforts.

7.18. Karen Wilson highlighted the Masterclasses, referring to their organisation. She advised that one Masterclass focused on supporting children and young people regarding non-suicidal self-injury, while the other addressed support for neurodiverse women concerning mental health, self-harm, and suicide. She asked the Board to note that these sessions were highly beneficial and received positive feedback.

7.19. The Board praised the quality and effort invested in peer support initiatives, particularly emphasising the innovative name "Neuro Bureau."

7.20. Emma Watson highlighted the Scotland Foundation School's UK-leading innovation that will launch in August 2025. She advised that the new programme will pilot 8-month posts instead of the current 4-month posts, with 12% of the programmes adopting this new format starting in August 2025. She remarked that this change aims to improve the transition from student to practitioner, and it has received positive feedback from resident doctors and medical students. Emma Watson went on to report that colleagues from across the UK are observing this initiative to see if it can make a tangible difference for the foundation cohort.

7.21. The Board raised a question regarding the revalidation process, specifically about technical difficulties accessing the new system.

7.22. Emma Watson informed the Board that these issues were being addressed and that had been largely resolved.

7.23. The Board referred to the National Care Service (NCS) and feedback from Maree Todd, Minister for Social Care, Mental Wellbeing and Sport, and highlighted that the Minister had asked for suggestions on better ways to approach certain aspects. The Board asked if any of these suggestions were materialising.

7.24. Karen Reid advised that NES were awaiting a response from Scottish Government officials on a proposal which was submitted on social care and mental health.

7.25. The Board acknowledged the improvements in aligning the performance section with the Strategic Performance Plan (SPP) and Annual Delivery Plan (ADP). The Board noted that we are reporting against Strategic Key Performance Indicators with data and not including the Strategic Key Performance Indicators without data and asked if in future reports, for transparency, this could be addressed.

7.26. Christina Bichan confirmed that work to build a position statement against these indicators and to improve transparency and clarity will be taken forward. Christina Bichan explained that the data indicators are often linked to educational metrics, which are directly tied to transformation work. She provided assurance that she would monitor the trajectory of these indicators and consider adjustments in the next NES strategy. **Action CBi**

7.27. The Board referred to section 4.3c of the Annual Delivery Plan (ADP) for 2025/2026, and the inclusion of "Best Value" as one of the seven priorities in the ADP for the upcoming year. The Board asked why this was appearing to be a standalone component as opposed to being integral.

7.28. Karen Reid acknowledged this point and explained that Best Value ensures quality, excellence, and cost-effectiveness in the organisation's work and is integral to our approach in NES.

7.29. Christina Bichan added that the current 14 medium-term priorities are summarised, focusing on value, sustainability, and operating within the financial envelope while increasing efficiency and productivity.

7.30. The Board asked for an update on the governance of the Digital Front Door programme commission and suggested that this, along with the learning from the NHS Lanarkshire pilot, might be a topic for a future Board Development meeting.

7.31. Karen Reid advised that the existing Digital Front Door Programme Board had recently held its final meeting, and a new governance structure is under consideration. Karen Reid confirmed that the suggestion of a Board Development session to cover the future stages and progress with the Digital Front Door would be added for a later scheduling. **Action DT**

7.32. The Board asked if consideration could be given to holding a Board Development session on Remote and Rural Healthcare. This would be to provide a comprehensive overview of the issues, highlighting its importance for NHS Boards and those with rural challenges. The Chair confirmed that this topic would be added to the list of Board Development sessions. **Action DT**

7.33. The Board referred to the Minister's announcement on the future of the NCS and raised the question of whether the NES Scottish Government commissions might be changed, either through the reprioritisation of existing commissions or the creation of additional commissions.

7.34. Karen Reid advised that NES does not anticipate changes to the existing commissions, but new opportunities might arise.

7.35. The Non-Executive Director /Whistleblowing Champion suggested that the report could note that there are no whistleblowing concerns, as it is useful to record this information formally.

7.36. Karen Reid confirmed that this will be considered in future reports. **Action CBi**

7.37. The Board asked if the Chief Executive report could include details on the role of the Line Managers Network and Ambassadors Group in fulfilling NES's climate change and sustainability obligations.

7.38. Jim Boyle explained that the Ambassadors Network involves the entire organisation in adhering to Scottish Government policy on these issues. He reported that the network is volunteer-led, and it has received a positive response from volunteers. He advised that participants are granted the opportunity to engage in this initiative during work hours. Jim Boyle remarked that the network aims to achieve a significant impact over an extended period and agreed to consider the inclusion of any updates in future reports as and if appropriate.

7.39. The Board raised a question about the pharmacy pass rates, specifically regarding the 36% of individuals who did not pass.

7.40. Andrew Sturrock reported that the November assessment can often have higher failure rates due to the cohort's makeup, which includes late graduates. He advised that trainees could sit the exam three times and if they fail their first attempt, they must retake it the following summer. He remarked that support and materials are provided for exam preparation, with collaboration from

supervisors. He went on to advise that failing the exam three times prohibits registration as a pharmacist, per General Pharmaceutical Council (GPHC) regulations. Andrew Sturrock asked the Board to note that most candidates pass on their second or third attempt, and efforts to improve support and pass rates are ongoing.

7.41. The Board asked how the work of Getting it Right for Everybody (GIRFE) integrates with realistic medicine to prevent overburdening the workforce with multiple initiatives.

7.42. Karen Reid reported that Gordon Paterson is leading the development of practice model resources and training across NES, linking it with realistic medicine and value-based health care. She advised that GIRFE is central to these efforts, ensuring a coordinated approach instead of merely adding extra resources to prevent overwhelming the Health and Social Care sector.

7.43. Karen Reid thanked Kirsteen McColl and Clare Butter, Associate Manager of Planning and Corporate Resources, for their assistance in preparing this report.

7.44. The Chair thanked Karen Reid and colleagues and acknowledged a comprehensive report.

7.45. The Board agreed that the report provided assurance.

7.46. Andrew Sturrock left the meeting.

8. Performance Items

Quarter Performance Management Reports

8a) Quarter 3 Delivery Report (NES/25/06)

8.1. The Chair welcomed Alison Shiell to the meeting and asked her to present the report, which comes to the Board review for approval.

8.2. Alison Shiell provided an update on the Quarter 3 delivery report, highlighting that out of 178 deliverables, 150 are either completed or on target, 22 are progressing with minor delays, and five are experiencing delays. She reported that specific deliverables, including the Digital Prescription and Dispensing Pathways programme, are being affected by funding delays.

8.3. Alison Shiell reported that there are ongoing discussions with the Scottish Government regarding the future delivery priorities for the Digital Front Door. She advised that phase two of the proposed Turas refresh is delayed due to resource constraints and delays in funding confirmation.

8.4. Alison Shiell highlighted that a menstrual health e-learning module was published on Turas Learn within the General Practice Education Hub, supporting the Scottish Government's Women's Health Plan. She reported that additionally, a menopause e-learning module is on track to be launched in March 2025. She highlighted a celebration event marked 10 years of the

Scottish Improvement Leaders Programme, which has grown to over 1200 improvement leaders from various regions, including Scotland, Northern Ireland, Wales, England, and Canada.

8.5. The Chair thanked Alison Shiell for her introductory remarks and invited questions from the Board.

8.6. The Board referred to the Learning and Education Policy System Reporting deliverable 4804 noting that this deliverable is reporting as amber and asked for clarification on the nature of the delay.

8.7. Kevin Kelman responded to the question and explained that the challenge lies in the business support systems' ability to work across various educational products and pathways. He highlighted that the team is working on the learning, education, and quality system workstream to streamline the digital learning infrastructure and achieve a comprehensive overview of the quality and usage of learning products.

8.8. Karen Reid added that this is linked to the business transformation programme.

8.9. The Board noted that this was a work in progress.

8.10. The Board referred to deliverable 4329, specifically regarding the dementia training and asked what the impact of being unable to deliver the required number of dementia specialists and champions will be. The Board asked for clarification on whether this issue affects a small group or has broader implications across territorial NHS Boards and what the plan was to address this challenge.

8.11. Karen Wilson reported that an evaluation is being conducted to assess whether the previous training approach provided value for money. She emphasised that while there is a pause, it is necessary to determine the effectiveness of the training and plan the next steps based on the evaluation results.

8.12. The Board referred to deliverable 4705, and the RESPECT platform and asked whether the work is limited to palliative care or if it will be extended to encompass a wider range of care plans.

8.13. Christopher Wroath clarified that the future care plan work is not restricted to palliative care. He reported that instead, it is part of a broader initiative to integrate Health and Social Care records. He advised that this integrated approach addresses the same drivers behind the need for emergency access to care plans, ensuring that professionals can see the necessary information. He remarked that the change in direction is also tied to the evolving NCS.

8.14. The Board referred to deliverable 14594, noting confirmation of Scottish Government funding is required to support the digital prescribing and dispensing pathways programme and asked if there were any updates on the funding position.

8.15. Christopher Wroath reported that there is a business case for the build phase of the programme, however, we are still awaiting confirmation of the funding. He

advised that in addition, a separate business case for the implementation phase is currently paused to allow further discussions of funding and delivery responsibilities between the Boards and the programme.

8.16. The Board referred to the paramedics' electronic practice assessment document (ePAD) and asked if this was marked as amber because it had not been completed or because it was yet to be rolled out.

8.17. Karen Wilson clarified that the tool is ready to be rolled out but is waiting for prioritisation on the digital list, which is why it is marked as amber.

8.18. The Board sought clarification on the NES human resources proposition model.

8.19. Karen Wilson explained that the proposition model outlines the transition from the current service to the expected future state of the organisation, detailing the model they are trying to implement.

8.20. The Board approved the Q3 Performance report.

8.21. The Chair thanked Alison Shiell for the report, and Alison Shiell left the meeting.

8.22. Judy Thomson joined the meeting

8b) Quarter 2 Strategic Key Performance Indicators - Board Performance Report 2024-25 (NES/25/07)

8.23. The Chair welcomed Debbie Lewsley to the meeting who was observing this item as she would have role in taking on some related work following Simon William's retirement. The Chair advised that the report comes to the Board for review and approval and invited Simon Williams to introduce the report.

8.24. Simon Williams presented the Quarter 2 Strategic Key Performance Indicators (SKPI) report, confirming the appropriate Committees had reviewed their SKPIs. He advised that there are two recommendations which relate to the adding of a dental specialty training measure and assigning some measures to the new Planning and Performance Committee.

8.25. The Chair opened the meeting for questions.

8.26. The Board asked if the process for reviewing SKPI tolerances and confirming if we have the right SKPIs was in place.

8.27. Christina Bichan explained that the tolerances are reviewed annually. She advised that a process would begin at the end of the financial year to ensure the right tolerances are set based on the latest data.

8.28. The Board raised a question about the SKPI for disabled employees in NES, noting it includes all working-age disabled individuals in Scotland, not just those able to work. It was suggested that this SKPI might be reviewed to ensure it reflects the actual working capacity of the disabled population. Christina Bichan agreed to progress this. **Action CBi**

8.29. The Board raised a query in relation to the proportion of red, amber, or lack of data SKPIs, remarking that there is a need for accurate and available data and asked if actions to ensure clear action plans and timelines for improving SKPIs were in place. Christina Bichan agreed to address these points. **Action CBi**

8.30. The Board referred to the SKPI for medical training placement vacancies and asked whether "continuing to monitor" is sufficient.

8.31. Emma Watson acknowledged that baseline data collection for some SKPIs is ongoing and remarked that she expected this to improve in next quarter. She advised that NES annually reviews each SKPI to set appropriate tolerances and adjust as needed. Emma Watson highlighted efforts to enhance SKPI data collection and address recruitment challenges in medical training placements.

8.32. Karen Reid confirmed that there will be an opportunity to review the existing SKPIs to ensure they incorporate the most appropriate form of words and are aligned with the organisation's goals. She remarked that this review process is part of the broader effort to develop a new strategy for NES and alongside this there is a need for a review of SKPIs. **Action CBi**

8.33. Karen Reid suggested that using case studies to illustrate how NES has supported improvements can complement the data and provide a more comprehensive view of the organisation's performance and demonstrate impact. She remarked that this is something that could be considered for future reports. **Action CBi**

8.34. The Chair thanked Simon Williams for the paper, and he left the meeting.

8.35. Judy Thomson left the meeting

8c) Quarter 3 Finance Report 2024/25 (NES/25/08)

8.36. The Chair welcomed Laura Howard and Alan Young in support this paper. The Chair invited Jim Boyle to present the report which comes to the Board for approval.

8.37. Jim Boyle provided an overview of the Quarter 3 financial performance, highlighting the year-end forecast, main variances, outstanding funding, and national financial pressure. He advised that the report noted a projected year-end underspend for NES, influenced by late funding notifications.

8.38. Jim Boyle reported key variances, including a £1.3 million underspend in dental trainee recruitment and dental Additional Cost of Training (ACT), a £0.9 million underspend due to lower fellowship recruitment within medical, and a £0.75 million underspend from lower pharmacy foundation training costs and higher vacancy lag savings. He advised that additionally; lower medical training base costs were attributed to recruitment and rotation patterns.

8.39. David Felix reported that international students returning home after completing their degrees affected this year's vocational training recruitment. He remarked

that to counter this, there will be visits to dental schools in England to promote vocational training opportunities in Scotland, aiming to boost recruitment for the next cycle, starting in August or September.

8.40. Jim Boyle went on to report that the outstanding funding from the Scottish Government amounts to £40.7 million, primarily driven by the resident doctors' pay award (£39.1 million), expected to be confirmed later in February 2025. He advised that the overall national position for the Health and Social Care portfolio remains pressured, with a forecast overspend of around £400 million.

8.41. The Board commended the finance team, noting that despite the challenges, NES is delivering on its commitments, and there are no significant concerns in the SKPIs and delivery report.

8.42. The Board acknowledged the impact of placing people into training positions, which makes financial forecasting challenging. The Board noted, the NES finance teams' effective management despite these challenges.

8.43. The Board asked how discussions are progressing relating to the underspend.

8.44. Jim Boyle reported that there is ongoing dialogue with both the health finance and policy teams at the Scottish Government. He advised that the aim is to balance the tasks of assisting the Scottish Government in managing its financial position, while protecting NES's service delivery and future workforce supply.

8.45. The Chair noted that the robust nature of financial reporting and the detail provided to members in year and in the lead up to this report created high levels of assurance. The Board approved the Quarter 3 finance report.

8.46. The Chair thanked Jim Boyle, Laura Howard, and Alan Young for the report.

8d) Quarter 3 Strategic Risk Report (NES/25/09)

8.47. The Chair invited Debbie Lewsley to present the report to the Board for review and approval.

8.48. Debbie Lewsley presented a comprehensive overview of the changes in risk scores, the introduction of a new risk, and the control assessments for strategic risks. She presented the overall control assessments for each strategic risk, with risks within the Board appetite assessed as effective and those outside as acceptable or ineffective.

8.49. Debbie Lewsley reported that the third quarterly update of the Strategic Risk Register highlights several changes in strategic risk scores. She asked the Board to note that strategic risk 2 decreased due to a reduction in the proportion of NES's budget funded on a non-recurrent basis. She remarked that similarly, strategic risk 9 saw a reduction as a result of effective budget management, which allowed NES to maintain its financial balance. She advised that additionally, strategic risk 13 decreased as a consequence of a high number of applications for vacancies. Debbie Lewsley went on to report that strategic risk 12 increased after the Scottish Government confirmed there would be no

funding allocated for the TURAS refreshment, placing it outside the Board's risk appetite. She advised that a new risk, strategic risk 16, has been added to the Strategic Risk Register as it could no longer be managed at the Directorate level.

8.50. The Board highlighted the number of risks remaining in the red category and suggested that this should be considered in more detail to ensure the correct impacts, updates and measure are in place.

8.51. Jim Boyle agreed to take forward the required discussion to address the risks in this category. **Action JB/DL**

8.52. The Board discussed the potential risk of Boards not being able to release people to participate in learning programmes and how this might affect reported performance to the Scottish Government and asked if this issue should be included in the risk register.

8.53. Karen Reid confirmed that the Executive Team would revisit this risk. She added that some programmes starting in January were still in the process of determining participation levels, indicating that the issue was ongoing. **Action JB/DL**

8.54. The Board considered strategic risk 10 and discussed the anticipated impacts of various changes and external constraints such as policy, legislative, economic, technological, and societal change. The Board asked if these areas could be reported more clearly and asked if a risk radar might be used to track individual items and their impacts.

8.55. Karen Reid advised that this issue would be discussed with the Executive Team for further consideration, as it links to the broader discussion about performance and accountability for factors outside NES's control. **Action JB/DL**

8.56. The Board raised the appropriateness of the current risk appetite for governance and finance. The Board noted that while the current low tolerance is necessary, some risks will remain outside tolerance for a reasonable period. The Board suggested that there was a need to continue managing these risks diligently while acknowledging the external factors that limit NES's control.

8.57. Jim Boyle emphasised that the Board's low tolerance for financial risk is appropriate and should remain, as it ensures a strong focus on the financial position.

8.58. The Board asked if NES should consider the political and electoral cycles as a potential strategic risk.

8.59. Karen Reid reported that NES's status as a National Health Board under Ministerial control requires balancing political risks with maintaining operational adaptability and fulfilling Ministerial expectations.

8.60. As there were no further questions, the Board approved the report.

8.61. The Chair thanked Debbie Lewsley

9. Strategic Items

9a) Draft Strategic Risks and Risk Appetite (NES/25/10)

9.1. The Chair invited Debbie Lewsley to present the Draft Strategic Risks and Risk Appetite. The report was submitted to the Board for review and approval.

9.2. Debbie Lewsley provided a summary of the report, highlighting the progress made in enhancing NES's risk management approach. She asked the Board to note that the paper sought approval to align eight strategic risks to the new Planning and Performance Committee. Debbie Lewsley reported that NES has an established risk management processes that includes the delegation of strategic risks to various Committees. She reported that the risk management infrastructure includes a revised risk log format, a Risk Management Strategy and Manual, and training sessions.

9.3. The Chair noted that the report had already been through the Audit and Risk Committee and invited Jean Ford, Audit and Risk Committee Chair to make any additional remarks. Jean ford confirmed that the Audit and Risk Committee had been content with the rprt and had not asked for any substantive changes.

9.4. The Chair invited the Board to ask questions. No questions were raised.

9.5. The Board reviewed and approved the report.

9.6. The Chair thanked Debbie Lewsley for the report, and she left the meeting.

10. Governance Items

10 a) Corporate Governance Package (Board Standing Orders, Board Code of Conduct, Board Scheme of Delegation, Board Standing Financial Instructions & Committee Terms of Reference) (NES/25/12)

10.1. The Chair invited Della Thomas to present the paper to the Board which was for review and approval.

10.2. Della Thomas reported that the package of governance papers is reviewed annually and was discussed in the Audit and Risk Committee before being presented to the Board. She highlighted that some changes had been made to the Board Scheme of Delegation to include a new delegation for public protection, infection prevention and control, and approval of Memorandums of Understanding. She reported that the Standing Financial Instructions had been updated to support Small to Medium Enterprises (SMEs) and comply with procurement equality duty and Fair Work principles.

10.3. Della Thomas asked the Board to note that the Committee Terms of Reference were reviewed and updated for the respective Committees and the Terms of Reference for the new Planning and Performance Committee were include in the pack.

10.4. Della Thomas reported that the Audit and Risk Committee discussed the importance of a strategic overview to mitigate duplication of governance efforts and identify gaps. She highlighted that paragraph 6.2 of the cover paper proposes how this strategic overlay can be implemented.

10.5. Della Thomas emphasised the comprehensive review and updates made to the corporate governance package, ensuring it aligns with current requirements and supports effective governance within NES.

10.6. The Board approved the complete corporate governance package, noting that it would be published on the NES website. **Action: DT**

10.7. The Chair thanked Della Thomas and Laura Howard for their work on these papers.

Significant issues to report from Standing Committees:

10b) Technology and Information Committee (TIC), 2 December 2024

10.8. The Chair provided an update on the TIC meetings held on 2 December 2024 and the final TIC meeting held on 27 January 2025.

10.9. The Chair reported that the 2 December 2024 meeting considered the funding for Digital Prescribing and Dispensing Pathways. The TIC received a report that the Digital Dermatology and National Digital Platform, which has been a complex piece of work involving multiple Health Boards but is now live. Other items included the Turas Refresh Programme Board update and updates relating to cybersecurity.

10.10. The Chair reported that the 27 January 2025 TIC meeting was the final meeting of the Committee. Reports had been received on the business that had been completed and the aspects of business that would be handed over the to the newly constituted Planning and Performance Committee. The meeting also received a governance report, outlining last phases of governance required for the dissolution of the Committee.

10.11. There were no questions from the Board and the update was noted.

10c) Education and Quality Committee (EQC), 13 December 2024

10.12. The Board Chair had Chaired the EQC as Annie Gunner Logan, the EQC Chair, had submitted apologies for this meeting.

10.13. The Chair provided a verbal update reporting that the EQC had considered the SKPI report and approved an additional measure for dental trainee placements. He advised that the Committee received the Nursing and Midwifery Pre-Registration Performance Report and noted consistent retention rates around 80%. The meeting received reports on the Scottish Foundation School which highlighted progress in improving the experience of foundation doctors and the Medical, Dental and Pharmacy Recruitment Update which showed a positive

trend in recruitment and a shift to Whole-Time Equivalent recruitment. The Chair highlighted that the National Centre for Remote and Rural Health and Social Care report provided a summary of progress and achievements in developing the rural credential.

10.14. There were no questions from the Board.

10d) Audit and Risk Committee, 16 January 2025

10.15. The Chair invited Jean Ford to provide a verbal update from the recent ARC held on 16 January 2025.

10.16. Jean Ford reported that the ARC reviewed several internal audit reports, including those on business continuity, resilience, and recovery for cloud services. The audit provided significant assurance with minor improvement opportunities. She highlighted that the Committee received the draft summary Internal Audit Plan 2025/2026 which includes audits on core financial controls and Board governance. Jean Ford advised that the Committee reviewed the Operational and Financial Plans for 2025/2026. She remarked the Committee also reviewed several of the reports which have come forward to this meeting including the strategic risk report, risk appetite and the Corporate Governance Package.

10.17. The Chair thanked Jean Ford for the update. There were no questions from the Board.

11. Items for Homologation or Noting

11a) Changes to Board and Committee Membership (NES/25/13)

11.1. The changes to the Board and Committee Membership were homologated by the Board.

NES Standing Committee Minutes

11b) Audit and Risk Committee, 07 October 2024 (NES/25/14)

11.2. The Board homologated the minutes of this meeting.

11c) Education and Quality Committee, 12 September 2024 (NES/25/15)

11.3. The minutes of this meeting were homologated by the Board.

11d) Technology and Information Committee, 27 August 2024 (NES/25/16)

11.4. The minutes of the meeting were homologated by the Board.

11e). **Technology and Information Committee, 2 December 2024.** (NES/25/16)

11.5. The minutes of the meeting were homologated by the Board.

12. Any Other Business

12.1. There were no other business items for consideration at this meeting.

13. Date and Time of Next Meetings

- Private Board: 06 February 2025 follows on from Public Board (Hybrid Meeting)
- Public Board: 27 March 2025 at 10.15 (Hybrid Meeting)
- Private Board: 27 March 2025 follows on from Public Board (Hybrid Meeting)

13.1. The Chair thanked everyone for their attendance and all papers presented.

13.2. The meeting closed at 12:10

NES February 2025
KMc/DT/KR/DG

Agenda Item 06

27 March 2025

Rolling Action List arising from Board meetings

Minute	Title	Action	Responsibility	Date required	Status and date of completion
Action raised at Board meeting on 6 February 2024					
4.1	Draft Minutes of the One Hundred and Eighty Third Meeting – 21 November 2024	Update the meeting minutes to correct the reference from Gillian Mawdsley having a connection with the Scottish Refugee Council to the Open University.	DT	7 February 2025	**Complete**
7.26	Chief Executive's Report	Include reports against SKPIs with no data as well as SKPIs with data for transparency in subsequent reports. Integrate the SKPI reporting with relevant data metrics to provide a holistic view of performance.	CBi	27 March 2025	**Complete:** This change has been adopted for Quarter 3 reporting.
7.31	Chief Executive's Report	Include a future Board Development session on the Digital Front Door and learning from the NHS Lanarkshire pilot	DT	27 March 2025	**Complete:** The topic of Digital Front Door and learning from the NHS Lanarkshire has been added to the Board Development topics rolling list and the 2025-26 Board Schedule of Business scheduled to 27/3/25 Board for approval.
7.32	Chief Executive's Report	Include a future Board Development on Remote and Rural Healthcare.	DT	27 March 2025	**Complete:** The topic of Remote and Rural Healthcare has been added to the Board Development topics rolling list and the 2025-26 Board Schedule of Business scheduled to 27/3/25 Board for approval.

Minute	Title	Action	Responsibility	Date required	Status and date of completion
7:36	Chief Executive's Report	Include an update within future CEO reports, to confirm if there are any whistleblowing concerns.	CBi	27 March 2025	**Complete:** An update on Whistleblowing performance is provided on a quarterly basis within the CEO report following consideration of the quarterly report by Staff Governance Committee.
8.28	Quarter 2 Strategic Key Performance Indicators (SKPI) – Board Performance Report 2024-25	Review the SKPI relating to disabled employees in NES to ensure it reflects the actual working capacity of the disabled population.	CBi	27 March 2025	**Complete:** Review undertaken and amendments proposed to RAG tolerance levels.
8.29	Quarter 2 Strategic Key Performance Indicators – Board Performance Report 2024-25	Further develop accurate data for the proportion of the red and amber SKPIs with clear action plans and timelines for improvement.	CBi	27 March 2025	**Complete:** Reporting template updated to ensure additional narrative is provided to cover planned actions and timelines for improvement.
8.32	Quarter 2 Strategic Key Performance Indicators – Board Performance Report 2024-25	Review the existing SKPIs to ensure they are appropriately worded and aligned with the organisation's goals.	CBi	tbc	**In Progress:** A review of the existing SKPIs will be undertaken as part of the strategy development process for the next NES Strategy.
8.33	Quarter 2 Strategic Key Performance Indicators – Board Performance Report 2024-25	NES Executive Team to review all SKPIs and to consider using case studies to illustrate improvements which will complement the data, performance demonstrate improvement.	CBi	27 March 2025	**Complete:** Alternative means to illustrate performance improvements will be considered during each quarterly reporting cycle.
8.51	Quarter 3 Strategic Risk Report	Address and mitigate the risks remaining in the red category, ensuring appropriate impacts, updates, and measures are implemented.	JB/DL	27 March 2025	**Complete:** Completed as part of quarterly strategic risk reviews.

Minute	Title	Action	Responsibility	Date required	Status and date of completion
8.53	Quarter 3 Strategic Risk Report	NES Executive Team to consider the participation in learning programmes and consider the performance and accountability for risk factors outside NES's control.	JB/DL	27 March 2025	**Complete:** To be reviewed/considered when data available to assess risk.
8.55	Quarter 3 Strategic Risk Report	NES Executive Team to consider whether strategic risk 10 could be reported clearer, with the use of utilising a risk radar.	JB/DL	27 March 2025	**Complete:** Completed as part of quarterly strategic risk review.
10.6	Corporate Governance Package	Ensure the approved Corporate Governance Package is published on the website.	DT	7 February 2025	**Complete:** The website has been updated with the approved versions of all the documents.
Actions raised at Board meeting on 26 September 2024					
8.18	Draft Transformation Route Map	Suggested changes made by the Board be incorporated as appropriate and shared with the Board via correspondence	CBi/NH	11 February 2024	**Complete:** The final version of the Transformation Route Map was circulated to the Board by correspondence on 11 February 2024.

NES / KMc / DT
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NES/25/20
Agenda Item
March 2025

CHAIR'S REPORT

David Garbutt, Chair of NES Board

27 March 2025

1. Introduction

1.1. Since the last Board meeting on 06 February 2025, I have attended meetings and events, as well as internal NES meetings, Board and Standing Committees.

2. Summary of Engagement February 2025

2.1. On 11 Feb I sat on the interviewing panel for the Aspiring Chair interviews, this was for programme 3 of the Aspiring Chairs programme. On this occasion we have included a member of the Scottish Fire and Rescue Board, and the Chair of that Board will take on a mentoring role. I agreed to act as a mentor again this year and Fiona Sandford, the Vice Chair of the NHS Borders Board will be attached to NES during the process.

2.2. I attended the Public Service Reform Summit on Monday 17 February, this was held at the Strathclyde Universities Technology and Innovation Centre. This was a full day event, and the focus was to work together to set the path for transformational change. Many public sector organisations were represented, and the content of the programme was not only focused on Health and Care.

2.3. On 18 Feb, I attended The Promise Scotland Directors February Board meeting. At this meeting we discussed accounts, budget and the strategic risk register. Delivery has improved across Scotland but there is still a way to go to achieve the 2030 target for full implementation.

2.4. I attended the Board Chairs Group Private Meeting on 24 February, when we heard presentations from the Chief Executive of Greater Glasgow & Clyde and from Christine McLaughlin from Scottish Government. The presentations covered the Reform agenda and the need to be much more collaborative in planning and delivery approaches.

3. Summary of Engagement March 2025

3.1. I sat on the interview panel for the Board Secretary & Principal Lead – Corporate Governance on Monday 3 March. An offer has been verbally accepted by the preferred candidate.

3.2. On 4 March, I joined the Board Development Reference Group. The agenda included a detailed performance update and consideration of programme spend. It was agreed that we were delivering appropriate, and well received, products for Board use and we agreed the programme for this year.

3.3. I joined the Aspiring Chairs Advisory Panel meeting on 5 March. We discussed the future Aspiring Chairs programme, a potential programme plan and the financial plan. It was agreed that we would further extend

invitations to other public sector Boards in the future having invited Scottish Fire and Rescue Service and the Police Scotland Authority this year.

3.4. In the morning of 6 March, I attended the Improving Wellbeing and Working Cultures (IWWC) Strategic Board Meeting. The Cabinet Secretary joined the meeting and emphasised the importance of the role which the Board was undertaking. We also had a discussion on the future shape and purpose of the Board. At this meeting we reviewed the future role of the IWWC Strategy Board.

3.5. That afternoon NES held a Non-Executive Induction Meeting at our Westport, Edinburgh office in support of George Valiotis, Non-Executive director and Louise Harker, Boardroom Apprentice. Attendees included non-executives and the executive team. We looked at the strategic overview of NES and discussed future priorities.

3.6. On 11 March, I attended the NHS Scotland Global Citizenship Advisory Board. The agenda included, Programme Management, Strategic Update and Communications & Engagement. We considered the future strategy for the Board and the latest work being done in scoping out support projects.

3.7. I attended the Allied Health Professions (AHP) Projects Progressing Practice-based Learning: Celebration and Sharing Event on 13 March. The event provided a national update and shared learning from the AHP Projects Progressing Practice-based Learning (PrBL) across Scotland. I attended to provide the closing plenary. This was an excellent piece of work by the NES team and well received by the audience.

3.8. I joined the NHS Fife, Remuneration Committee (Remcom) on 18 March, to provide a Remuneration Committee presentation and a useful discussion on some of the other issues with Remcom business, including a refreshed set of Terms of Reference

3.9. On 19 March, I attended the NHS Chairs Meeting with Cabinet Secretary. This engendered a further discussion about collaborative working and the need for Boards to look at new governance arrangements to cover the changes which will ensue.

David Garbutt
Chair

Agenda Item: 7b
27 March 2025

Chief Executive's Report

Professor Karen Reid, Chief Executive

Date: 27 March 2025

1. Introduction

a) The agenda for our meeting on 27 March 2025 includes the consideration of a letter from Caroline Lamb, Director General of Health and Social Care and Chief Executive of NHS Scotland. The letter outlines future plans for NHS Collaboration, Reform, and Renewal and requests that NHS leaders actively engage in collaborative arrangements with other Health Boards. This will involve sharing resources, expertise and services, where appropriate, to optimise patient outcomes and enhance efficiency across the system.

b) The Board will also receive a number of items linked to our Equality, Diversity and Inclusion (EDI) requirements and responsibilities for review and approval: the Public Sector Equality Duty Mainstreaming Report (2023-25), the 2025-29 NES EDI Strategy and the 2025-26 Anti-Racism Action Plan. The papers highlight NES's important role in improving population health and reducing health inequalities in our communities, and our 2025-29 EDI Strategy sets out how NES will meet its legislative requirements and support the achievement of our strategic objectives.

2. Updates and Announcements

2.1. UK and Scottish COVID-19 Public Inquiries

a) We continue to monitor developments in the UK and Scottish COVID-19 Inquiries. Since the last Board meeting in February 2025, we have not received any requests for information.

b) The UK COVID-19 Inquiry recently completed preliminary hearings on Module 10 (Impact on Society). Public Hearings on Module 5 (Procurement) commenced at the beginning of March 2025.

c) Since 2022, the UK public has been encouraged to submit personal pandemic stories to the Inquiry as part of "Every Story Matters", which represents the most significant public engagement exercise undertaken by a UK public inquiry. The final submission date is 23 May 2025.

d) The current phase of the Scottish COVID-19 Inquiry involves hearings on topics related to justice, worship, life events, equalities and human rights. After the hearings on evidence of the pandemic's impacts are completed, the inquiry will move on to its next phase, examining how policies were implemented in Scotland and the decisions made by Scottish politicians and their advisers.

2.2. National Care Service (NCS)

a) On 4 March 2025, the National Care Service (Scotland) Bill completed Stage 2 proceedings. Following the Scottish Government amendment at Stage 2, the Bill is now to be known as the Care Reform (Scotland) Bill. The Bill as amended:

- Puts the role of National Chief Social Work Adviser into statute and makes provisions for the creation of a National Social Work Agency.

- Introduces a new right to breaks for unpaid carers.
- Makes provision for Scottish Ministers to set out regulations relating to independent information, advice and advocacy in relation to public social care services.
- Puts 'Anne's Law' into primary legislation, by imposing a duty on providers of adult care homes to uphold the rights of people living in adult care homes to see loved ones and to identify at least one individual as an Essential Care Supporter.
- Gives Scottish Ministers the power to produce information standards, setting out requirements for processing Scottish health or social care information. Persons to whom standards may apply include NHS Boards, NHS Special Boards, local authorities, Scottish Ministers, Integrated Joint Boards, and social care or social work services as defined by the Public Services Reform (Scotland) Act and Healthcare Improvement Scotland.
- Sets out changes to the regulation of social services.
- Reserves the right to participate in procurement by type of organisation and introduces the power to change the threshold for Public Contracts (Scotland) Regulations 2015 to apply.

2.3. Announcements

a) Migration from X/Twitter

From 31 March 2025, NES will no longer post on the NES X/Twitter accounts. We are establishing new channels on various platforms to foster dialogue with our stakeholders and promote our educational products. Details of the new accounts will be available soon.

NES uses the following social media **platforms** (links below):

- LinkedIn: linkedin.com/company/nhs-education-for-scotland
- Facebook: facebook.com/NHSEducationforScotland
- YouTube: youtube.com/@NHSEducation
- Web: www.nes.scot.nhs.uk

b) Digital Health and Care Awards, 18 February 2025

I would like to congratulate the Accelerated National Innovation Adoption (ANIA) collaborative for being shortlisted for the 'Digital Health and Care Team Award' at the recent Holyrood Connect Digital Health and Care Awards, held on 18 February 2025.

This multidisciplinary team was shortlisted for their collaborative work on the new, national Digital Dermatology pathway which helps reduce waiting times and enables quicker diagnosis and assessment of skin conditions through a secure mobile app. Images are stored on the National Digital Platform for Health and Social Care and linked to GP referrals via the SCI-Gateway (a national technology system for the electronic exchange of clinical information in Scotland), with no data saved on the device. Dermatologists can then triage remotely, minimising the need for in-person visits. The ANIA collaborative is an excellent example of partnership working as it involves colleagues from NES, National Shared Services (NSS), the Centre for Sustainable Delivery, Scottish Government Digital Health and Care, Consultant Connect and Territorial Health Boards

c) Celebrating the success of the Modern Apprenticeship in Dental Nursing
Current and former modern apprenticeship (MA) dental nurses shared their experiences at a stakeholder event to mark Scottish Apprenticeship Week (3 – 7 March 2025) which celebrates the benefits apprenticeships bring to individuals, businesses, and the economy.

On 3 March 2025 colleagues from Skills Development Scotland, NHS Tayside and the NES Dental Care Professionals (DCP) workstream came together at the Dundee Dental Education Centre to hear dental nurses' positive experiences of the MA programme and how it supports the development of individuals who are interested in pursuing a career as a Dental Nurse.

NES is contracted as a training provider by Skills Development Scotland to deliver the MA. The DCP workstream delivers an annual blended learning programme, enabling trainee dental nurses to 'learn while they earn' and achieve the modern apprenticeship as part of their pre-registration training.

d) Professor David Felix, Postgraduate Dental Dean and Director of Dentistry
The March Board marks Professor David Felix's final attendance at a Board meeting prior to his retirement on 22 April 2025. David has been a pivotal figure in his field, having been appointed Associate Dean for Postgraduate Dental Education at NES in 2002 and subsequently as Postgraduate Dental Dean in 2011.

Throughout his career, David has made significant contributions to dentistry and dental education in both the UK and abroad. His dedication and hard work have seen him hold key strategic roles, and his work has had a significant impact.

David will undoubtedly be greatly missed in NES, and I would like to take this opportunity to send my very best wishes to him for his retirement.

3. Our Strategic Themes

This section of the report provides key developments and updates from NES Directorates in the context of the key strategic themes from our NES Strategy 2023- 26: People, Partnerships and Performance.

