

**AGENDA FOR THE ONE HUNDRED AND FORTY-FIFTH BOARD MEETING**

**Date:** Thursday 31st January 2019  
**Time:** 10.15 a.m.  
**Venue:** Meeting Rooms 3 and 4, Westport 102, Edinburgh

1. **Chair’s introductory remarks**
2. **Apologies for absence**
3. **Declarations of interest**
4. **Minutes of the One Hundred and Forty-Fourth Board Meeting** NES/18/107  
 To approve the minutes of the meeting held on 29th November 2018. (Enclosed)
5. **Actions from previous Board Meetings** NES/19/02  
 For review. (Enclosed)
6. **Matters arising from the Minutes**
  - a. Board responsibility for policies and strategies (C. Lamb) NES/19/02(a)  
 For information, as requested at the November 2018 meeting. (Enclosed)
7. **Chair and Chief Executive Updates**
  - a. Chair’s Report Oral report
  - b. Chief Executive’s Report NES/19/03  
 (Enclosed)
8. **Governance and Performance Items**
  - a. Finance Report (A. McColl) NES/19/04  
 To receive and endorse. (Enclosed)
  - b. Educational & Research Governance Committee: 13th December 2018 (D. Hutchens) NES/19/05  
 To receive a report and the minutes. (Enclosed)
  - c. Digital Sub-Committee: 17<sup>th</sup> December 2018 (G. Huggins) NES/19/06  
 To receive a report and the minutes. (Enclosed)
  - d. Audit Committee: 16th January 2019 (D. Steele) NES/19/07  
 To receive a report and the minutes. (Enclosed)

- e. Finance & Performance Management Committee:  
22nd November 2018 (D. Garbutt)  
To receive a report and the minutes. NES/19/08  
(Enclosed)

## 9. Strategic Items

- a. Medical Trainee Progression Outturn (S. Irvine)  
For consideration. NES/19/09  
(Enclosed)
- b. Medical Revalidation (S. Irvine)  
For consideration. NES/19/10  
(Enclosed)
- c. Scotland's Paramedic integrated National Education Programme (SPiNE)  
(K. Wilson & J. Burnham)  
To receive a presentation.

## 10. Risk Register (C. Lamb) NES/19/11 (Enclosed)

## 11. Items for Noting

- a. Annual Review: 21<sup>st</sup> November 2018  
To receive and note the informal notes of the Annual Review 2018. NES/19/12  
(Enclosed)
- b. Partnership Forum: 19<sup>th</sup> November (C. Lamb)  
To receive a report and the minutes. NES/19/13  
(Enclosed)
- c. Training and Development Opportunities for Board Members  
For information. NES/19/14  
(Enclosed)

## 12. Any Other Business

## 13. Date and Time of Next Meeting

Thursday 28th March 2019 at 10.15 a.m.

## CLOSED SESSION

14. **Minutes of Closed Session Board meeting held on 29<sup>th</sup> November 2018** NES/18/107(a)  
For approval. (Enclosed)

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January 2019  
DF/tn



## NHS Education for Scotland

### MINUTES OF THE ONE HUNDRED AND FORTY-FOURTH BOARD MEETING HELD ON THURSDAY 29th NOVEMBER 2018 AT EDINBURGH TRAINING AND CONFERENCE VENUE, EDINBURGH

**Present:** Mr David Garbutt, Chair  
Ms Anne Currie, Non-executive member (agenda items 1 to 9a only)  
Mrs Linda Dunion, Non-executive member  
Ms Liz Ford, Employee Director (agenda items 1 to 9a only)  
Mr Douglas Hutchens, Non-executive member  
Professor Stewart Irvine, Medical Director  
Ms Caroline Lamb, Chief Executive  
Mrs Audrey McColl, Director of Finance  
Dr Doreen Steele, Non-executive member  
Dr Andrew Tannahill, Non-executive member (agenda items 4 to 15 only)  
Ms Sandra Walker, Non-executive member  
Mrs Karen Wilson, Director of NMAHP

**In attendance:** Mr David Ferguson, Board Services Manager (Board Secretary)  
Mr Donald Cameron, Director of Planning and Corporate Resources  
Dr David Felix, Postgraduate Dental Dean (agenda items 1 to 9a only)  
Ms Dorothy Wright, Director of Workforce  
Mr Christopher Wroath, Digital Director  
Mr Colin Sinclair, Chief Executive, NHS National Services Scotland (NSS) (particularly for agenda item 12)  
Dr Lorna Ramsay, Medical Director, NHS National Services Scotland (NSS) (particularly for agenda item 12)  
Mrs Susan Key, Associate Director, NMAHP (particularly for agenda Item 9c)  
Ms Judy Thomson, National Director for Psychology Training Services (particularly for agenda item 9c)  
Professor Anne Watson, Postgraduate Pharmacy Dean (particularly for agenda item 9d)

#### 1. CHAIR'S INTRODUCTORY REMARKS

The Chair welcomed everyone to the meeting, extending particular welcomes to:

- Colin Sinclair, Chief Executive of NSS, and Dr Lorna Ramsay, Medical Director of NSS, who were attending to give a presentation at agenda item 12;
- Susan Key, Associate Director, NMAHP, and Judy Thomson, National Director for Psychology Training Services, who were attending primarily for agenda item 9c; and

- Anne Watson, Postgraduate Pharmacy Dean, who was attending primarily for agenda item 9d.

As proposed by the Chair, it was agreed that the minutes of the Closed Session meeting held on 27<sup>th</sup> September 2018 (agenda item 4b) should be considered as part of today's Closed Session meeting, which had been arranged to consider a business case for the extension of the lease for NES's Westport 102 offices in Edinburgh.

## **2. APOLOGIES FOR ABSENCE**

There were no apologies for absence.

## **3. DECLARATIONS OF INTEREST**

There were no declarations of interest, other than those logged previously.

## **4. MINUTES OF THE ONE HUNDRED AND FORTY-THIRD BOARD MEETING**

### **a. Open Session (NES/18/89)**

The minutes of the meeting held on 27<sup>th</sup> September 2018 were approved.

**Action: DJF**

### **b. Closed Session (NES/18/89(a))**

It had been agreed that these minutes should be considered as part of today's Closed Session meeting.

## **5. ACTIONS FROM PREVIOUS BOARD MEETINGS (NES/18/91)**

The Board noted that all of these actions had been completed or were in hand.

Some discussion took place on the Board's forthcoming discussion on public health and health inequalities and it was agreed that it would be useful to involve in this discussion someone currently engaged in the establishment of the new public health organisation for Scotland.

**Action: CL and KW**

## **6. MATTERS ARISING FROM THE MINUTES**

There were no matters arising which did not feature elsewhere on the agenda.

## 7. CHAIR AND CHIEF EXECUTIVE REPORTS

### a. Chair's Report

The Chair gave a verbal report on recent meetings and activities, including the following:

- A meeting of the National Performance Management Committee, when the final evaluations for the Executive Cohort had been agreed. The Cabinet Secretary's sign-off letter is awaited.
- A NHS Board Chairs' away-day, when it had been agreed to establish four new groups: Leadership & Workforce (to be chaired by David Garbutt, with Caroline Lamb as a member); Innovation; Performance; and Governance.
- A meeting of Practice Nurses in NHS Borders.
- A meeting of NHS Board Chairs and Vice Chairs, at which agendas were set for the coming year.
- A meeting of the Scottish Clinical Education Leadership Fellows (SCELF) group.
- A meeting of the Health & Wellbeing group for doctors. A similar group is to be set up for nurses.
- A meeting of the National Programme Board, which is considering the transformation of the health landscape in Scotland).
- A very successful Staff Conference in Perth recently, when there had been very positive engagement from staff. The NES Annual Report for 2017-18 has now been published on the NES website.
- A Conflicts of Interest Steering Group meeting.
- A meeting with Shirley Rogers (Scottish Government) on a range of issues, including Project Lift and medical training places.
- Part of a Digital NMAHP Group away-day.
- Attendance at NES Corporate Induction on 28<sup>th</sup> November 2018, which had proved very useful.

### b. Chief Executive's Report

**(NES/18/92)**

Before introducing her report, the Chief Executive drew attention to the following recent developments:

- Paul Gray has announced that he will be stepping down from his role as Chief Executive for the NHS in Scotland in February 2019, at which point Malcolm Wright, a former NES Chief Executive, will take up this position on an interim basis until a permanent replacement is appointed.
- Karen Watt has been appointed as the new Chief Executive of the Scottish Funding Council.

The Chief Executive then introduced the report on recent meetings and activities, drawing particular attention to the following items:

- The launch of the NES Autism Resource on 13<sup>th</sup> November 2018. It was confirmed that this resource is freely available on Turas Learn and it was agreed that it would be useful to encourage its use as widely as possible.
- Scottish Government has asked NES to commission and oversee work to develop a financial framework to support the Digital Health and Care Strategy.

- Ongoing discussions with Scottish Government on the need for a new funded establishment for medical training grades and a consistent approach to the use of funding from unfilled training posts. It was agreed to circulate a summary of the detailed briefing paper provided to Scottish Government on these issues.

**Action: CL**

The following points arose in discussion:

- Some discussion took place on the NES Communications Strategy, which may need refreshed once the Strategic Framework for 2019-24 has been agreed. This may be an item for discussion at a forthcoming Board development session. In the meantime, it may be useful for Board members to receive occasional updates in relation to delivery of the current Communications Strategy.
- It was confirmed that there are plans for longer-term impact studies in relation to the new three-year employability partnership between NHSScotland and the Prince's Trust, entitled "Get into Healthcare". There may be a role for NES in relation to recruitment into this programme and retaining those interested as part of the future healthcare workforce.
- It was noted that Douglas Hutchens' surname had been mis-spelt on page 2 of the report. **Action: DJF**
- As requested by one of the members, the Board will be provided with advice on which NES strategies it has responsibility for. **Action: CL**
- In relation to an item on page 15 of the report, it was acknowledged that the brief session on Admin Control at the Board development session on 25<sup>th</sup> October had been more in terms of raising awareness than training.

## **8. GOVERNANCE AND PERFORMANCE ITEMS**

### a. Finance Report

**(NES/18/93)**

Audrey McColl introduced a paper presenting the financial results for the period April to October 2018 and indicating the current anticipated forecast outturn as at 31<sup>st</sup> March 2019. The following points were highlighted:

- The year-to-date position, as at 31<sup>st</sup> October 2018, is an underspend of £1.6 million and the current year-end forecast is an underspend of £181,000.
- Some in-year funding has yet to be received but there are no causes for concern resulting from this.
- The impact of the new first year medical trainees and the August rotations of existing trainees has now largely stabilised but will continue to be monitored going forward, particularly in relation to the expected rotations in February.
- The HMRC ruling in relation to NES's dispute in relation to the VAT treatment of the eLibrary Service has concluded that NES cannot fully recover the VAT paid to suppliers. NES continues to consult with its VAT advisers on this issue and is also keeping Scottish Government informed.
- Attention was drawn to section 3.0 of the paper, which set out the key risks to be managed in delivering an outturn in line with budget.

Discussion of the paper generated the following points:

- It was noted that there is likely to be pressure on NES for an additional contribution to the National Boards' £15 million savings target, although this will be open to discussion and negotiation.
- Attention was drawn to the growing popularity of the eLibrary service, partly due to the single Turas sign-on. It was confirmed that the content of the eLibrary will be reviewed, with a focus on including the best value resources.

Following discussion, the Board noted the information in the Finance Report.

b. Organisational Performance Report **(NES/18/94)**

Donald Cameron introduced a paper providing a summary of NES's performance for the second quarter of 2018/19. Attention was drawn to the short narratives against the red and amber targets, which were similar to the previous quarter.

Discussion of this paper resulted in the following main points:

- It was confirmed that one red target had been superseded and will be closed.
- It was confirmed that the final fill rates for medical training grade posts for 2018 are the same as last year's.
- It was highlighted that the target to produce a finance information strategy has been put on hold due to staff recruitment challenges.
- Some discussion took place on the amber Healthcare Science target and it was noted that it is intended to submit a business case to Scottish Government for additional resources to support increased training capacity.
- In terms of governance, it will be important to ensure a transparent audit trail in relation to the various strands of corporate dashboard activity.
- It was agreed to organise a Board development session on navigation around the corporate dashboard and drilling down into the detail of targets etc. **Action: DC**

Following discussion, the Board noted the current performance of NES.

c. Educational & Research Governance Committee: 12<sup>th</sup> October **(NES/18/95)**

The Board received and noted the unconfirmed minutes and a summary, which were introduced by Douglas Hutchens, who commended Helen Allbutt's work in relation to revising NES's Research Governance Policy.

d. Digital Sub-Committee: 28<sup>th</sup> September **(NES/18/96)**

The Board received and noted the unconfirmed minutes and a summary, which were introduced by Caroline Lamb.

It was noted that the NES Digital Service Roadmap will be brought to the Board in due course.

Attention was drawn to the fact that these unconfirmed minutes contain too much detail in relation to the Board's 27<sup>th</sup> September Closed Session discussion on suitable

premises for the NDS for the next 12 months and it was agreed to amend this in the version of the minutes included with the Board papers on the website. **Action: CL**

On an associated point, the Chair reported that the Scottish Government has approved NES's request in relation to the appointment of an additional non-executive Board member. It is intended that this new member will have digital skills and will be appointed to the Digital Sub-Committee.

e. Audit Committee: 4<sup>th</sup> October **(NES/18/97)**

The Board received and noted the unconfirmed minutes and a summary, which were introduced by Doreen Steele.

Particular attention was drawn to the new requirement that the Audit Committee should develop an assurance framework based on the "three lines of assurance" model.

One member remarked on the positive internal audit report in relation to NES's approach to induction and essential training, which is in contrast to the Staff Governance Committee's concerns regarding the low uptake of essential learning across NES staff.

f. Staff Governance Committee: 8<sup>th</sup> November **(NES/18/98)**

The Board received and noted the unconfirmed minutes and a summary, which were introduced by Andrew Tannahill (who had chaired this meeting in the absence of the committee chair, Linda Dunion).

Particular attention was drawn to the following items:

- The committee has concerns regarding reduced completion rates for personal review and planning and essential learning and steps will be taken by management to address this.
- The Workforce Metrics were commended as a valuable repository of data and the committee recognised the importance of ensuring that systems and processes are in place to provide managers with the skills to use this resource effectively, highlighting key trends and areas of particular interest and concern. This will, in turn, ensure that the committee is provided with the required levels of assurance in relation to these metrics.

In discussion, members expressed some concern at the low uptake of essential training in general and health and safety training in particular. It may be useful to offer staff protected time to complete these online modules.

## **9. STRATEGIC ITEMS**

a. Strategic Framework 2019-24 **(NES/18/99)**

Donald Cameron introduced a paper presenting the key elements of the draft NES Strategic Plan 2019-24 to the Board and inviting further comment, discussion and

refinement prior to proceeding to consultation with stakeholders and staff. The following points were highlighted:

- The draft is aligned with the NES elements of the National Boards collaborative agenda, the Digital Health and Care Strategy for Scotland and the NES planning process.
- The draft includes options in relation to the proposed new Vision and Mission.
- The eventual designed version of the strategic plan will be punchier and include graphics and infographics.

The Board discussed the draft paper and the following main points arose:

- In terms of the Vision and Mission, it was suggested that the word 'people' is too ambiguous, the word 'care' doesn't reflect the wider public health dimension and the word 'support' is somewhat passive in this context.
- It was noted that the word 'people' is intended to encompass the workforce and the wider population.
- It was suggested that the use of the words 'we' and 'us' could be viewed as ambiguous in places.
- It was suggested that the proposed Vision statements are not ambitious enough in terms of NES's aspirations to become the People Organisation for Scotland.
- It was suggested that the Mission statement needs to be shorter and snappier.
- It was suggested that NES's role in reducing health inequalities is not reflected strongly enough in the paper.
- There might usefully be more reference to supporting the health and wellbeing of the workforce.
- It was suggested that the cross-cutting principles might include quality & innovation and accountability & governance: both principles which appeared to have some support at the Board's strategic direction workshop in August 2018.
- It was suggested NES's core business is not adequately reflected in the key elements of the draft strategic plan.
- It may be useful to incorporate a section indicating what success will look like.
- It may be useful to build in an intention to focus on the impact and, in some cases lack of impact, of strategic initiatives.
- Opinions varied on the currency of the term 'Once for Scotland', although it was noted that this term is favoured by the current Cabinet Secretary.
- Health literacy doesn't appear to feature strongly enough as an area to address.
- The paper might usefully make reference to NES equipping and facilitating the workforce to provide high quality care.
- A typographical error was noted in the diagram on page 6.

Following discussion, it was confirmed that any further comments could be submitted to Donald Cameron within the next seven days.

The comments made will be taken into account, along with any other comments received, in revising the draft NES strategic plan 2019-24 for consultation purposes.

**Action: DC**

b. Operational Planning 2019/20

(NES/18/100)

Donald Cameron introduced a paper providing the Board with an update on the process for operational planning 2019/20. It was highlighted that the operational planning process for 2019/20 builds on the new approach developed last year, involving the use of a priorities framework. In addition. Operational planning for 2019/20 will be carried out within the context of a new Strategic Framework for 2019-24, which is currently being drafted for consultation.

Audrey McColl added that, like last year, the operational planning process has begun without any formal Scottish Government planning guidelines in place. Instead, assumptions have been made, based on discussions with Scottish Government, NHS Board Directors of Finance and the experiences of previous years.

The following introductory comments were also made:

- There is a wider collaborative ownership of the budget process, using the priorities framework and involving the Senior Operational Leadership Group, in association with Directorates.
- More work is needed on refining targets, with a view to providing the level of detail to manage budgets and identify areas of savings.

Discussion of the paper resulted in the following main points:

- It was confirmed that planning is undertaken on a three-year basis.
- The priorities framework might usefully take account of how, in some cases, activities align to meet strategic goals.
- Directorate budget-setting is facilitated through the involvement of Finance Business Partners. A consistency of approach has been built up across senior teams through peer learning and sharing of good practice.

Following discussion, the Board noted the approach to operational planning for 2019/20 and beyond.

c. Best Start

(NES/18/101)

Susan Key and Judy Thomson were welcomed to the meeting for this item. A paper, 'The Best Start: A Five Year Forward Plan for Maternity and Neonatal Services in Scotland', had been circulated to provide an update on the implementation of a new approach to maternity services. The following points were highlighted by Susan Key:

- The 'Best Start' plan was published in January 2017 and contains 76 recommendations. The key recommendations are based in creating a service which regards mother and baby as one entity and puts the mother, baby and family at the centre of service planning and delivery.
- Included in the Best Start recommendations are a suite of recommendations relating to the training requirements and the future workforce requirements required for the new models of care recommended. These recommendations are being reviewed by the Education and Workforce sub-group.
- The principle of 'continuity of carer' is at the core of the new approach.

- Some work has been ongoing in the first year of the plan. Five early adopter Boards have been identified and progress has been encouraging so far.