4. Performance - how we are performing as an organisation

4.1. Climate Change Emergency and Sustainability (CES)

a) The Audit and Risk Committee (ARC) received a Climate Emergency and Sustainability (CE&S) update on at its meeting on 16 January 2025, including an update on the associated Action Plan. A further update will be provided to the ARC at the 24 April meeting, including changes to the Action Plan format and a greater focus on deadlines.

b) The Director of Finance gave a CE&S presentation to NES Technology Service (NTS) staff to raise awareness of the work that NES has been doing in this area, with a particular focus on the emissions generated by activities such as cloud computing, cloud data storage and access. NTS have been asked to undertake an initial review of how to quantify emissions from cloud sources whilst noting this information is not currently captured in the Public Bodies Climate Change Duties Report that the Sustainable Scotland Network requires all public bodies to complete. This work will be taken forward by NTS and reported to ARC at a future date.

c) The Internal Audit report on Climate Emergency and Sustainability will be presented to the ARC meeting on 24 April.

d) Finally, the NES Climate Emergency and Sustainability Group met on 3 March 2025. Members discussed possible areas of focus during 2025 and agreed that NES will again support Scotland's Climate Week (September 2025), World Antimicrobial Resistance Awareness Week (November 2025) and provide Climate Emergency and Sustainability content for NES's own Learning at Work Week (May 2025).

4.3 Planning and Corporate Governance Directorate

a) 2025/26 Operational Planning and Annual Delivery Plan development

In line with Scottish Government (SG) timelines, a draft version of the 2025/26 NES Annual Delivery Plan (ADP) was submitted to SG on 27 January 2025. The submission comprised a high-level narrative document and a set of proposed individual deliverables. The NES Chief Executive and Director of Planning and Performance then had a positive discussion with SG Health Planning colleagues regarding ADP feedback on 7 February 2025.

As part of developing the next ieration of the 2025/26 ADP, work has progressed internally to ensure the proposed deliverables and milestones clearly articulate how our proposed 2025/26 delivery contributes to the achievement of NES's longer-term strategic objectives and SG ministerial priorities. Feedback from the NES Board has also been incorporated, before a final review by the NES Executive Team, in advance of the 17 March 2025 final draft submission deadline.

As per the finalisation of the 2024/25 ADP, the NES Sponsorship Team at SG will run a series of workshops with NES directorates and SG policy colleagues to confirm 2025/26 deliverables and associated funding. These workshops are scheduled to be held in April 2025 and the 2025/26 ADP will be updated as required following the conclusion of these discussions. The NES Board will receive the 2025/26 ADP for review and approval at the Board meeting on 22 May 2025.

b) NES Anchors Strategic Plan

The joint 2025/26 Financial & Delivery guidance issued by SG set out requirements for NHS Scotland (NHSS) Health Boards to help address the wider determinants of health inequalities via the progression of specific, measurable objectives aligned to their Anchors Strategic Plan and ongoing development as Anchors institutions.

National Boards also received individual 2025/26 Anchors objectives within the context of their role, with NES being asked to continue our support of the Workforce strand of the SG Health and Social Care Anchors Programme. Our 2025/26 ADP high level narrative document sets out our planned activity for 2025/26 and demonstrates how NES is collaborating with local and national partners to use our expertise in the delivery of high-quality education and training, skills development and employability and the innovative use of technology to support transformative change for current and future generations.

As part of the associated Anchors reporting arrangements, a template for our planned 2025/26 Anchors activity will be submitted to the SG Place and Wellbeing team by 17 March 2025.

c) 2025/26 Workforce Planning

In response to The Scottish Government's Director's Letter (DL) regarding 2025/26 workforce planning, and as part of the ongoing alignment of workforce, delivery, and financial planning processes, NHS Boards and Health and Social Care Partnerships were asked to complete a reporting template summarising workforce planning activities and key messages. The NES response has been approved through internal governance routes and will be submitted to SG by 17 March 2025.

d) Whistleblowing

During Quarter 3 of 2024-25, NES received one whistleblowing concern relating to the safety and protection of a staff member. The concerns were investigated as a stage two case, which was subsequently upheld. In tandem with the report write up, it was agreed to work with colleagues to help close off the remedial actions, with one outstanding. There is learning for those involved in the issues raised, the case investigators and other parties. We noted the stress and inconvenience caused to the whistleblower and remain committed to pursuing the requested resolution. Feedback was received from the whistleblower in an ongoing manner. To date, for the 2024-25 period, the total number of concerns received is one.

All NES line managers are required to complete the line manager-level training on TURAS Learn. As of 6 January 2025, our compliance rate was 90% (307/343), with 36 individuals still to complete the training. This is a slight increase from the position reported in Quarter 2 (89%). The whistleblowing training for line managers forms part of our suite of 'essential learning'.

Similar to the 2023 survey, two optional whistleblowing statements were added to the 2024 'iMatter' staff experience questionnaire. Although there are slightly lower average scores this year, the overall results suggest that staff are confident in their ability to raise concerns and that any concerns will be followed up and addressed.

The NES Confidential Contacts – Karen Wilson (Director of NMAHP and Deputy Chief Executive), Graham Paxton (Principal Lead), Pamela Renwick (General Manager), and Lindsay Donaldson (Deputy Medical Director) – have an essential role in encouraging a 'speak up' culture in NES. They may be the first point of contact and support for individuals who wish to raise concerns and those seeking advice on other procedures or sources of information. All four Confidential Contact biographies were published on the Whistleblowing page of the NES website during 2024-25 Quarter 3.

Karen Reid, Chief Executive, launched Speak Up Week on 30 September 2024 through a pre-recorded video message, accompanied by an intranet article and an all-staff email. She underscored the importance of fostering a 'speak up' culture across the organisation and the value of the diverse perspectives and experiences of all our staff. We also delivered an all-staff interactive webinar on 2 October 2024, focusing on the importance of speaking up. Hosted by Gillian Mawdsley (Non-Executive Director and Whistleblowing Champion), the panel included Lynnette Grieve (NES Employee Director), Karen Wilson, Graham Paxton, Christina Bichan (Director of Planning and

Performance), Pamela Renwick, and Lindsay Donaldson. The discussions focused on empowering individuals across the NHS to voice their concerns, build trust, and foster a culture of psychological safety. The webinar also provided all staff with the opportunity to hear from the Confidential Contacts and learn more about arrangements for raising concerns.

The NES Whistleblowing Steering Group met during 2024-25 Quarter 3. Discussions included reflections on Speak Up Week 2024, the recent iMatter results, a potential whistleblowing session for line managers, available sexual harassment training, and other related matters.

We continue to promote a culture of speaking up, where everyone feels safe to voice any concerns and where any such issues will be confronted and resolved at the earliest opportunity.

4.4 Medical Directorate, including Healthcare Science

a) Enhanced Monitoring

There continues to be just two sites under Enhanced Monitoring**,** General (Internal) Medicine at Queen Elizabeth University Hospital and General Surgery at University Hospital Monklands.

b) Training Programme Management

There have been 298 Certificates of Competence and Progression awarded to date in 2024/25, with an expectation of up to 800 in total by the end of the training year.

c) National Centre for Remote and Rural Health and Care

Phase one workstreams are progressing well, with the delivery of a variety of practical primary care and community healthcare programmes on track, and the development of new priority projects underway for the remaining Phase one delivery period (September 2025 to March 2026).

d) Rural and Remote Health Credential

Recruitment is underway for innovative training posts in medical specialties (Acute Internal Medicine, Stroke and Gastroenterology) based in NHS Highland. The first doctors to undertake the pilot higher specialty training programmes in Highland have been appointed to consultant posts. This provides stability to senior medical rotas, supports multidisciplinary teams and improves access to high-quality care. This work will be presented at the NES Annual Conference 2025 (24 – 25 April) as a seminar session.

4.5 NES Corporate Improvement Programme (CIP)

a) The Learning & Education Quality System

The Learning & Education Quality System programme continues to progress as planned, with a key focus on finalising and testing the Quality Framework for Practice Learning. Implementation planning is well underway, with the framework now in its final refinement phase following external feedback. Workstreams are preparing for a thorough testing period in 2024-25 Quarter 4 to ensure that all processes underpinning the learning and education quality system for NES are fit for purpose. Resourcing

challenges persist, particularly regarding the specialist expertise required for testing; however, mitigation plans are in place to manage this effectively.

b) Digital Learning Infrastructure programme (previously TURAS Refresh)

The programme is now in phase two – planning – in which the focus is on translating the findings from phase one into a technical project plan. This includes developing an understanding of the foundational changes needed to ensure that the programme's products are sustainable, maintainable and future-proofed. It has also included the development of a benefits realisation plan, which has highlighted the clear alignment with wider ambitions for Reform, such as increased cross-boundary working, improved collaboration, and the release of productive capacity back into the system.

This work has informed the refining of the vision for the Programme to:

'Harnessing technology to deliver accessible, personalized and engaging learning experiences which enable individuals and organisations to deliver high-quality care to the people of Scotland.

- *Intuitively designed*
- *Reducing duplication*
- *Increasing efficiency*
- *Focusing on learning to improve outcomes'*

Subject to funding and formal approval of plans, Phase 3 will see the programme transition to delivery, with ongoing stakeholder engagement as a key priority to ensure that the user experience and the needs of the Health and Social Care workforce drive the technology.

c) Business Transformation programme

The Business Transformation programme continues to drive improvements in key areas, with active workstreams in Meetings Management, Operational and Financial Planning Reform and Business Process Reviews. The Meetings Management workstream has developed 'Once for NES' meeting principles along with supporting templates, which are now being shared with key governance groups for feedback and endorsement. Efforts to refine the future of the MiTracker system (used to support NES financial planning) are nearing completion, with final recommendations due to be presented at the Joint HR and Business Transformation Programme Board. A Business Process Review initiative is being formalised as a new workstream within Business Transformation, ensuring a more structured approach to reviewing and improving NES business processes.

d) Human Resources (HR) Transformation Programme

Considerable progress has been achieved in the HR Transformation programme concerning the stabilisation and recovery phase. The prioritised list for Standard Operating Procedures (SOPs) has been finalised, and dedicated resource time has been extended until the end of February 2025 to ensure the completion of key deliverables. Eight SOPs have been formally signed off and are ready for implementation, with an additional 17 currently under review. Training for new Job Evaluation panel members was completed at the end of January 2025, and an updated SOP implementation communications plan has been developed to support the rollout

of new processes. The transformation workstream continues to engage HR teams through structured workshops, with sessions scheduled in the coming months to refine the HR Operating Model and embed a stronger focus on customer care and performance measures.

e) The Digital Capability & Confidence Programme

The Digital Capability & Confidence programme is still in the scoping phase, concentrating on engaging staff and identifying directorate priorities. A suite of communication materials, including intranet content and digital playbooks, is being developed to enhance staff awareness and engagement. Initial discovery work has been completed, with key insights gathered from focus groups and an analysis of operational planning data. A Digital Self-Assessment tool was launched in January 2025 to assist staff in identifying their development needs, and preparations are underway to introduce a Digital Champions initiative to support ongoing capability-building across NES.

4.6 NHS Scotland Academy, Learning and Innovation (NHSSA, L&I)

a) The National Endoscopy Training Programme (NETP)

Since its launch in Autumn 2021, NETP has delivered on all its initial objectives and more during the first three years. For Colonoscopy, the team have achieved the upskilling of over 200 colonoscopists and produced a best practice consensus statement on colonoscopy practice. The work of the NETP programme has played a significant part in improving lesion detection rates across NHS Scotland. Going forward, the mission of the NETP programme remains: to improve the quality of upper endoscopy and polypectomy; to upskill the workforce; to increase training capacity by gaining Joint Advisory Group (JAG) clinical and training accreditation, thereby enhancing clinical capacity and improving patient experience and outcomes.

b) **NHS Scotland Academy's National Ultrasound Training Programme (NUTP)**

NUTP has been able to expand into an additional temporary scanning room within NHS Golden Jubilee, which enables the highly skilled team to undertake a wide range of scanning techniques. Funding for the NUTP is non-recurring, and the team liaises directly with The Scottish Government Planned Care team regarding funding allocation. The team plans to host future Masterclass sessions later this year, given the past success, which has seen a total of 129 delegates attend.

c) **NHS Scotland Academy training programmes**

All NHS Scotland Academy training programmes continue to support Boards across NHS Scotland. A programme in development by NHS Scotland Academy is an accelerated training programme for micro-suctioning ear care training for registered nurses working in both Primary and Acute Care.

d) **NES Research & Innovation Plan**

The agreement to progress a combined NES Research and Innovation Plan was discussed with the membership of a revised NES Research and Innovation Reference Group in February 2025. The NES Executive Team has reviewed a draft version of the combined Research and Innovation Plan in early March 2025 and provided feedback. Work is now underway to develop an updated iteration.

4.8 NES Technology Service (NTS)

a) Digital Front Door

The Digital Front Door (DFD) is a key commitment in SG's Programme for Government 2024/25 and the Digital Health and Care Strategy and aims to deliver a platform for people to access their health and care information and health and care services directly. DFD will allow people to access, self-manage, and contribute to their own health and care information online.

The Outline Business Case (OBC) for DFD was completed and submitted to SG for review and formal approval at the Strategic Leadership Board for Digital and Data Transformation on 26 March 2025 The Delivery Partner invitation to tender went live on 28 February 2025, with responses to be submitted by 21 March 2025.

4.9 Social Care

a) Scottish Learning and Improvement Framework (SLIF)

The Directorate continues to support the development of the Scottish Learning and Improvement Framework (SLIF) through contributions to associated Short-Life Working Groups and the overall Steering Group. The Director of Social Care has also been asked to become a Co-Chair of the Steering Group. The SLIF outlines the overarching vision and priorities for improvement in Adult Social Care Support, Social Work, and Community Health, which have been agreed upon by the Steering Group with representation across the system. It aims to support a move from a predominant focus on scrutiny and measuring performance to an approach which builds improvement and quality management into the system.

b) Joint Social Services Taskforce

The Director of Social Care continues to represent NES on the Joint Social Services Taskforce (JSST). NES has presented a range of proposals that are currently under consideration to deliver activities that would help address the skills and qualifications deficit impacting on the social care workforce. These proposals seek further investment in the NES Social Care Directorate in order to develop resources that will build the capacity and capability of the social care workforce.

c) Repurposing TURAS Learn Content

The Social Care Directorate has undertaken extensive work to identify and review the appropriateness of existing learning content hosted on TURAS Learn for social care learners. Repurposing activities are progressing with content owners to increase the availability of high-quality learning resources for the social care workforce, aiming to enhance competence and job satisfaction among staff. This, in turn, is expected to contribute to improved workforce attraction and retention, leading to enhanced quality of care.

d) Collaborative Response and Assurance Group (CRAG)

The Director continues to represent NES on the CRAG, a weekly meeting co-chaired by the Cabinet Secretary for Health and Social Care (H&SC) and the CoSLA H&SC Spokesperson. The group includes senior leaders from across the H&SC system, with the aim of delivering significant and sustained improvements in relation to the number

of people whose discharge form hospital is delayed.

e) Community Link Workers Advisory Group.
The Director attends this new group, which has been convened to support the Community Link Worker workforce in Scotland by developing a more robust approach to issues such as future funding and sustainability, evidence, impact and outcomes, as well as workforce skills. The Social Care Directorate are in discussion with colleagues in the SG Primary Care Directorate about the potential to develop a Knowledge and Skills Framework for Social Prescribing Community Link Workers.

4.10 Workforce Directorate

a) Accelerated Recruitment
An initial analysis of the Accelerated Recruitment process has been conducted to provide insights into the experiences of Hiring Managers. The average timescale of business case to job advertisement has reduced from 45 to 15 days, with positive feedback being received from Directorates. A further in-depth analysis of this aspect of recruitment is planned to commence in April 2025 to enable a solid platform of eight months' activity to be used to inform this analysis.

5 People – How are we supporting our staff, learners and trainees

5.1 Chief Executive Update

a) I enjoy meeting with a range of NES staff to discuss key NES programmes and initiatives, or as part of their induction to NES. Since the last Board meeting, I have continued to connect with NES staff to communicate key strategic messages through all-staff webinars.

b) The recruitment process for the Director of People and Culture position is still underway. The final stage interviews did not go ahead as planned. It was agreed to extend the search for additional candidates. The post was re-advertised on 06 March 2025 and will close on 30 March 2025. The interview process will progress in April and early May, with final stage interviews scheduled for 21 May 2025. The Director of People and Culture will play a crucial role in providing executive and strategic leadership from a professional workforce perspective, to the Board, Chief Executive and senior managers of both NES and the broader sector.

c) My role in the BCE Group is changing as I take up the BCE vice chair from 1 April 2025.

5.2 Dental, including Optometry

a) Professional Development Award (PDA) in Education, Training and Assessment (SCQF 8)
The DCP Workstream has developed a PDA qualification on behalf of the Scottish Qualifications Authority (SQA) to support individuals in their professional roles who are required to plan, design, deliver and assess learning to support the learning and progression of others. A flexible learning programme was designed using the NES

Technology Enhanced Learning (TEL) Design and Facilitation e-learning modules and was initially offered as a staff development opportunity for DCP workstream educators responsible for designing, delivering, and facilitating a broad range of SQA qualifications. Initial results demonstrate successful outcomes for NES educators who have undertaken this PDA. In partnership with the NMAHP directorate, the opportunity to undertake this PDA has been made available to associate practice educators of healthcare support workers within NHS Boards. A second cohort has now commenced to undertake this qualification and programme of learning.

b) Publication of updated Clinical Guidance on Preventing and Managing Dental Decay in children

The NES Dental Directorate's Scottish Dental Clinical Effectiveness Programme (SDCEP) has published a third edition of its guidance on the Prevention and Management of Dental Caries in Children. The guidance aims to support dental teams to improve and maintain the oral health of their younger patients and provides clear, practical recommendations and advice on the provision of dental care to prevent and, if necessary, manage dental decay in children.

The updated guidance emphasises the importance of caries prevention to benefit children and their families, avoiding the need for more complex interventions and contributing to more sustainable healthcare. In addition, in line with the principles of Values-Based Health and Care, the guidance encourages shared decision-making and provides strategies for the dental team to support and empower children and young people, as well as their parents or caregivers, to take an active role in maintaining their oral health.

Guidance developed by SDCEP is widely endorsed, both nationally and internationally, as a source of reliable, high quality, professional advice that promotes the provision of safe and effective oral healthcare for patients. Previous editions have been widely used in both dental practice and as an educational resource in Scotland and other countries.

c) Continuing Professional Development (CPD)

The NES Optometry team have continued to deliver a strong portfolio of CPD during 2024/25 Quarter 4. We have focused on supporting role re-design and transformation to enable early intervention and prevention. This has included delivery of the 'Opening your eyes to vascular health' CPD day to 63 optometrists, with positive learner feedback received:

- *"Interesting, relevant, useful for day-to-day practice",*
- *"Excellent content with relevance",*
- *"Make everyone in Scotland undergo this training, not just healthcare workers. Please!"*

Moving into 2025/26, we will re-run this course in different locations and formats due to its success. The course aligned well with our recently published 2025 Mandatory Training module for all optometrists: 'Population health: community optometry making an impact in Scotland.'

Our third "Paediatric Skills Day" was, again, oversubscribed and a great success.

Delivered by specialist optometrists and orthoptists, the course highlighted the importance of a multidisciplinary approach to safe and effective patient management, as well as the benefits of creating strong relationships between colleagues in primary and secondary care: strengthening performance in this area supports both ophthalmology, orthoptic and neurology colleagues, and can improve the speed of the diagnosis and management patients receive.

Our 'Return to Work' two-day course provided practitioners who have taken a career break or are new to optometry in Scotland with a refresher on skills and legislation, allowing them to learn in an open and safe space. Feedback showed that learners had increased knowledge and confidence in their clinical skills.

d) Community Glaucoma Service

Cohort 4 of the NES Glaucoma Award Training (NESGAT) held a successful induction and learning day in February 2025. NESGAT supports practitioners enrolling in the Community Glaucoma Service (CGS), which facilitates movement of care from busy secondary care hospitals into primary care. The face-to-face day, at our West of Scotland Teach and Treat facility, focused on simulated case presentations.

Ongoing Community Glaucoma Service CPD support, for those delivering the service to the people of Scotland, culminates in our end of year, annual face to face Glaucoma Day in March 2025. This provides opportunities for excellent education and peer support for those delivering the service.

5.3 Medical, including Healthcare Science

a) 2024/25 Scottish Medical Appraisers Conference

The Scottish Medical Appraisers Conference was held this year on 3 February 2025, hosted via a Microsoft Teams Webinar. The event was attended by over 200 appraisers, designed to aid their continuing professional development as medical appraisers. After reviewing feedback collated across various sources, two workshops were delivered in partnership with Appraisal Leads and our course Tutors, focusing on "Challenging Appraisal Situations" and "Exploring Form 4" in the new General Medical Council Good Medical Practice domains. Video recordings are published on the appraisal web pages: https://www.appraisal.nes.scot.nhs.uk/our-work/appraiser-conferences/

b) Launch webinar for Menstrual Health and Menopause eLearning module

Through the Women's Health Plan, the Scottish Government commissioned NES to develop an education and training resource on menstrual health and menopause.

To coincide with Endometriosis Awareness Month and International Women's Day in March 2025, NES were pleased to announce the launch of a women's health education resource, combining webinars and eLearning modules on TURAS Learn.

NES hosted a special launch webinar with guest speaker Professor Anna Glasier (SG Women's Health Champion) on 6 March 2025, aimed at primary care healthcare professionals to hear about the new Menopause and Menstrual Health modules, and how to access them.

c) National Centre for Remote and Rural Health and Care

The new Community Training Hub Pilot Turas site has been completed with Advanced Nurse Practitioner, GP, Pharmacy and Practice Nurse training resources added to support increased multidisciplinary training within rural community practices. The site will be launched in March 2025: Community Training Hub Pilot | Turas | Learn

Work across the rural recruitment and retention improvement programme continues to progress. This includes completion of part one of the Living Library of Recruitment Case Studies. An animated video promoting these community led case studies will be launched in Spring 2025: Living Library | Turas | Learn

The team are working with a local multi-agency group in Highland to implement the Making it Work: Rural Workforce Sustainability Framework. The Making it Work Resource Toolkit for stakeholders will be completed in April 2025: Recruitment & Retention Programmes 2024-2025 | Turas | Learn

5.4 NES Technology Service (NTS)

a) TURAS Learn

Improvements have been made to TURAS Learn that will make it easier for learners to navigate and find learning resources. Two new 'tiles' have been added to the Learn homepage:

- **Mandatory learning** – directs learners to a page containing all the mandatory learning they must complete.
- **Browse learning resources** – directs learners to a page where they can browse by educational framework(s) or learning sites.

5.5 NHS Scotland Academy, Learning and Innovation (NHSSA, L&I)

a) Technology Enhanced Learning resources – eLearning module suite completed

The NES Technology Enhanced Learning (TEL) team has completed the development of a suite of e-learning modules designed to support the NES workforce in enhancing their skills and confidence in designing and developing digital learning products. The evidence-based resources hosted on the Technology Enhanced Learning Design and Facilitation page on TURAS Learn include ten eLearning modules, practical guides and short videos. All of the resources are available to staff across the health and care workforce. NES staff can also seek support from the TEL team on a broad range of topics, including assistance with eLearning module script writing, training on specific tools, and utilising videos, animations, and podcasts for learning.

b) Fellowships and Clinical AI

Recruitment to the next round of the NHS Fellowship in Clinical AI | CSC is complete. Two medical fellows supported by NES will commence in August 2025. This programme is best viewed as work-based learning, with fellows placed within live Clinical AI projects as they progress through this hybrid twelve month taught programme. Fellows benefit from clinical supervision from a clinician immersed in the specialty area, in combination with programme delivery and networking with peers across the UK. Further information is available via: IWD Fellowships Turas Page.

c) Medical Associate Professions (MAPs)

The transition of NES MAPs operational activities into the Medical Directorate is ongoing. This includes delivery of functionality to meet statutory regulatory requirements, appraisal and revalidation. Further information is available via the MAPs page on TURAS Learn.

The General Medical Council (GMC) continues to assess and approve applications from Physician Associates (PAs) and Anaesthesia Associates (AAs) seeking to join the register. The GMC anticipates all applications will be processed by the end of March 2025.

d) Health Data Research UK (HDRUK) Black Internship Programme

NES will support a placement on the HDRUK Black Internship Programme which provides opportunities for participants to expand their knowledge and gain experience within the health data science sector. This activity will be led by the NES Organisational Development Leadership and Learning (ODLL) team.

5.6 Nursing, Midwifery & Allied Health Professions (NMAHP)

a) Allied Health Professions (AHP) Practice Education Development Framework

AHP practice education teams have been actively engaged in several significant initiatives in recent months. The AHP Practice Education Development Framework was launched in November 2024 via a webinar. This framework outlines the knowledge, skills, behaviours and recommended learning across four levels of practice education experience. It supports all HCPC (Health and Care Professions Council) registered and non-registered Allied Health Professional (AHP) staff in their contributions to Practice-Based Learning (PrBL). The framework was developed through extensive stakeholder engagement and piloted across various AHP professions between June and September 2024.

Additionally, NES has launched a new podcast series titled 'Long Arm Supervision: Shaping Practice Based Learning.' The series consists of six episodes, each lasting around 30 minutes, and will be released fortnightly on a Tuesday until early April 2025. The podcast features conversations with practice educators, learners, host settings, and experts from NES, as well as higher education placement coordinators. The aim is to explore the practicalities of engaging with this innovative learning model and to inspire and equip AHPs involved in practice-based learning.

b) Introducing the Perinatal Care Development Framework for Healthcare Support Workers (HCSWs)

We will be launching the Development Framework for Level 2-4 HCSWs in Perinatal Care imminently. This is an important additional framework that will sit alongside the National NMAHP Development Framework. This new framework will provide discipline specific guidance for those HCSWs providing care to women, birthing people, babies, and families, and has been co-produced with contributions from across clinical, educational, and professional networks in Scotland. It demonstrates the ongoing contribution from NES to support the Transforming NMAHP Roles commitment by the SG Chief Nursing Officer. It will support the ongoing work by the SQA on Next Generation Higher National Certificate (HNC) qualifications, specifically those related to maternity and perinatal care.

c) Celebrating Excellence: Family Nurse Partnership Graduation Ceremony

In early February 2025, the Family Nurse Partnership (FNP) education team, in collaboration with NHS Boards and The Scottish Government, celebrated the second graduation of family nurses. Since September 2022, family nurses have been able to earn a Professional Diploma in Family Nursing, awarding them 60 Scottish Credit and Qualifications Framework (SCQF) points at level 11. This academic recognition is jointly provided by NES and SQA.

The most recent cohort saw 13 family nurses achieve the required academic standards. Eleven graduates attended the ceremony in Edinburgh, where they and their families gathered to celebrate their accomplishments. Graduates expressed gratitude for the support and enthusiasm from the education team, highlighting the experience as a 'gold standard' in student support.

The FNP education team works with the SQA Centre in NES to ensure the quality of assessors and verifiers through an annual Customised Award Monitoring process, alongside an annual external verification by the SQA.

d) Quality Improvement (QI) National Programmes

Work has continued with stakeholders to develop four new QI learner pathways. These pathways will be available to all health and social care staff and will provide flexible and accessible learning resources. The first two pathways will be launched on TURAS Learn in April 2025. 'Kickstart QI' introduces what QI is and consists of one eLearning module. 'QI Essentials' provides knowledge of core QI methods and tools and consists of four eLearning modules, available as a TURAS Learn Programme.

Recruitment to the 17th cohort of the Scottish Quality Safety Fellowship is underway. More information on this can be found here.

e) Realistic Medicine (RM) and Value Based Health and Care (VBH&C)

Work continues in collaboration with Higher Education Institutions (HEIs) to embed RM and VBH&C content within undergraduate and postgraduate courses. March 2025 saw the NES RM team deliver a lecture and workshop at the University of Edinburgh to 40 Masters and Bachelor nursing students. This was a session to test content and will be evaluated and reviewed with a view on how it can be scaled and spread to other HEIs.

March also saw the launch of the Finance and VBH&C Toolkit, designed specifically for finance professionals within healthcare in Scotland. The toolkit shares knowledge and tools to actively contribute to VBH&C discussions and decision-making processes.

5.7 Pharmacy

a) National Pharmacy Workforce Forum

SG has led the introduction of a National Pharmacy Workforce Forum, supported by advisory and data groups, over the last three months. This strategic structure has representation from key organisations such as the Scottish Funding Council, Health Education Institutions, Further Education Institutions, data analysis, NES relevant representation, e.g. Centre for Workforce Supply, SG Health and Care Workforce Directorate, pharmacy professional groups and wider multidisciplinary representation.

The purpose of this structure will be to lead and deliver pharmacy workforce developments to support Health and Care reform.

5.8 Psychology

a) Family-Based Treatment (FBT) for Eating Disorder

Eating disorders in young people are serious mental illnesses with potential life-threatening complications. NES Psychology has been supporting Child and Adolescent Mental Health Services (CAMHS) practitioners by providing training in FBT, a frontline treatment for eating disorders. Since 2016, NES has commissioned this training from The Training Institute for Child and Adolescent Eating Disorders (Train2Treat4ED), based in Stanford, USA. FBT treats anorexia and bulimia in young people by involving families in the recovery process and is primarily delivered in outpatient CAMHS settings. Research shows that FBT has higher recovery rates compared to individual treatment.

FBT training is offered at three levels:

- Introductory Level: Delivered online, providing foundational knowledge of the FBT model. NES has trained 175 CAMHS clinicians at this level.
- Certified Practitioner: Enhances skills and knowledge by involving clinicians who work with at least three FBT cases and obtain 25 hours of supervised practice. NES has trained 28 clinicians at this level.
- Supervisor Level: Designed for clinicians to refine their expertise and supervisory skills in FBT, involving a further 25 hours of supervised practice. NES has trained 13 clinicians at this level.

Currently, there are eight region-specific supervisors in Scotland. In a recent questionnaire, 100% of staff reported improved ability to support young people and their families after completing the training. Families also reported high satisfaction with FBT, noting the support, understanding, and education provided.

In Scotland, there are only 48 CAMHS inpatient beds across Glasgow, Lothian, and Dundee. FBT offers a community-based alternative, allowing treatment at home with family involvement.

5.9 Social Care Directorate

a) Getting It Right for Everyone (GIRFE).

GIRFE (Getting it right for everyone (GIRFE) - gov.scot)is a new multi-disciplinary practice model that seeks to ensure that agencies collaborate and communicate effectively to deliver more personalised, preventative and holistic care and support, by putting the person at the centre of all the decisions that affect them. In partnership with the SG GIRFE team, the Social Care Directorate hosted an Educational Leadership Group focused on GIRFE. The session was well-attended, with 83 colleagues participating, and recordings were made available for those who were unable to attend on the day. Work continues at NES to embed the principles of GIRFE across health and social care and to contribute to the education and training activities that will support the model into practice.

b) **NES Cross Directorate Social Care Forum**
The NES Cross Directorate Social Care Forum has been established to bring together colleagues across NES who are engaging with or wish to engage with key social care stakeholders. The forum aims to support cross directorate working and ensure a more coordinated approach to advancing NES's ambition to extend education and training, knowledge services, digital skills and innovations to social care service providers and their workforce in Scotland. The forum will enhance communication, co-ordination and collaboration across NES directorates; provide a structured platform for sharing knowledge, resources and practice; support the development and implementation of initiatives aimed at improving how NES supports the social care sector; and support colleagues to monitor and evaluate the impact of NES's contributions to this workforce.

c) Health Inequalities
With the appointment of our Specialist Lead (Health Inequalities), work is underway to scope out current activity and plan how we will raise awareness within NES of the impact of health inequalities and embed a health inequalities approach in our education and training programmes.

d) Caldicott Guardian
With the imminent retirement of Professor David Felix, Postgraduate Dental Dean, the Director of Social Care will become NES's Caldicott Guardian, with responsibility for ensuring that NES handles any personal information on people who use our services legally, ethically and appropriately, while providing leadership and informed guidance on complex matters involving confidentiality and information sharing.

5.10 Workforce

a) Once for Scotland Policy update
Preparations are ongoing for the full launch of the next suite of refreshed workforce policies under phase 2.2. These policies include areas such as Equality, Diversity and Inclusion, Gender-Based Violence, Facilities Arrangements for Trade Unions and Professional Organisations, Personal Development Planning and Performance Review (PDPPR), Employment Checks, Fixed Term Contracts, Secondment, Redeployment, and various guides on Racism, Reasonable Adjustments, Sexual Harassment, and Transitioning.

All policies have been refreshed in partnership with NHS Scotland employers, trade unions, and The Scottish Government. They have been simplified and standardised to ensure a consistent national standard for employment practices, aligned with NHSScotland values of care and compassion, dignity and respect, openness, honesty, responsibility, and quality and teamwork.

b) Organisational Development, Leadership and Learning (ODLL) OD plan priorities to support the NES strategy
Over the next 12 months, there will be continued focus and support to support the achievement of the NES strategy, which includes;

1. Strengthening and building positive culture and behaviours through high workforce engagement

2. Developing strong digital and educator skills and capabilities across the workforce
3. Supporting and developing our managers and leaders to lead people and delivery well
4. Increasing workforce engagement and collaboration in developing a stronger one team approach

Evaluation, clear communication, and engagement with the workforce are critical success factors to support collective and positive internal change. Progress against these priorities will be monitored and reported quarterly to the Staff Governance Committee.

c) NES Wellbeing Framework and NES Wellbeing Matter Hub

The NES Wellbeing Framework has matured, reinforcing NES's commitment to fostering a culture of wellbeing for all staff. The Wellbeing Coaching Resource, launched in late 2024, has been a success, offering a confidential, self-referral service that allows staff to access up to two hours of coaching support from qualified professionals.

The Wellbeing Matters (WM) Hub continues to engage staff with its comprehensive resources, including the 'Healthy Workplace, Mind, Body & Life' pillars, a Manager's Toolkit for Wellbeing, and seasonal updates.

Key metrics since the launch of the WM Hub include:

- 3,037 views of the WM Hub
- 1,224 views of the WM Newsletter
- 260 attendees at monthly Wellbeing Matters events
- 180 active members in the WM Teams social space

Phase two of the WM project is now underway, focusing on integrating wellbeing into everyday practices and embedding it further into directorate action plans.

d) NES Learning at Work Week 2025

Planning for Learning at Work Week 2025 is underway. This year's event will take place from 12 May to 16 May 2025, with the theme 'Get Connected'. It highlights lifelong learning at work and how we can integrate digitalisation and socialisation with a particular focus on the importance of our work communities for supporting and inspiring. It will also highlight how, through connection, we can develop skills and knowledge, as well as foster collaborative cultures that further support a thriving learning environment.

e) **NES Succession Planning**

NES has a clear succession plan in place to create a pipeline for senior leadership and critical business roles. Those included in the current succession plan have been supported with a personal development plan, focusing on their readiness for the next role. While this does not guarantee a role, it does support NES preparedness for any future changes. The current succession plan will be reviewed and refreshed in May 2025, aligning with the Performance Review & Planning (PR&P) window.

f) **Board Development National Programme**
NES is commissioned to deliver the Board Development Programme nationally across the 22 NHS Boards and Integrated Joint Boards (IBs)s. The Blueprint for Good Governance is central to all offers and development support.

During the last quarter, the team designed and delivered a series of Board Development Sessions for NHS Ayrshire and Arran, NHS Highland and NHS Forth Valley, at the request of the Chairs, to help improve their governance at Board level. The team also delivered the third in person 'Aspiring Chairs' session, with contributions from John Sturrock KC, a number of NHS Board Chairs and the Ethical Standards Commissioner. Recruitment for the 2025/26 Aspiring Chairs programme has now concluded, and the team will deliver this work over the next 12 months. The team continues to strengthen links with the colleges sector around our governance work. It has maintained and refreshed all other board development support, including the mentoring programme and online resources.

g) **Reduction in the working week**
A recent letter from Neil Gray (Cabinet Secretary for Health and Social Care) set out the next steps in relation to the reduction of the working week for NHS Agenda for Change staff. The letter confirmed the final reduction (from a 37 to 36 hour week) will be implemented from 1 April 2026. NHS Boards are now working in partnership to put delivery plans in place by October 2025.

6. Partnerships - how we are supporting our partners

6.1 Strategic Partnerships

a) Learning & Education Collaborative Group
NES has facilitated the establishment of a group of Scotland's skills and education strategic partners to collaborate on relevant workstreams in the delivery of coherent learning provision in health and social care. The group includes senior colleagues from NES, Scottish Social Service Council (SSSC), Colleges Scotland, College Development Network (CDN), Scottish Qualifications Authority (SQA), Scottish Funding Council (SFC), Skills Development Scotland (SDS), Universities Scotland, Education Scotland and the Council of Deans of Health Scotland.

b) Strategic Partnership with Universities
NES's formal partnership activities are continuing to develop with the University of Strathclyde, University of Dundee, University of St Andrews, University of the West of Scotland and the Open University in Scotland. Formal partnership agreements with Glasgow Caledonian University and Glasgow School of Art will be finalised over the coming months.

c) Research and Innovation Strategic Partnerships
NES's partnership activities are continuing to develop to support the development of the NES Research and Innovation Plan. Partnership working is in place with the Scottish Funding Council, Chief Scientist Office (Health), UK Health Data Research Alliance, Academy of Medical Sciences and the Digital Health and Care Innovation Centre (DHI).

d) NHS Scotland Academy

NHS Scotland Academy (NHSSA) continues to deliver its programmes while exploring several potential new workstreams, including working with colleagues in NHS Wales to share the process of establishing the NHSSA. The impact of NHSSA projects is evident in reducing waiting times for a number of diagnostic tests as part of the imaging and endoscopy programmes. The first intake for the new programme, targeting individuals at career levels 2-4 in Central Decontamination Units has commenced, along with the second cohort in Biomedical Science. Recruitment is now open for the Surgical First Assistant programme, (start date 5 May 2025), and the Foundations in Perioperative Practice Programmes, (start date 16 June 2025).