Discussion of the paper generated the following main points:

- There is a need to consider the training needs of a range of associated healthcare staff.
- The Implementation Board is developing a communications plan.
- Judy Thomson confirmed that NES Psychology has been closely involved, particularly in relation to the mental health elements, and some resources have been developed which are due to be launched in February 21019.
- It is still unclear as to whether Scotland will move to 3, 4 or 5 neonatal intensive care services.
- Some discussion took place on the current shortage of midwives, especially in the north of Scotland. The initiatives being undertaken to address this issue include a pilot shortened midwifery programme for registered nurses and the inclusion of NHS Highland as one of the early adopter NHS Boards.
- Evidence will be gathered in relation to the success of the new approach to service planning and delivery.

Following discussion, the Board noted the key recommendations from the Best Start plan and the work underway in NES to support these.

As this was her last working day before retiring from her post in NES, Susan Key was thanked for her contribution to the work of NEs and wished well for the future.

d. Developments in NES Pharmacy **(NES/18/102)**

Professor Anne Watson was welcomed to the meeting for this item. She introduced a paper which highlighted the key developments and scope of work within the NES Pharmacy team, in line with Scottish Government strategy and developments within the pharmacy profession, in taking forward workforce development and service transformation. This has resulted in significant additional responsibilities for NES Pharmacy to develop the current workforce (with a primary care focus) as well as planning to develop the future workforce to meet the vision for pharmacy in healthcare delivery.

It was highlighted that Scottish Government has made a considerable investment in this work and that additional staff will be appointed in NES Pharmacy to provide the capacity to take this forward.

In an associated initiative, a group, consisting of representation from Pharmacy, General Practice, Nursing and AHPs, will be set up to build capacity for inter-professional education.

The Board indicated its support for the developments within NES Pharmacy as a result of requests from Scottish Government to take forward work to support workforce development within the pharmacy profession in support of service transformation.

e. Workforce Data

**(NES/18/103)**

Christopher Wroath introduced a paper providing an update on the progress of discussions between Scottish Government (SG) Workforce Directorate, NES, SG Analytical Services Division (ASD) and Information Services Division (ISD) regarding the migration of the publication of the Official Statistics on NHS Scotland (NHSS) workforce from ISD to NES before the end of 2019. The following points were highlighted:

- The National Workforce Plan for Health and Social Care (Part 1) tasked NES with developing a workforce supply side data platform to support national, regional and local workforce planning across health and social care organisations.
- The creation of the new Public Health Scotland, will include the move of Information Services Division (ISD, currently part of NSS) into the new body. ISD also holds data on the current 'in post' workforce and publishes workforce statistics.
- Scottish Government has initiated discussions concerning the potential to consolidate all NHSScotland workforce data services in NES.
- Representatives of NES and ISD will meet fairly soon to discuss the scale of the migration of data and staff.
- A short-life working group is being established to develop a transition plan. This is likely to involve a 'like for like' approach initially (probably for the first six months).
- It will be important to provide good communications and support for the ISD staff involved, who are currently facing a period of uncertainty.

In discussion, it was confirmed that NES will be working closely with the Care Inspectorate in developing the workforce supply side data platform.

The Board noted the current agreements and arrangements in place for the move of the Official Statistical Function for NHS Scotland Workforce Data from ISD to NES before 1<sup>st</sup> December 2019.

**10. RISK REGISTER**

**(NES/18/104)**

Caroline Lamb introduced a paper presenting the NES Risk Register as at November 2018, highlighting that the format of this paper continues to develop in the context of the overall assurance framework.

It was noted that a risk has been added in relation to the UK's exit from the European Union (Brexit).

The Board noted the information contained in the report.

## 11. ITEMS FOR NOTING

### a. Training and development opportunities for Board members (NES/18/105)

The Chair introduced this paper, which included information on both structured training events and a wide range of development opportunities with a focus on understanding more about NES's work. Members were encouraged to take advantage of these opportunities.

The paper was noted.

## 12. NATIONAL SERVICES SCOTLAND (NSS)

Colin Sinclair, Chief Executive of NSS, and Dr Lorna Ramsay, Medical Director of NSS, were welcomed to the meeting for this item. They gave a presentation, "Delivering the Digital Strategy", which covered the following main areas:

- Strategic Context: NSS Purpose, Vision and Approach
- NSS Services and Structure: 12 core services
- Supporting health and care outcomes: Achievements
- NSS focus in 2018/19 (including a contribution to the delivering the Digital Health and Care Strategy)
- NSS and Digital: The Digital Health and Care Strategy, April 2018 – 6 Domains of delivery (including the creation of a National Digital Platform)
- NSS's experience: breadth, depth and scale
- NSS's expertise: breadth, depth and scale – Technical; Clinical; Data/intelligence; Service transformation
- Delivery Focus
- Keen to collaborate: NSS can and should be a key delivery partner, working closely with NES
- NSS's hopes
- Summary
  - i. Recognise absolute need for change
  - ii. Fully supportive of Digital Strategy
  - iii. NSS's key role as bridge between current and future arrangements
  - iv. NDS and partners to develop roadmap for the next 5-10-15 years
  - v. Key element of NDS role to keep everyone on track
  - vi. Development of National Digital Platform will be citizen, patient and staff led
  - vii. The real challenge is hearts and minds and leading change, rather than the technology

It was agreed to circulate copies of this presentation.

**Action: DJF**

The following main points arose in discussion:

- There is a need for investment to ensure that all staff are well-equipped to take advantage of the increased digital connectivity. This will require a change in understanding and culture and the benefits need to be made clear to Scottish Government and employing authorities. The Digital Strategy Oversight Board

may have an influencing role in this regard. The National Boards as a cohesive group may also be able to influence this agenda.

- There does seem to be an increasing recognition of the importance of digital developments.
- NES is currently focussing on digital skills for the less digitally-enabled parts of the workforce.
- Transport challenges in remote and rural areas are being addressed through the piloting of 'Attend Anywhere', which is connecting patients with clinicians by digital means.
- The National Digital Platform Roadmap should provide a clear vision.

Following discussion, the Chair, on behalf of the Board, thanked Colin Sinclair and Lorna Ramsay for their helpful presentation and welcomed the co-operation of NSS in taking forward the work of NDS.

### **13. ANY OTHER BUSINESS**

#### a. Venues for Board meetings and development sessions

It was noted that changes in the Board's calendar of meetings for 2018-19 had resulted in a need to hold the last three Board events in external premises.

### **14. DATE AND TIME OF NEXT MEETING**

The next Board meeting will take place on Thursday 31<sup>st</sup> January 2019 at 10.15 a.m.

### **CLOSED SESSION**

#### **MINUTES OF CLOSED SESSION BOARD MEETING HELD ON 27<sup>th</sup> SEPTEMBER 2018 (NES/18/89(a))**

As agreed earlier in the meeting, these minutes would be considered as part of the Closed Session meeting and the outcome recorded in separate confidential minutes.

#### **15. BUSINESS CASE FOR EXTENSION OF WESTPORT 102 LEASE (NES/18/106)**

Dorothy Wright and Christopher Wroath withdrew from the meeting for this 'Commercial – In Confidence' item. The discussion of this item is recorded in separate confidential minutes.

NES  
November 2018  
DJF

**Actions arising from Board meetings: Rolling list**

Minute	Title	Action	Responsibility	Date required	Status and date of completion
<b>Actions agreed at Board meeting on 29<sup>th</sup> November 2018</b>					
5	Board item on Public Health	Consider involving someone engaged in the establishment of the new public health organisation when the Board considers the forthcoming item on public health and health inequalities.	Caroline Lamb and Karen Wilson	Ongoing	This will now feature on the March 2019 Board agenda, with Marion Bain (Public Health Reform Scotland) in attendance.
7b	Medical training grades	Circulate a summary of the briefing paper on medical training grades sent recently to Scottish Government.	Caroline Lamb	-	Circulated on 19 <sup>th</sup> December 2018
7b	CE's Report	Correct a spelling error on page 2.	David Ferguson	-	Corrected on 1 <sup>st</sup> December 2018
7b	Strategies	Provide the Board with a list of which NES strategies it has responsibility for.	Caroline Lamb	-	This will be included under Matters Arising at the January 2019 Board meeting
8b	Organisational Performance Report	Organise a Board development session on navigation around the corporate dashboard and drilling down into targets etc.	Donald Cameron	Ongoing	The next organisational performance report to the Board will include written instructions on how to drill through to targets etc.
8d	Digital Sub-Committee minutes: 28 <sup>th</sup> September 2018	Arrange to amend the version to be posted on the NES website.	Caroline Lamb	-	Amended on 20 <sup>th</sup> December 2018
9a	Strategic Framework 2019-24	Take into account the comments raised at the meeting, and any other comments received, in revising the draft NES Strategic Plan for consultation purposes.	Donald Cameron	-	Consultation version issued on 7 <sup>th</sup> December 2018

Minute	Title	Action	Responsibility	Date required	Status and date of completion
12	NSS presentation	Circulate the presentation.	David Ferguson	-	Circulated on 29 <sup>th</sup> November 2018
<b>Actions agreed at Board meeting on 26<sup>th</sup> July 2018</b>					
9c	The role of Health and Social Care Partnerships in reducing health inequalities	Bring a fuller discussion paper on this topic to a future Board meeting	Caroline Lamb	November 18	To be incorporated in the item on Public Health Reform coming to the March 2019 Board meeting.
10a	Feedback, comments, concerns and complaints Annual Report 2017-18	Take account of the points raised in discussion, as appropriate, in producing the next annual report.	Donald Cameron	July 2019	Ongoing
<b>Actions agreed at Board meeting on 19<sup>th</sup> April 2018</b>					
8c	E&RGC minutes: 22 <sup>nd</sup> February 2018	Arrange for the Board to receive, at an appropriate time, an update on the corporate position regarding NES's communication with the IJBs and the community planning partnerships.	Stewart Irvine	November 18	This will be considered in the context of the consultation plans for the review of the NES strategic plan.
<b>Actions agreed at Board meeting on 8<sup>th</sup> March 2018</b>					
10d	Medical Revalidation	Consider the suggestion that it may be useful for the Board to consider the questions for boards and other governing bodies set out on pages 46-47 of the Pearson review report.	Stewart Irvine	Ongoing	We are currently taking stock of the GMC Governance Handbook.
<b>Actions agreed at Board meeting on 24<sup>th</sup> January 2018</b>					
8d	Revised Audit Committee Remit	Take account of the discussion points when the Audit Committee next reviews its remit.	Audrey McColl	January 2019	Ongoing

## **Policies and Strategies – Board Responsibility**

### **1. Background**

At the November Board Meeting Non-Executive Board Members reported that it would be helpful to be sighted on what Strategies, Plans and Polices are identified as being the direct responsibility of the NES Board. The table below summaries the Strategies and Plans that require Board approval. This paper can be updated in-line with any new Strategies that are developed, and updates provided to the Board as and when required.

### **2. Policies**

NES Policies are developed and reviewed through the appropriate NES Committees, noted below for information: -

- Audit Committee
- Educational & Research Governance Committee
- Finance & Performance Management Committee
- Remuneration Committee
- Staff Governance Committee

### **3. Strategies for Board Approval**

The table below provides a summary of the Strategies that the NES Board have direct responsibility for.

<b>Strategy/Policy Title</b>	<b>Responsible Officer</b>	<b>Date expected at Board Meeting</b>	<b>Review Date</b>	<b>Prior Committee Approval</b>	<b>Other information</b>
NES Strategic Framework - 5 Year Plan	Director of Planning and Corporate Resources	March 2019	Every 5 years (2024)	Executive Team, SLMT	The Strategic Framework is developed through extensive stakeholder engagement. Including Board Development Sessions and Board Meetings before the consultation draft is circulated.
Annual Budget and Three-year plan.	Director of Finance	March each year	Annual	Finance & Performance Management Committee	Detail of SG budget allocations are provided to the Board once known.
Annual Operational Plan	Director of Planning and Corporate Governance	March each year	Annual	Finance & Performance Management Committee	Contains details targets against which annual performance is measured.
Communication Strategy	Director of Digital/Head of Communications	Last approved October 2017	September 2019	Executive Team, SLMT	Will be reviewed in line with the NES Strategic Framework
People & OD Strategy	Director of Workforce	Current strategy runs to 2020	2020	Staff Governance Committee	The Strategy will be kept under review in the light of the final NES Strategic Framework

<b>Strategy/Policy Title</b>	<b>Responsible Officer</b>	<b>Date expected at Board Meeting</b>	<b>Review Date</b>	<b>Prior Committee Approval</b>	<b>Other information</b>
Property & Asset Management Strategy	Director of Planning & Corporate Resources	May 2019	See notes	Finance & Performance Management Committee	It has been agreed that NES will return a one-year plan with the 5 year plan having been postponed for a year.
Risk Management Strategy	Director of Finance	Approved by Board January 2018	As required	Audit Committee	Corporate Risk Register reviewed by Board at each meeting Board risk appetite reviewed annually
Equality Outcomes and Mainstreaming Priorities	Director of Workforce & Director of NMAHP	Approved by Board March 2017	March 2021	Educational and Research Governance; Staff Governance	Sets our equality and diversity strategy in response to statutory requirements arising from the Equality Act (2010) Specific Duties (Scotland) Regulations. Reviewed and updated on a four-year cycle.

**NES  
Item 7b  
January 2019**

**NES/19/03  
(Enclosure)**



## **CHIEF EXECUTIVE'S REPORT**

Caroline Lamb, Chief Executive

**January 2019**

## 1 INTRODUCTION

The agenda for our Board meeting today includes a paper on Medical Trainee Progression Outturn, this is an overview of progression and performance management in postgraduate medical education and training (PGMET). A paper on Medical Revalidation will also be discussed; and Karen Wilson and John Burnham will provide the Board with a presentation on Scotland's Paramedic integrated National Education Programme (SPiNE).

There are several governance and performance items for noting which include the Performance Report, Finance Report, notes from the Annual Review: 21<sup>st</sup> November 2018 and the minutes from Board sub-committees.

## 2 ANNOUNCEMENTS

### **Dr Maria Pollard, Associate Director in NMAHP**

Dr Maria Pollard has joined NMAHP as an Associate Director. Maria will be the professional strategic lead for Midwifery alongside responsibility for a portfolio of other work. Maria comes from a strong background in higher education, previously working as Deputy Dean for the School of Health, Nursing & Midwifery at the University of the West of Scotland and is a nurse and midwife.

Maria will be based in our NHS Education for Scotland central offices in Glasgow, and as part of her induction will be meeting with colleagues across Scotland.

### **New Year's Honours**

Warm congratulations to two former NES representatives for their recognition in this year's Honours list. Donald Cameron, former Associate Director of NES Optometry, was awarded an OBE in recognition of his services to Scottish eyecare, including his work to create Optometry Scotland, the professionals' organisation.

At the same time, former NES Board member Susan Douglas-Scott has been awarded a CBE for her long service to public life and commitment to promoting diversity, inclusivity and equality with a focus on improving the lives of individuals.

## 3 STRATEGIC UPDATE

### **Budget Planning Update**

The development of the operational plan and the associated financial plan is progressing in line with the agreed timetable. Guidance on Scottish Government's 3-year planning framework is expected to be published at the end of January and we will incorporate this into our approach.

The Scottish Government issued indicative funding allocations for 2019/20 on the 12<sup>th</sup> December and this confirmed the planning assumptions that were in place for the development of the budget. These assumptions were that NES would receive funding from Scottish Government for pay inflation (for all staff groups including the

trainees funded by NES), but that no other uplift would be received. However, the amount included in the allocation letter for additional pay costs is incorrect and this has been raised with Scottish Government.

We expect that the NES baseline budget for 2019-20 will be £438.8m after an agreed reduction of £2.5m which represents the NES contribution to the £15m National Boards' savings target. However, this target has not yet been met in full for 2018/19 and discussions are still ongoing to agree how the gap will be managed. During November and December 2018, members of the Finance team met with each Directorate to examine their draft budget requirements for 2019-20. The table below reflects the current position;

	<b>Recurrent</b>	<b>Non-recurrent</b>	<b>Total</b>
Expected baseline budget available	£438.8m		£438.8m
Draft budget submissions received	£443.4m	£0.6m	£444.0m
Additional cost pressures identified	£1.7m	£0.3m	£2.0m
Potential savings target applied to National Boards (£15m)	£1m		£1.0m
<b>Gap</b>	<b>£7.3m</b>	<b>£0.9m</b>	<b>£8.2m</b>

In previous years we have been able to identify non-recurring funding transfers and vacancy lags on posts in recruitment to help close the budget gap. For 19/20 we hope that these will release £3.4m and £1.5m respectively which would reduce the gap to £3.3m. However, the recently identified pressures on Medical Training Grades, are putting this under risk and will be re-assessed after the planned training grade funding discussions with SG.

A joint meeting of the SOLG and SLMT was held on the 21st January and identified a number of spend areas and measures which could be applied to bridge the gap. These proposals and details of the unconfirmed bids will be taken to the Executive Team for agreement. A detailed paper on the proposed budget will be brought to the Finance & Performance Management Committee in February, with final proposals to the Board in March.

## **BREXIT**

NES continues to work closely with Scottish Government and service colleagues to ensure we are as informed as we can be on the implications of leaving the EU, whatever the context, on the 29<sup>th</sup> March 2019. There are a wide range of workstreams underway across the service and that work continues and intensifies. In terms of assessing the particular implications for NES, we have identified that over time one of the main impacts is likely to be a reduction in an available workforce. While we have not detected any impact on our staffing profile and turnover to date, we depend on a range of secondments from a wide range of

clinical staff to contribute to our education work and specifically our postgraduate education structures. Irrespective of leaving the EU, it has been increasingly challenging to source such staff due to changes in working and retirement patterns and other external factors. EU withdrawal over time could be another contributory factor in increasing resourcing challenges. Depending on the experience of higher education providers, there is the potential for impact on the availability of academic and academic administration staff which would over time impact on our ability to deliver.

We have worked closely with Scottish Government and service colleagues to issue national communication and we continue to do so. We have worked in partnership through this process and have set up dedicated email address should staff wish to ask questions. We are committed to supporting our staff and have ensured communications from the Cabinet Secretary have been made available. We ensured staff had the opportunity to participate in the first pilot phase of the EU Settlement Scheme which ran from 1 November 2018 to 21 December 2018. Further improvements are being made in preparation for the wider public testing phase from 21 January 2019. EU citizens and non-EU citizen family members who hold a valid biometric residence card will also be able to apply during this period. The Scheme will fully open to all members of the public by 31 March 2019. The Scottish Government is committed to reimbursing the Settlement Scheme Fee for those EU citizens working within the devolved public sector in Scotland.

### **Strategic Plan**

After discussion at the last Board meeting, we have entered into consultation with stakeholders and staff on the draft NHS Education for Scotland Strategic Plan 2019-2024. At the time of writing, the consultation has attracted 82 responses, and this includes 14 organisational returns. The consultation opened on Friday 07 December 2018 and closed on Friday 18 January 2019. A meeting with the NES Sponsorship Team at SG has been arranged for 11 February 2019. The feedback from this meeting and from the consultation will be compiled and a final draft of the Framework will be discussed at the NES Board meeting on the 28 March 2019.

### **Meeting with Jeane Freeman MSP, Cabinet Secretary for Health and Sport**

David Garbutt and I are meeting with the Cabinet Secretary on the 19 February 2019. The focus of the meeting will be to discuss workforce issues.

I will provide a full update in my Chief Executive report to the February Board.