6.2 Chief Executive Update

a) NES continues to develop new strategic partnerships and build on those already established. Such collaborations will impact the health and social care workforce and achieve improved outcomes. These ambitious collaborations demonstrate NES's commitment to engaging with key partners to deliver shared priorities that improve outcomes and create sustainability and value across the health and social care system.

b) NES works with partners, stakeholders, and our own staff to build careers, lives and the future sustainability of the health and social care workforce. Partnership working is integral to ensuring that NES education, training and workforce development is co-designed and shaped by the voice and needs of people with lived experience as well as the needs of health and social care staff.

c) The NES Executive Team (ET), Transformation Group (TG), and Strategic Implementation Group (SIG) continue to meet formally. Collectively, they focus on strategic matters, strategic scrutiny, cross-organisational leadership, and ensuring the direction of strategy with a focus on our people, partnerships, and performance.

d) My engagement with a wide range of key stakeholders across health and social care continues. This includes a wide range of colleagues across NHS Scotland, including the Chief Executives and other senior colleagues, NHS National Board Chief Executives (BCEs), NHS BCEs and The Scottish Government, NHS Board CEs Private meetings, and Strategy and Business meetings. As with all Accountable Officers, we meet monthly with Caroline Lamb (Director-General of Health and Social Care and Chief Executive of NHS Scotland).

e) I am co-chairing the Joint Negotiating Committee and act as Co Chair on contract reform for resident doctors and dentists in training. I am also the NHS CE lead on pay negotiations for consultants, specialty and resident doctors and dentists in training. On behalf of NHS CEs I also continue to lead work on the future of the National Care Service.

f) Engagement with The Scottish Government (SG) continues through my regular 121 meetings with a number of SG colleagues and my attendance at wider SG meetings. NES continues to engage with SG through the Strategic Sponsorship involving myself, NES Chair and SG's Director of Health Workforce. The focus of recent discussions

has been on funding arrangements and NES priorities.

g) In early March, I attended an in person with NHS Chief Executives, the First Minister, and the Cabinet Secretary for Health and Social Care to discuss health and social care.

h) I continue to meet with Professor Sir Gregor Smith, Chief Medical Officer regularly.

i) I attended the first part of the CEO residential for Leading Collaborative Organisations in February.

6.3 Dental

a) Review of National Occupational Standards (NOS): Dental Nursing & Dental Technology

A consultation for the revised Dental Nursing NOS was held in December 2024, receiving 107 responses from across all four nations, with an 87% response rate from Scotland. The feedback received was overwhelmingly positive, with only minor adjustments needed. The revised Dental Nursing NOS have now been approved and have been published: Dental Nursing NOS.

The UK wide consultation for the Dental Technology NOS closed on 31 January 2025. A total of 38 responses were received from across all four nations, with a response rate of 54% from Scotland. Feedback has been analysed to update and finalise the NOS.

The Associate Postgraduate Dental Dean (DCP) serves as the chair of the UK Steering Group for reviewing the Dental Nursing and Dental Technology NOS on behalf of Skills for Health.

b) Review of the SVQ and Modern Apprenticeship in Dental Nursing

Modern Apprenticeships in Scotland are built upon NOS. NES colleagues (DCP Workstream) made a significant contribution to the revision of the NOS and authored a new NOS: Maintain personal and professional practice for dental care professionals - National Occupational Standards. The new NOS embeds meta skills and will become a mandatory unit within the revised SVQ & Modern Apprenticeship in Dental Nursing framework. In addition, we are working with SQA Accreditation to contribute to the credit rating process for the new SVQ in Dental Nursing qualification.

Stakeholders were also given an additional opportunity to provide feedback during the review of the Scottish Vocational Qualification (SVQ) and the Modern Apprenticeship in Dental Nursing in February. Consultation launched on Scottish Vocational Qualification in Dental Nursing - Scottish Dental magazine.

The Associate Postgraduate Dental Dean (DCP) is the chair of the Apprenticeship Development Group on behalf of Skills Development Scotland.

6.4 Medical, including Healthcare Science

a) Healthcare Science (HCS)

Discussions are underway between HCS and Medical Microbiology colleagues to take forward an innovative pilot looking at the varied skills and competencies of different professional groups and harmonising job descriptions to support coherent workforce planning to improve services. This work has the potential to also inform multiprofessional shared learning and training opportunities.

b) Medical Senior Team Visit to Dr Gray's Hospital, Elgin

A senior team visited Dr Gray's Hospital, Elgin, in February 2025 to build understanding from NHS Grampian of their planning to resume full obstetric services at the site during 2026, and to explore a number of issues that the Medical Directorate (and wider NES) can optimise via its support to the Moray Maternity Collaborative project. The Medical Directorate has reiterated its willingness to be involved in supportive conversations.

c) National Centre for Remote and Rural Health and Care

Work on a range of rural specific collaborative research studies is underway. This includes the launch of a Rural GP Workforce Qualitative Study, work with the University of Aberdeen in the Building Rural-Urban Healthcare Equity for Scotland (BRUCES) Chief Scientist's Office project and a long-term rural healthcare workforce comparative study with the University of Melbourne. Further information is available via TURAS Learn.

The National Centre continues to work with a wide range of partners to deliver new programmes of work and disseminate models of good rural practice, including partnership with Scottish Ambulance Service colleagues to produce case study information resources and to share their Paramedics working in Primary Care model with rural stakeholders: Primary Care Practice Models | Turas | Learn

d) Remote and Rural (R&R) Health Credential

Following the award of the Credential to 7 'champion' doctors in September 2024, the team is now onboarding its first cohorts on the learner and recognition routes, including doctors from England and Wales. There has been ongoing and positive engagement with Health Board colleagues who are increasingly recognising the important assurance of competency and educational governance provided by the credential, supporting clinical governance and patient care. The Credential team will run a seminar session at the NES Annual Conference in April 2025 and has been invited to speak at other national events.

Discussions with the Pharmacy and Healthcare Science teams are planned to explore adapting the R&R Credential education toolkit for multidisciplinary colleagues working in or interested in working in R&R locations. The aim of the toolkit is that resources can be mapped to different groups of colleagues, tailored to their learning needs, skills and professional contexts. This is a further step in assuring high standards of learning and patient care.

6.5 NES Technology Service (NTS)

a) Real Time Staffing

The Real Time Staffing release on 11 February 2025 completes the National Real Time Staffing Resource (RTSR), meaning it is now functional for all specialities and settings across health and social care in Scotland. The RTSRs help Health and Social Care services to meet the requirement to assess real-time staffing and risk, specified in the Health and Care (Staffing) (Scotland) Act 2019 and is a key workstream for The Scottish Government's Digital Health and Care Directorate.

NTS have worked closely with colleagues in the Healthcare Staffing Programme at Health Improvement Scotland (HIS), who are responsible for the framework and implementation of Real Time Staffing.

6.6 Nursing, Midwifery & Allied Health Professions (NMAHP)

a) Scottish Ministerial Nursing and Midwifery Taskforce: Phase 1 Report and Future Plans

The report on the Scottish Ministerial Nursing and Midwifery Taskforce (NMT) and the Listening Project, in which NES NMAHP have been key stakeholders, has now been published. The aim of the Taskforce was to work collaboratively, to listen to nursing and midwifery staff to identify what was important for them and to develop a workplan of recommended actions to deliver short and long-term sustainable change and build on efforts to make Scotland the best place for midwives and nurses to thrive at work.

Through a collaborative approach, members worked together to understand the challenges facing nurses, midwives, students and healthcare support workers across a wide range of health, social care, and education settings in Scotland, and developed a series of recommended actions aimed at addressing these challenges. Notably, NHS Scotland is the largest employer of registered nurses and midwives, with 51,572 (45,148.3 WTE) registered nurses and 3,173 (2,581.1 WTE) registered midwives as of September 2024, collectively accounting for 41.7% of the NHS workforce in Scotland.

This report concludes **Phase 1** of the Taskforce and includes the rationale for the Taskforce, its ambition, the approach to information gathering and the recommended actions, which are presented under 8 Organisational Factors, 10 Outcomes, and 44 recommendations.
Phase 2 will involve developing a detailed work plan for implementation, which will include timelines, a financial framework, and the sequencing of recommended actions, as well as agreeing on oversight of implementation and monitoring of impact. Phase 2 also involves linking up the workplan with existing and future programmes of work to avoid duplication and aligning the workplan with existing policy documents and legislation (Health and Care Staffing Act, National Workforce Strategy). It is likely that the workplan will direct some of the work of the NMAHP Directorate over the next few years.

b) Updated 'Safe Disposal of Waste' Module Enhances Environmental and Financial Sustainability in NHSScotland

The "Safe disposal of waste" module in the Scottish Infection Prevention and Control Education Pathway (SIPCEP) Foundation Layer has been updated in line with changes

in national waste management guidance and now includes additional content that will help learners to make NHS Scotland and other organisation in health and social care more environmentally and financially sustainable.

The updated module was produced in collaboration with colleagues from NSS and NHS Assure who had been commissioned by The Scottish Government (Health Finance Directorate) to create a national waste management module.

6.7 NHS Scotland Academy, Learning and Innovation (NHSSA, L&I)

a) The Knowledge Network and Digital Library Tender 2025-28

The tender for digital library resources for Scottish Health and Social Care is nearing completion following the approval of the budget by the NES Executive Team at the end of November 2024. Notifications of award are being sent to suppliers and drafting of contracts is underway, with entry into the statutory 'standstill' period to commence prior to the commencement of new contracts (most from April 2025). This tender represents a circa £3.4m annual investment by NES on behalf of the health and social care system. Digital library resources are made available through The Knowledge Network, which is developed and maintained by NES. The resources underpin clinical decision-making and evidence informed patient care. Over an 18-month period, the Knowledge Network, along with the support provided for its use by the NES Knowledge Services team, has enabled over 1.5 million article downloads, over 1.4 million database searches, and over 1.8 million book views (including medicines information content). This is in addition to current awareness bulletins distributed across health and social care, as well as the delivery of sessions to upskill health and care professionals in finding, interpreting, and using information and evidence.

b) Pathways and Partnership Team

This team was established in late 2024 within the Learning Strategy and Collaborations area of the directorate and their work is directly aligned with Priority Theme 2 of the NES Learning and Education Strategy (Developing new, future-focused learning pathways). Working across NES and with national partners, the team will bring together stakeholders to develop a clear proposal on methodology for the development of career and learning pathways in health and social care. This shared approach will help to align pathways more effectively with data sources and describe workforce and education needs in a more consistent way. This work is being shared with national education and skills partners and with further and higher education institutions. The team is approaching the end of their discovery work, and this will provide key insights upon which they will build over the course of 2025/26. There is also a close alignment with The Scottish Government commissioned work to explore apprenticeship and 'earn as you learn' needs across health and social care and, for example, the recently published findings of the educational review of Healthcare Sciences. Key steps in this process include:

- Analysing current practices in establishing learning and career frameworks, identifying common aspects to develop an outline methodology.
- Identifying data sources that can systematically inform understanding of supply and demand pressures and opportunities.

- Identifying and establishing key stakeholder groups to inform methodology and potential for wider adoption.
- Proposing the establishment of a consistent approach that provides regular updates on insights, ensuring effectiveness for the workforce.

c) Digital Health & Care Innovation Centre (DHI) Mindset UK Challenge

NES and DHI's joint exploration of the use of XR immersive simulation, with a focus on mental health education and suicide prevention, has advanced to the interview stage of the Mindset UK Challenge. NES will be a key contributor at the interview, which will take place on 10 March 2-25. This accelerated progression involves continuing work with academic and industry leaders in response to the Mindset UK challenge.

d) National Manufacturing Institute Scotland (NMIS) Foresighting Collaboration

NES, NMIS, NHS Grampian and NHS Shetland are confirmed partners in a collaboration to examine the relationship between a remote board and a tertiary referral centre, including population movement. The foresighting challenge statement is now agreed on, focusing on AI, future skills, and capability needs. A foresighting session with national UK agencies is expected from April 2025 onwards.

e) Youth Academy Activity

The Enhancing Medical Attraction project: an online resource hub for potential applicants to Medicine ('Your Med Future') will shortly launch on the NHS Scotland Careers website. Content for these resources has been developed in partnership with the Medical Schools Council. The initial product launch, scheduled for 31 March 2025, will be further developed throughout the project's lifetime.

The Scottish Government Commission to explore earn-as-you-learn pathways and make recommendations on further development is nearing completion. An extension to the funding until 2026 has been secured. This will allow capacity to develop a complete action plan, recommending an expanded role for NES to support the development and implementation of earn-as-you-learn pathways.

Planned work in support of regional youth employability over the next quarter will include developing materials to support meta-skills, expanding the use of Foundation Apprenticeships, and exploring advice for the education sector on the application of simulation learning. Further information is available via TURAS Learn: Youth Academy Turas Page

f) ANIA (Accelerated National Innovation Adoption)

NES continues to work collaboratively with ANIA partners and the Centre for Sustainable Delivery team to ensure a strategic approach to workforce training and education considerations. The Innovation Design Authority has given approval for a six-month implementation planning period for Chest Xray AI. Partnership activity continues at pace across ANIA programmes with further information available on TURAS Learn: ANIA Turas Page.

6.8 Psychology

a) Judicial Institute trauma training programme 2022-24

Over the last three years, the Judicial Institute has collaborated with NES, the National Trauma Transformation Programme, and the Scottish Child Abuse Inquiry to deliver training on the psychological impact of trauma on witnesses. The courses include pre-recorded lectures and a day of in-person learning, providing judges with an understanding of how trauma affects witnesses and their evidence.

By January 2025, 230 judges had completed the training across 15 events. Of those completing the feedback, 89% found the course useful and would recommend it to colleagues, and 74% stated that they intended to make changes following the training.

Feedback highlighted the importance of understanding the neuroscience behind trauma's impact on witnesses, aiding in evidence assessment and reducing re-traumatisation. Participants valued gaining insights into identifying and addressing behaviours in court that risk re-traumatisation. The course also acknowledged the effects on judges' professional and personal lives, providing beneficial coping strategies.

The Judicial Institute are now considering delivering further courses focusing on witness examination and evidence elicitation in sexual offences cases. The underpinning theory and practice is also being taken on-board in training on civil cases, and in family proceedings in particular.

6.9 Social Care

a) **Joint Work with Scottish Social Services (SSSC)**

Work is on track to deliver the National Induction Framework, comprising a set of training resources and evidence of completion, which will be hosted on TURAS Learn and enable an interface to ensure effective interoperability between the SSSC and NES platforms. Additionally, in the latter stages of development, the Career Opportunities Tool will allow new and existing employees to gain a better understanding of entry routes, roles and opportunities for career progression in social care. The tool will be initially hosted on SSSC webpages while further collaborative work between both organisations explores the opportunities to utilise Artificial Intelligence to enhance the user experience.

b) **Establishment of the NES Social Care Stakeholder Reference Group**

We are excited to announce the formation of the NES Social Care Stakeholder Reference Group. This group will bring together representatives from various stakeholder organisations to enhance and strengthen existing partnerships. Our goal is to optimise opportunities for partners to be involved in NES activities that support the social care workforce. By doing so, we aim to reduce the demands on a small number of representatives, ensure effective communication, and maximise involvement across the sector. This initiative will inform the work of the Social Care Directorate and contribute to broader NES activities in support of this workforce.

The first meeting of the NES Social Care Stakeholder Reference Group is scheduled for 27 March 2025. This initial meeting will set the stage for future collaboration,

providing a structured platform for sharing information, discussing progress and planning upcoming activities.

6.10 Workforce

a) NHS Scotland Careers Website

The NHSScotland Careers website's performance, measured by the 'North Star' metric of engaged sessions, saw a 16.6% decrease in 2024/25 Quarter 3 (117,265 sessions) compared to Quarter 2 (140,608 sessions). Factors contributing to this decline are being investigated, with efforts underway to enhance content marketing strategies and drive high quality traffic to the website.

b) **The Scottish Government Psychiatry Recruitment and Retention Working Group**

Collaboration with this group and colleagues at the NES Centre for Workforce Supply is ongoing to develop content promoting psychiatry careers in Scotland. This includes information on training pathways, vacancy listings, case studies and a lead generation form. The new web pages are expected to launch in during 2024/25 Quarter 4.

c) National Trainee Services

The national services supporting the onboarding of Doctors and Dentists in Training (DDiTs) across NHS Scotland for the February 2025 intake is now live. Key achievements include:

- **PVG Clearances and Sponsorships**: A total of 81 PVG clearances (82% of 99 total) and 72 Certificates of Sponsorship (97% of 74 trainees requiring a visa) have been issued. Additionally, 30 trainees already sponsored by NES received extensions to continue or commence new training programs.
- **Pre-Employment Checks**: Approximately 240 pre-employment checks were conducted, with 30 new trainees cleared to start in practice-based placements on the GP Specialty programme in February 2025.
- **Reconciliation Checks**: The team completed reconciliation checks for 1,696 pre-employment clearances for 212 trainees rotating from hospital to practice placements from February 2025, resolving any data gaps with current placement boards.
- **Dental and Pharmacy Training**: 378 Dental Vocational Training applications were longlisted, with 300 progressing to a Visitation period. Pharmacy Foundation Training Year recruitment concluded with 220 posts filled, commencing in July 20252.
- **Monthly HR Activities**: Regular HR activities for NES-employed DDiTs, including absence, maternity leave, 'less than full time' applications, incremental credit awards, and in-employment occupational health referrals, were processed

NHS Education for Scotland **NES/25/22**

Agenda Item: 8a

Date of meeting: 27 March 2025

Public Board Meeting

1. Title of Paper

1.1. NHS Collaboration, Reform and Renewal

2. Author(s) of Paper

2.1. Karen Reid, Chief Executive

3. Lead Director(s)

3.1. Karen Reid, Chief Executive

4. Situation/Purpose of paper

4.1. This paper asks the Board of NHS Education for Scotland to endorse and confirm the commitments and actions expected of NHS Boards as set out in the Appendices to this paper with regard to collaboration with other Health Boards in Scotland. This is further to correspondence from the Director General for Health and Social Care/Chief Executive NHS Scotland, and the NHS Scotland Executive Group.

5. Background and Governance Route to Meeting

5.1. This paper is subsequent to consideration at national level in the NHS Scotland Executive Group and correspondence issued to all NHS Boards by the Director General for Health and Social Care/Chief Executive NHS Scotland. In summary, the position reached confirms the expectations on NHS Boards in Scotland to collaborate in the design and delivery of services. It was confirmed that for governance purposes, all NHS Boards should state

a commitment to collaboration, and to recognise that this is a statutory responsibility.

6. Assessment/Key Issues

6.1. The Director General of Health and Social Care and Chief Executive of NHS Scotland has written to all NHS Boards (see Appendix 1). This followed the First Minister's keynote speech on improving public services on 27 January 2025. The correspondence to all NHS Chairs and NHS Chief Executives, emphasises the importance of collaboration and co-operation between NHS Boards. The purpose of this is to enhance the effectiveness and efficiency of health and care services across Scotland. System leaders are expected to ensure their organisations actively engage in collaborative arrangements with other Health Boards, sharing resources, expertise, and services to optimise patient outcomes and improve efficiency.

6.2. The NHS Scotland Executive Group has developed a paper (see Appendix 2), which develops the ways in which collaboration between NHS Boards will be brought to practical effect. This includes an explanation of the new, system-level governance arrangements with the establishment of the NHS Scotland Executive Group. Further, it describes the broader efforts to support a more collaborative ethos in NHS Scotland describes the need for all NHS Boards to ensure a systematic approach to balancing local delivery with the need to contribute to meet the needs of larger populations – beyond their geographical boundaries – in the design and delivery of services.

6.3. Health Boards are asked to note:

- the commitment set out by the First Minister to progress the renewal and reform of the NHS in Scotland, and associated requirement for the Board to seek assurance on delivery of these commitments.
- the evolution of the new governance arrangements which are intended to enable and foster stronger collective accountability whilst underpinning the strength of local accountability mechanisms.

6.4. Health Boards are asked to acknowledge and endorse:

- the duality of their role for the population/Board they serve as well as their contribution to population planning that will cross traditional Board boundaries and approves local implementation of this approach, consistent with DL fapp(2024)31 and 12 (J) of the 1978 NHS Scotland Act
- the anticipated increased pace of change and requirement for regional and national collaboration in coming weeks and months as there is

requirement to deliver the principles set out by the First Minister in his speech on 27 January, to deliver efficiencies and savings and to put into action the commitments set out in the three reform documents.

6.5. Health Boards are asked to note that in response to these changes, it is recognised that there is requirement to refresh the traditional approach to Board performance framework and indeed Executive personal objectives, which was referenced in the Director General/Chief Executive's letter of 7 February 2025.

7. Recommendations

7.1. The Board is asked to endorse and confirm the commitments and actions expected of Health Boards as set out in the Appendices to this paper.

Author to complete checklist.

Author to include any narrative by exception in Section 6 of the cover paper.

a) Have Educational implications been considered?

☒ Yes
☐ No

b) Is there a budget allocated for this work?

☒ Yes
☐ No

c) Alignment with Our Strategy 2023 – 26 People, Partnerships and Performance

☐ 1. People Objectives and Outcomes
☒ 2. Partnership Objectives and Outcomes
☐ 3. Performance Objectives and Outcomes

d) Have key strategic risks and mitigation measures been identified?

☒ Yes
☐ No

e) Have Equality, Diversity, Human Rights and health inequality issues been considered as per Fairer Scotland Duty: Guidance for Public Bodies and Corporate Parenting as per the Children and Young People (Scotland) Act 2014?

☒ Yes
☐ No

f) Has an Equality Impact Assessment (EQIA) been completed or in progress for this piece of work?

☐ Yes
☒ No

g) Have you considered Emergency Climate Change and Sustainability implications as per **DL (2021) 38**?

☒ Yes
☐ No

h) Have you considered a staff and external stakeholder engagement plan?

☒ Yes
☐ No

Author name: KMc/CB/CBi/KR
Date: March 2025
NES

Director-General Health & Social Care and
Chief Executive NHS Scotland
Caroline Lamb

E: dghsc@gov.scot

Scottish Government
Riaghaltas na h-Alba

All NHS Chairs and NHS Chief Executives

7 February 2025 **EMT/25/18**

Dear Colleagues

Following the First Minister's recent keynote speech on improving public services, I am writing to seek your support in taking forward the programme of reform and renewal for our NHS. The NHS Chairs meetings and the advent of the NHS Scotland Executive Group has meant a fundamental shift in the way we come together and lead the NHS, but we need to increase the pace at which we are implementing the range of improvements across our system, in order to maximise the effectiveness and efficiency of services.

In taking forward the range of system reform and improvement work, it is important that we fully utilise the opportunities provided by working across boundaries – giving life to the statutory duties placed upon all NHS Boards to work collaboratively in delivering healthcare services. This duty is set out in Section 12J of the National Health Service (Scotland) Act 1978 and provides the foundation for ensuring equitable and effective healthcare delivery across Scotland.

As system leaders, you are required to ensure that your Boards actively engage in collaborative arrangements with other Health Boards. This includes sharing resources, expertise and services, where appropriate, to optimise patient outcomes and improve efficiency across the system. Such co-operation is critical to achieving the best possible care for our population, especially given the complex challenges we face in addressing health inequalities and meeting the demands on services.

Over the last year we have strengthened our approach to collaboration and co-operation with you, beginning with the publication of the Model Framework Document for NHS Boards in April 2024. This document outlines how we collaborate and co-operate and provides a structured approach for Boards, detailing our respective roles, responsibilities, and the nature of how Boards interact with the Scottish Government. It aimed to provide greater clarity on governance and accountability and sets out our commitment to fostering effective partnerships to deliver high-quality healthcare services across Scotland.

Our commitment to working together has been further strengthened with the establishment of the NHS Scotland Executive Group, which first met in October 2024. Its primary aim is to support the effective governance, planning and delivery of healthcare services across Scotland. The NHS Scotland Executive Group plays a central role in supporting national and

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regional planning initiatives, such as those outlined in the NHS Scotland Planning Framework.

The recent publication of the NHS Scotland Planning Director's Letter, in November 2024, provides additional guidance on population-based planning, once again highlighting the need for strengthened national and regional coordination. The DL emphasised the establishment of a Single Planning Framework to ensure coherence and alignment in service delivery, infrastructure investment, and workforce planning at national level. The NHS Scotland Planning and Delivery Board (NHSSPDB) will oversee and govern these efforts, ensuring that resources are deployed efficiently and equitably across all Health Boards.

At the regional level, the letter outlines the importance of collaboration between neighbouring Health Boards to develop strategies that address the specific needs of local populations. Regional planning groups are expected to drive innovation and adaptability, responding to the unique health dynamics within their areas whilst aligning with the broader NHS Scotland priorities. These planning efforts are integral to achieving the vision set out in the 2016 National Clinical Strategy and the Public Bodies (Joint Working) (Scotland) Act, which prioritise integration and partnership working across sectors.

I believe we have all of the foundations now in place to allow you to fulfil your roles, as NHS leaders, but also in how we come together as an NHS Scotland to meet the needs of patients and the expectations of our communities.

Moving forward, I intend to work with employers to enhance the Executive Management Appraisal System so that we can properly assess and record the impact of working across board and wider system boundaries. This will be incorporated into the guidance for the 2024/25 performance review and 2025/26 objective setting process, which the Chief People Officer will issue in late February / early March. Similarly, the appraisals of NHS Chairs will encompass how they are facilitating and supporting the level of cross boundary working that we all see as essential.

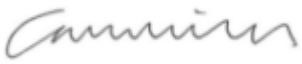
For now, I encourage you all to review your current arrangements for cross-boundary collaboration and identify any areas requiring improvement. Please also ensure that staff within your Boards are familiar with the statutory requirements of the Model Framework.

In the meantime, should you require clarification or support, please do not hesitate to contact my office.

Thank you for your continued leadership and dedication to delivering high-quality, patient-centred care for the people of Scotland.

Yours sincerely,

Caroline Lamb



Director General Health and Social Care and Chief Executive NHS Scotland

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Health Board Collaboration and Leadership
NHS Scotland Executive Group
05 March 2025

Purpose

1. This paper:

- sets the context for renewal and reform following the First Minister's statement on 27 January 2025
- briefs NHS Boards on the new governance arrangements with the establishment of the NHS Scotland Executive Group and wider efforts to support a more collaborative ethos in NHS Scotland
- describes the need for all NHS Boards to ensure a systematic approach to balancing local delivery with the need to contribute to meet the needs of larger populations – beyond their geographical boundaries – in the delivery of planned care

Background

2. The First Minister's statement on Improving Public Services and NHS Renewal on 27 January 2025, emphasised the need for NHS Boards to work collaboratively to achieve the principles and aims that he set out: improved access to services; shifting the balance of care to the community; focus on innovation to improve access to; and delivery of care.

3. The First Minister's statement reflected the shift sought in DL(2024)31: A renewed approach to population-based planning across NHS Scotland, which was published on 28 November 2024. The DL emphasises the need for service planning to align with the population size and be collaborative. It highlights a significant shift in planning, organising, delivering, and potentially funding services to meet Scotland's changing needs and ensure high-quality, sustainable services. NHS Boards will be required to collaborate across NHS Board boundaries – and with Scottish Government – to implement these principles, particularly through the annual delivery plan process.

4. NHS Board Chairs and Chief Executives received a letter on 7 February 2025 from the Director General Health and Social Care and Chief Executive of NHS Scotland (DGNHS) setting out expectations about collaboration. This letter reaffirmed the principles set out in DL(2024)31 with an expectation for increased collaboration between NHS Boards for to help improve the health and wellbeing of the citizens and communities of Scotland and is aligned to the principles of co-operation and assistance as set out in section 12 (J) of the 1978 NHS Scotland Act.

5. This letter also aligns with the key priority deliverables set out in the First Minister's speech on 27 January 2025 which aims to improve access, reform and equity for the people of Scotland.

Governance Arrangements

6. Over the past year, steps have been taken to revise national governance arrangements. This is intended enhance collaborative working in recognition that the challenges facing the NHS and social care require a system-level leadership and corporate working across NHS Board boundaries.

7. In October 2024, the NHS Scotland Executive Group was established. It is co-chaired by the Director General Health and Social Care and Chief Executive of NHS Scotland and the Chair of Board Chief Executives Group. This newly formed group provides collective leadership in addressing key issues which require a national perspective. NHS Chairs received a briefing on the role of the Group on 5 November 2024.

8. NHS Boards are working to advance practical examples of building a more cohesive approach to the design and delivery of services on behalf of NHS Scotland. NHS Board Chief Executives undertook a successful two-day session on group development and digital innovation in September 2024 at the National Robotarium in Edinburgh. In relation to adoption of new digital developments and products it was agreed that the default position should be national development approach and local adoption. It was also recognised that this principle may well apply in a range of other planning matters.

Renewal and Reform

9. Since the end of 2024, a small cohort of Board Chief Executives, on behalf of the wider NHS Board Chief Executives Group, have contributed to a weekly reform coordination group. This group also includes senior Scottish Government officials and was set-up to create early dialogue on the phasing of reform and renewal plans due to be published this year. NHS Board Chief Executives have welcomed this approach as it has enabled NHS representatives to meaningfully contribute to and influence the early approach on reform and renewal.

10. Representatives of the reform coordination group led on delivery of a joint Chief Executives/Executive Leads and Scottish Government session on NHS Renewal, held at COSLA on 18 February. This session explored the current position of the 3 ‘products’ that are due to be published in the first half of 2025:

- Operational Improvement Plan (by the end March)
- Population Health Framework (Spring)
- Health and Social Care Service Reform Framework (pre summer Scottish Parliament recess)

11. These policy documents will provide the platform for the delivery of the First Minister’s commitments. There is significant opportunity for NHS Board Chairs, Chief Executives and teams to contribute to this work, as well as partners, patients and communities themselves. It is important that NHS Boards contribute to the scrutiny of any proposals to ensure that the plans are deliverable.

12. In parallel to reform, there is renewed focus on wider public sector reform and efficiency and productivity with an onus on Chief Executives and NHS Boards to ensure that all opportunities for service efficiency and improvement are explored and delivered, whilst simultaneously progressing longer term reform. A paper will be presented to the NHS Scotland Executive Group on 6 March on Business Services which will demonstrate opportunities available to NHS Boards to deliver transformation of business services and supporting systems.

Improvements in Planned Care

13. NHS Board Chief Executive representatives updated colleagues on weekly meetings they had contributed to which were convened and chaired by the First Minister, including the Cabinet Secretary for Health and Social Care and Scottish Government officials. This has resulted in the development of a National Planned Care Framework, which sets out a number of principles for achieving the necessary improvements in planned care.

14. The Framework seeks to create a balanced planned care system, ensuring all patients in Scotland have equal and timely access to care. It aims to maintain or improve care standards while balancing short-term and long-term actions on waiting lists. This draft framework was discussed and approved by the NHS Board Chief Executives Group on 19 February. It will now be subject to engagement with NHS Boards.

15. The National Planned Care Framework exemplifies new working methods, adhering to the principles of cooperation and assistance outlined in section 12(J) of the 1978 NHS Scotland Act. As we advance in planning, organising, delivering, and potentially funding services to meet Scotland's evolving needs and lay the groundwork for service transformation, the Director General Health and Social Care and Chief Executive of NHS Scotland is committed to reviewing and modifying the performance governance of individual Boards to reflect this new approach, emphasising collective accountability. This will be important as there will likely be a requirement to adopt a collaborative approach to delivery across other key areas of healthcare policy.

Recommendations

16. NHS Education for Scotland Board is asked to note:

- the commitment set out by the First Minister to progress the renewal and reform of the NHS in Scotland, and associated requirement for the Board to seek assurance on delivery of these commitments.
- the evolution of the new governance arrangements which are intended to enable and foster stronger collective accountability whilst underpinning the strength of local accountability mechanisms.

17. NHS Education for Scotland Board is asked to acknowledge and endorse:

- the duality of their role for the population/Board they serve as well as their contribution to population planning that will cross traditional Board

boundaries and approves local implementation of this approach, consistent with DL(2024)31 and 12 (J) of the 1978 NHS Scotland Act

- the anticipated increased pace of change and requirement for regional and national collaboration in coming weeks and months as there is requirement to deliver the principles set out by the First Minister in his speech on 27 January, to deliver efficiencies and savings and to put into action the commitments set out in the three reform documents.

18. NHS Education for Scotland Board to note that in response to these changes, it is recognised that there is requirement to refresh the traditional approach to Board performance framework and indeed Executive personal objectives, which was referenced in Caroline Lamb's letter of 7 February.

NHS Education for Scotland **NES/25/23**

Agenda Item: 9a

Date of meeting: 27 March 2025

NES Public Board

1. Title of Paper

1.1. Mainstreaming the Public Sector Equality Duty and Equality Outcomes Progress Report 2023-2025

2. Author(s) of Paper

2.1. Katy Hetherington, Principal Lead, Equality, Diversity and Human Rights

3. Lead Director(s)

3.1. Christina Bichan, Director of Planning and Performance

4. Situation/Purpose of paper

4.1. The Board is asked to review and approve NES's Mainstreaming the Public Sector Equality Duty and Equality Outcomes Progress Report 2023-2025

5. Background and Governance Route to Meeting

5.1. NES has legislative requirements to meet under the Public Sector Equality Duty by April 2025. This includes reporting on progress with mainstreaming the Equality Duty and progress with Equality Outcomes every 2 years.

5.2. The Report has been approved by the Staff Governance Committee and the Education and Quality Committee.

5.3. Following approval by the Board, the Report will be published on the NES website in April 2025.

6. Assessment/Key Issues

(Include narrative relating to a-h checklist by exception)

6.1. NES has prepared a Mainstreaming Equality report in line with requirements under the Public Sector Equality Duty. This provides progress with our current Equality Outcomes since we published the 2-year progress report in April 2023, activities relevant to meeting the Duty under the strategic priorities of people, partnership and performance and key learning points.

6.2. The Board is provided with 6-monthly progress reports on NES's Equality work, including our current Equality Outcomes and how we are meeting the Public Sector Equality Duty.

6.3. The report includes reflections on learning over the previous 4 years on mainstreaming equality into the work of NES and to meet the Public Sector Equality Duty.

7. Recommendations

7.1. The Board is asked to note and approve NES's Mainstreaming the Public Sector Equality Duty and Equality Outcomes Progress Report 2023-2025 for final approval by the Board in March for publication in April 2025.

Author to complete checklist.

Author to include any narrative by exception in Section 6 of the cover paper.

a) Have Educational implications been considered?

☒ Yes
☐ No

b) Is there a budget allocated for this work?

☐ Yes
☒ No

c) Alignment with Our Strategy 2023 – 26 People, Partnerships and Performance

☒ 1. People Objectives and Outcomes
☒ 2. Partnership Objectives and Outcomes
☒ 3. Performance Objectives and Outcomes

d) Have key strategic risks and mitigation measures been identified?

☒ Yes
☐ No

e) Have Equality, Diversity, Human Rights and health inequality issues been considered as per Fairer Scotland Duty: Guidance for Public Bodies and Corporate Parenting as per the Children and Young People (Scotland) Act 2014?

☒ Yes
☐ No

f) Has an Equality Impact Assessment (EQIA) been completed or in progress for this piece of work?

☐ Yes
☒ No

g) Have you considered Emergency Climate Change and Sustainability implications as per **DL (2021) 38**?

☒ Yes
☐ No

h) Have you considered a staff and external stakeholder engagement plan?

☒ Yes
☐ No

Author name: Katy Hetherington
Date:27 March 2025
NES

Mainstreaming the Public Sector Equality Duty and Equality Outcomes Progress Report 2023-2025

NES plays an important role in improving the health of the population and reducing health inequalities in our communities.

By attracting people to careers in health and social care, we can create jobs and boost the economy. Our work programmes ensure that those who work in health, social care and social work are skilled, confident, and motivated to continually improve outcomes for people. We promote and uphold human rights through our education and training and provide challenge where these are not being upheld.

You can find out more about NES at About NHS Education for Scotland

Purpose of this report

As an NHS Board, NES is required to publish a report on the progress it has made to have 'due regard' to the Public Sector Equality Duty. Specifically, this is in relation to the three needs set out in the Public Sector Equality Duty to:

- eliminate discrimination, harassment, victimisation and any other conduct prohibited under the Equality Act (2010).
- advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it
- foster good relations between persons who share a relevant protected characteristic and persons who do not share it

We published our Equality Outcomes and Mainstreaming Report in April 2021. This set out our Equality Outcomes for April 2021-2025. We published our two-year progress report in April 2023.

This report contains the following:

- Progress with our Equality Outcomes since April 2023.
- How we are integrating the Equality Duty into our day-to-day work.
- How we have gathered and used employee information, including our gender pay gap.
- Reflections on our learning about how we have progressed our work to meet the Public Sector Equality Duty over the last four years.

Progress with our Equality Outcomes

We identified eight equality outcomes in April 2021 and published a report on our progress in April 2023. We took the opportunity as NES developed a new organisational strategy for 2023-2026 to review these outcomes, ensure alignment and make some minor amendments. These amendments were approved by our Board and progress is reported under each outcome below.

Outcome 1: Our support for youth employment with a particular focus on engagement and supporting transitions from school, college and university for those further from the labour market or more likely to experience barriers to full employment: young people who are care-experienced, disabled, or from Black and minority ethnic or socio-economically disadvantaged communities.