### **Post Graduate Medical Training Places - NHS Board Chief Executive Group, 15 January 2019**

At the Chief Executive's meeting in January, we discussed a paper providing Chief Executives with a briefing on a range of issues which are becoming more acute in relation to the expansion of post-graduate medical training (PGMT) grades. At the meeting all Chief Executives agreed that a Short Life Working Group should be established. The focus of this group will be to discuss ways in which issues can be addressed and it will report to MSG.

## **4 MEDIA INTEREST, COMMUNICATIONS AND EVENTS**

In this period, we ran successful campaigns promoting the RRHEAL 10th anniversary, the launch of the NES Annual Report and our Christmas Baubles campaign. All three sets of resources received good coverage.

The Christmas Baubles campaign reached almost 95,000 users and generated almost 17,000 video views across Facebook and Twitter. Twitter performance was on a par with 2017, and about double that of 2016 and 2015. We saw much higher rates of engagement in instances where there was an existing online community interested in the subject, and where we were able to engage with this community. This helps explain the success of Project Lift, where the community based around Project Lift's own social media accounts engaged fully with the campaign and shared our posts.

In terms of design, the comprehensive 'Career for You in Health' resource was designed for a particularly wide audience including a teacher's guide, series of lesson plans, slide packs for each lesson, quizzes, and a 70-page guide to every job family in Scotland. We are working with stakeholders to promote it over the coming months.

We also supported NDS in two sets of interviews, one for FutureScot and one for the Times, setting out the thinking behind the National Digital Platform.

## **5 DIGITAL**

Work to develop an interface between currently implemented eRostering applications used by four NHS Boards and the Scottish Standard Time System (SSTS) continues. This is required to stop Boards from having to double entry information from one system to another. Issues around Governance arrangements delayed access to the SSTS code supported by Atos. A compiled version has been delivered to NES Digital and a copy of SSTS has been stood up and is fully functional in the NES MS Azure cloud infrastructure. A copy of the source code has now been obtained and enabled us to commence the next steps. These include: technical integration options at the SSTS end, confirmation of the skillset required by the team needed to deliver the integration, scoping the scale of work that might be involved from the Atos end and the division of work between NES/Atos. Engagement with NHS Boards and who have existing rostering solutions, specifically NHS Dumfries & Galloway will now take place to complete the rostering application discovery work.

The Alpha version of the national workforce planning data platform started testing in October 2018. A revised timetable for delivery of production, national workforce reports for Scottish Government was agreed and delivered in December 2018. This was restricted to national planning. The Beta version went to testing on the original schedule at the start of January 2019. The platform will provide integrated health and social care workforce data which can be accessed by national, regional and local workforce planners. The full production version, able to support regional and

local planning, remains on track against the original delivery date of April 2019. Work continues with stakeholders through the National Workforce Programme Board colleagues/Regional Planners around the necessary analytic and modelling capabilities required to fulfil the platforms remit. Engagement and training workshops are being arranged in January and February in readiness for the April go live.

NES Digital continues to progress its Organisational Change programme. The Principle Lead for the Digital Delivery team started in post at the end of December 2018. They have commenced scoping work with other Directorates around their specific and general digital development needs based on their documented submissions to the Operational Planning process.

It should also be noted that an Agile Delivery Lead has started in post. Scoping work has commenced across NES directorates with an aim to drive change and service improvements through Agile project developments.

Information Governance & Security have recently undergone an internal audit related to the NES implementation of the May 2018 GDPR legislation. This will highlight how well good practice has been embedded NES and how it could be improved to increase compliance where necessary.

## **6. NES Digital Service**

A Positive meeting of the NDS Digital Sub Committee took place on 17<sup>th</sup> December. Geoff Huggins, Liz Elliot and Alistair Hann provided updates on the Transition Group, Risk, Strategic Partnerships and Finance, while discussions took place regarding the status and strategic plan for the Digital Platform in 2019. Work is underway to develop, deliver and test an alpha version of the ReSPECT app.

Recruitment to NDS continues with two new starts on 7<sup>th</sup> January, Nicholas Hay – Communications Manager and Alan Nicol – Senior Engineer. Plans are in place for further recruitment of software engineers to the team.

Plans are in place to develop an NDS communications strategy, outlining the team's strategic engagement, key messages and communications activities over the coming year. The NDS website and Twitter account will also be further developed. We have started engagement with NHS Greater Glasgow and Clyde regarding its innovation support proposals and we continue to make progress in our efforts to collaborate with NHS GG&C.

Geoff Huggins provided an update on the National Digital Platform to the NHS Chief Executives Group on 16<sup>th</sup> January. Geoff will also give the keynote presentation on the National Digital Platform to Holyrood's Digital Health and Care event on 22<sup>nd</sup> February.

Specialist media interest in NDS continues with an interview from Computerworld UK, on the Office 365 rollout to NHS Scotland and the links to the Digital Platform.

NDS has been part of a successful collaborative bid on a “Sprint” Exemplar Innovation Project” funded by Health Data Research UK. The news is currently under embargo and we await notification to communicate it publicly.

## 7 Medicine

### **GMC : The State of Medical Education and Practice 2018**

The General Medical Council published its major annual report on The State of Medical Education and Practice in December of 2018, and the full report is available on their web-site ([Link](#)) In this comprehensive report, the regulator noted that in their view, the profession is at a critical juncture and expressed serious concerns :

*“The health system now faces a decline in what can be offered and how it is offered by doctors who are prioritising and compromising their work in an effort to maintain standards of care for their patients. It shows that doctors are reaching the limit of what can be done. Our new evidence reveals the effect of these pressures and the steps doctors are taking to cope. We are concerned that some of these strategies are risky or unsustainable. We are saying loud and clear: the medical profession is at the brink of a breaking point in trying to maintain standards and deliver good patient care.”*

### **GMC - UK Wide Workforce Planning**

We have previously drawn the Board’s attention the report published on 15 Nov 2018 by the Nuffield Trust, Kings Fund and Health Foundation ‘*The health care workforce in England: make or break?*’ setting out the workforce challenges faced by the NHS in England. ([Link](#))

In support of the SoMEP report, the GMC has also published new UK data which indicates that many doctors are considering career changes to step away from the heavy workload placed upon them in primary and secondary care. Around a third of 2,600 doctors surveyed are considering reducing their hours in the next three years. A fifth are planning go part time and a further fifth plan to leave the UK to work abroad. Of particular concern is that 21 per cent of 45–54-year-old doctors and two-thirds of 55–64 year olds intend to take early retirement by 2021.

### **Medical Training Recruitment Fill Rates 2018**

We have previously reported to the Board on interim fill rates and indicated that final fill rates for the 2018 recruitment cycle would be available at year end. These are attached for information.

### **Medical Appraisal & Revalidation QA Report 2017-18**

Revalidation for doctors became a UK legislative requirement in December 2012. Revalidation is intended to give re-assurance and confidence to patients, and other stakeholders who have an interest in the delivery of safe medical treatment, that doctors are performing well and are aware of the latest developments in the area of medicine in which they practise.

It can also help doctors reflect on how they can improve their practice and how they interact with patients and colleagues. Each year a Quality Assurance exercise is

undertaken in Scotland. Each health organisation which has doctors with a prescribed connection to them as their Designated Body, and who are required to appoint a responsible officer, completes an assessment audit to report on appraisal and revalidation within their organisation. Returns are analysed and a formal report is produced. The report for 2018, covering appraisal and revalidation during the period 1st April 2017 to 31st March 2018, has been compiled by NES and is available on the Medical Appraisal website. ([Link](#)) This report will be presented to the NES Board at this meeting.

### **Scottish Medical Education Research and Innovation Annual Report 2019**

Following the publication of the inaugural Medical Directorate Education Research and Innovation Annual report in 2018, it was agreed to provide an annual update on ongoing or novel areas of research activity highlighting new evidence and outcomes of evaluation, with a commentary on any relevant impact assessment. The Medical Directorate Research and Innovation Governance Board (MedRIG) continues to provide strategic leadership, but much of the ongoing activity occurs through active operational groups and collaboratives. These hubs of activity include SMERC (Scottish Medical Education Research Collaborative), SKIRC (Safety, Skills & Improvement Research Consortium) and a variety of collaborations across primary care, pharmacy and the Medical Directorate Workstreams. The report is available on the Deanery Web-Site ([Link](#)).

## **8 NMAHP**

### **CORE MANDATORY UPDATE TRAINING FOR MIDWIVES AND OBSTETRICIANS**

In June 2017, Healthcare Improvement Scotland published their report on the Review of Ayrshire Maternity Unit, University Hospital Crosshouse, NHS Ayrshire & Arran (Adverse Events). Recommendation 7 stated that: NHS Scotland should develop and agree a list of mandatory skills and competencies for maternity services to support ongoing training programmes in NHS Boards.

Following this recommendation, NHS Education for Scotland facilitated a short life working group to identify a package of core mandatory update training for midwives and obstetricians. The group has reported to the Scottish Government and CMO and CNO have issued a letter detailing actions required of NHS Boards to ensure that all midwives and obstetricians undertake core mandatory update training.

NHS Education for Scotland will deliver a package of core mandatory update training for midwives and obstetricians through the Scottish Multi-professional Maternity Development Programme (SMMDP) in a bundled approach which will include Fetal Heart Monitoring, Obstetric Emergencies and Neonatal Resuscitation. These sessions will be delivered in addition to the current SMMDP programmes and Best Start Courses.

## 9. Pharmacy

As part of the development of the overall Pharmacy team, NES Pharmacy has developed a new Vocational Training (VT) Foundation Framework for Pharmacy Technicians which will be launched in February 2019. This new development will allow early career registered pharmacy technicians to build, in a progressive manner, a common set of required behaviours and skills. It is also designed to increase the confidence, competence and capabilities of pharmacy technicians and provide them with the opportunity to develop a systematic approach to practice within their defined roles and allow flexible working across sectors of practice.