This outcome covers a range of work in NES and predates the establishment of the NHS Scotland Academy and the Youth Academy, our Widening Access Framework and our Anchors Strategic Plan. NES's Strategy 2023-2026 sets out a commitment to increase education and training and promote apprenticeships for young people to widen access to careers in health and social care.

The Youth Academy's work is continuing to address the challenges around supporting young people to progress into careers in health and care. The Academy is focusing work on widening access to undergraduate medicine, working with universities, local authorities and other partners to identify and address the barriers. NES organised a webinar and produced a resource for people supporting young carers which included information on working in health and social care, guidance for applications and interview preparation.

We set out progress under Equality Outcome 8b on improving recruitment outcomes in NES for young candidates, minority ethnic candidates and disabled candidates. We have published an update on progress with our Corporate Parenting Plan (2018-2024) and continue to raise awareness of care-experienced people within our workforce.

We recognise the challenges in measuring progress with this outcome and reflect the learnings from this within this mainstreaming report.

Outcome 2: The proportion of refugee health professionals achieving professional registration and the number of international recruits attracted and supported into NHS Scotland is increased.

This outcome was amended from how it was originally published to reflect the difficulty for NES to measure progress in this work. We now include recognition of our work to attract and support international recruits into NHS Scotland and into social care roles.

NES previously supported the refuges doctor scheme, but this is now commissioned directly by Scottish Government to The Bridges Project.

Over 1000 international Nursing, Midwifery and Allied Health Professionals have been supported into careers in NHS Scotland and 40 people have been supported into adult social care roles in Scotland. We are undertaking a survey to understand staff experiences and how this can be improved. Work with the social care sector has included providing robust pastoral support to ensure staff thrive and to embed ethical and sustainable person-centred international recruitment.

NES continues to work with the Scottish Refugee Council and partners to consider employment and education opportunities for refugees and asylum seekers. The Centre for Workforce Supply created a Turas site for employers to provide support on employing refugee and asylum seekers into health and social care roles.

The Centre for Workforce Supply (Health) has been working with Scottish Government and NHS Boards to co-ordinate and accelerate international recruitment in line with national targets. There are resources specifically for doctors and NHS Managers to support International Medical Graduates. The Centre for Workforce Supply (Social Care) has produced materials on Turas for employers and candidates, including information for employers to support refugees and asylum seekers into careers in health and social care.

NHS Scotland Academy provides support to internationally educated nurses and midwives newly recruited to NHS Scotland to pass a Nursing and Midwifery Council (NMC) Examination as part of the registration process to work independently in the UK. In collaboration with partners and NES's Equality, Diversity and Human Rights Team, a digital learning resource on cultural humility was produced in 2023 to support positive values, attitudes and behaviours in the health and social care workforce.

Outcome 3: NES contributes towards reducing the UK-wide attainment gap for medical trainees from Black and minority ethnic backgrounds and International Medical Graduates by designing and monitoring evidence-informed activities.
We amended the wording on this outcome in 2023 to reflect this as a UK-wide issue which NES can contribute to but cannot achieve on its own.

The Advancing Equity in Medical Education Steering Group (AEMEG) continues to meet regularly to plan and deliver specific interventions that aim to address the differential attainment that exists in postgraduate medical education and training. The work that the group is undertaking is reported annually to the General Medical Council who report on UK data at Tackling disadvantage in medical education.

Activities that NES has undertaken to address the issues that contribute to the attainment gap include:

- Enhanced induction from NES and in local health boards for International Medical Graduates.
- A reciprocal mentoring scheme.
- Analysis of the Scottish Trainee Scheme including feedback categorised by protected characteristics, including questions on experiences of discrimination.

- Training sessions on how to provide fair feedback to trainees were piloted and then rolled out across Scotland to support trainers with the tools to provide feedback in an inclusive and fair way.
- Data on outcomes for trainees by protected characteristic is provided to Speciality Training Boards to inform specific actions on any outliers in the data or where NES could provide further support.

The Scotland Deanery supports work in addressing the attainment gap through Associate Post-Graduate Deans for Equity, Diversity and Inclusivity and for International Medical Graduates.

Addressing the attainment gap continues to be a priority for NES and this outcome will continue in our new set of Equality Outcomes for 2025-2029.

Outcome 4: We will continue to enhance the inclusivity of education and training programmes for disabled learners in NHS Scotland through:

a. Expanding the availability of technology enhanced learning which reflects best practice in accessibility and increases flexibility in learning opportunities.

This outcome reflects the rapid shift that NES undertook during the Covid-19 pandemic when learning that had been delivered in an in-person format was adapted to be designed and delivered using online options. The Technology Enhanced Learning Team was established in late 2021 and continues to provide guidance and support to NES staff, to help equip them with the skills and confidence to design and deliver inclusive and accessible digital learning products that support a wide range of learners. The eLearning Team tests all NES eLearning modules to ensure that they meet the required accessibility standards and supports staff across NES who are involved in the design and development of eLearning modules.

We updated our Inclusive Education and Learning Policy in May 2023. This sets out our vision for equity in opportunity for health and social care colleagues in access to and experience of education and learning.

b. Establishing arrangements for reasonable adjustments passports for trainees under the Lead Employer programme.

NES has contributed to a Scottish Government national network for all NHS Staff to be supported in reasonable adjustments in the workplace, but this has to date not extended to a reasonable adjustment passport specifically for trainees. The network has agreed to create comprehensive best practice guidelines to support disabled staff and eliminate workplace barriers.

A refreshed Equality, Diversity and Inclusion policy has been launched across NHS Scotland, and this includes a reasonable adjustment guide. Passport functionality has been included in the development plans for the Turas platform.

c. Providing holistic careers advice and person-centred support for disabled trainees through the Training, Wellbeing and Development Service.

We appointed a Senior Specialist Lead for Disability in April 2022 in recognition of the need to provide support to NES employed disabled doctors and dentists in training. The Training Wellbeing and Development Service continues to support trainees' progress with their learning and support appropriate career choices. This includes tailored person-centred services such as advice on wellbeing, careers and signposting to specialist services. Increasing awareness among supervisors and educators has been an important part of this work. For example, webinars on neurodivergence have been delivered and shared by the Scotland Deanery. These are available on the Equality and Diversity Zone to provide learning to educators and increase understanding about neurodiversity in the workplace.

A network to support neurodivergent trainees has been established (named by the group as the 'Neuro Bureau'). This provides peer support and the opportunity for advice and guidance from the NES Senior Specialist Lead on Disability.

Outcome 5: We support and develop the knowledge and skills required by our educators and designers to support accessible and inclusive learning. This will focus on accessibility and inclusion, digital solutions to support learning, culture and anti-racism knowledge and skills.

The wording on this outcome was amended following our two-year progress review to focuses on the key elements where we want to make a difference – the knowledge and skills of our educators.

The knowledge and skills of our educators is a key part of NES's Learning and Education Strategy, published in March 2024. An Educator Capabilities Framework has been developed and a core competency within the framework is in relation to Equality, Diversity and Inclusion. This has the aim of ensuring all NES educators have the knowledge and support to: "Ensure all elements of learning from design through to improvement, learner admissions to feedback are inclusive, provide equality and value diversity."

As referenced under Outcome 4, the Technology Enhanced Learning Team continues to provide guidance and support to educators to consider accessibility, inclusion and digital solutions to support learners.

The Scotland Deanery has an updated section within the Training Development and Wellbeing Service on sexual misconduct. This includes guidance for trainees and a pledge to eradicate sexual misconduct and contribute to a culture that does not tolerate inappropriate behaviours, improve reporting mechanisms and ensure training is in place. NES's equality team worked with Close the Gap and Equally Safe at Work to tailor an e-learning module on sexual harassment for line managers for the health and social care workforce. This was published on 26th April 2024.

NES staff are provided with a variety of learning opportunities to increase knowledge and skills on inclusion, accessibility, culture and anti-racism knowledge and skills. A corporate objective to increase understanding and self-reflection on anti-racism,

equality, diversity and inclusion was introduced for all staff in 2023/24 and has continued, recognising the importance of for the NES workforce.

Examples of learning opportunities for staff include:

- Digital resources on anti-racism have been developed by NES's Equality Team and 'Let's talk about anti-racism' sessions have been delivered during 2023-2025.
- Sessions on 'Conscious Inclusion' have been delivered, and the webinar is available on the Equality and Diversity Zone on Turas Learn for all staff to access.
- NHS Scotland Academy in collaboration with the NES Equality Team produced a digital learning resource on 'Cultural Humility' in November 2023.
- New resources on neurodivergence have been produced by NES's Equality Team to increase awareness and understanding in the workforce.

Outcome 6: Our approach to digital design enables and facilitates equality and equity of access using digital and technology through the pillars of accessibility, accommodation, acceptability, availability, and affordability.

We revised this outcome following the two-year progress report. Outcome measures were developed to support the delivery of this outcome.

NES Technology Service plays a key role in digital and technology work and our success is dependent on applying technology to support people's needs within services. The Service has met the duty to publish accessibility statements, and a programme of work is underway to update audits and publish statements to reflect the WCAG (Web Content Accessibility Guidelines) to the WCAG 2.2 standards which came into effect in late 2023. Work continues on developing a framework to meet the Public Sector standard of WCAG 2.1.

The Testing Framework that NES Technology adopts contributes to

- equity in technology access,
- promoting digital inclusion, and
- highlights opportunities to remedy exclusion.

Equality scoping prompts have been developed to inform key technology considerations, mitigations, reasonable adjustments, differential attainment, and equality impacts for NES Technology Service to consider in our research design and delivery. An integrated project initiation form has been designed to collate outcomes of key impact assessments and information required to support technology design and delivery. The form includes the Children's Rights Action Plan and emerging technology like Artificial Intelligence.

Outcome 7: We contribute to the development of an inclusive and diverse workplace culture through our national leadership and management programmes for health and social care managers and leaders.

NES builds in equality, diversity and inclusion into the design and delivery of management and leadership programmes. An EQIA for the National Leadership and Management Programmes and Resources was published in April 2024.

The Leading to Change team have developed a Leading to Change Allyship Hub to host learning resources and share best-practice guidance and stories from across the sectors about how to be a good ally in the workplace. This Hub is part of an ongoing Allyship Programme which aims to support leaders at all levels across social work, social care and health on their journey to become active allies. Leading to Change continues to run a blog series to highlight diverse voices across the sectors, with an accompanying "Diversity Coffee Connect" event series to offer the opportunity for discussion and reflection around topics connected to inclusion and diversity. A Diversity in Leadership Programme has been developed which includes support for aspiring leaders with protected characteristics as well as support for leaders at all levels to work together to improve diversity and inclusion in leadership. Leading to Change have partnered with the Ethnic Minority Forum to increase participation in leadership development programmes such as Adaptive Learning Sets. Leading to Change have also recorded podcasts with leadership programme alumni to discuss the application process and help it seem more accessible to a more diverse range of applicants.

The Managers/Leaders section on the Equality and Diversity Zone was reviewed and refreshed to help managers find relevant resources and specific training around equality, diversity and inclusion.

Outcome 8: NES is an inclusive employer, with:

a. Effective employee voice, including staff networks with effective influence on policy.

NES set up and supports the following staff networks:

- Under-represented Ethnic Minority Network
- Disability, Long-term Conditions, Mental Health and Neurodiversity Network
- Parent and Carers Network
- LGBT Network
- 'Neuro-Bureau' for NES employed doctors in training

Dedicated resource from NES's Equality Team supports these networks. While there continues to be more to do to ensure that staff networks have effective influence on policy and practice, examples of what has been achieved to date include:

- Opportunity to shape NES's Anti-Racism Action Plan and Equality, Diversity and Inclusion Strategy 2025-2029.
- Achieving the 'Established' Level for the Carer Positive Award.
- Renewing our Disability Confident Award.
- Promoting Pride events and celebrating Black History Month and Disability History Month through learning session and speaker events.

We continue to promote membership to the networks across the organisation, including the important role that allies can play to the networks. Making sure network members are given the time to attend meetings and that the time and work of the Chairs and Deputy Chairs of the networks is recognised is acknowledged as important and will continue in 2025.

NES has also started to work towards the Equally Safe at Work Employer accreditation. A staff survey was issued in early 2025 and focus groups with women working in lower paid grades took place in March 2025. This will provide the working group with data on women's experience in the workplace and all staff's perceptions on gender equality to inform our activities during 2025-26.

b. Improved recruitment outcomes for young candidates, minority ethnic candidates and disabled candidates.

The NES Equality and Diversity Workforce Report provides an annual report on our recruitment by protected characteristic. While there has been an increase in applications from candidates from Black, Asian and minority ethnic backgrounds over the last three years to 34.4% in 2023/2024 (24% in 2022/23; 20% in 2021/22) there is a differential likelihood of appointment relative to applicants from a White background. This may be due to work permits as 61% of applicants from Black and Minority Ethnic backgrounds advised that they required a work permit. This will continue to be monitored. Applications from 16–24-year-olds has reduced to 4.6% (6.6% in 2022/23; 6.5% in 2021/22) and applications from disabled candidates has remained at 8% over the last two years (9% in 2021/22). Work to support this outcome included a revision to the NES job packs, updated information on our website about our work on equality, diversity and inclusion, new e-learning modules on recruitment and guidance for recruitment panels on mitigating bias in the selection process.

Given that the delivery of this outcomes is mixed, we have included a focus on this in our Equality Outcomes for 2025-2029. We recognise that there is more to be done to attract and improve the recruitment outcomes for younger people, disabled people and people from minority ethnic backgrounds.

c. An adaptable and flexible workforce with positive support for staff wellbeing.

The wellbeing of our staff is taken seriously in NES. A member of the Executive Team has lead responsibility for wellbeing in NES. A NES Wellbeing Matters Hub was established which provides a one stop shop for wellbeing resources. A variety of activities have taken place to work towards this outcome including:

- Regular NES Menopause meet ups and guidance for line managers, including reasonable adjustments.
- An internal NES Coaching for Wellbeing service with a pool of NES qualified coaches. This enables staff to receive up to two hours of wellbeing coaching.
- A guided journaling monthly offering to staff with a theme to connect this to other wellbeing events.

- Facilitating live monthly events from external organisations such as the Osteoporosis Lydia Plus Project, Breathing Space, Cycling Scotland, and Diabetes UK.
- Raising awareness for health promotion campaigns such as World Menopause Day, World Mental Health Day, National Fitness Day, Back Care Week, World Sepsis Day, World Suicide Prevention Day, Cycling to Work Day, Alcohol Awareness Week, Men's Health Week, Mental Health Awareness Week, and Stress Awareness Month.
- Offering mindfulness taster sessions in partnership with our OD colleagues at NHS Services Scotland.
- Monthly newsletter with topical articles and themes, highlighting the ways staff can access support, learn about wellbeing events and stay connected with colleagues across the organisation.
- Stay connected with an internal NES Wellbeing Matters social space online community via MS Teams. This is an open forum whereby all staff can interact with posts about campaigns, stay up-to-date with events, and most importantly have a safe place where they can ask questions and reach out for support.
- Sharing engaging communications around different times of year, including NES Wellbeing Matters Advent Calendar to promote the different elements of the internal wellbeing offer.

How we are integrating the Equality Duty into our day-to-day work

'Mainstreaming equality' according to the EHRC Guidance means "integrating equality into the day-to-day working of an authority." Our Equality Outcomes set out above reflect a broad range of our functions and demonstrate progress in how we have been integrating equality across our work.

NES's focus is to build careers, lives and future sustainability of the health and social care workforce through a focus on people, partnerships and performance. We set out examples under each of these of how NES has contributed to

- eliminating discrimination, harassment and other unlawful conduct;
- advancing equality of opportunity and
- to fostering good relations since our last progress report in April 2023.

People
A range of training and awareness raising sessions on equality, diversity and inclusion has been offered to NES staff and to the wider health and social care workforce. This has included promoting materials as part of Race Equality Week during 2024 and 2025; webinars on 'conscious inclusion', neurodiversity and reasonable adjustments in the workplace.

- Over 180 staff have attended 'Let's talk about anti-racism' sessions in 2024, using the anti-racism digital resources produced by NES to support learning and understanding about how to take an anti-racist approach.

- The Scotland Deanery has developed guidance for educators to respond to disclosures of sexual harassment and on relationships at work. These have been extended so they are relevant to all NES staff and a wide range of professional groups to support staff and learners.
- Questions on discrimination and sexual harassment were included in the Scottish Trainee Survey in 2024 to understand experiences in the workplace.
- Our staff networks continue to meet regularly to provide the opportunity for peer support and to highlight issues for the organisation to consider in progressing equality, diversity and inclusion.
- Inclusion and equipping our educators on equality, diversity and inclusion is central to delivering NES's Learning and Education Strategy, published in 2024.
- A new staff survey to measure inclusion in NES was introduced in 2024 and the findings are analysed by protected characteristic.
- We continue to share news, resources and relevant discussion items on the Equality and Human Rights SharePoint Hub and via the community of interest (a Teams channel).
- All staff in NES, including the Executive Team, have a learning objective on anti-racism, equality, diversity and inclusion. This aims to ensure our people keep their knowledge and understanding relevant and up to date.
- We are working towards Equally Safe at Work accreditation to progress gender equality in the workplace.

Partnerships

- NES produced a new learning module on equality, diversity and human rights in December 2023, working with our partners in health and social care to develop the content. To date over 19,000 learners have completed the module from a wide range of sectors.
- The NHS Scotland Academy in partnership with the NES Equality Team and others in health and social care produce a cultural humility digital resource. This aims to support positive values, attitudes and behaviours in the health and social care workforce.
- The Centre for Workforce Supply has developed a suite of resources for the medical workforce to help them welcome and provide support to International Medical Graduates living and working in Scotland.
- Together with people with lived experience, NES has developed resources to support an awareness and understanding about neurodiversity in the workplace.
- The NES Equality Team have established a new network for trainers on equality and diversity to bring colleagues working across health and social care together to share resources, identify common learning needs and avoid duplication.
- A Knowledge and Skills Framework on Transgender Care was produced for NHS Staff in collaboration with a range of staff and people with lived

experience. This was in recognition of the need to provide training at appropriate levels for NHS staff to improve transgender health care.
- The Scotland Deanery has developed and promoted resources to prevent sexual harassment and misconduct with resources available on the Training Wellbeing Support Unit and e-learning promoted to all educational supervisors.
- NES's Equality Team is working with the Business Disability Forum and the Scottish Government Health Directorate to plan training sessions for NHS Staff and promote the resources that are available through NHS Scotland's membership.

Performance

- NES consider the equality impacts of our financial savings as part of planning our budgets.
- Strategic Key Performance Indicators have been introduced to report NES's progress in the delivery of NES's Strategy 2023-2026. This includes indicators on gender, disability and ethnic minority pay gaps, diversity in the workforce and on perceptions of NES as an inclusive organisation.
- NES Technology Service has measures in place to consider the impact of digital inclusion and accessibility in the development, design and testing of products.
- An Equality Impact Assessment is being built into proposals to inform the Turas Learn Platform refresh.

Two 'mainstreaming equality' outcomes were identified in 2021 to support NES integrate equality into its functions:

1. Improving our Equality Impact Assessment (EQIA) performance, ensuring a systematic approach to using EQIA to inform the development of new workstreams.

We refreshed our EQIA guidance during 2024 and continue to support our staff to undertake EQIAs and embed these into programme and policy planning and development. EQIAs are published on the NES website and progress is overseen by the Equality and Human Rights Steering Group.

The Equality Team offer monthly drop-in sessions to provide advice and support to staff on EQIAs. Training sessions are planned for 2025/26 as part of NES's programme of learning and education on equality, diversity, and inclusion. Robust EQIAs require staff to have access to relevant evidence and a knowledge base on equality and diversity issues, including the Public Sector Equality Duty.

2. Building capacity - both technical and educational - to deliver accessible digital learning.

This is an important way that NES is mainstreaming equality into our work. Progress in this area has been reported under Equality Outcomes 4 and 5 and the activities set out above.

How we have gathered and used employee information, including our gender pay gap.

We publish an annual workforce monitoring report on equality and diversity and this is published on our website. This information helps us to meet the Public Sector Equality Duty.

We encourage staff to update their equality and diversity information on the HR system and had a particular focus on disability as we recognise that there is likely to be under-reporting. There is more work to do, and we will continue to raise the profile of this in 2025/2026.

We published an Equal Pay Statement and actions to address the gender pay gap in April 2023. The Board is updated annually as part of the Strategic Key Performance Indicators on gender, disability and ethnicity pay gaps.

We have reviewed the Equal Pay Statement and progress with the actions published as part of the Statement in April 2021. We have published a new Equal Pay Statement on our website. This includes information on occupational segregation in relation to sex, disability and ethnicity.

Procurement and the Public Sector Equality Duty

Public authorities in Scotland have a specific duty relating to their procurement function. This duty has two key elements:

- Public authorities must have due regard in procurement activities to whether the award criteria should include considerations to better enable it to meet the Equality Duty.
- Public authorities must have due regard in procurement activities to whether contracts or agreements should include stipulations which would better enable it to meet the equality duty.

NES recognise that our activities influence the society in which we work, and our procurement strategy is committed to achieving environmental, social and economic aims that tackle these effects.

NES is committed to ensuring a high standard of ethical and sustainable trade practices across its commissioning and procurement activities. The NES Ethical Procurement Policy sets out our expectations about our standards. NES requires all direct suppliers and contractors to observe the provisions of the policy and requires that suppliers and contractors, in turn obtain similar compliance with its provisions from their suppliers and contractors.

In addition, the Suppliers Sustainability Code of Conduct is available on our website to support our work to progress equality.

In relation to our education and training role, all our invitations to tender documentation and contracts include the suite of NES standards to support inclusive education.

NES Technology Service has established digital development guidelines, with equality and diversity requirements embedded, and aligned to all relevant legislation including the Public Sector Bodies (Websites and Mobile Applications) (No. 2) Accessibility Regulations 2018.

The Knowledge Services Team established the eBooks procurement framework for publishers to support purchasing of eBooks in a variety of fonts, text sizes and viewing formats which support better access and accessibility to suit user needs.

An annual report is provided to our Finance and Performance Management Committee on how we are meeting the public sector equality duty in relation to our procurement activities.

Reflections on our learning about how we have progressed our work to meet the Public Sector Equality Duty over the last 4 years.

This report covers our work over the last two years on how we are meeting the Public Sector Equality Duty and our progress in delivering the Equality Outcomes we published in April 2021. This has provided the opportunity to reflect on lessons learned over this last four years. Some key learnings have been:

- The importance of having robust performance management arrangements in place with a lead responsible officer identified to deliver activities towards equality outcomes.
- Identify measures to track progress towards equality outcomes.
- The importance of leadership to cultivate an inclusive workplace culture. For example, the values, behaviours and support for equality, diversity, and inclusion activities in NES from the Executive Team and the Board.
- Governance of equality and diversity to ensure it is given the appropriate scrutiny by the Board.
- The need to provide line managers with the appropriate guidance, tools, and training to support inclusive, diverse and equitable workplace for our people.
- Training and education on equality, diversity, and inclusion topics, including the Public Sector Equality Duty and the Fairer Scotland Duty and issues relevant to the workplace and to delivering rights-based health and care to people.
- Related to the above, it is important to avoid assumptions about knowledge and understanding across the workforce on equality and diversity issues. We need to make sure we meet people where they are and tailor support to make it relevant to roles and responsibilities.

- The value and importance of staff networks to provide peer support, raise key topics, act as a source of lived experience and feedback and provide allyship.
- The key role for NES in supporting educators with the right knowledge and skills to support learners and demonstrate leadership for equality, diversity and inclusion.
- The importance of supporting staff with EQIAs and the need to promote this as a core part of planning and evaluation activity.
- Regular engagement with staff and learners on progress with the NES Equality, Diversity, and Inclusion strategy.

NES has developed its Equality, Diversity, and Inclusion Strategy for 2025-2029. This incorporates how we will meet the Public Sector Equality Duty, including our specific Equality Outcomes. An action plan has been developed to support delivery of the strategy. The action plan will be reviewed annually in partnership with our staff and learners to ensure it remains relevant and appropriate to support the delivery of NES's functions.

NHS Education for Scotland **NES/25/24**

Agenda Item: 9b

Date of meeting: 27 March 2025

NES Public Board

1. Title of Paper

1.1. NES Equality, Diversity and Inclusion Strategy 2025–2029 and Anti-Racism Action Plan 2025-2026.

2. Author(s) of Paper

2.1. Katy Hetherington, Principal Lead, Equality, Diversity and Human Rights

3. Lead Director(s)

3.1. Christina Bichan, Director of Planning and Performance

4. Situation/Purpose of paper

4.1. To approve the NES Equality, Diversity and Inclusion Strategy 2025-2029, and Anti-Racism Action Plan 2025-2026 for publication in April 2025.

5. Background and Governance Route to Meeting

5.1. NES has legislative requirements to meet the Public Sector Equality Duty by April 2025. This includes refreshing the organisation's equality outcomes and publishing an equal pay statement every four years.

5.2. Scottish Government issued a letter to all NHS Board Chief Executives in March 2024 setting out an additional requirement to embed anti-racism within Executive objectives. This was to include a commitment to develop and deliver on an Anti-Racism Action Plan. Anti-Racism Action Plan guidance was subsequently issued by the Scottish Government in September 2024.

5.3. An Equality, Diversity and Inclusion (EDI) Strategy has been developed to set out how NES will meet its legislative requirements on the Public Sector and Fairer Scotland Equality Duties and how the plan will support NES achieve its strategic objectives. An Anti-Racism Action Plan has been developed as a separate document but is linked to the overall strategy, with actions reflected in the EDI action plan.

5.4. The Staff Governance Committee and Education and Quality Committee have approved the EDI Strategy and Anti-Racism Action Plan. It has also been approved by the Partnership Forum and the Executive Team.

6. Assessment/Key Issues

(Include narrative relating to a-h checklist by exception)

6.1. The strategy sets out the organisation's commitment to equality, diversity and inclusion and how NES will meet policy and legislative requirements. This includes how NES will support an inclusive workplace for its people and learners and how it will contribute to NES's role in addressing Scotland's health inequalities.

6.2. The Anti-Racism Action Plan sets out the organisation's commitment to anti-racism and the actions NES will take over 2025/2026. The plan covers both workforce and service delivery aspects of NES's work, in line with the guidance from the Scottish Government. It builds on anti-racism work that NES has been doing over the previous years. Following overall feedback on Boards' plans from the NHS Ethnic Minority Forum on 12th March, the format is being rearranged for the final design.

6.3. Work on the EDI Strategy and Anti-Racism Action Plan started early in 2024. Staff engagement sessions on the EDI strategy and Anti-Racism Action Plan, including specific sessions with staff networks and resident doctors, have taken place. A survey on the proposed equality outcomes was issued to staff and partners. Over 160 responses have been received, mostly from NES staff and NES employed trainees. A report from the consultation is included for the Board and will be published on our website alongside the strategy.

6.4. The EDI Strategy includes specific requirements on equal pay and occupational segregation. The Staff Governance Committee have undertaken appropriate scrutiny of these aspects of the strategy.

7. Recommendations

The Board is asked to:

7.1. Note NES's legislative requirements under the Public Sector Equality Duty and the requirement by Scottish Government to develop a one-year Anti-Racism Action Plan.

7.2. Approve the Equality, Diversity and Inclusion Strategy and Anti-Racism Action Plan for publication in April 2025.

7.3. Note the report on the consultation on NES's proposed equality outcomes to be published alongside the strategy.

Author to complete checklist.

Author to include any narrative by exception in Section 6 of the cover paper.

a) Have Educational implications been considered?

☒ Yes
☐ No

b) Is there a budget allocated for this work?

☐ Yes
☒ No

c) Alignment with Our Strategy 2023 – 26 People, Partnerships and Performance

☒ 1. People Objectives and Outcomes
☒ 2. Partnership Objectives and Outcomes
☒ 3. Performance Objectives and Outcomes

d) Have key strategic risks and mitigation measures been identified?

☒ Yes
☐ No

e) Have Equality, Diversity, Human Rights and health inequality issues been considered as per Fairer Scotland Duty: Guidance for Public Bodies and Corporate Parenting as per the Children and Young People (Scotland) Act 2014?

☒ Yes
☐ No

f) Has an Equality Impact Assessment (EQIA) been completed or in progress for this piece of work?

☒ Yes
☐ No

g) Have you considered Emergency Climate Change and Sustainability implications as per **DL (2021) 38**?

☒ Yes
☐ No

h) Have you considered a staff and external stakeholder engagement plan?

☒ Yes
☐ No

Author name: Katy Hetherington
Date: 27 March 2025
NES

NHS Education for Scotland

Equality, Diversity and Inclusion Strategy

2025–2029

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Foreword

David Garbutt, Chair and Karen Reid, Chief Executive

At NHS Education for Scotland (NES), we fully support the Scottish Government philosophy that every individual deserves the opportunity to live a long, healthy, and fulfilling life but recognise that people living in the most deprived areas still face significant health challenges and lower life expectancy. The gender pay gap in the public sector in Scotland remains at 25%, and discrimination and harassment in workplaces, including health and social care settings, persist. These inequalities impact our chances for a better life.

While we have made strides in promoting equality, tackling discrimination and harassment, and upholding human rights, there is still much work to be done. Children's rights are protected by the United Nations Convention on the Rights of the Child, now part of Scottish legislation and we all have the right to the highest attainable standard of health. In achieving these aims NES is continuing to develop an inclusive workplace and our Equality, Diversity, and Inclusion Strategy embodies our commitment to fostering that workplace for our staff, trainees and learners. This approach is not just a moral imperative; it is a catalyst for innovation, talent attraction, and a positive work environment. This strategy is fundamental to NES's mission of being a collaborative, innovative, and inclusive learning organization that provides high-quality education, training, workforce development, workforce data, and technology for Scotland's health and social care workforce.

People are at the heart of what we do. With our people, we can support better rights-based quality care and outcomes, helping us navigate the challenges we face now and in the future. We must not be complacent. Protecting and upholding people's rights will enable us to address inequalities and support our role as a high-performing organisation.

Who we are

Our purpose in NES is to be a collaborative, innovative and inclusive learning organisation providing high quality education, training, workforce development, workforce data and technology for Scotland's health and social care workforce.

Our strategic vision is to support better rights-based quality care and outcomes for every person in Scotland through a skilled, capable, and resilient health and social care workforce.

We are adaptable, creative, and responsive to the needs of the workforce and the communities we serve. We are firmly committed to improving population health, reducing health inequalities, and working nationally and locally with partners to make a positive and lasting impact to improving the wellbeing of the people of Scotland.

We work with the Scottish Government, local government, NHS, Health and Social Care Partnerships, social care providers, academia, regulators, and other strategic partners to create new roles and services and develop new and exciting career pathways for future generations. Our work programmes ensure that those who work in health, social care and social work are skilled, confident, and motivated to continually improve outcomes for people.

We promote and uphold human rights, including children's rights, through our education and training and provide challenge where these are not being upheld.

The work we do affects everyone who works in and with health and social care services, as well as every person in every community in Scotland. We design and deliver education, ensure quality and standards, and use technology to enable staff to be skilled, confident, and motivated to provide better outcomes. Our goal is to create a workforce that meets the needs of the people of Scotland, through collaboration with staff, learners, communities and our stakeholders. The **NES Strategy 2023–2026 (https://newsletters.nes.digital/corporate-strategies/corporate-strategy-2023-26/)** sets clear direction to achieve this around three areas of focus — People, Partnerships and Performance.

Purpose

Equality, diversity and inclusion are fundamental to supporting NES achieve its purpose and deliver its functions.

The pressures on the health and social care system to deliver high quality care for people in Scotland continue. NES has an important role to play in supporting NHS Scotland and the social care sector in attracting, retaining, educating and training a diverse workforce for now and for the future. Contributing to efforts across the health and social care system to address health inequalities is an important part of NES's role. This strategy and plan will set out how our work on equality, diversity and inclusion will contribute to a more equitable health and care system and to reducing population health inequalities.

We set out in our Equality, Diversity and Inclusion Strategy:

+ The organisation's commitment to progressing equality, diversity and inclusion
+ Why change is needed
+ How NES is meeting its Public Sector Equality Duty and The Fairer Scotland Duty
+ NES's approach to anti-racism
+ How NES will support an inclusive workplace culture for our people and our learners
+ How this strategy will contribute to NES's work to address population health inequalities in Scotland and take a human rights and children's rights approach in our work

This strategy was developed with our staff, including our staff networks, our Board and our partners. We have developed a plan to support the strategy, which includes our longer-term Equality Outcomes as part of the Public Sector Equality Duty. We consulted on the proposed Equality Outcomes with our partners, staff and the public via our website to find out if we had identified the most important issues for NES to contribute to progressing equality, diversity and inclusion.

Progress will be reported bi-annually to our Board and to our staff.

NES's commitment to equality, diversity and inclusion

Person with less-visible disabilities delivers presentation to two colleagues, one has a facial difference and sight loss | Business Disability Forum

Tackling inequalities, progressing equality and creating a diverse and inclusive workplace for our staff and learners is central to achieving the work of NES. Our goal is to support the health and social care workforce to have the competence, confidence and capability to improve outcomes for people who use health and social care services. We are also committed to meeting the needs of staff, carers, and the people of Scotland by working in partnership with our staff, learners and health and social care partners.

We aim to be an inclusive employer that attracts and retains a diverse workforce and acts to progress equality and eliminate discrimination and harassment. We have legislative requirements to meet the Equality Act (2010) and as an NHS Board, the Public Sector Equality Duty and the Fairer Scotland Duty. We aim to take a human rights and children's rights approach in our work, meeting our legislative requirements under the Human Rights Act (1998) and the UNCRC Scotland Incorporation Act (2024).

All NHS Boards are developing anti-racism action plans to increase the pace of action to tackle the impact of racism on NHS Staff, the population and to improve health outcomes for racialised minorities. Racism is a public health issue, and we set out what we will do to improve outcomes for racialised minorities in our Anti-Racism Action Plan 2025–2026.

The following NES strategies underpin how NES will achieve its goals and deliver progress on equality, diversity and inclusion:

Our Learning and Education Strategy

Learning and education is at the heart of what we do. It is vital for the health, social care and public service workforce to deliver good quality care and improve the health and wellbeing of the Scottish population. The views of people with lived and living experience of health and social care services will be central to our approach to developing and delivering workforce learning. We prioritise accessibility, equity, inclusivity and diversity across all learning and education. The knowledge and skills of our educators on equity and inclusion is vital in supporting the delivery of our organisational goals.

https://www.nes.scot.nhs.uk/media/hwdneqnw/nes_learning_and_education_strategy_2023-2026.pdf

Our Organisational Development Plan

The Organisational Development Plan sets out how we will attract, retain, support, develop and nurture our talented workforce so they can deliver with confidence, competence, curiosity and creativity. Our employees are our best asset and advocates for NES — what they do and how they are supported to deliver it is important for us to achieve our organisational outcomes. The Organisational Development Plan covers work on culture, capabilities and collaboration.

Our approach to technology access and digital inclusion

NES works with people, communities, health and social care organisations and the Scottish Government to design and deliver technology and services. People who are digitally excluded experience worse access to services, education and health outcomes. It often overlaps with other forms of social exclusion and disadvantage. Technology has therefore been described as a super social determinant of health because it can impact on other inequalities in health, literacy, finances and housing inequalities. We will therefore work towards equitable technology access and digital inclusion through our platform technology and services. Additional features of our work include applying technology to address inequalities in access, including providing reasonable adjustments, accessibility, and accommodation.

Our Climate Emergency and Sustainability Strategy

Equality, health inequalities and the impact of climate change are inextricably linked. We know that people living in the most deprived communities in Scotland continue to experience poorer health and wellbeing and life expectancy is falling as a result. The resilience of communities to the impact of climate change and the actions to respond to it are not distributed equally across the population. The impact does not and will not affect communities equally and therefore there is a need to work across NES on this agenda to help ensure the principles of equity and the right to the highest attainable standard of health are upheld.

https://www.nes.scot.nhs.uk/media/lrwf3ogi/nes-climate-emergency-and-sustainability-strategy-2024.pdf

Why we need change now

Scotland has persistent health inequalities and life expectancy is below what it was prior to the pandemic[1]. Inequalities between different population groups remain wide. The impact of the Covid-19 pandemic is being seen in population health statistics though health inequalities in Scotland have existed long before the pandemic. Young adult men and families with young children have been highlighted by The Health Foundation[2] as being of particular concern given worsening outcomes for these groups in the most disadvantaged communities.

We have increasing understanding about the relationships between technology, healthcare and equity, the 'digital determinants of health'[3].

The Expert Reference Group on Covid and Ethnicity provided several recommendations to address racialised health inequalities in Scotland. Covid-19 highlighted existing inequalities experienced by many minority ethnic population groups.

[1] Life Expectancy in Scotland, 2021–2023 | National Records of Scotland

[2] Leave no one behind | The Health Foundation

[3] Holmes Fee C, Hicklen RS, Jean S, Abu Hussein N, Moukheiber L, de Lota MF, Moukheiber M, Moukheiber D, Anthony Celi L, Dankwa-Mullan I. Strategies and solutions to address Digital Determinants of Health (DDOH) across underinvested communities. PLOS Digit Health. 2023 Oct 12;2(10):e0000314. doi: 10.1371/journal.pdig.0000314. PMID: 37824481; PMCID: PMC10569606.

The Equality and Human Rights Commission's How Fair is Scotland report[4] in 2023 highlighted:

01 Ethnic minority people face lower quantity and quality of work and worse living standards than White British people

02 Disabled people are more likely to earn less and experience worse living standards

03 Relative poverty rates are increasing for lesbian, gay and bisexual adults

04 The numbers of police-recorded hate crimes relating to transgender identity, sexual orientation and disability have all increased

05 People in the most deprived areas have lower healthy life expectancy, poorer mental health and are more likely to attempt or die by suicide

[4] Equality and Human Rights Monitor 2023: Is Scotland Fairer? | EHRC (equalityhumanrights.com)

> **Inequalities in health reflect the inequalities in society at large: they are closely related to personal and socio-economic factors, such as income, education, housing, gender, age, ethnicity, disability, geography and social inclusion.[5]**

Evidence shows that some population groups continue to experience significantly poorer health outcomes, driven by severe disadvantage, poverty, discrimination and stigma.

Sometimes referred to as 'inclusion health' population groups, it includes:

+ People who experience homelessness
+ People with drug and alcohol dependence
+ Vulnerable migrants and refugees
+ Gypsy, Roma, and Traveller communities
+ People in contact with the justice system
+ Victims of modern slavery
+ Sex workers
+ Other marginalised groups

Equity is a cornerstone of a public health and rights-based approach to health. NES recognises that stigma, discrimination and societal inequalities profoundly affect population health and individuals' experiences within health and social care services. This strategy includes the protected characteristics identified in the Equality Act (2010) but also extends to additional population groups. Our strategy adopts an 'intersectional'6 approach, recognising that people are shaped by multiple characteristics and social categories, which can intersect and worsen outcomes for people.

We understand that inequality in power leads to broader social inequalities. The root causes of health inequalities lie in differences in income, power and wealth between social groups. These in turn shape environmental factors such as access to services, housing and work which ultimately influence individuals' experiences and the opportunity for long and healthy lives[7].

Improving the health of those who experience the poorest health outcomes, such as those population groups listed above, is important if health inequalities in Scotland are to be tackled. As the national education and training body we can contribute to a workforce that understands what causes health inequalities in order to take action to deliver equitable health and social care.

[5] Tackling Health Inequalities | Seven Priorities For The NHS | kingsfund.org.uk

[6] Using intersectionality to understand structural inequality in Scotland: evidence synthesis | gov.scot

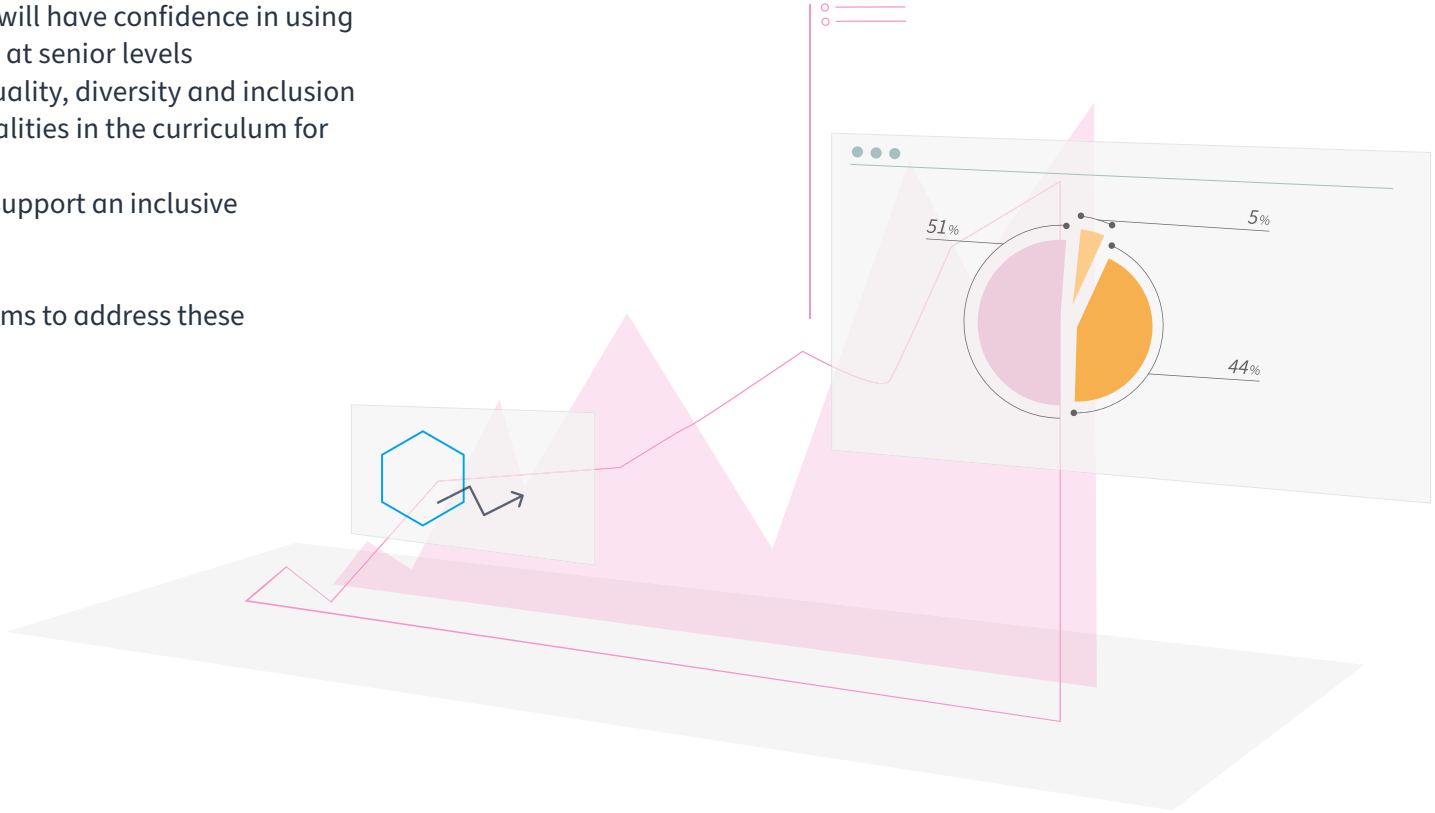
[7] Fundamental causes of health inequalities | Health Inequalities | Equity and justice | Our areas of work | Public Health Scotland

Several reports over recent years indicate that there is more work to be done to achieve inclusive, diverse and equitable workplaces for health and social care staff. Racism and bullying undermine psychological safety in the workplace which can lead to a culture where concerns are not raised or mistakes are not admitted, leading to an impact on patient satisfaction[8].

Reports such as these have led to recommendations including:

+ Anti-racism approaches to tackle racism, discrimination and harassment
+ Improved reporting systems that staff will have confidence in using
+ Improved diversity and representation at senior levels
+ Training and education for staff on equality, diversity and inclusion
+ Embedding equality and health inequalities in the curriculum for health and social care professions
+ Leadership skills and behaviours that support an inclusive workplace culture

The action plan to support this strategy aims to address these recommendations through NES's role.



[8] Dawson, J. (2018) Links between NHS staff experiences and patient satisfaction: analysis of surveys from 2014 and 2015. Available at links-between-nhs-staff-experience-and-patient-satisfaction-1.pdf

An Equality and Human Rights Commission inquiry reported in 2022 that ethnic minority workers in health and social care experienced different treatment to White colleagues (harassment and abuse related to race, unsupportive line managers, less favourable treatment in allocation of hours and duties)[9].

The BMA's survey on racism in medicine reported that ethnic minority doctors reported being overlooked for promotion, being forced to change speciality, feelings of isolation, exclusion and being unsafe at work — 60% reported that their mental wellbeing had suffered as a result[10].

The Messenger Review — Leadership for Collaborative and Inclusive Future reported that there is widespread evidence of considerable inequality and opportunity for those with protected characteristics, particularly race and disability[11].

Research into experiences of sexual assault and harassment in surgery found that 63% of women and 23% of men were the target of sexual harassment[12].

The Scottish health and social care staff survey found overall a lower mean experience score for staff with a disability, LGBT and those who prefer to self-describe their sexual orientation, men across all age groups (apart from senior managers who score higher than females) and staff from a White Other British[13].

Attainment gaps continue to exist in medicine[14], pharmacy[15] and are likely in other professions between different population groups Scotland has the largest disability pay gap of UK countries, 18.5% less than non-disabled employees[16].

9 Experiences from health and social care: the treatment of lower-paid ethnic minority workers | EHRC

10 Delivering racial equality in medicine

11 Health and social care review: leadership for a collaborative and inclusive future | gov.uk

12 Sexual harassment, sexual assault and rape by colleagues in the surgical workforce, and how women and men are living different realities: observational study using NHS population-derived weights | British Journal of Surgery | Oxford Academic (oup.com)

13 iMatter Survey 2022: demographic data exploration | gov.scot

14 Tackling disadvantage in medical education

15 Differential Attainment | RPS

16 Annex B: Privacy Notice — Equality and Human Rights Mainstreaming

How NES is meeting the Public Sector Equality Duty

A blind person works on a braille note next to a colleague

The Public Sector Equality Duty is a legislative requirement. The purpose is to make progress on equality in society through the work of public bodies. There are 2 parts to the Duty; The General Duty and the Specific Duties. You can find out more about this at **The Public Sector Equality Duty (PSED) | EHRC (https://www.equalityhumanrights.com/guidance/public-sector-equality-duty-psed#specific-duties)**

The three aims of the general duty are to make sure that public authorities have due regard to the need to:

1. Put an end to unlawful behaviour that is banned by the Equality Act 2010, including discrimination, harassment and victimisation.
2. Advance equal opportunities between people who have a protected characteristic and those who do not.
3. Foster good relations between people who have a protected characteristic and those who do not.

As a Scottish public body, we are also required to meet the Scottish Specific Duties. These duties intend to support public bodies in meeting the General Duty. This includes reporting on how we are mainstreaming the equality duty into our work, assessing the impact of our policies and practices, and publishing and reporting on our equality outcomes. It also covers our work as an employer, including publishing an equal pay statement and gathering and analysing employee information. We published progress with our work to meet the Public Sector Equality Duty over 2021–2024, including our set of Equality Outcomes on our website.

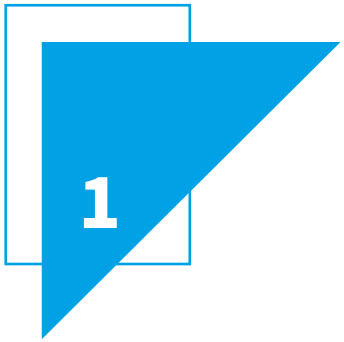
This strategy and action plan sets out how NES will meet the Public Sector Equality Duty and the specific duties as a Scottish public body.

NES's Equality Outcomes

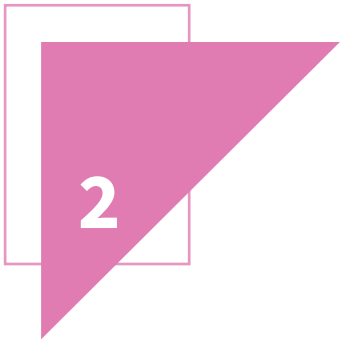
An Equality Outcome is a result that we intend to achieve to help us make progress with the Public Sector Equality Duty. It aims to improve people's lives through the work that we do by identifying areas of inequality that we can make a measurable difference in. The actions we will take to work towards these outcomes are set out in the Action Plan.

These outcomes were identified by reviewing the evidence base, engaging with staff across NES, reviewing progress with Equality Outcomes from 2021–2025 and to align with NES's Corporate Strategy. A survey was issued to all staff and to partners and the public via our website and social media channels. Over 160 responses to the survey were received. The outcomes are over a four year period and progress will be reported to the Board every six months. The outcomes will also be reviewed to ensure alignment with forthcoming NES strategy. The current NES strategy is for 2023–2026.

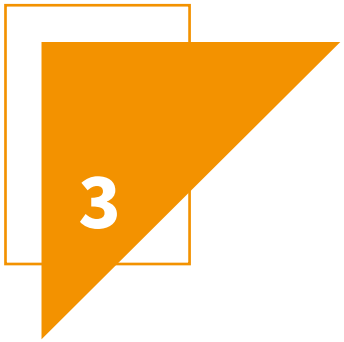
NES has identified the following Equality Outcomes:



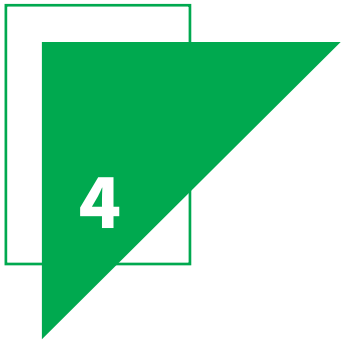
By March 2029
The NES workforce will be representative of people from a minority ethnic background, disabled people and younger people to reflect the diversity of the health and social care workforce.



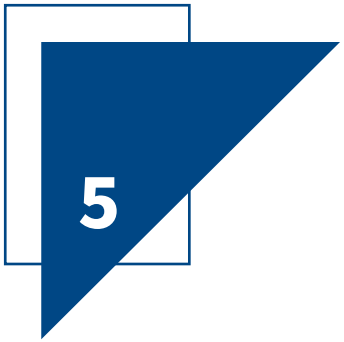
By March 2029
NES will have contributed towards reducing the UK-wide attainment gap for medical and pharmacy trainees from Black and Minority Ethnic backgrounds and International Medical Graduates.



By March 2029
The voice and experience of people who have used or are using health and social care services will inform NES's educational resources to contribute to NES's role in addressing health inequalities.



By March 2029
NES will have increased its knowledge about the diversity of learners accessing NES's education and training products to improve equity in education and training for health and social care staff.



By March 2029
NES will meet the learning needs of the health and social care workforce on anti-racism, equality, diversity and inclusion.

Equal Pay Statement

NES has published its Equal Pay Statement 2025–2029 on our website.

Fairer Scotland Duty

The Fairer Scotland Duty places a legal duty on public bodies in Scotland to consider how they can reduce inequalities of outcomes (e.g., health outcomes) caused by socio-economic disadvantage, when making strategic decisions. Socio-economic disadvantage can be described as:

+ Low/no wealth
+ Low income
+ Area deprivation
+ Socio-economic background
+ Material deprivation

This can lead to lower life expectancy, poorer skills and attainment, lower quality and less secure employment, less chance of being treated with dignity and respect[17].

Experience of poverty has an equality dimension, for example, women are more likely to work part-time, carry out unpaid care and have lower pay; a gender pay gap still exists. There are also differences between different groups of men and women, for example, single adults who live alone are more likely to live in poverty (mostly men) and lone parents are more likely to live in poverty (mostly women).

Discrimination has wide-ranging effects on people's opportunities, including career progression. NES will meet the Fairer Scotland Duty and is committed to playing its part in reducing socio-economic disadvantage and addressing health inequalities.

[17] About the Duty — Fairer Scotland Duty: guidance for public bodies | gov.scot

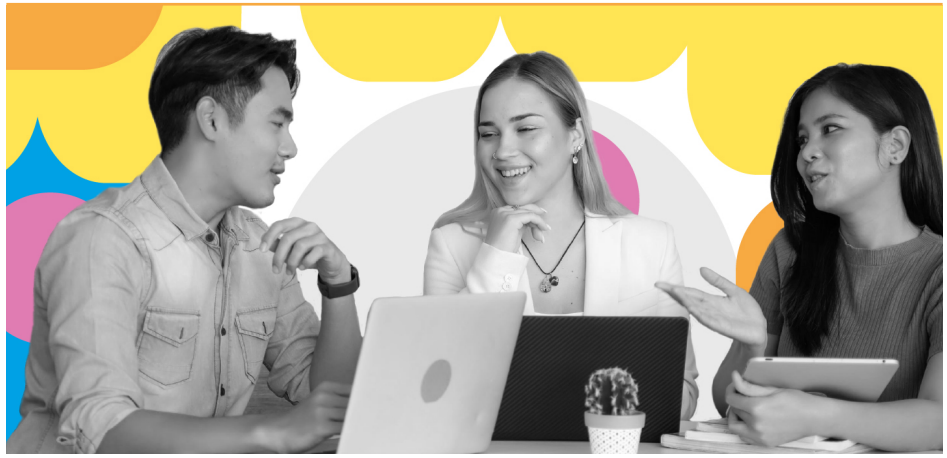
NES's Anti-Racism Plan

The NES Anti-Racism Plan sets out our vision and mission to address racism. Racism is a public health issue and NES is committed to taking an anti-racism approach through our work. You can read about our work to address racism and address racialised health inequalities in our Anti-Racism Action Plan.

Remote and Rural Health and Care

Geography can have an impact on health inequalities. We will support the delivery of improved healthcare for remote, rural and island communities. The goal of this is to provide equity in healthcare, acknowledging the specific needs of the people who live and work in Scotland's remote, rural and island communities. We aim to improve remote and rural healthcare research, education, leadership, practice, recruitment and retention. Information is at **National Centre for Remote and Rural Health and Care: Information Hub | Turas | Learn (https://learn.nes.nhs.scot/63205**). As well as the work of the National Centre, we will consider what impact our work could have on remote and rural communities as part of our approach to Equality, Fairer Scotland and Children's Rights Impact Assessment.

An inclusive workplace culture: for our people and our learners



We aim to provide an inclusive learning environment for all our learners. We engage with a wide range of health and social care staff working across Scotland in diverse roles. We are responsible for developing and delivering healthcare education and training for the NHS, health and social care sector and other public bodies. We have a Scotland-wide role in undergraduate, postgraduate and continuing professional development. Our Equality, Diversity and Inclusion Strategy will help us to do so, and inclusion is reflected in our Learning and Education Strategy.

The NES Deanery trains 6000 doctors and dentists in training, working across NHS Health Boards in Scotland. We are the employer for trainees in General Practice, Public Health and Occupational Health, Dental Core, Speciality and Vocational Dental Practice. Our reach extends to the wider cohort of staff who provide supervision to trainees in their training post. This provides us with the opportunity to support new doctors and dentists in Scotland to experience an inclusive and equitable workplace, working with Directors of Medical Education in the health boards and with partners such as the General Medical Council. The Scottish Trainee Survey is one way that NES can gather information about trainees' experience of inclusion in the workplace, including on discrimination and harassment. The 2024 survey included questions on sexual harassment.

What do we mean by 'inclusion'?

Inclusion can mean different things to different people. It is often defined as the extent to which everyone at work, regardless of their background, identity or circumstance, feels valued, accepted and supported to succeed at work We would expect you to see a culture where everyone feels they belong, they have a voice and are valued for the unique skills and abilities that they bring to work[18].

[18] building-inclusive-workplaces-report-sept-2019_tcm18-64154.pdf

We want to create an inclusive workplace culture for our people and learners that welcomes and celebrates all our differences, demonstrating the NHS Scotland values of:

+ Care and compassion
+ Dignity and respect
+ Openness, honesty and responsibility
+ Equality and teamwork

NHS Scotland has a standardised approach for workforce policies. This includes refreshed Equality, Diversity and Inclusion, Bullying and Harassment and Gender-Based Violence policies. NES will ensure that all our staff are aware of these policies and the associated guidance for employees and managers.

Line managers are in a unique and important position to be able to create a supportive and inclusive environment in which staff feel valued, respected and cared for. NES has developed a line manager handbook to provide staff with the right support to create an inclusive culture and to uphold our organisational values. Monthly line-manager network meetings provide the space for line manager development and peer support. This is an important way for NES to support the organisation in the delivery of this strategy by supporting NES line managers with the knowledge and skills to contribute to its aims.

Equally Safe at Work

NES is working towards the Equally Safe at Work accreditation, recognising the need to progress gender equality and tackle violence against women. The Worker's Protection (Amendment to Equality Act 2010) places a duty on employers to take ‘reasonable steps’ to prevent sexual harassment. There is no place for sexual misconduct in NES.

Training and education for the workforce is an important contribution to creating a safe workplace culture for staff. NES aims to support our employees as well as the wider health and social care workforce experience a workplace free from sexual misconduct. Guidance for our staff on relationships at work and to support staff respond to disclosures of sexual misconduct in a trauma-informed way has been developed. This will supplement the Once for Scotland NHS Scotland policies, including NHS Scotland’s sexual harassment guide.

Disability Confident

Person with a less-visible disability wearing a sunflower lanyard uses a laptop outside

NES is a Disability Confident Employer, an employer scheme to attract and retain disabled people and people with health conditions. We are committed to progressing equality in the workplace for disabled staff. We aim to apply for Disability Confident Leader status when we renew our accreditation in 2026. Our action plan reflects what we will do to achieve this.

NES's specialist lead for disability provides advice to staff and NES employed resident doctors and dentists in training on reasonable adjustments in the workplace and works closely with the NES Deanery's Training Wellbeing Service.

Carer Positive

NES is a Carer Positive Employer and has achieved Level 2: Established. Carers are a significant part of the working-age population and providing support to retain people with caring responsibilities in the workplace is vital in our goal as an inclusive organisation.

CARER POSITIVE
Employer in Scotland
ESTABLISHED

Staff Networks

The NES staff networks are an important way to provide peer support to our staff and to influence organisational practice and culture. Staff are provided with time to contribute to the networks and allies are welcome to attend and support the work of the networks.

NES currently has the following staff networks:

+ Under-represented ethnic minority network
+ Disability, Long-term Conditions, Mental Health and Neurodiversity Network
+ Parent and Carer Network
+ Lesbian, Gay, Bisexual and Transgender Network
+ The 'Neuro-bureau' — a network for NES employed doctors and dentists in training on neurodiversity
+ Regular menopause meet-ups

We will continue to support active and influential staff networks and support staff contribute and attend networks.

How we use data to progress equality and inclusion at NES

One way to understand the experiences of our staff is through a staff inclusion survey. This was developed in 2023/24 and is now issued to staff twice per year and reported to the Board. It helps us to identify areas where we need to make improvements and areas to celebrate. We undertake an equality analysis of the data to identify of groups of staff have different experiences, e.g., by protected characteristic, carer status.

We report annually to the Board and in our workforce equality monitoring report our gender, disability and ethnicity pay gap. We also report annually to the Board on the % of staff from a minority ethnic background, % staff who have reported a disability and % who are lesbian, gay or bisexual. The employment equality monitoring report is published on our website at **Employment equality monitoring and equal pay (https://www.nes.scot.nhs.uk/about-us/equality-diversity-and-human-rights/employment-equality-monitoring-and-equal-pay/)**.

To understand the experience of resident doctors, the NES Deanery issues the Scottish Trainee Survey and this includes information about experience of inclusion in the workplace, including on discrimination and harassment. The data is shared with Speciality Training Boards who can then develop plans for continuous improvement for Scotland's resident doctors.

To provide equitable access to training and education, it is important to understand the diversity of learners who access NES's services. This is a priority in our Learning and Education Strategy and has been identified as one of our Equality Outcomes for 2025–2029.

Wellbeing

Discrimination, harassment and inequality affects wellbeing. If our strategy is effective, it will contribute to the health and wellbeing of our workforce and contribute to a high performing organisation. Feeling like you belong — a feeling of acceptance and inclusion — in the workplace has been found to be associated with better performance, higher retention and lower sickness absence[19]. Research has found that a sense of belonging in the workplace reduces mental health risks[20].

At NES, we take the wellbeing of our workforce seriously and staff wellbeing is an indicator of our work on equality, diversity and inclusion. As well as the Employee Assistance Programme, we issue a monthly Wellbeing Matters newsletter to share and promote a range of activities for wellbeing and have established a **Wellbeing Matters Hub (https://learn.nes.nhs.scot/72637/nes-learning-at-work/wellbeing-matters)** on our Turas learning platform.

The Trainee Wellbeing and Support Service in the NES Deanery was established to support all doctors in training. It provides a confidential and non-judgemental service including support on exams, careers, health and wellbeing and resources on sexual harassment and neurodiversity.

[19] The Value of Belonging at Work

[20] The protective power of hope and belonging in the workplace | Emerald Insight

Addressing population health inequalities — taking a human-rights based approach

Everyone has the right to the highest attainable standard of health and to experience rights-based quality care. Taking a human-rights based approach means that NES will consider the following principles when planning our work, as set out by Public Health Scotland[21]:

01

Participation
People should be able to voice their experiences and take part in decision-making. Policies and practices should support people to participate in society and lead fulfilling lives.

02

Accountability
Organisations and people should be accountable for realising human rights — there is a floor below which service standards must not fall, but above that human rights should be understood as a progressive journey towards fulfilling the full potential of every human being.

03

Non-discrimination
Everyone has the same rights regardless of their ethnicity, gender, income, religion, etc.

04

Empowerment
People, communities and groups should have the power to know and claim their rights in order to make a difference.

05

Legality
All decisions should comply with human rights legal standards.

[21] A human rights based approach | The right to health | Equity and justice | Our areas of work | Public Health Scotland

Applying these principles at NES will contribute to reducing health inequalities in Scotland, ensuring those who experience the poorest health outcomes are given equitable rights to health and care. It will contribute to our vision to support better rights-based quality care and outcomes for every person in Scotland. It will support our purpose to be a collaborative, innovative and inclusive learning organisation.

The Public Sector Equality Duty is linked to the United Nations Convention on the Rights of the Child (UNCRC) because of its emphasis on reducing inequalities. NES is committed to contributing to The Promise and has set out how it will do this in its **Corporate Parenting Plan (https://www.nes.scot.nhs.uk/media/3bcp1fxe/corporate_parenting_progress_report_2024.pdf)**.

We recognise our contribution to promote and protect children's rights through our workforce education and training. We will support people who work in health and social care, including our own workforce, to understand what the UNCRC (Incorporation) Scotland Act means for them in their work. This includes considering how we communicate and engage with children and young people in a meaningful way.

The actions we will take to uphold human rights and apply a human rights-based approach in our work is set out in our Action Plan.

Accessible NES policy

Accessible NES sets out the accessibility standards expected of all communication in NES. This includes clear and concise practical guidance for staff and their responsibilities to provide accessible information, digital resources and updated translation and interpretation guidance. This will be further promoted across the organisation to ensure all staff are aware of responsibilities on accessible communication and information.

NES's Equality, Diversity and Inclusion Plan

Our plan has five key themes:

Theme 1: Leadership and accountability

Leaders play a key role in driving cultural and attitudinal change to make progress in equality and create inclusive and diverse workplace cultures. Leaders can set the tone for an organisation's approach to equality, diversity and inclusion due to their power and influence on organisational culture and values. Long-term commitment and sustained action against stated targets and outcomes are needed to demonstrate accountability to our staff, learners and partners. The Equality, Diversity and Inclusion Strategy is NES's organisational commitment to equality and tackling all forms of discrimination and harassment. The action plan aims to support implementation of this strategy.

Theme 2: Culture

Organisational culture is recognised as vital for supporting an organisation's values and creating the conditions that will support an organisation achieve its goals. NES aims to create an inclusive workplace culture with values and behaviours which will support the aims of our Equality, Diversity and Inclusion strategy and support NES deliver its strategy. This will be in the context of our Organisational Development Plan and the NHS Scotland **Improving Wellbeing and Working Cultures (https://www.gov.scot/publications/improving-wellbeing-working-cultures-2/pages/11/)** which identifies the pillars of wellbeing, leadership and equality underpinning a positive workplace culture.

Theme 3: Equity of opportunity

Equity is a key goal for our Equality, Diversity and Inclusion Strategy. We want to contribute to an equitable health and care system in Scotland where:

+ People have an equal opportunity to join and progress a career in health and social care based on their knowledge, skills and experience
+ Trainees have equity in opportunity to progress through their training
+ Learners have equity in access to the training and development they need for their role development
+ Health inequalities are addressed

Theme 4: Addressing concerns

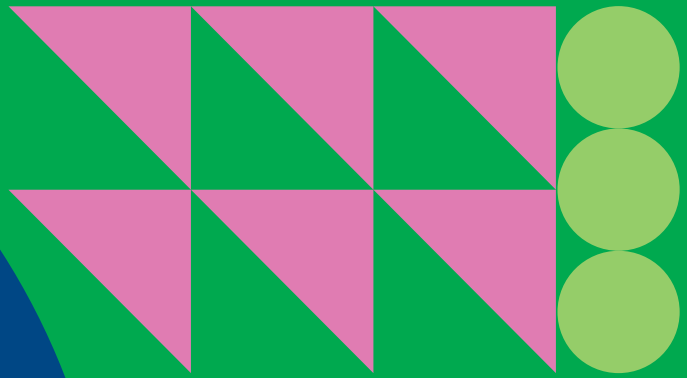
It is important that our people, trainees and learners are confident that they can report issues of discrimination and harassment. We set out under this theme the areas that we will take to improve how staff and trainees can report concerns in a supportive and trauma-informed way.

Theme 5: Data

Data is important to measure progress with this strategy and to identify areas of inequality for action. This theme will cover the work we plan to do to improve our data on employment, in our role as an educator and trainer and in technology and digital inclusion.

Action Plan

April 2025–March 2029



1 Leadership and accountability

Action	Measures	Outcome	Timeframe
1.1 All staff will complete the Introduction to Equality, Diversity and Human Rights as part of NES's mandatory learning.	% of NES staff who have completed the module (or renewed it every 3 years).	All staff are aware of equality and human rights responsibilities and the actions that can be taken to challenge and prevent inappropriate behaviour.	Annual data on completion rate.
1.2 Further training specifically for line managers, senior leaders and educators on anti-racism will be developed as part of continuous professional development. See links to 2.1, 5.2 and 5.3.	% of NES managers and educators who have completed additional anti-racism training.	NES managers and educators are confident in contributing to an anti-racism approach in NES and in supporting staff and learners who experience racism.	March 2027

Action	Measures	Outcome	Timeframe
1.3 Progress with NES's Equality, Diversity and Inclusion Action Plan is reported bi-annually to the Equality and Human Rights Steering Group, Executive Team, Partnership Forum, Staff Networks, Board Committees and the Board.	Bi-annual progress report produced on the action plan.	Transparency on progress with the action plan to our people, the Board, our learners and the public.	Annually
1.4 NES's commitment to equality, diversity and inclusion is reflected on our corporate website, in corporate induction, recruitment pack, and NES's line manager handbook.	Consistent text to reflect the NES Equality, diversity and inclusion strategy has been updated in corporate publications, staff communications and on the NES website.	Staff, learners, trainers, partners and the public can see NES's commitment to equality, diversity, inclusion and anti-racism.	March 2026
1.5 NES will identify a senior sponsor for each of our staff networks.	A senior member of NES has been identified to support each staff network.	Support for NES staff networks provided at a senior level in NES.	September 2025

Action	Measures	Outcome	Timeframe
1.6 The Equality and Human Rights Steering Group will meet quarterly to assess NES's progress on its EDI strategy and action plan and support NES to mainstream equality, diversity and inclusion across its functions.	+ Member of the Executive Team to chair the Group + Quarterly Meetings + Quarterly performance reports from each Directorate	+ NES's EDI Strategy and Action Plan is performance managed + All Directorates are represented and able to influence delivery of NES's equality, diversity and inclusion strategy	Quarterly
1.7 Equality and Diversity Board Development learning modules will be promoted to Board members on appointment as part of induction and as part of on-going development. Further Board development sessions will be offered as/if appropriate.	+ % NES Board Members completed Equality and Diversity e-learning for Board members + Development sessions identified and organised to meet needs on quality, diversity and human rights	The NES Board is equipped to provide appropriate governance to NES's work on equality, diversity and human rights.	March 2029
1.8 Review NES's Equal Pay policy, statement and action points with trade unions, staff networks and professional organisations as appropriate every 2 years and formally report every 4 years.	Report as part of Public Sector Equality Duty report (every 2 years).	NES awards pay fairly and equitably in line with its Equal Pay policy and statement.	+ April 2027 + April 2029

Action	Measures	Outcome	Timeframe
1.9 Review NES's Equal Pay policy, statement and action points with trade unions, staff networks and professional organisations as appropriate every 2 years and formally report every 4 years.	Report as part of Public Sector Equality Duty report (every 2 years).	NES awards pay fairly and equitably in line with its Equal Pay policy and statement.	+ April 2027 + April 2029
1.10 Inform employees how pay practices work and how their own pay is determined.	Mechanism in place to inform staff on pay practices.	Staff are informed about how pay practices work and how pay is determined.	+ April 2027 + April 2029
1.11 Examine our existing and future pay practices for all our employees, including part-time workers, those on fixed term contracts or contracts of unspecified duration, and those on pregnancy, maternity or other authorised leave.	Plan in place to review pay practices.	NES awards pay fairly and equitably in line with its Equal Pay policy and statement.	April 2029

2 Culture

Action	Measures	Outcome	Timeframe
2.1 We will ensure equality, diversity and inclusion topics are included in the line manager network programme to support our line managers with the knowledge and skills to create inclusive teams, e.g., discussion on reasonable adjustments and neurodiversity in the workplace.	Number of relevant topics as part of the line manager network annual programme.	Our values on inclusion are reflected in discussion and support to NES Line Managers.	Annually
2.2 We will promote 'NES Way' to encourage behaviours in NES that will help us to create inclusive, safe and equitable workplace.	+ Communication to all staff + Reflected in Corporate Induction + Discussed as part of line manager programme of events	Staff are familiar with NES Way and contribute to creating a positive workplace culture.	Annually

Action	Measures	Outcome	Timeframe
2.3 NES Staff Networks will be supported to provide a safe space for peer support, allyship and to influence organisational practice by advocating and sharing staff experiences.	+ Meetings arranged for the full year + Staff engagement with network meetings + Number of areas staff networks are engaged in making change to support NES as an inclusive and diverse organisation	Staff have the opportunity for peer support and influence through an active staff network structure in NES.	+ Monthly network meetings + Quarterly staff network chairs meetings
2.4 A twice-yearly staff inclusion survey will be issued and reported to the Staff Governance Committee and the Board with relevant actions identified for any improvement.	Strategic Key Performance Indicator reported to Staff Governance Committee and the Board twice per year.	Perceptions on inclusion at NES are measured and acted upon.	Every 6 months
2.5 All staff will participate in anti-racism introductory training as part of continuous professional development.	No of staff who have attended anti-racism training or accessed digital resources.	Staff have an awareness about what anti-racism is and NES's commitment to anti-racism.	March 2026

Action	Measures	Outcome	Timeframe
2.6 We will participate in and promote **Race Equality week (https://www.raceequalitymatters.com/race-equality-week/)** and identify other opportunities to celebrate cultural diversity, including Black History Month.	Promotion of Race Equality Week events and learning resources across NES.	Staff are aware of Race Equality Week and NES's commitment to anti-racism.	+ February 2025 + October 2025
2.7 We will share and promote events in partnership with our staff networks to recognise and celebrate diversity including Disability History Month, Pride, International Women's Day and Neurodiversity Celebration week.	Number of awareness raising sessions and/or organisation wide communication/learning sessions to recognise and celebrate diversity.	NES provides opportunities for staff to recognise and learn about diversity through a range of events.	Annually
2.8 We will continue to actively promote and measure engagement with the **Cultural Humility (https://learn.nes.nhs.scot/Scorm/Launch/72557)**, which was designed to support the development of positive cultural humility values, attitudes and behaviours in the health and social care workforce.	+ Plans identified to support learning on cultural humility for the health and social care workforce + Number of sessions where learning has been facilitated on cultural humility	Learning and education is available to health and social care staff on cultural humility to support positive attitudes and behaviours.	March 2026

Action	Measures	Outcome	Timeframe
2.9 Deliver the Equally Safe at Work Programme within NES.	Evidence for accreditation overseen by working group	+ Achieve Equally Safe at Work accreditation + Improved policies and practices that address barriers women experience at work + NES has a culture of zero-tolerance towards violence against women	+ Evidence for accreditation submitted by March 2026 + Accreditation granted by summer 2026
2.10 We will reflect NHS Scotland's commitment to anti-racism and gather examples of anti-racism practice and diverse representation of the workforce on the **NHS Scotland Careers website (https://www.careers.nhs.scot/)**.	Stories about careers in NHS Scotland reflect people from a range of ethnic backgrounds.	NHS Scotland Careers Website reflects a diverse workforce and NHS Scotland's commitment to anti-racism.	+ Website updated to reflect NHS Scotland's anti-racism commitment by June 2025 + Annually

3 Equity of opportunity

Action	Measures	Outcome	Timeframe
3.1 NES will work with our partners in health and social care to promote and support the delivery of anti-racism training resources to support NHS Boards anti-racism action plans.	Number of health and social care organisations NES has worked with to support anti-racism training.	Learning and education materials on anti-racism is available to health and social care staff to support anti-racism actions.	March 2026
3.2 NES will take action to increase the representation of ethnic minorities as applicants and participants in our leadership development programmes which are open to applicants across health and social care.	+ Applicant data for those applying to leadership programmes + Launch of Inclusive Leaders Hub for health, social work and social care, from Leading to Change + Engagement with the NHS Scotland Ethnic Minority Forum on leadership development opportunities	Increase representation of ethnic minorities applying and participating in leadership development programmes.	March 2026

Action	Measures	Outcome	Timeframe
3.3 We will raise awareness within NES of the impact of health inequalities and embed a health inequalities approach in our education and training programmes.	+ New work programme in place, overseen by health inequalities steering group + Current and potential future contribution of NES to reducing health inequalities has been identified	+ Increased awareness about actions that can be taken to address health inequalities in the NES workforce + Health inequalities is embedded in NES's education and training programmes	March 2029
3.4 NES will ensure all staff involved in recruitment are trained on inclusive recruitment practices and are aware of bias and how to mitigate it.	Number of sessions delivered to staff on inclusive recruitment practices.	By March 2029, the NES workforce will be more representative of people from a minority ethnic background, disabled people and younger people to reflect the diversity of the health and social care workforce.	March 2029
3.5 Working towards Positive about Disability Leader Status and applying in 2026.	+ Plan in place to work towards Leader status + Evidence in place for application in 2026	By March 2029, the NES workforce will be more representative of people from a minority ethnic background, disabled people and younger people to reflect the diversity of the health and social care workforce.	September 2026