The new VT Foundation Framework for Pharmacy Technicians consists of five core competencies covering personal and professional practice; the pharmaceutical care of patients; education, training and development; medicines information; data analysis and reporting. In addition, three sets of role specific competencies have also been developed for the hospital, community and primary care sectors. Pharmacy technicians will be required to upload evidence on to the new Turas Portfolio to demonstrate that they have met these competencies with support from both NES Pharmacy staff and designated tutors in the workplace.

A pilot of the new VT Foundation Framework for Pharmacy Technicians will commence in early 2019 involving all three pharmacy sectors, which should take approximately 2 – 3 years to complete, with a full evaluation to be undertaken.

## 9 Psychology

### **NES Psychology Trauma Workstream**

The Trauma workstream has launched a national consultation on the Scottish Psychological Trauma and Adversity Training Plan. Responses are requested by 22<sup>nd</sup> February 2019. The document and the feedback link are available <https://www.nes.scot.nhs.uk/education-and-training/by-discipline/psychology/multiprofessional-psychology/national-trauma-training-framework.aspx>

### **Additional Children & Adolescent Mental Health Services Resource**

Judy Thomson Director of Training for Psychology Service chairs the Workforce Development subgroup for the Children and Young People Mental Health and Well-being Taskforce led by Dame Denise Coia. In December 2018 NES was awarded £10.7m over 3 financial years to extend CAMHS capacity in support of work to reform of Scotland's approach to children and young people's mental health following recommendation by the Children & Young People's Mental Health Taskforce.

Funding is in relation to the expansion of CAMHS workforce, additional training and additional MSc Applied Psychology Children and Young People (APCYP) Trainees over the lifetime of the Taskforce.

- Increase intake of MScAPCYP trainees up to 30 per year starting February 2019

- Increase workforce capacity and capability in CAMHS, taking account of local needs

## **CALENDAR**

### **19 November**

#### **Safe Staffing - Strategic Programme Board**

This meeting discussed the Health and Care (Staffing) (Scotland) Bill. Other agenda items included the Scottish Government's Summary Analysis of responses to the Health and Sport Committee's call for evidence on the Health and Care (Staffing) (Scotland) Bill.

#### **Partnership Forum**

The Partnership Forum discussed a paper that provided an overview on the data available on objectives, essential learning and PDPs. Other items for discussion included an update on National Board Shared Services, Target Operating Model and Trade Union Facility Time

### **20 November**

#### **NES Executive Team**

The NES Executive team discussed the draft Strategic Framework. A paper on Doctors and Dentists in Training: Lead Employer was received and discussed. A presentation on the Development of Scotland's Paramedic integrated National Education (SPiNE) was provided.

#### **Joint NES-NSS Executive Team Meeting**

Members of the NES Executive Team met Colin Sinclair, Lorna Ramsay and Deryck Mitchelson from NSS. The focus of the meeting was to discuss partnership and collaboration opportunities from the Digital Health and Care Strategy.

### **21 November**

#### **NES Staff Conference and Annual Review**

This year we hosted our Annual Review alongside our Staff Conference which took place at Perth Concert Hall. The Staff Conference was well attended by staff from across Scotland. The aims of the day were to increase awareness of the changed landscape for National NHS Boards and the need to work together, sharing and exploring of our educational impact to enable excellence in health and care, celebrating our success with the NES STARS Awards and to reflect on our performance and showcase our achievements in our Annual Review. We achieved these aims through a series presentation and stands.

### **22 November**

#### **Finance & Performance Management Committee**

At this meeting the committee discussed the finance report, finance management report, operational and financial planning update.

### **Professor Sir Lewis Ritchie**

The purpose of the meeting was to discuss progress with the NHS Tayside AAG Report.

### **23 November**

#### **eHealth Leads: Financial Return**

I met with colleagues from the Scottish Government to discuss establishing a financial framework for Digital services that supports effective decision making on future investment of funds. The Scottish Government have commissioned a review of the current financial landscape for funding digital/IT across NHS Scotland and have asked me to lead this review.

#### **Jill Vickerman, National Director, BMA**

Angiolina Foster and I met with colleagues from the British Medical Association. At the meeting we discussed the National Boards Discussion Document and workforce planning.

### **26 November**

#### **Sustainability and Value Programme Board**

At this S&V Programme Board meeting I provided an update on workforce which included information on nursing and medical banks, eRostering and the workforce planning tool. Other items discussed included the future function and role of the Programme Board.

#### **Malcolm Wright, Interim Chief Executive, NHS Tayside**

Stewart Irvine and I met with Malcom to discuss postgraduate medical education in NHS Tayside.

### **27 November**

#### **Digital Health & Care Conference**

I provided a presentation at the Digital Health and Care Conference. My presentation focused on developing the modern workforce with the necessary skills to drive digital change. The presentation discussed ways in which efficient delivery of digital education and training to health and care staff in Scotland can be achieved.

#### **Michael Wignall, Chief Technology Officer, Microsoft**

I attended a very useful meeting with Digital colleagues. The meeting provided insight into Microsoft's ambitions to engage more effectively with the public sector in Scotland to support outcomes set out in the Digital Health and Care Strategy.

#### **Scottish Trauma Network Review**

The purpose of the meeting was to review the STN governance and accountability structures and processes to ensure the STN are in line with the new arrangements for national planning.

### **28 November - Four Nations Meeting**

This meeting was an opportunity to share updates with my counterparts from England, Ireland and Wales. Items on the agenda included strategic workforce planning, Data Analysis and Modelling and future collaboration.

### **29 November - Management Steering Group (MSG)**

At this MSG Steering Group meeting the medical workforce was discussed which included updates on Consultant contract, Consultant job planning and Junior Doctors 46 hours rest period. The meeting also covered the areas being taken forwards following the pay negotiations on Agenda for Change.

### **3 December**

#### **Change Management Programme Board**

The Change Management Programme Board received an update paper on the progress made within Organisational and Leadership Development/Educational Development & Human Resources organisational change. Other agenda items discussed by the group included an update of the activities performed by the OPIP team since the last paper since August 2018.

#### **Scottish Trauma Network Steering Group**

I chaired the STN Steering Group meeting where the substantive agenda items included a core group update (18 months on), The STN mid-year report, shared learning from the North of Scotland and update from STAG.

### **4 December**

#### **Angiolina Foster and Greg Thompson**

I participated in a catch-up call which discussed the developments in the work that we are taking forwards as implementation leads for National Boards.

#### **Paediatric Trainee Numbers 2019**

Stewart Irvine and I attended a meeting at the Scottish Government. This was to discuss the outcomes of the Secretary's discussions with The Royal College of Paediatrics and Child Health on 28 November.

#### **Dawn McCormack, Deloitte**

Dawn provided me with an update on the progress of work that has been made to date on the programme of work to implement a national e-Rostering solution.

### **5 December**

#### **ICAEW Healthcare Advisory Group**

I attended this meeting of the Institute of Chartered Accountants to discuss matters relating to healthcare.

### **NHS Chief Executives Telephone Call**

I participated in a telephone call with other Chief Executives. The purpose of this was to receive an update on EU Withdrawal.

### **6 December**

#### **NHS Tayside Assurance and Advisory Group**

The progress with the report was discussed.

### **10 December**

#### **Payroll Services Programme Board**

I attended the Payroll Services Programme Board meeting. Updates on the progress from the following groups were provided: Payroll & Expenses System Management Group, SSTS / eRostering Management Group, Standardised Business Process Group and Doctors & Dentists in Training Group. I provided an update on the NHSS Business Systems.

### **11 December**

#### **NES Executive Team**

The NES Executive Team discussed various items which included the Organisational and Leadership Development/Educational Development & Human Resources organisational change paper. Other items for discussion included the Business Continuity Plan, Public Health Workforce Development, eSubscriptions and the Board agenda for January 2019 meeting.

#### **Senior Leadership Management Team**

The SLMT discussed a paper on the current data that was available on personal review & planning and Essential Learning. The paper provided information on the completion rates within directorates. Other agenda items discussed included the NES Role in the Clinical Realm/Point of Care and Workforce Development Subgroup.

#### **NHS National Boards Health and Social Care Delivery Programme Board**

The National Boards Health and Social Care Delivery Programme received updates on stakeholder engagement, the ISST Project Board and finance updates.

#### **NHS Chief Executives - Private Meeting**

The Chief Executives received a presentation from Paul Hawkins, Chief Executive, NHS Fife on Elective Centres. The Chief Executives also received papers on NSSC Annual Business Case, Sustainability and Value Board update, Value Based Medicine and Business and Leadership and Talent Management.

## **12 December**

### **NHS Chief Executives Strategy Meeting**

A presentation was provided by Colin Voight, Head of Engagement, Lowland Reserve Forces' and Cadets' Association and Dai John, Head of Engagement, Highland Reserve Forces' and Cadets' Association. A presentation on the Governance Blue print was also received. Other items included Volunteers, and the Health and Justice Collaboration

## **13 December**

### **Educational & Research Governance Committee**

The ERCG discussed the summary monitoring reports of the Quality Management of the Placement Learning Experience (NMAHP) and Turas Learn learning management system. The ERCG also discussed the NES Research Governance policy and a paper on sharing educational practice.

## **14 December**

### **NES and Scottish Government Catch-up**

Penni Rocks and I discussed the financial framework.

### **National Workforce Planning Group**

The items on the agenda for this meeting included National Health and Social Care Workforce Planning Programme Board Update, Health and Social Care Delivery Plan - Modelling and Workforce and Workforce Planning Guidance

## **17 December**

### **NES Digital Service Sub-Committee**

David Garbutt and I attended this meeting. The minutes for this are included in the Board papers which will provide a summary of discussions.