Action	Measures	Outcome	Timeframe
3.6 Our support for career progression will be reviewed to make recommendations for improved recruitment and retention of ethnic minority, disabled and younger people and applicants.	+ Review undertaken + Recommendations identified for implementation	By March 2029, the NES workforce will be more representative of people from a minority ethnic background, disabled people and younger people to reflect the diversity of the health and social care workforce.	April 2029
3.7 Continuing to identify, deliver and report on evidence-informed actions to reduce the attainment gap in medicine overseen by the Addressing Equity in Medical Education Steering Group.	+ Action plan and steering group to monitor progress + General Medical Council submission and feedback	By March 2029, NES will have contributed towards reducing the UK-wide attainment gap for medical and pharmacy trainees from Black and Minority Ethnic backgrounds and International Medical Graduates.	Annually
3.8 Sharing learning from work done in medicine with colleagues in pharmacy to inform activities and measures to contribute to reducing the attainment gap in pharmacy.	+ Director of Pharmacy is a member of the Addressing Equity in Medical Education Steering Group + Actions identified and in progress	By March 2029, NES will have contributed towards reducing the UK-wide attainment gap for medical and pharmacy trainees from Black and Minority Ethnic backgrounds and International Medical Graduates.	March 2029

Action	Measures	Outcome	Timeframe
3.9 Developing, launching and embedding our Involving People and Communities Framework.	Framework launched in the organisation.	By March 2029, the voice and experience of people who have used or are using health and social care services will have increasingly informed NES's educational resources to contribute to NES's role in addressing health inequalities.	March 2026
3.10 Developing policy and practice that will facilitate, support and remunerate people with lived experience who inform our work.	Policy and practice in place to support lived experience contribute to NES work.	By March 2029, the voice and experience of people who have used or are using health and social care services will have increasingly informed NES's educational resources to contribute to NES's role in addressing health inequalities.	March 2026
3.11 Upskilling our staff so they engage more effectively and routinely with people with lived experience in the development, design and delivery of our educational resources	+ Staff learning sessions to increase skills + KPI reported to the Board	By March 2029, the voice and experience of people who have used or are using health and social care services will have increasingly informed NES's educational resources to contribute to NES's role in addressing health inequalities.	March 2029

Action	Measures	Outcome	Timeframe
3.12 Seeking feedback from our learners on the value of those educational resources that have been informed by people with lived experience.	Measures to gather feedback from learners in place.	By March 2029, the voice and experience of people who have used or are using health and social care services will have increasingly informed NES's educational resources to contribute to NES's role in addressing health inequalities.	March 2029
3.13 The NES/SG (2023) The Matrix: A Guide for delivering evidence based Psychological Therapies and Interventions in Scotland will be updated to reflect content on sharing best practice on how to reduce barriers to engagement with psychological therapies and interventions for people from minority ethnic groups.	Updated matrix produced.	The workforce has access to up to data and evidence informed practice to address racialised health inequalities.	March 2026
3.14 NES will gather and review what information is in the core mental health curricula in relation to racialised health inequalities to identify if there are any gaps or areas that need strengthened to addressed racialised mental health inequalities.	Gaps or areas that need strengthened on racialised health inequalities in relation to the mental health core curricula have been identified.	The core mental health curricula is up to date to reflect racialised health inequalities to contribute to the education of the mental health workforce on racism and impact on mental health.	March 2026

Action	Measures	Outcome	Timeframe
3.15 NES will continue to increase awareness and uptake of the NHS Essential Perinatal and Infant Mental Health "Stigma" module, which supports staff to work in a culturally aware way with families and has helpful resources to address the impact of stigma and discrimination in the perinatal period.	Number of staff who have accessed the module.	NES is contributing to staff working in a culturally aware way with families to reduce stigma and discrimination in the perinatal period.	+ March 2029 + Annual data on module uptake
3.16 Develop resources to support implementation of the Knowledge and Skills Framework on Transgender Care.	A resource has been developed to meet the essential learning needs for all NHS Staff as set out in the Knowledge and Skills Framework.	By March 2029, NES will have contributed to improving the knowledge and skills of the health and social care workforce on anti-racism, equality, diversity and inclusion by developing learning resources.	March 2026
3.17 Collaborating with the health and social care sector, including unpaid carers, to identify learning needs and deliver and evaluate education and training resources to meet these learning needs.	+ Learning Needs Assessment undertaken with key partners + Plan in place to respond to learning needs + Evaluation plans for new products in place	By March 2029, NES will have contributed to improving the knowledge and skills of the health and social care workforce on anti-racism, equality, diversity and inclusion by developing learning resources.	March 2029

Action	Measures	Outcome	Timeframe
3.18 Working across NES to strengthen education and training resources to reflect current issues, for example, sexual harassment and misogyny, anti-racism, transgender care, disability and neurodiversity, religion and belief.	Number of resources produced to meet learning needs.	By March 2029, NES will have contributed to improving the knowledge and skills of the health and social care workforce on anti-racism, equality, diversity and inclusion by developing learning resources.	March 2029
3.19 NES will establish an Accessibility Working Group to support compliance with accessibility requirements for digital learning resources.	Establish group with membership reflecting accessibility expertise across the organisation and representation of educator workforce.	Mechanism for assessment, and interpretation, of accessibility requirements affecting digital learning resources. Process to identify gaps in resources, or recommended actions, including escalation of issues / risks.	March 2026

4 Addressing Concerns

Action	Measures	Outcome	Timeframe
4.1 NES will establish a trusted, anonymous reporting mechanism for staff to investigate and take action to address incidents of discrimination and racism.	Communication to staff about the reporting mechanism.	Mechanism in place for staff to report and action to be taken to investigate incidents of discrimination and racism.	March 2026
4.2 NES will support the implementation of the NHS Scotland Once for Scotland Racism Guide and anti-racism resources commissioned by the Scottish Government on how to address racist incidents in the workplace and support staff who experience or witness it.	+ Reference to guidance is included in NES training on equality issues + Communication and awareness raising to NES line managers and educators	NES Managers and Educators are equipped to support staff and learners who experience or witness racism in the workplace or in an education and training setting.	October 2026

Action	Measures	Outcome	Timeframe
4.3 NES will support staff and line managers to be aware of and be appropriately trained on relevant policies and guidance to support an inclusive and diverse workplace e.g. Once for Scotland Equality, Diversity and Inclusion, Gender-Based Violence policies and guidance.	See Action 2.1 under Culture.	Our values on inclusion are reflected in discussion and support to NES Line Managers.	March 2026
4.4 NES will continue consultation and communication with resident doctors across Scotland on the delivery of this plan and future priorities, sharing feedback with the NES Deanery.	Feedback and consultation sessions held with trainees each year on progress with this strategy and plan.	Doctors and dentists in training are involved in measuring progress with NES's strategy and action plan.	Annually

5 Data

Action	Measures	Outcome	Timeframe
5.1 NES will gather and analyse workforce data on protected characteristics and publish this annually in a NES workforce employment equality report.	Annual workforce monitoring report with actions identified published.	NES has information about the profile of its workforce in order to meet its goal of being a diverse and inclusive organisation.	+ August 2025 + Annually
5.2 NES will continue to publish NES's ethnicity, gender and disability pay gap annually as a Strategic Key Performance Indicator to the Board and it will be included in our annual workforce equality monitoring report.	Strategic Performance Indicators are reported to Staff Governance Committee and the Board annually.	The gender, ethnicity and disability pay gap is reduced.	+ August 2025 + Annually
5.3 NES will encourage staff and trainees to update their equality and diversity data, to improve the quality of NES's workforce monitoring and to identify priorities for action to progress equality from the data.	Increase in staff reporting equality and diversity information on eESS.	NES has information about the profile of its workforce in order to meet its goal of being a diverse and inclusive organisation.	Annually

Action	Measures	Outcome	Timeframe
5.4 NES will annually review the findings and determine actions from the Scottish Trainee Survey (issued to all resident doctors) which includes questions on experiences of discrimination, inclusion in the workplace and equitable access to development opportunities.	Survey issued and annual report produced.	NES learns about the experiences of trainees across Scotland and uses this data to support a positive training environment.	Annually
5.5 Implementing an agreed set of equality, diversity and inclusion monitoring questions to improve our knowledge about learners.	Agreed set of equality, diversity and inclusion monitoring questions to improve our knowledge about learners.	By March 2029, NES will have increased its knowledge about the diversity of learners accessing NES's education and training products to improve equity in education and training for health and social care staff.	March 2029
5.6 Analysing and using equality, diversity and inclusion data to make our education products more inclusive.	Equality, diversity and inclusion data is used to make our education products more inclusive.	By March 2029, NES will have increased its knowledge about the diversity of learners accessing NES's education and training products to improve equity in education and training for health and social care staff.	March 2029

Alternative Formats

This resource may be made available, in full or summary form, in alternative formats and community languages. Please contact us on 0131 656 3200 or email **altformats@nes.scot.nhs.uk** to discuss how we can best meet your requirements.

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NESD1995 | March 2025

NES Anti-Racism Plan April 2025–2026

Taking action to address racism is vital if NES is to achieve its vision and deliver on our purpose as a national NHS Board. We set out in our equality, diversity and inclusion strategy and plan our work to be an inclusive organisation for our staff, our learners and our partners and to meet our Public Sector Equality Duty through our functions.
This plan sets out our organisational commitment and strategy on anti-racism, building on work started in 2023 in response to recommendations from the Expert Reference Group on Covid and Ethnicity and work to meet the Public Sector Equality Duty (PSED).

Why is our action plan important?

(Infographic 1)
Structural racism drives health inequalities:

- directly, through increased stress, poor mental health, cardiovascular disease and discrepancies with diagnoses.
- indirectly, through employment, housing, education and other factors.

(Infographic 2)
Racialised minorities in the health and social care workforce experience racism from:

- the public
- colleagues

(Infographic 3)
In 2025, there is still:

- a lack of ethnic diversity in leadership positions
- an attainment gap between doctors from Black and Minority backgrounds and White doctors

Note: Race and ethnicity are social constructs; neither term describes fixed biological or genetic characteristics of a population. However, the health consequences of living in a racially stratified society are illustrated by a myriad of health outcomes that systematically occur along racial and ethnic lines. NES are following the Scottish Government guidance and using the collective term 'race and ethnicity' to include subcategories of race and subcategories of ethnicity.

DRAFT

Our anti-racism vision

Enabling improved rights-based quality care, experiences and outcomes for racialised minorities in Scotland through an informed, skilled and compassionate health and social care workforce.

Our anti-racism mission

We will proactively tackle institutional and systemic racism to improve racial equity for our people and our learners, which will contribute to addressing racialised health and social care inequalities in Scotland.

What's in our action plan?

Our action plan has five key and connected themes with accompanying actions and outcomes. We have set this out as an action plan for 2025-2026 while recognising that many of the outcomes we are seeking to achieve will take place over a longer timeframe. You can read more about NES's Equality, Diversity and Inclusion Strategy 2025-2029 at (insert link)

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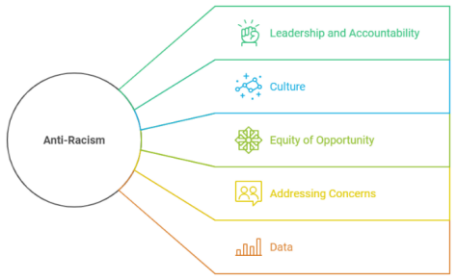
Our five key and connected themes



Leadership and accountability

Leaders play a key role in driving cultural and attitudinal change to make progress in equality and create inclusive and diverse workplace cultures. Leaders can also play a significant role in fostering racial inclusion efforts due to their power and influence on an organisation's culture and values. Long-term commitment and sustained action against stated targets and outcomes are needed to demonstrate accountability to our staff, learners and partners. This Plan and the associated Equality, Diversity and Inclusion Strategy is NES's organisational commitment to anti-racism and tackling all forms of discrimination and harassment. Staff, learners and NES's partners should recognise NES's commitment to anti-racism, equality, diversity and inclusion.

Leadership and Accountability Actions

Action 1: In addition to introductory anti-racism training for all staff, further training will be developed for line managers, senior leaders and educators.

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Action 2: Progress on the anti-racism action plan is reported bi-annually to the Equality and Human Rights Steering Group, Executive Team, Partnership Forum, Staff Networks, Board Committees and the Board. Progress is included as part of the Board's Annual Delivery Plan to the Scottish Government.
Action 3: NES' commitment to anti-racism is clearly visible on our corporate website and reinforced in corporate induction, recruitment packs and the line manager handbook.
Action 4: NES will appoint a senior sponsor for the Underrepresented Ethnic Minority Staff Network.
Action 5: A Diverse Leaders programme, to help increase diversity at senior levels across health, social work and social care, will be delivered as part of the Scottish Government Leading to Change Programme.
Action 6: Progress on this plan will be shared with all staff throughout the year, with opportunities for further engagement and feedback.

Leadership and Accountability Outcomes

- NES managers and educators are confident in contributing to an anti-racism approach in NES and in supporting staff and learners who experience racism.
- NES holds itself accountable to the actions set out and reports on these regularly.
- Our commitment to anti-racism is reinforced through our documentation and processes. Staff, learners, trainers, partners and the public can see NES's commitment to equality, diversity, inclusion and anti-racism.
- The Staff Network is supported and heard at a senior level within NES.
- Understanding of the impact of structural racism and inequalities is embedded throughout our leadership programmes and we offer leadership development opportunities to all employees who are aspiring leaders.
- We recognise the time, energy and bravery of those who have informed our anti-racism action plan through consultation, and we commit to regular communication and reporting to keep everyone informed and connected.

Culture

The overall purpose of NES is to be a collaborative, innovative and inclusive learning organisation providing high quality education, training, workforce development, workforce data and technology for Scotland's health and social care workforce. The NHS Scotland 2024 Improving Wellbeing and Working Cultures identifies three interlinked pillars which underpin a positive workplace culture: wellbeing, leadership and equality.

Culture Actions

Action 5: All staff will participate in introductory anti-racism training as part of continuous professional development.
Action 6: The Underrepresented Ethnic Minority Staff Network will continue be supported to provide a safe space for peer support, allyship, community and raising

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awareness of cultural diversity and inequalities.
Action 7: We will create space for ongoing learning, education and conversations about race and ethnicity for NES employees.
Action 8: We will participate in and promote Race Equality week and identify other opportunities to celebrate cultural diversity, including Black History Month.
Action 9: We will reflect NHS Scotland's commitment to anti-racism and gather examples of anti-racism practice and diverse representation of the workforce on the NHS Scotland Careers website.
Action 10: We will continue to actively promote and measure engagement with the Cultural Humility module, which was designed to support the development of positive cultural humility values, attitudes and behaviours in the health and social care workforce.

Culture Outcomes

- All staff have understanding and awareness of NES's commitment to anti-racism.
- Ethnic minority staff have the opportunity for peer support and influence through an active staff network in NES.
- Employees can develop their confidence in having important conversations about race and ethnicity and learn more in a safe, supportive environment.
- Staff are aware of Race Equality Week and NES's commitment to anti-racism.
- NHS Scotland Careers Website reflects a diverse workforce and NHS Scotland's commitment to anti-racism.
- Learning and education is available to health and social care staff on cultural humility to support positive attitudes and behaviours.

Equity of opportunity

Equity is a key goal for our anti-racism plan. We want to contribute to an equitable health and care system in Scotland where:

- people have an equal opportunity to join and progress a career in health and social care based on their knowledge, skills and experience,
- trainees have equity in opportunity to progress through their training,
- learners have equity in access to the training and development they need for their role development and
- racialised health inequalities are addressed.

The Scottish Government, based on recommendations from the Expert Reference Group on Ethnicity and Health, has identified perinatal care, mental health and Type 2 diabetes and cardiovascular disease prevention as priorities for NHS Scotland to address racialised health inequalities.

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Equity of Opportunity Actions

Action 11: NES will work with our partners in health and social care to promote and support the delivery of anti-racism training resources to support NHS Boards anti-racism action plans.
Action 12: Our talent pipeline will be reviewed to make recommendations for improved recruitment and retention of ethnic minority staff and applicants.
Action 13: NES will take action to increase the representation of ethnic minorities as applicants and participants in our leadership development programmes.
Action 14: NES will contribute towards reducing the UK-wide attainment gap for medical and pharmacy trainees from Black and Minority Ethnic backgrounds and International Medical Graduates by designing, delivering and monitoring evidence-informed activities.
Action 15: The NES/SG (2023) "The Matrix: A Guide for delivering evidence based Psychological Therapies and Interventions in Scotland" will be updated to reflect content on sharing best practice on how to reduce barriers to engagement with psychological therapies and interventions for people from minority ethnic groups.
Action 16: NES will gather and review what information is in the core mental health curricula in relation to racialised health inequalities to identify if there are any gaps or areas that need strengthened to addressed racialised mental health inequalities.
Action 17: NES will continue to increase awareness and uptake of the NHS Essential Perinatal and Infant Mental Health "Stigma" module, which supports staff to work in a culturally competent way with families and has helpful resources to address the impact of stigma and discrimination in the perinatal period.

Equity of Opportunity Outcomes

- Learning and education materials on anti-racism is available to health and social care staff across Scotland to support anti-racism actions.
- The NES workforce will be more representative of people from a minority ethnic background, disabled people and younger people to reflect the diversity of the health and social care workforce and the Scottish population.
- Increased representation of ethnic minorities applying and participating in leadership development programmes.
- NES will have contributed towards reducing the UK-wide attainment gap for medical and pharmacy trainees from Black and Minority Ethnic backgrounds and International Medical Graduates.
- The workforce has access to up to date and evidence informed practice to address racialised health inequalities.
- The core mental health curricula reflect racialised health inequalities, contributing to the education of the mental health workforce on racism and its impact.
- NES is contributing to staff working in a culturally aware way with families to reduce stigma and discrimination in the perinatal period.

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Addressing concerns

An EHRC Inquiry gathered substantial evidence of the poor treatment of Black and minority ethnic people in health and social care workplaces. Many workers felt that others were treating them in a negative or unfavourable way because of their race or nationality. Some staff feel they have been treated unfavourably compared to their White colleagues, some have experienced racism by colleagues or patients and have felt unsupported by managers and existing processes for highlighting incidents and concerns.

Addressing Concerns Actions

Action 18: NES will establish a trusted, anonymous reporting mechanism for staff to investigate and take action to address incidents of discrimination and racism.
Action 19: NES will support the implementation of the NHS Scotland Racism Guide and other resources to support managers on how to address racist incidents in the workplace and support staff who experience or witness it.
Action 20: NES will continue consultation and communication with Resident Doctors across Scotland on the delivery of this plan and future priorities, sharing feedback with the Scotland Deanery.

Addressing Concerns Outcomes

- By March 2026 there is a mechanism in place for NES staff to report incidents of discrimination and racism.
- NES Managers and Educators are equipped to support staff and learners who experience or witness racism in the workplace or in an education/ training setting.
- Trainees are involved in measuring progress with NES's strategy and action plan.

Data

Data is important to measure progress with this action plan and identify areas of inequality for action and for transparency. We gather and analyse employment data as part of our PSED and publish an annual workforce equality and diversity report on our website. This includes data on what our workforce looks like, recruitment and progression, development and who leaves the organisation. We also publish our Ethnicity Pay Gap. As a provider of education and training to health and social care, we want to understand the diversity of learners who access and use our products and services.

Data Actions

Action 21: NES will gather and analyse workforce data on ethnicity as part of our annual workforce employment equality report.
Action 22: NES will continue to publish NES's ethnicity pay gap annually as a Strategic Key Performance Indicator to the Board and it will be included in our annual workforce equality monitoring report.

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Action 23: NES will encourage staff and trainees to update their equality and diversity data, to improve the quality of NES's Workforce Monitoring and to identify priorities for action to progress race equality from the data

Action 24: We will annually review the findings and determine actions from the Scottish Trainee Survey (issued to all doctors in training) which includes questions on experiences of discrimination, inclusion in the workplace and equitable access to development opportunities.

Data Outcomes

- NES has information about the profile of its workforce to meet its goal of being a diverse and inclusive organisation.
- Ethnicity pay gap information is transparent and monitored for improvement.
- NES has information about the profile of its workforce to meet its goal of being a diverse and inclusive organisation.
- NES learns about the experiences of trainees across Scotland and uses this data to support a positive training environment.

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How we developed our plan

The Scottish Government's Race Equality Framework (2016-2030) includes these public health related goals to which our anti-racism action plan will contribute:

- Goal 26: Minority ethnic communities and individuals experience better health and wellbeing outcomes.
- Goal 27: Minority ethnic communities and individuals experience improved access to health and social care services at a local and national level to support their needs.
- Goal 28: Scotland's health and social care workers are better able to tackle racism and promote equality and community cohesion in delivery of health and social care services.
- Goal 29: Scotland's health and social care workforce better reflects the diversity of its communities.

Our plan has been guided by the Framework for Action in the Scottish Government's guidance to NHS Boards on developing anti-racism plans. The Framework reflects the areas of focus from the Expert Reference Group on Covid-19 and Ethnicity and the evidence on race inequalities. We have reviewed the Equally Safe at Work anti-racism guidance and other anti-racism plans from public bodies.

Developing this plan has been a process of research, consultation and iteration. Input from those with lived experience has been vital and we have been consulting with our staff networks and with our wider community by offering specific feedback sessions, sharing the draft plan and circulating surveys. Through this, we have been informed by NES employees and doctors in training across Scotland (both those employed by NES and those employed by other Boards). We have also been informed by peer review, consultation with colleagues in other Boards and relevant research. Throughout these consultations we asked the question "who else should we be engaging with", to try to reach as many people as possible.

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Progress so far

Since 2023, NES has made progress towards becoming an anti-racist organisation:

Leadership and accountability

- Corporate responsibility for equality, diversity and inclusion has been identified in the Executive Team, with a related objective for the Executive Team.
- Created and delivered virtual "Anti-Racism for Line Managers" training and delivered this to two thirds of line managers across NES.
- Delivered a session on Anti-Racism and the role of the Board to the Board in 2023.
- Supported the development of the Leading to Change Diverse Leaders Programme.

Culture

- All staff have had an annual corporate learning objective to undertake a learning activity on anti-racism, equality, diversity and inclusion since 2023.
- Created a series of videos to provide Anti-Racism Learning Resources.
- Supported and shared learning materials connected to anti-racism.
- Participated in Race Equality Week in February 2024 and 2025 as well as Black History Month in 2023 and 2024.
- Established the NES Underrepresented Ethnic Minority Staff Network.
- Supported and shared the development of the Leading to Change Allyship Hub, to provide a toolkit for health, social care and social work colleagues.
- Appointed a Specialist Lead for health inequalities to support the NES workforce.
- Started work towards achieving Equally Safe at Work Accreditation, recognising that racial and gender inequality combine to create additional barriers.
- Contributed to NHS Scotland's Ethnic Minority Forum as a place to influence policy and change for Minority Ethnic NHS Staff.

Equity of opportunity

- Progressed work to contribute to reducing the attainment gap for medical trainees from Black and Minority Ethnic backgrounds and International Medical Graduates.
- Over 1000 international Nursing, Midwifery and Allied Health Professionals have been supported into careers in NHS Scotland and 40 people have been supported into adult social care roles in Scotland.
- Development and promotion of a digital cultural humility resource to support positive behaviours in the workplace.

Addressing concerns

- Highlighted how to report experiences of racism, discrimination and harassment as part of NES's 'Speak Up' Week in 2024 and promoted NES's Confidential Contacts.

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Data

- Gathered and analysed NES workforce data on ethnicity and published it annually.
- Reported to our Board on the % of staff from a Minority Ethnic Background as one of the Strategic Key Performance Indicators and provided a narrative on trends.
- Published an Ethnicity Pay Gap to the Board as one of our Strategic KPIs.
- Explored gaps in data on who is accessing NES learning and education products as part of the NES Learning and Education Strategy, to consider improvements.

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Consultation report on proposed equality outcomes 2025-2029

We asked

We consulted on our proposed equality outcomes for 2025-2029 between 29th November and 22nd December 2024. An organisation's equality outcomes can potentially be the most impactful way that it can progress equality, tackle discrimination and harassment and promote good relations between different groups. It will help us meet the Public Sector Equality Duty.

The outcomes we consulted on were informed by evidence of inequality, the NES strategy, progress with our current set of equality outcomes and engagement with our staff. The Equality and Human Rights Commission[1] set out that an equality outcome is a result which you aim to achieve to meet one of the 'needs' of the Public Sector Equality Duty. These are:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct that is prohibited by the Equality Act 2010
- Advance equality of opportunity between people who share a relevant protected characteristic and those who do not
- Foster good relations between people who share a protected characteristic and those who do not.

The public sector equality duty covers the following protected characteristics: age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation. We are required to take reasonable steps to involve people with protected characteristics in setting outcomes. The set of outcomes must cover every protected characteristic and if not, it should set out the reasons why. They are set for a four-year period.

[1] guidance-equality-outcomes-public-sector-equality-duty-scotland.pdf

We used existing evidence, such as the Equality and Human Rights Commission's 2023 Is Scotland Fairer[2] report, progress with previous equality outcomes, NES's strategic objectives and engagement with our staff to inform the proposed outcomes.

The equality outcomes are part of NES's overall Equality, Diversity and Inclusion Strategy and therefore do not reflect the full range of work that we do. We wanted our equality outcomes to reflect the areas where there is evidence of inequality, and which is within NES's role to make a difference. Some outcomes cover all protected characteristics whereas others are in relation to a specific characteristic.

We recognise that we did not provide sufficient context to why we had proposed these equality outcomes, including the evidence base that we used. This is useful learning for the future.

What we asked

For each equality outcome, we asked the following:

Question 1: Do you agree that the equality outcome is clear in its meaning and purpose?

Question 2: Do you agree that the 'we will' statements for the equality outcome are achievable?

Question 3: Please tell us more if you said 'No' or 'Maybe' to the above

Question 4: Do you have any other comments in relation to the equality outcome?

The survey was anonymous and was sent by email to all NES staff and was promoted on our website and via our social media channels.

What you said

We received 167 responses to the consultation. This included NES Staff, NES employed doctors and dentists in training and social care. We have combined responses from members of the public and other sectors including local authority and higher/further education.

[2] Equality and Human Rights Monitor 2023: Is Scotland Fairer? | EHRC

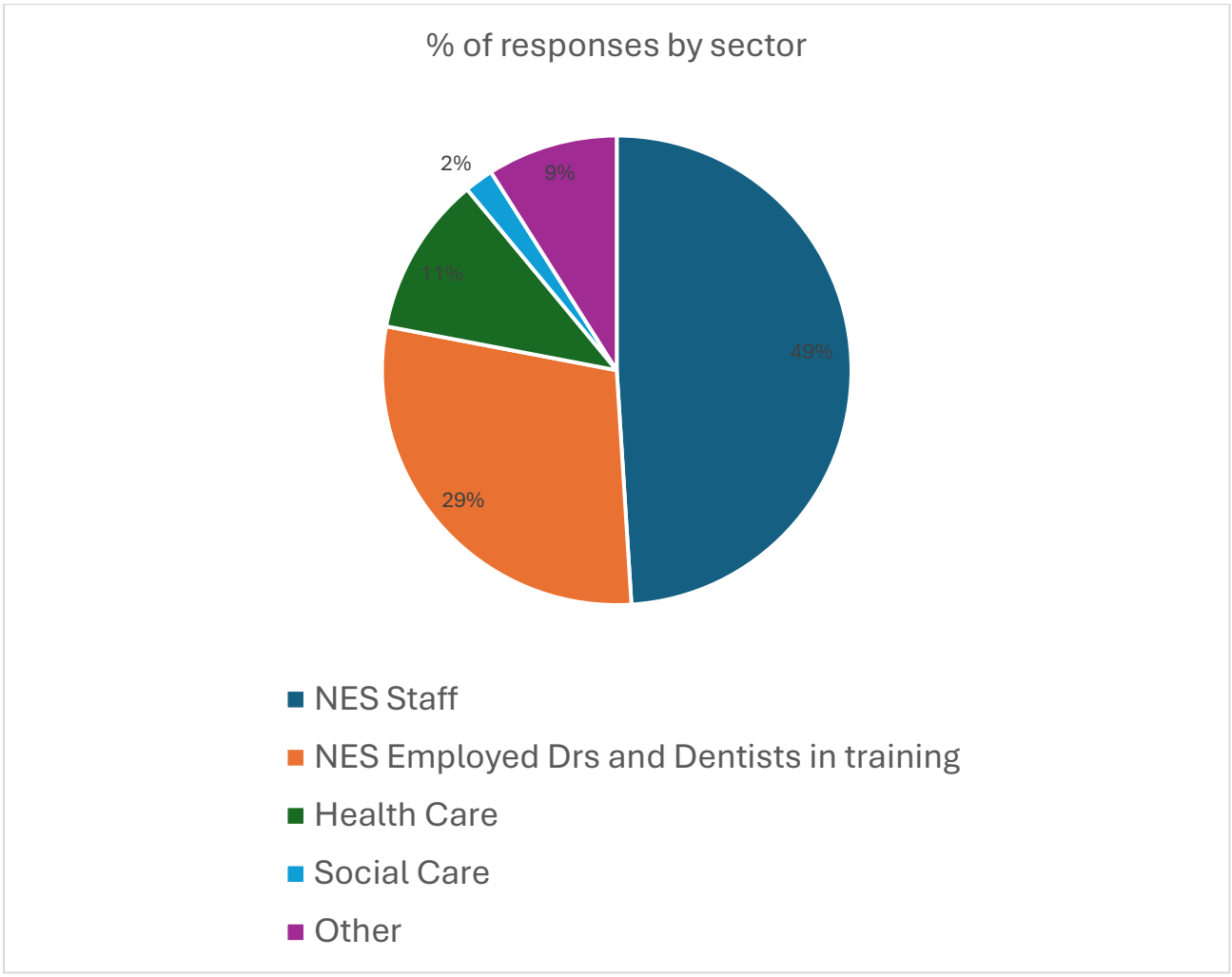
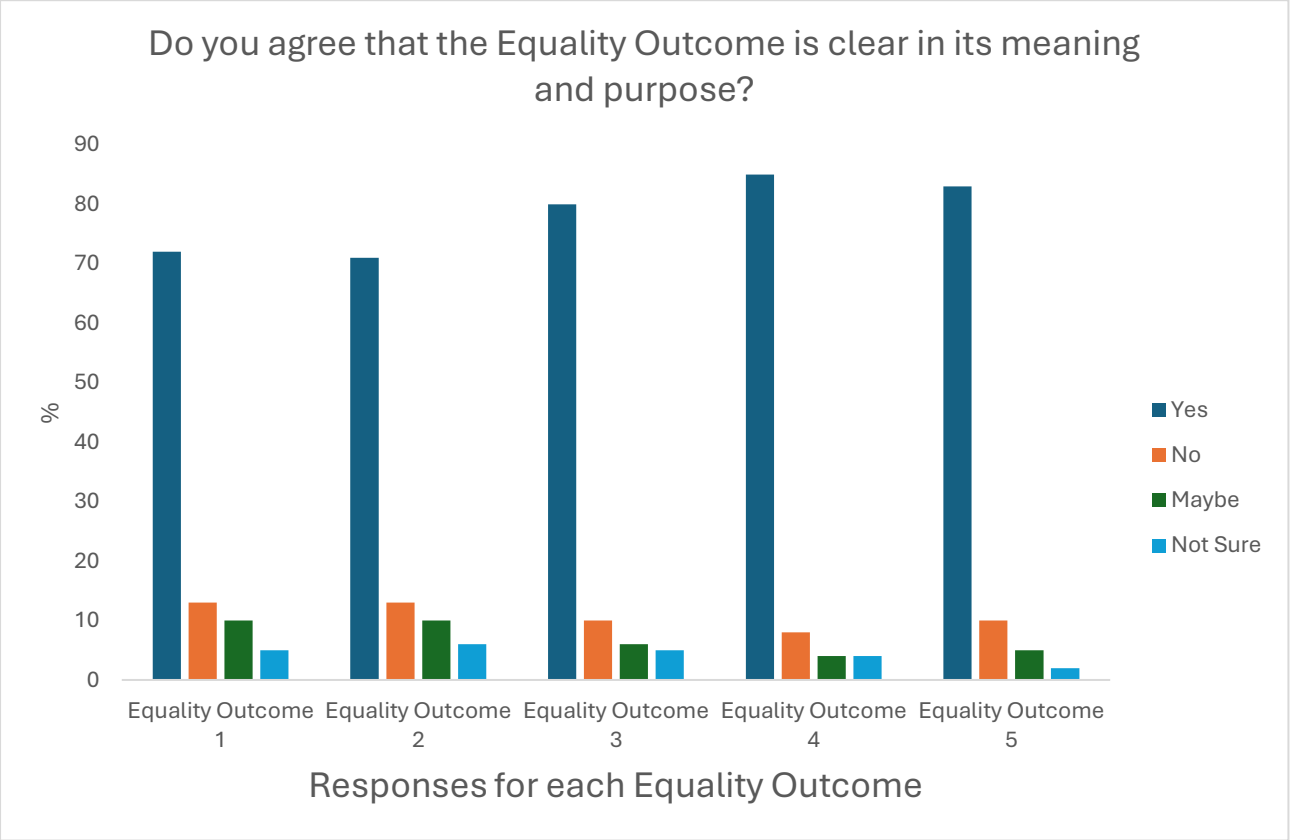
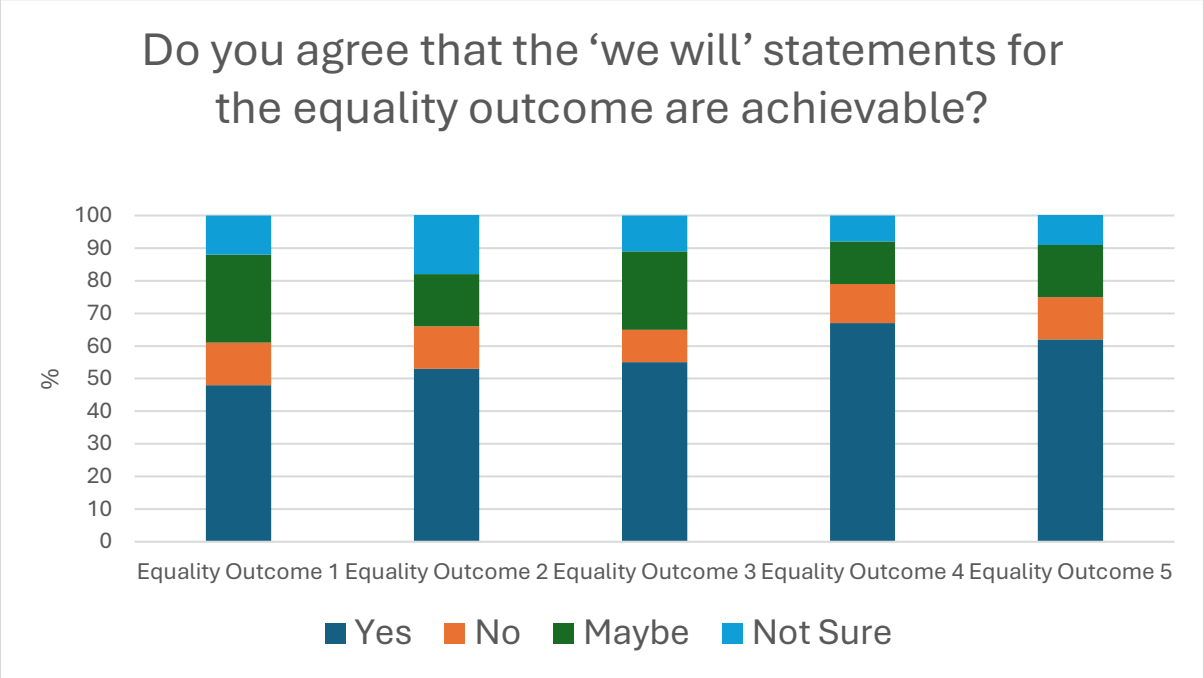

% of responses by sector
2%
9%
11%
49%
29%
NES Staff
NES Employed Drs and Dentists in training
Health Care
Social Care
Other

Figure 1: % Responses to Q1 for each equality outcome



There was a high % of respondents who agree that the equality outcomes are clear in meaning and purpose.

Figure 2: % responses to Q2 for each equality outcome



There was a lower level of agreement that the actions to achieve each equality outcome are achievable. This was explored by looking at the responses to the free text responses from question 3 and 4.

We did

The proposed equality outcomes are part of NES's overall strategy on equality, diversity and inclusion. This includes how we will meet our legislative requirements under the Public Sector Equality Duty. We wanted to find out if the proposed outcomes were clear and that the actions identified to deliver the outcome were achievable.

We have considered the responses to the consultation and have made amendments based on this feedback. In general, we have not changed the equality outcomes as there was high agreement that they were clear in their meaning and purpose. There was a lower percentage to 'yes' in response to whether the actions proposed to meet the equality outcome are achievable although 'no' responses remained low. We set out below the changes that have been made based on the consultation.

Equality Outcome 1

By March 2029, the NES workforce will be more representative of people from a minority ethnic background, disabled people and younger people to reflect the diversity of the health and social care workforce and the Scottish population.

We will do this by:

- Ensuring all staff involved in recruitment are trained on inclusive recruitment practices and are aware of bias and how to mitigate it.
- Reviewing our talent pipeline to make recommendations for improved recruitment and retention of ethnic minority staff and applicants.
- Working towards ‘Positive about Disability’ Leader Status and applying in 2026.

Consultation responses reflected that the language should be clearer e.g. talent pipeline being jargon, that a more specific target should be set and more specific actions should be undertaken. There were comments about other groups such as older workers and that training alone will not deliver this outcome. There were comments about a lack of understanding about ‘Positive about Disability’ and the involvement of people from the groups identified in the outcome being involved in the recruitment process. There were some views expressed that there should not be ‘quotas’ and that recruitment should be based on merit and not diversity.