## **18 December**

### **Angiolina Foster and John Burns Teleconference**

I joined a telephone conference to discuss governance of Domain C of the Digital Health and Care Strategy.

### **Richard Foggo, Deputy Director and Head of Primary Care Division, Scottish Government**

Moya Kelly and I met with Richard to discuss measures being taken in NES to expand the training capacity available in primary care.

## **19 December**

### **Pete Lock, Deloitte – Financial Framework for the Digital Health and Care Strategy**

I had a telephone call with Pete Lock, Pete provided me with an update on the progress of work to date that had been made with the financial framework. We discussed the Short Life Working Group meeting scheduled for the 20 December.

### **Microsoft**

I met with Digital colleagues and Microsoft UK Head of Delivery Suzy Foster to discuss how Microsoft could support the NHS Business Systems vision.

## **20 December**

### **NHS National Boards Collaboration Chief Executives & Chairs**

David Garbutt and I participated at this meeting. The meeting discussed proposals for governance of collaborative working and communications and engagement.

### **Realistic Medicine Oversight Group**

I attended the Realistic Medicine meeting and the items that were discussed included Realistic Medicine Survey Initial Findings, Atlas of Healthcare Variation and Citizens' Jury.

### **Digital Health Finance Framework Short Life Working Group**

This was the first meeting of the short life working group. The remit and purpose of the group was discussed. Other agenda items included a discussion on the background to why this work is required and to set out the next steps.

## **21 December**

### **James Hall, Director of IT Operations, NSS**

I met with James to discuss the work on NHS Business Systems.

## **7 January**

### **Colin Sinclair, Chief Executive, NSS**

Colin and I had a telephone call to review the Digital and IT items on the NHSScotland Chief Executives agenda.

### **8 January General Practice Specialty Training (GPST) in NHS Lanarkshire**

Moya Kelly, Director of PG GP Education and I met with colleagues at NHS Lanarkshire. The focus of the meeting was to discuss GPST training and explore how NES and NHS Lanarkshire can collaborate to develop a site of educational excellence.

### **Waiting Times Improvement Plan - Operational Performance Board**

The Operational Performance Board received an update on the first tranche funding bids and discussed short term bids for tranche two. Other items discussed included an update on current usage and capacity in the independent sector, cancer waiting times, elective centres and a trauma and orthopaedics peer review.

### **9 January**

#### **Dawn McCormack, Deloitte**

Dawn provided me with an update on the progress of work that has been made to date on eRostering.

### **15 January**

#### **Angiolina Foster, Pauline Howie and Greg Thompson**

I participated in the catch-up call which discusses the ongoing work as implementation leads for National Boards.

#### **NES Executive Meeting**

The agenda items included the January Board papers, budget setting and operational planning and corporate priorities. A paper on the corporate dashboard and risk register was also provided.

### **NHS National Boards Collaborative Programme Board**

The National Boards Collaborative Programmes received updates on the transformation fund and a strategic engagement and communication update. Other agenda items included, National Boards and regional feedback. The Directors of Finance provided an update on the savings gap for 19/20

### **NHS Chief Executive Private Meeting**

The Chief Executives discussed the paper I provided with a briefing on a range of issues which are becoming more acute in relation to the expansion of post-graduate medical training (PGMT) grades. Other agenda items included o365 finance profile and an update on the national pharmacy aseptic dispensing shared service programme. A presentation on Health and Justice Collaboration was provided by Andrew Scott, Director Population Health, the presentation shared the progress they have made since the Board was established in September 2017 and the ways they hope to improve collaborative working going forward. The STN mid year report was noted for information.

## **16 January**

### **NHS Chief Executive Strategy Meeting**

At this strategy meeting Geoff Huggins provided an update on the National Digital Platform. Three presentations were provided at this meeting, these were SNAP40, Day Case Hip Surgery and a Screening Consultation Update.

### **NHS Chief Executive Business Meeting**

Shirley Rogers, Director of Health Workforce discussed withdrawal from the EU and performance. The other agenda items were an update from the Private Meeting with Paul Gray and a discussion on carer positive.

### **NHS Chief Executive Private Meeting with Paul Gray**

I participated in the private meeting with Paul Gray.

## **17 January**

### **Implementation Leads and Shirley Rogers, Director of Workforce, Scottish Government**

I attended this meeting with the Implementation Leads.

## **18 January**

### **NHS Tayside Assurance and Advisory Group Meeting with Malcolm Wright, former Interim Chief Executive of NHS Tayside**

I met with Malcom to discuss NHS Tayside. We discussed NHS Tayside's progress on implementing the recovery plan and efforts to improve financial and operational performance.

## NHS Education for Scotland

### Board Paper Summary

1. **Title of Paper**

Finance Report to 31st December 2018.

2. **Author(s) of Paper**

Audrey McColl, Director of Finance.  
Lizzie Turner, Head of Finance Business Partnering.

3. **Purpose of Paper**

The purpose of this paper is to present the financial results for the first nine months of the year to 31<sup>st</sup> December 2018 and to indicate the current anticipated forecast outturn as at 31<sup>st</sup> March 2019.

4. **Key Items**

The NES year to date position, as at 31st December, is an underspend of £1.4m and the current year end forecast outturn is an overspend of £0.67m. This is an adverse movement of £0.85m from the October position which was reported to the Board on 29<sup>th</sup> November 2018 and an adverse movement of £0.67m from the November forecast.

The increased forecast spend is due to a movement (£1.6m) in the cost of Medical Training grades from the position forecast at the end of November. This increase has been offset by increased underspends in Medical Professional Development, Dental, NMAHP and Digital.

The majority of anticipated allocations have been received and £4.3m remains outstanding. The largest element of this is £2.6m which represents the gap between the original estimated pay award of 2% and the final agreed pay award of 3% in respect of Training Grade costs.

It should be noted that any benefit in 2018/19 from the Westport Lease extension is not yet included in the current forecast.

In addition, during the drafting of this paper a meeting was held with Scottish Government where it was agreed that, should it be necessary, funding can be provided to support the current unfunded pressures within the NES budget relating to;

- the additional costs of GP Trainers Grants
- 2014 Foundation Expansion (for the level of actual costs above the funding which is in the NES baseline) and;
- the additional costs for the 2015, 2016 & 2017 Expansion posts above the budget provision included in the NES budget.

These costs, in their totality, are currently included within the NES forecast position and therefore the availability of additional funding will mitigate the year-end deficit detailed above.

**5. Recommendations**

The Board is invited to note the information contained in this report and the actions being taken to address the projected overspend position.

## Finance Report to 31<sup>st</sup> December 2018

### 1 Overview

#### 1.1 Background

NES' original baseline budget for 2018/19 was £423.4m. In addition, we received in-year allocations as shown below:

Area	Recurring		Earmarked		Non Recurring		Total	
	Received	Outstanding	Received	Outstanding	Received	Outstanding	Received	Outstanding
2018/19 Baseline	423,353						423,353	0
2018/19 Pay award	6,014	2,544					6,014	2,544
National Boards	(2,500)						(2,500)	0
NDS		682					0	682
Pharmac Pre reg			4,851				4,851	0
Aberdeen Dental School			3,098				3,098	0
Speciality Training Expansion posts			2,044				2,044	0
MEP funding gap			1,240	384			1,240	384
Primary Care Fund					8,728		8,728	0
Mental Health Programme					7,100		7,100	0
Transformational Change fund					4,708		4,708	0
Depreciation & provisions					1,181		1,181	0
NES Outcome Framework					841		841	0
AEiPC implementation					780		780	0
Additional Dental VT costs					737		737	0
Other allocations			1,089	165	3,329	114	4,418	279
GP Trainer grants		117					0	117
GP100 additional Funding						800		800
<b>Total</b>	<b>426,867</b>	<b>3,343</b>	<b>12,322</b>	<b>549</b>	<b>27,404</b>	<b>914</b>	<b>466,593</b>	<b>4,806</b>
<b>Total</b>		<b>430,210</b>		<b>12,871</b>		<b>28,318</b>		<b>471,399</b>

£000's

#### 1.2 Summary Financial Position

As at 31<sup>st</sup> December 2018, the year to date position is an underspend of £1.4m, which reflects timing issues across directorates where expenditure is expected to be incurred before the end of the financial year but is not in line with the initial budget phasing.

The forecast outturn as at 31<sup>st</sup> March is now an overspend of £0.7m. This has primarily resulted from an increase in the costs of Medical Training Grades. It has been identified that the savings expected from vacant posts has been less favourable than anticipated. This is because the 2018/19 vacancies for hospital Core/ST training posts have arisen in different programmes from where the costs from double running or remedial posts are creating a cost pressure, meaning that the total number of paid posts has risen. An error in the previous month's forecast model delayed the recognition of this emerging trend.

A detailed report was submitted to SG in November, highlighting the risks created by the multiple funding arrangements currently in place including the reliance on funds released from less than full time gaps which is not sustainable. Where a post is filled on a less than full time basis funding for the unfilled element remains with NES. This is used to support unfunded cost pressures such as expansion posts, double running and remedial training. A meeting took place on the 23<sup>rd</sup> January with SG to discuss the impact of the increase in paid posts on the NES forecast outturn for 2018/19.

Within NES, to support management of the corporate year end position, the Executive Team have suspended all authority to vire across budgets. This means that any underspend generated in any directorate cannot be reallocated and must contribute to reducing the overall corporate overspend. In addition, all Purchase Orders will be reviewed by the Director of Finance in advance of issue to suppliers to ensure that only essential and contracted expenditure is incurred. A review of all provisions (including those related to Leases and Fixed Term staff contracts) will be undertaken to identify any further potential budget availability. The Medical Directorate, working with the Finance Team, continue to monitor the Training Grade spend to identify any further impact on the year end forecast.

In light of the updated trend information, the assumptions used for the creation of the 2019/20 Training Grade budget, will also be reviewed.