We have amended the equality outcome to remove ‘more representative’ and ‘the Scottish population’. We have used alternative language to ‘talent pipeline’. We recognise the need to do more to promote what the ‘positive about disability’ accreditation scheme is.

Equality Outcome 2

By March 2029, NES will have contributed towards reducing the UK-wide attainment gap for medical and pharmacy trainees from Black and Minority Ethnic backgrounds and International Medical Graduates.

We will do this by:

- Continuing to identify, deliver and report on evidence-informed actions to reduce the attainment gap in medicine overseen by the Advancing Equity in Medical Education Steering Group
- Sharing learning from work done in medicine with colleagues in pharmacy to inform activities and measures to contribute to reducing the attainment gap in pharmacy.

The responses acknowledged a lack of understanding about the attainment gap in medicine and pharmacy to comment more. There were also reflections on the generality of the statements such as ‘contributing towards’ and ‘continuing to identify’. There were comments that the actions are too vague, and the overall goal is not within the control of NES.

We recognise that there was not sufficient context provided to this outcome. For example, it is an area that the General Medical Council is focused on at a UK level.

GMC data shows the extent of inequalities in medical education. Work has been underway in NES through the advancing equity in medical education group to identify ways that we can contribute to reducing the attainment gap. An action plan for this work supports this equality outcome but we did not share this information as part of the consultation. We recognise that we need to clarify how we will measure the impact of the interventions.

The actions towards this outcome have been amended to:

- Identifying, delivering and reporting on the impact of actions to reduce the attainment gap in medicine
- Identifying activities and measures that will contribute to reducing the UK attainment gap in pharmacy.

Equality Outcome 3:

By March 2029, the voice and experience of people who have used or are using health and social care services will have increasingly informed NES's educational resources to contribute to NES's role in addressing health inequalities.

We will do this by

- Developing, launching and embedding our 'Involving People and Communities Framework'
- Developing policy and practice that will facilitate, support and remunerate people with lived experience who inform our work.
- Upskilling our staff so they engage more effectively and routinely with people with lived experience in the development, design and delivery of our educational resources.
- Reporting to our Board on a key performance indicator that reflects increased activity in this regard.
- Seeking feedback from our learners on the value of those educational resources that have been informed by people with lived experience.

The comments reflect that this is a developing area of NES's work and that it will require support, including funding, to achieve it. There was feedback about a lack of clarity about the term 'lived experience' and the need to make the wording clearer. We recognise that we did not give context as to why this outcome has been proposed and how it relates to NES's contribution to addressing health inequalities. For example, the role of education and training in reducing inequalities by equipping the workforce to meet the needs of a diverse population and understand the experiences of different population groups.

The term ‘lived experience’ is not new as it is about understanding people’s experiences of services from their viewpoint. This can bring a different perspective to the design and development of services. In relation to NES’s role, this experience can inform the education and training provided to the workforce and contribute to providing better care and outcomes for people. People’s experience and opportunity for health and care can differ based on factors such as gender, ethnicity, age, socio-economic factors. This can lead to inequalities.

We have amended the outcome to remove ‘increasingly’ from the outcome:

- By March 2029, the voice and experience of people who have used or are using health and social care services will inform NES’s educational resources to contribute to NES's role in addressing health inequalities.

We have removed the activity about reporting to the Board on a key performance indicator. As this area of work is in NES’s strategy, reporting to the Board on this work will take place but we do not feel it needs to be reflected in the actions for the outcome. The remaining activities reflect the actions that will help us achieve the outcome, covering supporting people with lived experience, upskilling our staff and seeking feedback from out learners. We have simplified the wording in the actions.

We will do this by

- Launching our 'Involving People and Communities Framework' across the organisation.
- Facilitating, supporting and remunerating people with lived experience who inform our work.
- Upskilling our staff so they engage more effectively and routinely with people with lived experience in the development, design and delivery of our educational resources.
- Seeking feedback from our learners on the value of those educational resources that have been informed by people with lived experience.

Equality Outcome 4:

By March 2029, NES will have increased its knowledge about the diversity of learners accessing NES’s education and training products to improve equity in education and training for health and social care staff.

We will do this by

- Implementing an agreed set of equality, diversity and inclusion monitoring questions to improve our knowledge about learners.

- Analysing and using equality, diversity and inclusion data to make our education products more inclusive.

Responses reflected that this outcome is about gathering data and that more should be said about improving equity in education and training for the workforce. Reporting to the Board was not considered an activity that would deliver meaningful change. It was recognised that people can be reluctant to share information in relation to a disability and that there should be messages about access to support being a right rather than as a 'favour' to staff. There was recognition in the responses that NES works with a range of partners and employers and that most learners in health and social care are not employed by NES.

As with other equality outcomes, there was no context provided as to why NES identified this as a potential equality outcome. NES is a national education and training provider and recognises the barriers that some population groups can experience in accessing education and training. NES aims to contribute to equity in education and training for the workforce, recognising that this does not sit within our complete control. Understanding the demographics of learners who access our products will help us understand if there are groups who are not accessing our learning. This will contribute to our Public Sector Equality Duty, specifically to advancing equality of opportunity. We have removed the action about reporting to the Board as this is an action that we will do as part of our governance arrangements around the Learning and Education Strategy.

Equality Outcome 5:

By March 2029, NES will have contributed to improving the knowledge and skills of the health and social care workforce on anti-racism, equality, diversity and inclusion by developing learning resources.

We will do this by:

- Collaborating with the health and social care sector to identify learning needs and deliver education and training resources to meet these learning needs.
- Working with our partners in health and social care to promote and support the delivery of anti-racism training resources to support NHS Boards anti-racism action plans.
- Develop resources to support implementation of the Knowledge and Skills Framework on Transgender Care
- Working across NES to identify opportunities to strengthen education and training resources to reflect current and emerging issues, for example, sexual harassment, anti-racism, transgender care.

Comments in relation to this outcome were varied, reflecting the broad range of issues that are covered in this outcome. There were comments about why some groups were not specifically mentioned, such as disability, women, faith groups. There were also questions around how effective training is and how those who required to undertake training are not always those who take it up. There were also comments about how this outcome will be measured. There was some misunderstanding about 'transgender care'. There were comments that transgender rights should not be at the expense of women's rights.

NES's vision is to "support better rights-based quality care and outcomes for every person in Scotland, through a skilled, capable and resilient health and social care workforce". We have a role in improving the health of the population and reducing health inequalities in communities. Educating and training the workforce on issues of inequality, discrimination and harassment is an important way that we can contribute to this goal. Inclusive workplace cultures are recognised as important for the wellbeing of staff and for attracting and retaining people into careers in health and social care. We therefore consider it important that we contribute to improving the knowledge and skills of the workforce as a national education and training body. The NES Equality, diversity and human rights team works with partners across health and social care. This helps the team to identify learning needs and develop resources that will support the health and social care system in its training and education on equality, diversity and inclusion. This aims to avoid duplication across the system by sharing resources, promoting good practice and contributing to a 'once for Scotland' approach.

We have amended the outcome and wording based on feedback to:

- By March 2029, NES will meet the learning needs of the health and social care workforce on anti-racism, equality, diversity and inclusion.

We will do this by:

- Collaborating with the health and social care sector to identify learning needs and deliver and evaluate education and training resources to meet these learning needs.
- Working across NES to strengthen education and training resources to reflect current issues, for example, sexual harassment and misogyny, anti-racism, transgender care, disability and neurodiversity, religion and belief.

The other activities will remain as they were proposed.

Thank you and next steps

Thank you to everyone who took the time to respond to the consultation. Our Equality, Diversity and Inclusion Strategy which will include our final equality outcomes will be published on our website in April 2025.

March 2025

NHS Education for Scotland **NES/25/25**

Agenda Item: 10a

Date of meeting: 27 March 2025

Public Board Meeting

1. Title of Paper

1.1. Draft Board Schedule of Business 2025-26

2. Author(s) of Paper

2.1. Della Thomas, Board Secretary, Corporate Governance Principal Lead

3. Lead Director(s)

3.1. Christina Bichan, Director of Planning and Performance

4. Situation/Purpose of paper

4.1. This paper brings the Draft Board Schedule of Business (SoB) 2025-26 for Board review and approval. This covers the schedule for Public and Private Board and Board Development Meetings.

5. Background and Governance Route to Meeting

5.1. The SoB comes through Board on an annual basis following consideration by the Executive Team.

5.2. Once approved by the Board it will be used to prepare the agendas for the Private Formal Board and Public Board meetings and the Programmes for the Board Development Meetings.

5.3. The schedules of business for the Private Formal Board and Public Board have been prepared against the rolling 2024-25 SoB. Any new or emerging items have been added as detailed in section 6 below.

5.4. The proposals for the Board Development meetings have been prepared against the rolling list of suggestions for Board Development sessions provided by members of the Board over the course of the business year.

6. Assessment/Key Issues

(Include narrative relating to a-h checklist by exception)

6.1. The usual items have been sequenced through Board, some of which flow onwards from the Standing Committees.

6.2. New or revised items appearing in the 2025-26 SoB are as follows:

- The 2026-2031 NES Strategy has been scheduled through Board Development and to 26 March 2026 Board for final approval.
- The current NES Strategic Workforce Plan runs from 2022-2025. The refreshed NES Strategic Workforce Plan has not been scheduled and is presently paused. Scottish Government (SG) have an expectation that NHS Boards have an active Workforce Plan in place, but we do not have specifics around the shape that it is to take or an expectation of a SG submission. Once appointed, the new Director of People and Culture may be tasked with the development of a clear People and Culture Strategy for NES, including workforce planning data and elements of strategic planning. The aspiration would be to align this with the financial year, so that it runs alongside Annual Delivery and Financial Plans.
- The new Research and Innovation Plan has been added to the Board schedule following consideration at the Education and Quality Committee.
- The Board and Committee meeting dates paper has been brought forward from the previous scheduling of November Board to September Board.

6.3. The Board are asked to note that the Board Development meeting topics may require to change in year if new or emerging priorities present and a rolling list of suggested topics is maintained by the Board Secretary. An additional Board Development meeting date will be added for the joint Board Development meeting with Public Health Scotland. A further Board Development meeting date will be required, linked to the likelihood that all NHS Boards will be required to participate in a further Self-Assessment against the NHS Corporate Governance Blueprint during Quarter 3/ Quarter 4.

7. Recommendations

7.1. The Board is asked to review and approve the 2025-26 SoB.

Author to complete checklist.

Author to include any narrative by exception in Section 6 of the cover paper.

a) Have Educational implications been considered?

☒ Yes
☐ No

b) Is there a budget allocated for this work?

☒ Yes
☐ No

c) Alignment with Our Strategy 2023 – 26 People, Partnerships and Performance

☒ 1. People Objectives and Outcomes
☒ 2. Partnership Objectives and Outcomes
☒ 3. Performance Objectives and Outcomes

d) Have key strategic risks and mitigation measures been identified?

☒ Yes
☐ No

e) Have Equality, Diversity, Human Rights and health inequality issues been considered as per Fairer Scotland Duty: Guidance for Public Bodies and Corporate Parenting as per the Children and Young People (Scotland) Act 2014?

☐ Yes
☒ No

f) Has an Equality Impact Assessment (EQIA) been completed or in progress for this piece of work?

☒ Yes
☐ No

g) Have you considered Emergency Climate Change and Sustainability implications as per **DL (2021) 38**?

☒ Yes
☐ No

h) Have you considered a staff and external stakeholder engagement plan?

☒ Yes

☐ No

Author name: Della Thomas
Date: March 2025
NES

Draft NES Public Board Schedule of Business 2025/26

Item	Recurrence	Owner	22-May-25	21-Aug-25	25-Sep-25	20-Nov-25	5-Feb-26	26-Mar-26	Notes
Chair's introductory remarks	Standing item	Board Chair							
Apologies for absence	Standing item	Board Chair							
Declarations of interest	Standing item	Board Chair							
Minutes of previous Board Meeting	Standing item	Board Chair							
Matters arising from the minutes and notification of any other business	Standing item	Board Chair							
Actions from previous Board Meetings	Standing item	Board Chair							
Chair's report	Standing item	Board Chair							
Chief Executive's report	Standing item	CEO							
Strategic Items									
Draft Strategy 2026-2031	Triennial	Director of Planning & Performance							
Review of Strategic Key Performance Indicators	Annual Item	Director of Planning & Performance							
Draft Workforce Strategic Plan 2026-2029	Triennial	Director of People and Culture							The current NES Strategic Workforce Plan runs from 2022-2025. The refreshed NES Strategic Workforce Plan has not been scheduled and is presently paused
Draft 2025-26 Annual Delivery Plan Feedback including letter from SG (final approval)	Annual Item	Director of Planning & Performance							
2025-26 Annual Budget (homolgation)	Annual Item	Exec Director of Finance							
Draft Climate Change and Sustainability Strategy	Triennial	Exec Director of Finance							Not required current Strategy runs 2024-27.
Research and Innovation Plan (following EQC)	TBC	Director NHSSA, Innovation & Learning							
Draft Transformation Route Map	Annual	Director of Planning and Performance							
Draft Anchors Strategic Plan	Annual Item	Director of Planning and Performance							
Draft Communication and Engagement Strategy	Triennial	Director of Planning and Performance							Not required last came
NES Stakeholder Survery Results	Biennial	Director of Planning and Performance							Not required last came November 2024
Engaging Stakeholders Report	Annual Item	Director of Planning and Performance							
Risk Management Strategy (following ARC)	Annual	Exec Director of Finance							
Draft Strategic Risks and Risk Appetite (following 15/1/26 ARC)	Annual Item	Exec Director of Finance							
Governance Items									
Significant issues to report from recent Standing Committees	Standing item	All Committee Chairs							
Approved Standing Committee Minutes for homologation	Standing item	Board Services							
Corporate Governance Package - Board Standing Orders, Standing Financial Instructions, Board Scheme of Delegation, Code of Conduct & Committee Terms of Reference	Annual Item	Board Secretary / Director of Finance							
Board and Committee meeting dates 2026-27	Annual Item	CEO / Board Secretary							Agreed to bring this forward to Sept Board instead of Nov Board
2026-27 draft Board schedule of business	Annual Item	CEO / Board Secretary							
Board Assurance Framework (following ARC)	Annual Item	Director of Finance / Director of Planning & Performance / Board Secretary							
Vice Chair Biennial review of appointment	Biennial	Board Chair							
Scottish Government / NES Sponsorship Framework	As required	CEO							Not required as a new once for National boards Framework is not required.
2024-25 Corporate Governance Blueprint Self-Assessment Improvement Plan: Progress Report	Annual	Board Secretary / Director of Planning and Performance							Bring to May 2025 Board following 24/4/25 ARC

Draft NES Public Board Schedule of Business 2025/26

Item	Recurrence	Owner	22-May-25	21-Aug-25	25-Sep-25	20-Nov-25	5-Feb-26	26-Mar-26	Notes
Annual, Biennial and Quinquennial Items									
Whistleblowing Executive Lead Annual Whistleblowing Report 2024/25 (following SGC)	Annual Item	Director of Planning & Performance							
Non-Executive Director Whistleblowing Champion Report 2024/25 (following SGC)	Annual Item	Non-executive whistleblowing champion							
Caldicott Guardian: Annual Report 2024-25 (following PPC)	Annual Item	Director of Social Care & Communities (Caldicott Guardian)							
Annual Information Governance and Security Report (following PPC)	Annual Item	Director Technology Services							
Feedback, Comments, Concerns and Complaints Annual Report (including Participation Standard & Annual Stakeholder report) for approval (following PPC)	Annual Item	Director of Planning & Performance							
Annual Review Self-Assessment Document (if required by SG)	Annual Item	Director of Planning & Performance							
2024-25 Equality, Diversity and Inclusion Mid Year Report	Annual Item	E&D Principal Lead							
2024-25 Equality, Diversity and Inclusion Annual Report	Annual Item	E&D Principal Lead							Normally scheduled to May Board, but 2024/25 report was brought through March 2025 Board. Next report due May
Public Sector Equality Duties Mainstreaming Report: 2025-2027	Biannual Item	E&D Principal Lead							Not required until March 2027
i.Matter Report (Following PF and SGC)	Annual Item	Director of people and Culture							
Annual Report on the NHSS Global Climate Emmergency & Sustainable Development Policy (following 3/10/24 ARC)	Annual Item	Exec Director of Finance							
Corporate Parenting Triennial Report	Triennial	Director of Social Care & Communities							Not required, last came August 2024.
Counter Fraud Policy and Strategy (following ARC)	Annual Item	Deputy DoF							
Performance Items									
Quarterly Financial Report	Quarterly	Executive Director of Finance							
Quarterly Risk Register Report	Quarterly	Executive Director of Finance							
Quarterly Performance Report	Quarterly	Director of Planning & Performance							
Quartlery SKPI Report	Quarterly	Director of Planning & Performance							

KEY	
Item Scheduled	
Item not Scheduled	
Item Suspended	

NES Formal Private Meetings Draft Schedule of Business 2025-26

Item	Recurrence	Owner	22-May-25	26-Jun-25	5-Feb-26	26-Mar-26	Notes
Chair's introductory remarks	Standing Item	Board Chair					
Apologies for absence	Standing Item	Board Chair					
Declarations of interest	Standing Item	Board Chair					
Minutes of previous Private Board Meeting	Standing Item	Board Chair					
Actions from previous Private Board Meeting	Standing Item	Board Chair					
NES Annual Report & Accounts 2024/25	Annual Item	Exec Director of Finance					
Annual Report of the Board	Annual Item	Board Secretary and Principal Lead Corproate Governance					
Q4 Financial Report	Annual Item	Exec Direcor of Finance					
Property Transactions (if required)	Individual Item	Exec Director of Finance					
Draft 2026/27 Annual Delivery Plan	Annual Item	Director Planning & Performance					
Draft 2026/27 NES Budget/Financial Plan	Annual Item	Exec Director of Finance					

Other items

KEY	
Item Scheduled	
Item not Scheduled	
Item Suspended	

NES Informal Board Development Sessions 2025/26

Item	Recurrence	Session Lead	23-Apr-25	26-Jun-25	17-Sep-25	23-Oct-25	22-Jan-26	Notes
2026–2031 NES Strategy: developmental discussion	Individual Item	Director of Planning & Performance						
Equalities	Individual Item	Principal Lead, E&D & Human Rights						
Strategic Partnerships	Individual Item	Director of NHSSA, Innovation & Learning						
Reform (including GIRFE)	Individual Item	Director of PP & SCC						
Digital Front Door (including leaning from Lanarkshire pilot)	Individual Item	Director NES Technology						
Staff Wellbeing	Individual Item	Director of Social Care & Communities						
Visit to NHSSA Simulation Centre NHSGJ	Individual Item	Director of NHSSA, Innovation & Learning						
Health and Social Care Foundation Apprenticeships	Individual Item	Director of NHSSA, Innovation & Learning						
Draft 2026-2029 NES Strategy	Individual Item	Director of Planning & Performance						
Remote and Rural Healthcare	Individual Item	Exec Director Medical						
Corporate Governance Blueprint Self-Assessment	Individual Item	TBC						
Joint PHS Board Development Meeting	Individual Item	NES CEO / PHS CEO						

KEY

Item Scheduled

Item not Scheduled

Item Suspended

Approved Minute

NHS EDUCATION FOR SCOTLAND **NES/SGC/25/02**

Minutes of the Eighty Sixth Staff Governance Committee held on Thursday 07 November 2024, 10:15 am – 12:32 pm via MS Teams

Present:
Lynnette Grieve (LG), Non-Executive Director / Employee Director (Acting as Committee Chair for this meeting)
Gillian Mawdsley (GM), Non-Executive Director, Whistleblowing Champion (joined the meeting during item 7)
David Garbutt (DG), Board Chair and acting as Committee Member for this meeting
James McCann (JMcC), Ex-Officio member, Staff Side (Unison)

In attendance:
Karen Reid KR), Chief Executive and Accountable Officer (Executive Lead for this meeting)
Ameet Bellad (AB), Senior Specialist Lead, Workforce (Items 8, 9 and 15)
Christina Bichan, Director of Performance and Planning (Items 14 and 17)
Rob Coward (RC), Principal Educator, Planning & Corporate Resources (Item 16)
Nancy El-Farargy (NEF), Manager, Planning and Corporate Resources (Item 17)
Ann Gallacher (AG), Senior Admin Officer / Committee Secretary (Minute-Taker)
Michael Gibbons (MG), NES General Management Trainee (Observer)
Janice Gibson (JG), Associate Director, Organisational Development, Leadership and Learning (ODLL)
Katy Hetherington (KH), Equality & Diversity Lead (Item 11)
CarolAnne Keogh (CK), Head of Service, Human Resources (HR)
Debbie Lewsley (DL), Planning & Corporate Governance Manager (Item 16)
Della Thomas (DT), Board Secretary & Corporate Governance Principal Lead (Corporate Governance)
Chris Turnbull (CT), Information Security Senior Specialist (Item 19 and 20)

1.	**Chair's welcome and introductions**	
1.1	The Chair welcomed everyone to the 86th Staff Governance Committee (SGC) meeting especially Michael Gibbons, NES General Management Trainee who is currently on placement with the Planning and Performance Directorate and observing this meeting as part of his development.	
1.2	Lynnette Grieve reported that as Nigel Henderson, Non-Executive Director and Committee Chair was unwell, she was Chairing the Staff Governance	

	meeting. The Chair advised that as there is a vacancy for another Non-Executive member to be appointed to the SGC, the meeting was not quorate. The Chair, therefore, proposed that in order to remain quorate the meeting would utilise section 9.4 of the Board Standing Orders, allowing a temporary member to be nominated to enable the meeting to go ahead as quorate. David Garbutt agreed to take on a membership role and act as a Committee Member at the meeting. The Chair added that Gillian Mawdsley was having connection issues, and the meeting was not quorate until these were resolved.	
1.3	The Chair reported that agenda Item 15 would follow Item 9 as Ameet Bellad was attending another meeting.	
1.4	The Chair reminded attendees that the meeting was being recorded as part of NES's involvement with an Artificial Intelligence Assistant "Co-pilot" test.	
2.	**Apologies for absence**	
2.1	Apologies for absence were received from the following Committee members: Nigel Henderson, Non-Executive Director and Matthew Newman, Ex-Officio Member/ British Medical Association (BMA).	
3.	**Notification of any other business**	
3.1	There were no notifications of any other business.	
4.	**Declarations of interests**	
4.1	As per the new Model Code of Conduct, the Chair asked Committee members if there were any declarations of interest in relation to the business of today's meeting and if so, to clarify to which item this related.	
4.2	There were no declarations of interest.	
5.	**Draft Minutes of Staff Governance Committee meeting held on 22 August 2024**	**NES/SGC/24/52**
5.1	The Committee returned to Item 5 after Item 16 on the agenda as the meeting was not quorate at the time this item was discussed.	
5.2	The Committee highlighted minor typographical errors on the minutes and the paragraph points had been emailed to Ann Gallacher for correction.	
5.3	Once quorate, the Committee confirmed the minutes were an accurate record of the meeting and were happy to approve the minutes with the typographical errors amended.	
6.	**Action Status Report and other matters arising**	**NES/SGC/24/53**
6.1	The Committee returned to Item 6 after Item 16 on the agenda as the meeting was not quorate at the time this item was discussed.	

6.2	The Committee noted that eleven actions were marked as complete on the action list and there were no outstanding actions.	
6.3	The Committee approved the completed action list once it was quorate.	
	Lead Executive Report	
7.	**Director of Workforce Report**	**NES/SGC/24/54**
7.1	The Chair invited Karen Reid to introduce the Director of Workforce report as Tracey Ashworth-Davies had retired from NES in September 2024.	
7.2	Karen Reid introduced the report and highlighted two key topics to the Committee. These were the Line Managers Handbook launched on 24 September 2024 and the Hybrid Working Policy launched on 18 September 2024. Karen Reid reported that table headings had been missed off in the Employee Relations Casework update at Sections 2.3 and 2.5 of the report and these will be included in future reports. Pamela Renwick, General Manager, Workforce will be asked to make these amendments. **Action: PR**	
7.3	Karen Reid thanked CarolAnne Keogh and the HR Team for all the good work and progress they have made.	
7.4	CarolAnne Keogh updated the Committee on the HR Service Desk work and the Transformation Programme work. She reported that this is moving into the implementation stage on the Standing Operating Procedures (SOP)s priority list. In relation to Job Evaluation, CarolAnne Keogh reported that refresher training has taken place for existing panellists and training dates are in progress for new panellists.	
7.5	The Committee welcomed the report and thanked CarolAnne Keogh and the HR team for all the transformational work they had progressed as well as maintaining business as usual. CarolAnne Keogh thanked the SGC for these remarks and advised she would feed this back to the team.	
7.6	The Chair in her role as Employee Director welcomed the Line Managers Handbook and the Hybrid Working Policy and reported that an all-staff webinar is planned on the Hybrid Working Policy.	
7.7	Janice Gibson reported on the work taking place on the National Leadership Programmes, NHSS Management Training Scheme, the Digital Skills and Leadership Programme and the Aspiring Chairs Programme.	
7.8	The Committee asked if there had been any outcomes from the talent pool participant's feedback. Janice Gibson responded that evaluation work is still in progress, and a report will be brought to the Committee when it is available. **Action: JG**	
7.9	The Committee asked if there were any outcomes or lessons learned from the Clinical Negligence cases. Karen Reid responded that a report is brought to	

	SGC, and clinical negligence settlement cases are reported to the Audit and Risk Committee (ARC).	
7.10	Gillian Mawdsley joined the meeting at 10:28am and apologised for the connection issues. Gillian Mawdsley will email the points she wanted to raise in the Director of Workforce report post meeting. **Action: GM**	
7.11	The Non-Executive Director, Whistleblowing Champion suggested adding a line at Section 2.3 of the report in relation to whistleblowing concern numbers.	
7.12	The Chair thanked everyone involved for their work on the report.	
7.13	The Committee approved the Director of Workforce Report and confirmed it provided the Committee with satisfactory assurance.	
7.14	Ameet Bellad joined the meeting at 10:42am.	
	Governance Items	
8.	**KPMG Internal Audit Report – Establishment Controls**	**NES/SGC/24/55**
8.1	Ameet Bellad was welcomed to the meeting and introduced the KPMG Internal Audit Report. He highlighted that one of the key elements of ensuring NES meets its targeted savings is ensuring robust Establishment Controls are in place which not only supports effective workforce planning but also ensures accurate financial management.	
8.2	Ameet Bellad reported that the internal audit focused on the key controls in place for matching information on agreed funded posts to the details of staff currently employed in those posts. The report has an overall assurance rating of 'significant assurance with minor improvements required' and includes three moderate rated findings.	
8.3	The Committee questioned the long delivery time for the centralised dashboard, noting the six-month gap between the completion of data reconciliation (December 2024) and the dashboard implementation (June 2025). Ameet Bellad explained that the timeline accounts for the need to reconcile data between systems, develop processes for handling discrepancies, and ensure the dashboard is tested and quality assured.	
8.4	Karen Reid reported that the accuracy of the Employee Self Service (eESS) categorisation needs to be improved upon, and time is required to ensure the new system supports the needs of the organisation.	
8.5	The Chair thanked all involved in the report and the Committee confirmed the report provided the necessary assurance.	
9.	**KPMG Internal Audit Report - Workforce, HR and Finance Data**	**NES/SGC/24/56**

9.1	Ameet Bellad introduced the KPMG Internal Audit report – Workforce, HR and Finance Data report. He reported that NES has approximately 2,550 staff and it is critical for the organisation to have robust controls in place to effectively manage the flow of data within the HR and Payroll systems to ensure that salaries are calculated and paid accurately.	
9.2	The Committee welcomed the detailed report and the work that has been progressed detailing a complex area of staff employment.	
9.3	CarolAnne Keogh reported on the data quality controls that have been put in place to reduce the number of salary overpayments and underpayments in the system and added that a Learning Need Analysis Plan has been created to reconcile payroll errors that were not resolved before the Payroll cutoff date.	
9.4	The Committee asked if the reconciliation errors were due to system error or human error. CarolAnne Keogh responded that errors have been due to human and system error and other errors including National Services Scotland (NSS) restrictions and late information being received. Ameet Bellad added that the good practice activity has a short window to meet the Payroll cutoff date and outlined the timeframe for the 2-step reconciliation process and flow of data through the system. He went on to say that changes to eESS must be made by NSS.	
9.5	The Committee asked if there were any comparative statistics available to identify good practice and what is an acceptable level of error. CarolAnne Keogh responded that they have not identified a baseline from other NHS Boards and will take that forward as part of the management of the HR Service Desk. Karen Reid welcomed the suggestion and added that Artificial Intelligence (AI) could help support quality management, customer standards and tolerance levels. **Action: CK/AB**	
9.6	The Chair thanked all involved in the report.	
9.7	The Committee noted the contents of the KPMG Internal Audit Report and the management actions.	
9.8	The Committee then moved to Item 15 Delegated SGC Strategic Key Performance Indicator (SKPIs) Report on the agenda to accommodate Ameet Bellard being required at another meeting.	
10.	**Review of SGC, Remuneration Committee Terms of Reference (ToR)s and Ex-Officio SGC Membership.**	**NES/SGC/24/57**
10.1	Della Thomas introduced the SGC and the Remuneration Committee Terms of Reference (ToRs) coming to the Committee for annual review and approval. She highlighted that the review of the SGC Ex-Officio membership was included in the report.	

10.2	The Committee discussed Section 9.1.1 of the Remuneration Committee ToRs in relation to the Remuneration Committee approving Job Descriptions for Executive Directors and Directors roles.	
10.3	The Committee noted that it is not the role of Remuneration Committee to approve Executive Directors and Directors Job Descriptions. The Committee advised that the role of the Remuneration Committee should focus on evaluating the pay scale placement for senior posts based on recommendations from the National Evaluation Committee and asked that the Remuneration Committee ToRs were amended accordingly. Della Thomas agreed to take the ToRs back to the Remuneration Committee and then return them through the SGC once they have been amended. **Action: DT**	
10.4	There were no further questions raised by the Committee.	
10.5	The Staff Governance Committee approved the Staff Governance Committee and Remuneration Committee ToRs (once amended) for onward sequencing to the 16 January 2025 Audit and Risk Committee (ARC).	
10.6	The Staff Governance Committee approved James McCann as the SGC Ex-Officio member (Unison) of the SGC for a further 2 years and Matt Newman as SGC Ex-Officio member (BMA) of the SGC for 2 years.	
	<u>Performance Items</u>	
11.	**Equality and Diversity Mid-Year Performance Report**	**NES/SGC/24/58**
11.1	Katy Hetherington was welcomed to the meeting and introduced the Equality and Diversity Mid-Year Performance Report for the period from April to October 2024 which includes progress on NES's Equality Outcomes since the End of-Year report and the activities to progress equality, diversity and inclusion which are relevant to the Committee's business.	
11.2	The Chair in her role as Employee Director, reported that a staff member had highlighted that sexual harassment is relative to all NES staff and was not only relative to Line Managers. Katy Hetherington acknowledged the point and mentioned that they have promoted the Worker Protection Act requirements across the organisation, signposting people to an online learning resource developed with Close the Gap.	
11.3	The Committee welcomed the report and asked for a clear definition of what a disability is and what the term includes as staff may not identify themselves in that category. Katy Hetherington explained that the definition under the Equality Act, is used, as noted on Job Train and eESS, which includes long-term conditions like cancer. Katy Hetherington went on to report that Communications had been issued to staff asking them to update their information on the system as NES recognised that staff may have developed a condition since joining the organisation and noted that some staff may not wish to disclose that information.	

11.4	The Committee asked for more information in relation to the staff survey that was undertaken at Outcome 8 of the report. Katy Hetherington responded that the first survey took place in May 2024 in relation to the new Strategic Key Performance Indicators (SKPIs) and NES had received over 400 staff responses. The second survey will take place in November, and a report will be brought to the SGC when available.	
11.5	The Non-Executive Director, Whistleblowing Champion suggested that whistleblowing could be linked to the survey. Katy Hetherington agreed to contact Christina Bichan to capture whistleblowing in future reports. **Action: KH**	
11.6	The Committee suggested that climate change could be linked to the survey and its relationship with the protected characteristics and poverty. Katy Hetherington responded that climate change was reported in the strategy in relation to population health and inequalities and agreed to discuss this with Jim Boyle, Executive Director of Finance who is the Executive lead for Sustainability and Climate Change. **Action: KH**	
11.7	The Chair thanked Katy Hetherington for the detailed report and the Committee noted the progress made on NES's Equality Outcomes and activities relevant to the Committee's business at Annex A since April 2024.	
11.8	The Committee endorsed the proposed change in the RAG status for the strategic KPI on disability in the NES workforce ahead of approval being sought from the NES Board.	
11.9	The Committee noted the progress towards meeting NES's statutory requirements including an equality, diversity and inclusion strategy and anti-racism plan by April 2024.	
11.10	The Committee approved the report to inform the Board's mid-year report due at the 21 November 2024 meeting.	
11.11	The Chair thanked Katy Hetherington for her report, and she left the meeting.	
12.	**NES iMatter Report**	**NES/SGC/24/59**
12.1	Janice Gibson introduced the NES iMatter Staff Experience Report, providing an update and assurance on the results from the 2024 iMatter staff experience continuous improvement tool roll out. She highlighted that further work is planned through staff networks, focus groups and regular pulse surveys.	
12.2	Janice Gibson advised that NES maintained a high staff engagement and response rate and areas of strength include strong leadership, trust and confidence of line managers and attention to staff well-being, stress, and workload management.	
12.3	Janice Gibson reported that decrease in scores related to performance management perceptions, which she aims to investigate further.	

12.4	The Chair in her role as Employee Director, welcomed the report and temperature checks and agreed that there was a staff perception that performance is not being managed in the organisation as staff are not informed about it. She added that when she is approached by staff on this matter, staff are advised that performance is a confidential matter which should not be shared or discussed with anyone other than the individual staff member, line manager and HR.	
12.5	The Committee discussed the visibility of Board members question and the work that has taken place to increase the score. The Committee asked if this question could be reviewed as it was relative to everyone working in an office environment and not a hybrid model of working. Janice Gibson agreed to pick up Board visibility through the pulse surveys and discuss it with the iMatter Team. Christina Bichan will contact Nick Hay and Della Thomas to increase Board visibility on the intranet. **Action: JG/CBi**	
12.6	The Non-Executive Director, Whistleblowing Champion noted the whistleblowing score and asked if further work could be progressed with the confidential contacts and pulse surveys to embed that work. Christina Bichan responded that there has been increased contact on whistleblowing and agreed to pick this up through complaints handling, Line Manager Networks and the Line Managers Handbook. Janice Gibson agreed to pick this up through the Line Manager Networks and pulse surveys. **Action: JG/CBi**	
12.7	The Non-Executive Director, Whistleblowing Champion asked if there was a comparison score with other NHS Boards. Janice Gibson responded that the report will be shared for information when it becomes available. **Action: JG**	
12.8	There were no further questions raised at the meeting.	
12.9	The Committee appreciated all the fantastic work that has been done by staff and the Executive Team in the past year and welcomed the score.	
12.10	The Committee noted the results of the iMatter survey and follow up activity plan and confirmed it provided the necessary assurance.	
13.	**Staff Governance Monitoring Return**	**NES/SGC/24/60**
13.1	CarolAnne Keogh introduced the Staff Governance Monitoring Return. She highlighted that this process aims to provide assurance to Scottish Government that the Staff Governance Standard is being fully and properly applied in all Boards, and where there are areas for concern that support is provided; and good practice is being identified and shared to help drive continuous improvement across all NHSScotland Health Boards.	
13.2	CarolAnne Keogh reported that previously NES has been asked to provide an in-depth report covering key questions posed by Scottish Government, but the Scottish Government and Scottish Workforce and Staff Governance Committee (SWAG) decided to temporarily pause the exercise for 2023-24	

	and requested assurance in relation to Bullying, Harassment and Whistleblowing instead.	
13.3	The Committee noted at Appendix A of the report, the Board Chair's signature and date were missing and asked that this is added to reflect this was approved and signed by the Chair. **Action: CK**	
13.4	There were no further questions raised at the meeting.	
13.5	The Committee approved the 2023-24 Staff Governance Monitoring Return prior to submission to the Scottish Government on 26 December 2024.	
14.	**Letby Assurance**	**NES/SGC/24/61**
14.1	Christina Bichan introduced this report which brings an updated NES Letby Assurance Update to the Committee for review and assurance.	
14.2	Christina Bichan advised that an initial draft of this paper was presented to the SGC at the 22 August 2024 meeting. She reported that feedback provided at that time led to several points being taken on board and engagement with the NES Whistleblowing Champion to ensure the appropriate inclusion of the relationship of assurance with that role.	
14.3	The Non-Executive Director, Whistleblowing Champion appreciated all the work that Christina Bichan and the team had done on the report and welcomed the opportunity to add to it. The Non-Executive Director, Whistleblowing Champion asked for assurance that Appendix 3 was an internal document and would not be shared. Christina Bichan confirmed that the document is for internal purposes only.	
14.4	The Non-Executive Director, Whistleblowing Champion asked that a reference point is added in relation to the Health Improvement Scotland (HIS) Learning from Adverse Events Framework to confirm why it was not relevant for NES to close off the gap. Christina Bichan responded that clinical events will be considered at the newly proposed "Clinical and Care Assurance Group" and that she had discussed this with the leads for this Group, Karen Wilson, Executive Director of Nursing Midwifery and Allied Health Professionals and Emma Watson, Executive Medical Director, as it relates to patient facing organisations. She advised that the complaints handling process picks up the accountability of information.	
14.5	There were no further questions raised at the meeting.	
14.6	The Committee noted the assurance provided within the Assurance update at Appendix 3.	
14.7	The Committee then moved on to Item 16. Debbie Lewsley and Rob Coward joined the meeting at 11:47am.	

15.	**Delegated SGC Strategic Key Performance Indicator (SKPIs) Report**	**NES/SGC/24/62**
15.1	Ameet Bellad introduced the Strategic and Operational Key Performance Indicator (SKPIs) Report which provides an update for the Quarter 2 period from July to September 2024 on organisational performance in relation to the revised Key Performance Indicators (KPIs).	
15.2	Ameet Bellad reported that the report sets out the data in relation to the agreed Board SKPIs and the Staff Governance Committee's Operational Key Performance Indicators (OKPIs) and provides insights on trends and themes from the HR and Organisational Development (OD) Business Partners. He advised that Appendix 1 maps the Board's strategic KPIs and the Staff Governance Committee's operational KPIs to the Staff Governance Standard and Appendix 2 contains the template approved by the Board for reporting KPIs.	
15.3	The Chair in her role as Employee Director highlighted that staff were unable to update personal information on the system as a Virtual Private Network (VPN) token was required or staff need to be in the office and work is taking place to rectify this issue.	
15.4	Karen Reid reported that in relation to SKPI04 Vacancy Rate, NES had been holding back vacancies due to the tight fiscal environment and the figure will stabilise in the next quarter report.	
15.5	The Committee asked how the essential learning compliance figures can be increased. Janice Gibson reported on the work that has taken place on the compliance figure rates and highlighted that the system is reporting false completion figures. Sally Hall, the new Head of Programme, Organisational Development, Leadership and Learning will lead on the essential learning work. Karen Reid added that there are inaccuracies with the quality of the data in relation to joiners and leavers to the organisation and Directors and Line Managers will be reminded to complete all essential learning. **Action: JG/KR**	
15.6	The Committee noted the performance reported in Appendices 2 and 3 of the Delegated SGC Strategic Key Performance Indicator Report and confirmed it provided assurance.	
15.7	The Chair thanked Ameet Bellad for the report and Ameet Bellad left the meeting.	
15.8	The Committee returned to Item 10 on the agenda and Katy Hetherington joined the meeting at 11:04am.	
16.	**Delegated SGC Strategic Risk Report**	**NES/SGC/24/63**
16.1	Debbie Lewsley and Rob Coward were welcomed to the meeting and asked to introduce the Delegated SGC Strategic Risk Report.	

16.2	Debbie Lewsley reported that there are four strategic risks considered relevant to Staff Governance and the Committee's Strategic Risks have been subject to a recent review by individual risk owners. She advised that within the last quarter reporting period, there has been movement to two of the risk ratings and a change to the risk title to one of the risks aligned to the SGC. She reported that all risks still sit within the agreed Board appetite following the changes to the risk category. Debbie Lewsley stated that mitigation control measures are in place with actions identified to further control the risks.	
16.3	There were no questions raised at the meeting.	
16.4	The Chair thanked Debbie Lewsley for the report. The Committee confirmed the report provided the necessary assurance and approved the report.	
16.5	Debbie Lewsley and Rob Coward left the meeting.	
16.6	The Committee took a short comfort break.	
16.7	The Meeting re-convened and the Chair asked the Committee to return to agenda Items 5 and 6 as these could not be approved earlier as the meeting was not quorate. These items were approved.	
17.	**Quarter 2 Whistleblowing Report**	**NES/SGC/24/64**
17.1	Christina Bichan and Nancy El-Farargy introduced the Quarter 2 Whistleblowing Report which provides an update on NES's whistleblowing performance activities from 01 July to 30 September 2024.	
17.2	Nancy El-Farargy reported that NES received one enquiry during the last quarter period regarding the process and route for submission of a whistleblowing concern. This was acknowledged on the same day it was received.	
17.3	Nancy El-Farargy highlighted the whistleblowing compliance figure, the new whistleblowing email address and the preparation work taking place for this year's speak up week. Christina Bichan added that NES will enrol on the 'Equally Safe at Work' accredited employer and a small group is taking this forward. The Chair in her as Employee Director, reported that she is on the group and has completed the Gender Lens Training.	
17.4	The Non-Executive Director, Whistleblowing Champion asked for further information in relation to the Employer Tribunals Paper as it has a reference to whistleblowing. Karen Reid responded that this is ongoing concern, and it is not appropriate to provide any further information at this stage.	
17.5	There were no further questions raised at the meeting.	
17.6	The Chair thanked Nancy El-Farargy and Christina Bichan for the report and the Committee confirmed the Quarter 2 Whistleblowing Performance Report provided assurance.	

18.	**Non-Executive Whistleblowing Champion Remarks**	**(Verbal Item)**
18.1	The Non-Executive Director, Whistleblowing Champion thanked Christina Bichan and Nancy El-Farargy and the team for the work since the standards came into place.	
18.2	The Non-Executive Director, Whistleblowing Champion thanked Karen Reid and the Employee Director for taking part in the speak up week videos. She particularly welcomed the update on the Employee Director surgeries. The Employee Director will report any themes from the Employee Directors surgeries to Karen Reid.	
18.3	There were no further questions raised at the meeting.	
18.4	The Chair thanked the Non-Executive Director Whistleblowing Champion for the update and the Committee confirmed it provided the necessary assurance.	
18.5	Chris Turnbull joined the meeting at 12:14pm.	
	<u>Policy Items</u>	
19.	**NES Corporate Information Security Policy**	**NES/SGC/24/65**
19.1	The Chair welcomed Chris Turnbull to the meeting and asked him to introduce the NES Corporate Information Security Policy. Chris Turnbull reported that all policies in the NES Technology Services portfolio are subject to regular review. He advised that this update is not a full review of the policy but has been progressed to adopt the new NES policy template and the wording of the existing policy is unchanged.	
19.2	The policy has been internally reviewed within the Information Governance and Assurance team and has passed through the Assurance Forum and Partnership Forum.	
19.3	There were no questions raised at the meeting.	
19.4	The Committee approved the updated NES Corporate Information Security Policy.	
20.	**NES Information Security Acceptable Use Policy**	**NES/SGC/24/66**
20.1	Chris Turnbull introduced the NES Information Security Acceptable Use Policy.	
20.2	Chris Turnbull advised that this policy has been updated and internally reviewed within the Information Governance and Assurance team and key changes include references to other internal documents, the use of Universal Serial Bus (USB) sticks, Identification (ID) badges, passwords, printing at home, security around email/phishing, WhatsApp use and AI guidance.	

20.3	The Chair in her role as Employee Director, suggested that the policy is socialised through the organisation by way of talking heads video and Townhall meeting to make staff aware of all the changes. Janice Gibson agreed to pick this up through the Line Managers Network sessions and will link with Chris Turnbull to spotlight the policy. **Action: JG**	
20.4	The Committee suggested that the provision of tailored training for non-executive directors on information security and data protection, could be considered possibly during a Board Development meeting. Della Thomas will liaise with Chris Turnball to discuss how this could best be offered to the non-executives. **Action: DT**	
20.5	Karen Reid asked that the wording is changed at Section 2.2 of the policy as it is the Accountable Officer that has a statutory responsibility to appoint a Senior Information Risk Owner (SIRO). She advised that it is also the Accountable Officer that has a statutory responsibility to appoint a Caldicott Guardian. Karen Reid asked that Section 2.3.2 wording is changed from "NES Clinical Director" will be designated as Caldicott Guardian to a "NES Director" will be designated as Caldicott Guardian. **Action: CT**	
20.6	There were no further questions raised at the meeting.	
20.7	The Committee approved the latest update of the NES Information Security Acceptable Use Policy with the amended changes.	
20.8	The Chair thanked Chris Turnbull for his reports, and he left the meeting.	
21.	**NHS Education for Scotland (NES) Data Protection, Confidentiality and Privacy Procedures**	**NES/SGC/24/67**
21.1	James McCann, in his role as Programme Officer, Information Governance, NES Technology Service, introduced the updated NES Data Protection, Confidentiality and Privacy Procedures paper.	
21.2	James McCann reported that there were no major changes to the details of the procedures. He advised that the policy has been transferred over to the new corporate policy template and includes updates to some references within the report.	
21.3	The Committee asked for further information in relation to the transfer of information between NES and other organisations in particular how this might apply to non-executive directors who are joining up e-mail systems on personal devices. It was agreed this could be discussed further outwith the meeting and linked to the proposed session for non-executives discussed under item 20. **Action: DG/DT**	
21.4	There were no further questions raised at the meeting.	

21.5	The Committee agreed to approve the updated NES Data Protection, Confidentiality and Privacy Procedures paper with the necessary change.	
22.	**Records Management Policy**	**NES/SGC/24/68**
22.1	James McCann introduced the latest update of the NES Records Management Policy which includes updated references to the most current legislation and standards and a change to the new corporate policy template and style.	
22.2	James McCann reported that the roles and responsibilities section of the policy has been updated to include more clearly defined responsibilities of the Senior Information Risk Owner.	
22.3	The Committee suggested that all 4 policies are spotlighted and socialised through the organisation as a complete package. **Action: CT/JMcC/JG**	
22.4	There were no further questions raised at the meeting.	
22.5	The Staff Governance Committee approved the updated Records Management Policy.	
23.	**Identification of any new risks raised at this meeting**	**(Verbal Item)**
23.1	The Committee noted there were no additional risks identified at the meeting.	
	<u>Items for Noting</u>	
24.	**Employment Tribunals**	**NES/SGC/24/69**
24.1	Karen Reid reported that there are 4 open employment tribunal cases and advise has been sought from the Central Legal Office (CLO) on these cases. Karen Reid added that the process is continually reviewed to ensure continuous learning and best practice.	
24.2	The Committee noted the Employment Tribunal report.	
25.	**Policy/Scottish Government Director Letters as appropriate to Staff Governance Committee**	**NES/SGC/24/70**
25.1	The Committee noted the Policy/Scottish Government Director Letters Report.	
26.	**Remuneration Committee 19 June 2024 Redacted minutes**	**NES/SGC/24/71**
26.1	The Committee noted the redacted Remuneration Committee 19 June 2024 minutes.	

27.	**Change Management Programme Board 25 June 2024 and 26 August 2024 minutes**	**NES/SGC/24/72**
27.1	The Committee noted the Change Management Programme Board 25 June 2024 and 26 August 2024 minutes.	
28.	**Health, Safety and Wellbeing Forum 24 September 2024 minutes**	**NES/SGC/24/73**
28.1	The Committee noted the Health, Safety and Wellbeing Forum 24 September 2024 minutes.	
29.	**Partnership Forum 03 June 2024 minutes**	**NES/SGC/24/74**
29.1	The Committee noted the minutes from the Partnership Forum 03 June 2024 meeting.	
30.	**Any other business**	
30.1	There were no other items of business discussed at the meeting.	
31.	**Review of Committee Effectiveness**	
31.1	The Chair asked, do reports to the Committee communicate relevant information at the right frequency, time, and in a format that is effective? Has the Committee benefited from the right level of attendance from Lead Executive or Directors/Authors/Board Secretary/Others? Are there any areas where the Committee could improve upon its current level of effectiveness?	
31.2	The Committee noted there was an overlap on the 2 Internal Audit papers.	
31.3	The Committee noted that the checklist should not be completed by the Internal Auditor.	
31.4	The SGC thanked the Chair for an excellent job of Chairing the meeting and appreciated her deputising at the meeting on behalf of Nigel Henderson.	
32. 32.1	**Date and time of next meeting** The next meeting of the Staff Governance Committee will be held on Thursday 22 February 2025 at 10:15a.m.	
32.2	The Chair thanked all for attending the meeting and for their contributions and closed the SGC meeting at 12:32pm.	

Approved **NES/EQC/25/02**

NHS Education for Scotland

EDUCATION & QUALITY COMMITTEE

13 December 2024 from 09:30am to 12:45pm

Approved minutes of the seventeenth meeting of the Educational & Quality Committee (EQC) held on Friday 13 December 2024 as a hybrid meeting, in person at the Westport Office, Edinburgh and via Microsoft Teams

Present: David Garbutt (DG), Board Chair (Chair)
Olga Clayton (OC), Non-Executive Director
Shona Cowan (SC), Non-Executive Director

In Attendance: Rob Coward (RC), Principal Educator, Executive Secretary
Lindsay Donaldson (LD), Deputy Medical Director
Chris Duffy (CD), Senior Admin Officer, Minute-Taker
Cristina Fernandez-Garcia (CFG), Specialist Lead, Health Inequalities
Janice Gibson (JG), Associate Director, Organisational Development
Trish Gray (TG), Head of Programme, Medical
Kevin Kelman (KK) Director of NHS Scotland Academy (NHSSA), Learning & Innovation
Gordon Paterson (GP) Director of Social Care
Ryan Reed (RR), Head of Programme NHSSA, Learning & Innovation
Della Thomas (DT), Board Secretary and Principal Lead for Corporate Governance
Emma Watson (EW), Executive Medical Director and joint EQC Executive Lead
Simon Williams (SW), Principal Educator, Planning
Karen Wilson (KW), Executive Director of Nursing, Midwifery and Allied Health Professions (NMAHP), Deputy CEO (Clinical) and joint EQC Executive Lead

1.	**Welcome and Introductions**
1.1	David Garbutt welcomed all to the meeting, he advised that as Annie Gunner Logan has submitted apologies, he will chair the meeting and be a voting member to ensure the meeting is quorate.
2.	**Apologies for absence**
2.1	Apologies were received from Annie Gunner Logan and Nigel Henderson.
2.2	Apologies were received from Karen Reid, Chief Executive and Accountable Officer.

3.	**Notification of any other business**
3.1	There were no notifications of any other business.
4.	**Declarations of interest**
4.1	There were no declarations of interest in relation to the items of business on the agenda.
5.	**Draft Minutes of the meeting held on 12 September 2024**
5.1	The Chair invited the Committee to review the draft minutes from the 12 September 2024 EQC meeting.
5.2	The Committee approved the draft minute with no amendments required.
6.	**Action Status Report and other matters arising**
6.1	The Chair invited the Committee to review the action status report and asked the Committee to note that it contained 13 completed actions with 6 actions in progress.
6.2	The Committee approved the action status report and noted the in-progress actions.
7.	**Education & Quality Executive Leads Report**
7.1	The Committee Chair invited Karen Wilson and Emma Watson to introduce the report. Karen Wilson highlighted three items, the appointment of Dr Sarah Smith as Associate Director, Healthcare Science. The professional development award being rolled out for healthcare support worker associate practice educators. Plus, the One Good Adult Job Description.
7.2	Emma Watson also highlighted the appointment of Dr Sarah Smith and also advised that GMC regulation of Medical Associate Professions went live today, with NES ready to support those in current employment. Emma Watson also commended Professor Donaldson and her team for their work on enhanced monitoring with the number of sites on enhanced monitoring in Scotland now down to two cases. The Committee Chair responded to this by noting that during the NES Annual Review John Burns was very pleased with the progress made on enhanced monitoring.
7.3	The Committee Chair opened the report for comments and questions.
7.4	The Committee asked a question in relation to 5.2.3.5 Developing future-focussed learning pathways and asked if this relates to both NHS and Social Care staff. Karen Wilson confirmed the work is across all professional groups. The recent customer survey spotlighted the importance of digital skills, and a Digital and Data Professional Capability Framework is being developed. NES had a role in this work and will link to the pathways. Janice Gibson added, the digitally enabled

	workforce team are looking at developing national resources in this area and already have a live resource on thriving in a digital age. The Committee thanked Karen Wilson and Janice Gibson for their helpful and reassuring response.
7.5	The Committee asked a question on the migration of territorial Boards to Turas- and asked if there is any update on more Boards adopting Turas. Kevin Kelman responded, the Chair and Chief Executive are networking with their peers to increase understanding of the benefits of moving to Turas. Funding resources are still being explored for Turas refresh. Also, there is a focus on return on investment and NES are working with a health economist to articulate the return. There is a meeting taking place later today on this subject which includes Jann Gardner, current Chief Executive NHS Lanarkshire and future Chief Executive of NHS Greater, Glasgow and Clyde.
7.6	The Committee asked a question on Medical Associate Professions (MAPs) and asked if NES fully understands their scope of practice. Emma Watson replied, the responsibility on a clinicians scope of practice lies locally with territorial Boards, but NES have partnered with Scottish Medical Directors to support MAPs in Scotland.
7.7	The Committee noted the report and confirmed it provided the necessary assurance.
8.	**EQC Strategic Key Performance Indicators (SKPIs)**
8.1	The Committee Chair invited Karen Wilson to introduce this report noting that work is continuing to develop the KPIs and to make them as effective as possible.
8.2	The report proposed an additional measure to give a complete understanding of the range of dental trainees. The further measure would be 14d Dental Funded trainee placements – non-completion rate (Dental Specialty Training). The Committee approved this proposal, and this will now go forward to the Board as a recommendation from the Education and Quality Committee. **Action: Simon Williams**
8.3	The Committee asked a question in relation to KPI18 and the uptake of learning products by sector. It was asked that NES continue to demonstrate their reach into care and not lose sight of that. Karen Wilson responded by highlighting that this can be difficult to do. Ryan Reed further explained that this is closely aligned to the consistency and quality of data that NES collects about their learners. To address this data quality issue, it has been actively discussed as part of Turas refresh work and as part of daily NES Technology Service (NTS) work. Karen Wilson also noted that data is easier to gather in the NHS . The Committee thanked Karen Wilson and Ryan Reed for the clarification.
8.4	The Committee asked if the cover paper for this report could highlight the areas where the exec leads feel NES is performing well and why and also asked for more commentary in the cover paper of what the data is telling the Committee. **Action: Karen Wilson/Emma Watson/Simon Williams**

8.5	It was noted that the strategy dashboard is quite a large document, and it was suggested that the workload in the production of this could be reduced. It was agreed that this would be discussed further at the next meeting when the Committee Chair was present. **Action: Annie Gunner Logan**
8.6	The Committee approved the SKPI report.
9.	**Nursing and Midwifery Pre-Registration Performance Report**
9.1	The Committee Chair invited Karen Wilson to introduce the report which detailed the performance management reviews conducted by NHS Education for Scotland (NES) for the commissioned pre-registration nursing, midwifery, and paramedic programmes across Scotland.
9.2	Karen Wilson informed the Committee that most universities have had problems reaching their intake numbers and it is thought this could be due to economic reasons. Retention rates are being regularly reviewed and have remained consistent at the moment at around 80%. During Covid-19 applicants to programmes went up and so output is still good, but this will drop in the future. There are action plans for all of the programmes and the overall health of the programmes is good, the relationships with partner organisations are good and the students are satisfied with the programmes.
9.3	The Committee thanked Irene McDade for the production of the report and confirmed it provided the necessary assurance.
10	**Leadership Development Annual Report**
10.1	The Committee Chair invited Janice Gibson to introduce this report which set out activity, progress and impact achieved between September 2023 to August 2024 across the leadership development support and programmes offered to the Health and Social Care workforce.
10.2	The Committee noted how difficult it can be to demonstrate impact and were grateful for the examples within this report. The Committee put forward the role of knowledge networks for alumni and how when aligned they can be key drivers to reform and change. Janice Gibson thanked the Committee for this insight and will take away to explore further with the Organisational Development team. **Action: Janice Gibson**
10.3	The Committee asked if NES are doing enough work on clinical leadership, for example training clinical leaders to work with blended teams. Janice Gibson confirmed that work has just started in this area to review what is available now and to produce a paper containing proposals for future work. Janice Gibson will be meeting with Lindsay Donaldson in early 2025 and Emma Watson confirmed this will be an important piece of work for 2025.
10.4	The Committee thanked Janice Gibson for the report and confirmed it provided the necessary assurance.

11	**ACT Funding Internal Audit – Action Plan Update**
11.1	The Committee Chair invited Emma Watson to introduce this report. At the Audit and Risk Committee meeting on 24 April 2024 the Committee received the KPMG Internal Audit report (Additional Cost of Teaching) and noted the overall rating of *Significant assurance with minor improvement opportunities.* Agreed management actions that related to the overarching use of ACT funding included coordinating with Scottish Government to document its expectations and priorities over the use of Medical, Dental and Pharmacy ACT funding, with formal publication of these expectations and priorities to stakeholders thereafter. The Committee received an update on the management actions.
11.2	The Committee thanked Alan Denison and Ellie Biddulph for the update report provided and confirmed the report provided the necessary assurance.
12.	**Scottish Foundation School Update**
12.1	The Committee Chair invited Emma Watson to introduce this report. Emma Watson has previously highlighted to the Committee the challenges relating to the experience of foundation doctors across Scotland. This report described work that has been undertaken to take forward the Scottish Foundation School action plan. The report also highlights that although experience is not where NES would like it to be that outcomes have been sustained. It is hoped that due to the work of the action plan there will be a shift in results once the next National Trainee Survey is completed in June.
12.2	The Committee thanked Emma Watson for the paper which outlined the difficulties. The Committee recognised that a lot of issues are due to the educational environment. Emma Watson responded, this is out of NES' control, NES can make recommendations based on feedback from Foundation Programme Directors or Foundation Doctors but there is no resource aligned to implementing the recommendations and this is at the discretion of the employers. There is good engagement with Medical Directors.
12.3	The Committee noted that intensive efforts have been made (and continue to be made) to improve Foundation training in Scotland, with mixed impact to date. The Committee noted that while a number of influences on satisfaction with training are beyond the complete control of NES, that the Foundation School and placement Boards are committed to continued collaborative working to optimise and enhance the quality of training.
12.4	The committee supported the action plan outlined and confirmed it provided the necessary assurance.
13.	**Medical, Dental and Pharmacy Recruitment Update**
13.1	The Committee Chair invited Emma Watson to introduce this report. The report showed a positive and improving picture in terms of recruitment. The report highlighted that because of funding doctor and dentist numbers were historically recruited to headcount but this will be changing to Whole-Time Equivalent (WTE)

	with support from Scottish Government (SG). Therefore, recruitment has already received a significant increase to baseline funding to reflect this and NES will continue to work with SG to close the gap further.
13.2	The Committee confirmed the report provided the necessary assurance.
14.	**Medical, Dental and Pharmacy Progress Modelling**
14.1	The Committee Chair invited Emma Watson to introduce this report which provided the committee with an overview of the training outcomes for the 2023/ 24 training year. These outcomes demonstrate the progression of doctors, pharmacists and dentists in training across Scotland.
14.2	The Committee highlighted that they received a lot of the same data at the last meeting and suggested that next year the information is only received once. Emma Watson agreed and suggested this paper is phased out; this will be reflected in the 2025/26 schedule of business which is coming to the Committee for approval at the March 2025 meeting. **Action: Emma Watson and Chris Duffy**
14.3	The Committee confirmed the report provided the necessary assurance.
15.	**Medical Revalidation Report**
15.1	The Committee Chair invited Emma Watson to introduce this report which provided the Committee with an end of year (2024) overview of medical appraisal and revalidation in Scotland. The Committee were asked to note the change and progress on the Scottish Online Appraisal Resource (SOAR) redesign project, note the progress on the Medical Appraisal and Revalidation Quality Assurance (MARQA) report. Plus, to note the progress on the ongoing appraiser training and ongoing staffing review. In response to a question Emma Watson confirmed that those who had not completed the Revalidation forms would do so before the due date.
15.2	The Committee noted the report and confirmed it provided the necessary assurance
16.	**National Centre for Remote and Rural Health and Social Care and Remote and Rural Credential**
16.1	The Committee Chair welcomed Trish Gray to the meeting to introduce this report which provided a summary of the progress made to date in delivering the overall 24-month delivery plan objectives. The report also provided a summary report on the progress and achievements made in developing the rural credential over the last 12 months.
16.2	The committee welcomed the report and noted the significant work undertaken. The success of recruitment to the Rural Advance Practice programme was noted, as were the successes in the delivery of the rural credential. They noted however that the inputs, outputs and impact of the centre need to be drawn out to ensure a

	better understanding of what rural communities will see and experience as a result of the National Centre.
16.3	The Committee also noted that the title of the centre incorporates care but there isn't much within the report about the care sector. Trish Gray replied, the original commission came from the Primary Care division and there were discussions early on around investment for the care sector, but no social care funding was forthcoming. The Centre is currently in Phase 1 of the 24-month delivery plan and once it reaches phase 2 there will be more social care engagement, this will be post September 2025.
16.4	Emma Watson informed the Committee that the Remote and Rural credential has been very popular with all places filling each year. Constructive conversations with Boards on how they can support those completing the credential have started. The first cohort have received the credential.
16.5	The Committee requested a newsletter/update on the work of the National Centre is added to the Lead Executive Report at an appropriate time. **Action: Trish Gray**
16.6	The Committee thanked Trish Gray and colleagues for all the work in this area and confirmed the report provided the necessary assurance but could be improved in future with more information on inputs, outputs and impact.
17.	**Q2 Complaints Report**
17.1	The Committee Chair invited Rob Coward to introduce this report. The Committee receives reports on complaints received by NES in the previous quarter. These reports detail the complaints received, adherence to complaint handling standards and the complaint outcomes. The purpose of this paper was to provide assurance about the handling of NES complaints in quarter two 2024-2025.
17.2	Rob Coward highlighted a slight increase in the number of complaints NES has received, with this reflecting some of the issues being experienced through lead employer arrangements. These are being addressed through improvement work.
17.3	The Committee noted the report and confirmed it provided the necessary assurance.
18.	**Education & Quality Committee Strategic Risks**
18.1	The Committee Chair invited Rob Coward to introduce the report.
18.2	Rob Coward advised that there are 2 strategic risks relevant to EQC and there have been no significant changes to the report since it was last reviewed by EQC.
18.3	The Committee asked why the Quality policy is not mentioned in mitigation and Rob Coward explained this was because it was not operational yet. The Committee therefore suggested it is mentioned in the actions. **Action: Rob Coward**

18.4	The Committee noted the report and confirmed that the risks delegated to EQC are managed effectively.
19.	**Review of Education and Quality Committee Terms of Reference (ToRs) and Clinical and Care Assurance Group ToRs**
19.1	Della Thomas was welcomed to the meeting for this report which brings the EQC ToRs to the Committee for annual review and approval. The paper also brought the new draft Clinical and Care Assurance Group ToRs for review and approval, as it was proposed that this group will be a Sub-Group of EQC.
19.2	The Committee approved the EQC ToRs and Clinical and Care Assurance Group ToRs and thanked all those involved in this work.
Items for noting	
20.	**Consultations Log**
20.1	The consultations log was noted.
21.	**Scottish Government and NES Educational policies**
21.1	The Committee noted that there were none for this meeting.
22.	**Committee Effectiveness**
22.1	The Committee confirmed that reports to the Committee had communicated relevant information at the right frequency, time, and in a format that was effective. The Committee felt that they had benefited from the right level of attendance. The Committee discussed any aspects where effectiveness could be improved but no specific examples were raised at this meeting.
22.2	The Committee noted the good quality of reports and Karen Wilson thanked Chris Duffy for the support provided to this Committee.
23.	**Any other business**
23.1	There was no other business.
24.	**Date and time of next meeting**
24.1	The next meeting of the Education and Quality Committee will be held on 06 March 2024, 10:15am – 12:45pm as a hybrid meeting.

NES
CD/DG/EW/KW
January 2025

Approved – David Garbutt on 22/01/2025

Approved by the TIC via Correspondence 13 February 2025

NHS EDUCATION FOR SCOTLAND **NES/TI/25/11**

TECHNOLOGY AND INFORMATION COMMITTEE

Minutes of the Sixteenth NES Technology and Information Committee held on Monday 27 January 2025 13:00 – 15:00 via Microsoft Teams

Present: David Garbutt, Non-Executive Director and Chair of TIC
Ally Boyle, Non-Executive Director
Shona Cowan, Non-Executive Director
Jean Ford, Non-Executive Director

In attendance: Jenn Allison, Senior Officer, Board / CEO Office
Colin Brown, Head of Strategic Development
Paula Baird, Principal Lead, Workforce (item 11)
Kevin Kelman, Director of NHS Scotland Academy, Learning and Innovation (item 12)
Debbie Lewsley, Risk Manager (item 09)
Della Thomas, Board Secretary and Corporate Governance Principal Lead (left the meeting after item 11)
Marisa Wedderspoon, Senior Specialist Lead, NES Technology Service (NTS)
Christopher Wroath, Director of NTS

1. Welcome and introductions

1.1 The Chair welcomed everyone to the closing meeting of the Technology and Information Committee (TIC).

2. Apologies for absence

2.1 The Committee noted apologies from Karen Reid, NES Chief Executive Officer, Jim Boyle, Executive Director of Finance and David Felix, Postgraduate Dean, Dental (Caldicott Guardian).

3. Declarations of interest

3.1 The Committee confirmed there were no declarations of interest in relation to the business on the agenda of the meeting.

4. Notification of Any other Business

4.1 There was no other business raised.

5. Minutes of the meeting 02 Dec 2024 (NES/TI/25/02)

5.1 The Committee approved the draft minutes with one minor amendment, noting that Jean Ford joined the meeting from item 07.

6. Committee Rolling Action Log (NES/TI/25/03)

6.1 The Committee noted that 4 of the 6 actions had been marked as complete and 2 had been marked as closed. The 2 closed actions, regarding submitting a final Consolidated NTS Plan and providing an update on the mitigating actions to prevent human error in relation to cyber security, will be transferred to the Planning and Performance Committee (PPC) action log.

7. TIC Final Business Report (NES/TI/25/04)

7.1 The Chair invited Christopher Wroath to present the report which outlined the areas of business to be transferred to alternative governance forums, and those that have been closed off and/or completed, when dissolving the TIC.

7.2 The Committee noted the proposal to transfer 13 items of business from the TIC to the PPC.

7.3 Discussion took place regarding the Digital Skills and Leadership Programme and if this should be reported to the PPC or the Education and Quality Committee (EQC). The Chair explained that it had been decided initially that this area of business was reported to the TIC as opposed to the EQC because it was not considered to be mainstream education. The Chair added that the programme is also governed by the Scottish Government (SG). The Committee agreed the Digital Skills and Leadership Programme should report to the. PPC.

7.4 Discussion took place regarding the Network Information Systems (NIS) audit and if it should go to the Audit and Risk Committee (ARC) or the PPC. The Committee noted that the NIS auditors hold a session with non-executive members of the NES Board to review the results of the audit, for their information.

7.5 Christopher Wroath informed the Committee that the NIS audit is linked to the work of the NES Assurance Forum, who look at information governance and security. Christopher Wroath advised that as information governance and security will be reported to the PPC, the results of the NIS audit should be reported to the PPC also. Christopher added that if the PPC had any concerns regarding technology, this would be flagged with the NES Board. The Committee agreed.

7.6 The Committee discussed the latest Internal Audit reports that were submitted to the TIC and agreed that these do not need to be submitted to the PPC, however

noted that any future internal audit reports regarding technology would be submitted to the PPC.

7.7 The Committee were content to approve the proposal to transfer items of business from the TIC to the PPC, including the minor changes agreed.

8. Dissolution of TIC Governance Report (NES/TI/25/05)

8.1 The Chair invited Della Thomas to introduce the report which sets out the governance arrangements in place to dissolve the TIC.

8.2 The Committee noted the membership and transfer of governance business processes. The Committee approved the final governance requirements of the TIC to approve the minutes of this meeting and the TIC Annual report via correspondence. The Committee approved the transfer of remaining actions to the PPC.

9. TIC Delegated Strategic Risk: Final Report (NES/TI/25/06)

9.1 The Chair welcomed Debbie Lewsley to the meeting and invited her to provide an update on the 5 strategic risks delegated by the Board to the TIC.

9.2 Debbie Lewsley updated the Committee that there have been no changes to risks aligned to the TIC within the quarter 3 reporting period, however, all controls and actions have been reviewed and strengthened where appropriate.

9.3 Discussion took place regarding how to ensure risks can be kept within the Board appetite. The Committee felt that the description of some of the risk led them to believe that lower appetite ratings could be applied. It was suggested that further explanation could be provided to explain why a risk has been rated outwith the Board appetite. Debbie Lewsley informed the Committee that this will be reviewed in advance of the Risk Appetite being submitted to the Board for annual approval in February. **Action: DL**

9.4 The Committee confirmed the mitigation controls and planned actions for the TIC's Governance strategic risks, provided them with assurance and approved the alignment of its 5 Strategic Risks to the PPC.

9.5 Debbie Lewsley left the meeting.

10. TIC Delegated Strategic Key Performance Indicator (SKIPs): Final Report (NES/TI/25/07)

10.1 The Chair introduced the report, which showed progress against SKPIs delegated to the TIC as of Quarter 3 2024-25.

10.2 The Committee noted that 4 of the 5 SKPIs delegated to the TIC have been rated green and that 1 had no data available.

10.3 Discussion took place regarding the SKPI that does not yet have data available, noting that it would be helpful to see data in relation to this. The Committee agreed that it would be helpful for SKPIs to be reviewed to ensure the SKPIs are providing the Board with assurance that the NES Strategy is being delivered. The Chair of the Committee agreed to raise this with the Chief Executive Officer. **Action: DG**

10.4 The Committee confirmed the report provided them with satisfactory assurance and approved the 5 SKPIs to be transferred to the PPC.

11. Digital Skills and Leadership Programme: Final Report (NES/TI/25/08)

11.1 The Chair welcomed Paula Baird to the meeting and invited her to provide an update on progress of the Digital Skills and Leadership Programme.

11.2 The Committee noted that programme of work is currently on track and on budget except for embedding Viva Engage into the M365 Skills Hub.

11.3 Paula Baird was asked to clarify the impact to NES' in relation to providing NHS Bristol with access to the Digital Mindset Programme. Paula explained that NHS Bristol requested access to the resource which they will deliver themselves, therefore there are no requirements for NES to further support this.

11.4 The Committee commented on the excellent progress being made in this programme since it was launched 3 years ago. It was suggested that an opportunity to attend a Digital Front Door Board Development session, linked to the findings of the Lanarkshire pilot, could be made to members of the NES Board. **Action: DT**

11.5 Paula Baird thanked the Committee and asked that Board members and colleagues to complete the Digital and Data Capability Framework Self-Assessment Tool as well as encourage colleagues to do so.

11.6 The Committee asked how the impact of participation on the various programmes is being recorded and tracked. Paula Baird explained that Executive sponsor relationships help to showcase improvement work being implemented in Boards.

Paula Baird added that an event taking place in February 2025 will help to gather further insight into the impact of upskilling staff and identify any potential gaps.

11.7 The Committee were content that the report provided them with satisfactory assurance and approved the proposal that updates on the programme will be reported to the PPC, by exception via the Executive Lead report.

11.8 Paula Baird and Della Thomas left the meeting.

12. Turas Refresh Progress Report: Final Report (NES/TI/25/09)

12.1 The Chair welcomed Kevin Kelman to the meeting and invited him to provide an update on progress of the Turas Refresh Programme.

12.2 Kevin Kelman updated the Committee on the work undertaken in Phase Two, focusing on personalisation; technology developments; requirements gathering and prioritisation. The Committee noted a summary of the next steps for the programme with a focus on the drafting of a Full Business Case.

12.3 The Committee asked for further information regarding the cost pressures raised in the report. Kevin Kelman explained that an overspend within the programme has been identified and this has been discussed with the NES Executive Team.

12.4 The Committee asked for further information regarding the progress of the Full Business Case. Christopher Wroath explained that it is progressing well and further support from Health Economists will help to progress this further. Christopher Wroath added that the uncertainty of future funding for the programme remains the biggest risk. Kevin Kelman added that the Business Case will support the case for committed funding from SG.

12.5 Christopher Wroath assured the Committee that the programme is ready to move on to the next phase of work.

12.6 The Committee noted the suggested name change of the programme to Digital Learning Infrastructure, on the account of the programme covering more elements than Turas.

12.7 The Committee were content that the report provided them with satisfactory assurance and approved the recommendation that the PPC replace the current role of TIC in the programme's governance structure.

12.8 Kevin Kelman left the meeting.

13. Turas Refresh Programme Board

13.1 The Chair invited Angus McCann to provide a verbal update regarding the Turas Refresh Programme Board.

13.2 Angus McCann updated the Committee that the next Programme Board will be taking place on Wednesday 29 January 2025. Angus McCann assured the Committee that the programme is progressing steadily, however there is frustration regarding the risk of continued SG funding, as yet not being confirmed.

13.3 Angus McCann informed the Committee that engagement with NHS Scotland Directors of Finance and NHS Scotland Chief Executives is key, to help ensure Health Boards understand the positive impact of the programme on Health and Social Care in Scotland.

14. KPMG Internal Audit Report - Cyber Cloud Services (NES/TI/25/10)

14.1 The Chair invited Christopher Wroath to introduce the Internal Audit report regarding Cyber Cloud Services.

14.2 Christopher Wroath informed the Committee that the audit report was well received by the ARC on 16 January 2025.

14.3 The Committee noted that that audit reviewed the business continuity processes relating to Azure and Amazon Web Servies (AWS), covering business continuity plans including recovery time and point objectives (RTOs and RPOs), roles and responsibilities, testing, and crisis management frameworks.

14.4 The Committee noted the findings of the audit which provided an overall assessment of 'Significant assurance with minor improvement opportunities' and noted that 2 medium risk findings were raised in relation to recovery time and business continuity testing.

14.5 The Committee were content that the report provided them with assurance and confirmed the report would not be required to be submitted to the PPC as actions would be monitored by the ARC.

15. Turas Programme Minutes

15.1 The Committee noted the Turas Programme November 2024 minutes.

16. Identification of any new risks emerging from this meeting

16.1 The Committee confirmed that no new risks were identified as a result of discussions during the meeting.

17. Review of Effectiveness of Meeting

17.1 The Committee confirmed the meeting was effective.

18. Any Other Business

18.1 There was no other business raised.

18.2 The Chair of the Committee thanked members and attendees of the TIC for their contribution to the Committee and closed the meeting.

NES
January 2025
JA/AG/CW/DG