## 2.0 Variance Analysis

Individual variances for both the year to date and outturn, are provided, and where significant, discussed below.

MONTHLY REPORTING FOR DECEMBER				Period 9				
Directorate	Year to Date			Full Year				Movement in variance from last month
	Current Budget	Outturn	Variance	Current Budget	Outturn	Variance	Variance last month	
<i>Quality Management</i>	60,622	60,550	72	82,093	82,110	(17)	(54)	36
<i>Strategic Planning and Directorate Support</i>	5,307	5,254	52	7,035	7,014	21	(2)	23
<i>Training Programme Management</i>	199,318	201,047	(1,729)	266,102	268,319	(2,217)	(607)	(1,610)
<i>Professional Development</i>	4,197	3,767	430	8,516	7,918	597	475	122
<b>Medical Total</b>	<b>269,443</b>	<b>270,618</b>	<b>(1,175)</b>	<b>363,745</b>	<b>365,361</b>	<b>(1,616)</b>	<b>(188)</b>	<b>(1,428)</b>
Dental	33,961	33,710	251	45,349	45,072	277	165	112
NMAHP	6,176	6,127	49	12,431	12,209	222	68	154
Psychology	13,503	13,379	124	19,216	19,193	23	(23)	46
Healthcare Sciences	1,899	1,935	(36)	2,465	2,503	(38)	(50)	11
Optometry	715	674	41	1,046	1,003	43	33	10
NDS	0	251	(251)	682	682	0	0	0
Digital	8,199	7,408	790	12,562	12,321	241	(109)	350
Workforce	3,866	3,415	451	5,043	5,065	(22)	(69)	48
Finance	1,489	1,465	23	2,039	2,051	(12)	(8)	(3)
Properties	2,853	2,735	118	3,805	3,794	11	11	0
Facilities Management	488	457	32	650	633	17	10	7
Planning (incl OPIP)	871	874	(4)	1,159	1,143	16	16	0
Net Provisions	1,282	271	1,011	1,207	1,039	168	161	6
<b>NES Total (revenue)</b>	<b>344,744</b>	<b>343,319</b>	<b>1,425</b>	<b>471,399</b>	<b>472068</b>	<b>(669)</b>	<b>19</b>	<b>(688)</b>

## 2.1 Medical

The Year to Date position for the Medical Directorate is an overspend of £1,175k which is mainly driven by an overspend on Training Programme Management (TPM) of £1,729k offset by a Professional Development underspend of £430k.

The year-end forecast for the Medical Directorate is an overspend of £1,616k which is an increase in the forecast overspend of £1,428k from the position at the end of November. The main element of this movement is an increased overspend in Training Programme Management of £1,610k which is mainly due to:

- (a) Increased costs (£537k) within Core and Speciality Training in Hospital based posts because of fewer vacancies within the established baseline being available to fund the additional costs of remedials, post CCT and double running. These additional costs arise for different reasons, but all require the trainee to undertake a longer than anticipated training period. Remedial – where a trainee does not progress in line with the standard time expected to complete the program. Post CCT is the 6-month period after successful completion of training to enable a trainee to secure a consultant post. Double running can occur for different reasons for example an extended CCT date due to sickness, out of programme periods and maximising recruitment opportunities at the start of the training year in August.

Payment for vacant training grade posts (where funded) is managed on a programme basis and each programme can have multiple specialities within it. Where there are vacancies across the specialities within a programme then the additional double runners, remedials and post CCT trainees would be slotted into one of the vacant posts, rather than incurring an extra cost. Where the specialities within a programme have no vacancies, these unfunded posts will incur additional costs.

Vacancies in hospital Core/ST training posts, in the latter part of the year, have arisen in different programmes from where the costs from double running or remedial posts are. This creates a cost pressure because a higher total number of posts are being paid for.

As the total number of paid posts has risen this means there is an overall reduction in the number of posts paid as vacant. As vacant posts are paid at the bottom of the scale the expected savings this generates has reduced by £200k.

Additional costs of £121k are forecast in Expansion posts, mainly on the 2017 intake. The pressure is partly offset by further savings forecast from Less Than Full Time (LTFT) trainees of 200k.

- (b) The costs of the GP trainees have adversely moved by £394k. This is mainly within GPST3 (£358k) as a result of anticipated new or additional trainees expected after February rotations and higher maternity costs due to backdated payment (£83k). There are also additional Remedial costs being incurred in GP for the remainder of the year due to extensions of existing trainees and new remedial trainees being confirmed (£115k). This is partly offset by lower costs forecast on GPST1 as lower numbers are forecast for the February rotations (£163k).
- (c) A manual input error on the forecasting model for Core/ST posts in Hospital meant the baseline costs for December and January were not forecast correctly in November. This resulted in an increase to the forecast outturn of £646k. An additional reconciliation has been added to the forecast model to improve the robustness of the process.

## 2.2 Dental

The year to date underspend of £251k is mainly comprised of:

- £77k Training Grade underspend mainly due to lower Core & Specialty costs from a lower August intake than budgeted (recruitment of 3 posts is ongoing) and fewer than budgeted trainees & trainers in Therapist vocational training. This is offset by higher Vocational Training costs from remedial trainee extensions.
- £183k underspend from the training budgets for Continuing Professional Development, Dental Core Professionals, Vocational Training Support & Clinical Effectiveness of which £102k will carry to year end. This is due to fewer courses being run than anticipated and is offset by reduced income of £71k

The year-end forecast is an underspend of £277k, an increase of £112k from the November forecast. This is mainly comprised of a £144k Training Grade underspend which is a combination of recruitment vacancies in Core & Specialty Training grade posts a non-training grade pay underspend of £68k. The balance of the projected underspend relates to reduced Therapist vocational training due to reduced demand and the impact of changes to training plans within the Scottish Postgraduate Fellowship training.

## 2.3 NMAHP

The Year to Date position for the NMAHP Directorate is an underspend of £49k mainly driven by small underspends across various programmes due to timing issues.

The full year forecast is an underspend of £222k mainly due to:

- a delay in recruitment for General Practice Nursing (GPN) training places and uptake in GPN Fellowships being less than expected (£150k) however it should be noted that this funding may have to be returned to SG
- delays in Best Start and Non-Invasive prenatal treatment (£69k);
- additional income generation from the delivery of Family Nurse Partnership courses to Northern Ireland (£26k).

## 2.4 Psychology

The Year to date position for the Psychology Directorate is an underspend of £124k driven by timing differences which will be resolved by the year-end leaving a small underspend of £23k.

## 2.5 NES Digital Services (NDS)

Spend of £251k has been incurred to date as staff are appointed to posts. It has been agreed with Scottish Government that funding to cover expenditure incurred during 201/19 for both the NDS and the additional support services required within NES, will be provided. This is currently estimated to total £681k and includes direct staff costs (£446k), support staff costs (£85k), property, office set up and network costs as well as Digital consultancy costs for work undertaken by contractors (£150k). This forecast has now been submitted to the Scottish Government.

## 2.6 Digital

The year to date Digital position is an underspend of £790k. This is mainly due to timing differences within transformation projects (£366k), pay savings as posts created following the directorate restructure have not been filled as quickly as expected (£153k), additional income from ePortfolio and lower contractor costs (£123k) and £122k due to phasing of journal payments and the cancellation of Taylor and Francis journal access.

The full year forecast is a £241k underspend, a movement from November of £350k. This mainly results from the unused element of the organisational change budget provided in 2018/19 being released due to delays in recruitment, an alternative source of funding has been identified for the £86k relating to the transfer of NHS24 data into the Workforce data lake, £74k release of KSG subscriptions saving, and £80k additional income from ePortfolio being offset by various smaller overspends.

## **2.7 Workforce**

The year to date variance is a £450k underspend mainly due to timing differences. The year-end forecast outturn has been reduced from an overspend of £69k to an overspend of £22k.

## **2.8 Properties**

The year to date variance is an underspend of £118k due to timing issues which we anticipate will be resolved by year end leaving an underspend of £11k following the successful rates appeal for Inverness.

## **2.9 Net Provisions**

The full year budget for net provisions is £1.207m. This is made up of charges for depreciation, savings targets to be clawed back from Directorates, the Apprenticeship Levy, top-slicing of external income to cover overheads, our expected contribution to the National Boards £15m savings target and other provisions (such as those for redeployment and potential claims and unidentified savings targets).

Our current contribution to the £15m savings target for 2018/19 is £2.5m, as represented by a reduction in our recurring allocation.

As at December, the forecast year end position of £169k has only moved by £6k since last month. It is primarily made up of:

- A reduction in the forecast spend for the Apprenticeship Levy charge of £140k as it has been agreed nationally that Lead Employer placement boards for DDIT should be recharged for all costs including Apprenticeship Levy.
- We have now received a ruling from HMRC on our dispute in relation to the VAT treatment of the e-Library Service. This has concluded that NES cannot fully recover the VAT that we have paid to suppliers. However, it has been agreed that VAT for some elements of the current service can be recovered, therefore, £618k which had been accrued for in relation to prior years, can be reversed, providing a one-off benefit in 2018-19.
- Provision for the shortfall now expected in vacancy clawback of £200k as well as anticipated vacancy clawback of £398k which is still showing as underspends with directorates in the table in section 2.
- The unidentified savings gap included as part of the 2018/19 budget of £0.7m which formed part of the 2018/19 budget has reduced to £149k and is now being met from the NES 2017/18 net year-end underspend of £100k along with £96k of unanticipated funding.

## **3.0 Key risks to forecast**

In order to deliver outturn in line with budget, the following key risks need to be managed across NES:

- The reported position assumes no further movement in Training Grades. The funding arrangements for Training Grades are extremely complex and will continue to be closely monitored but may still change. The Finance and Medical Directorates are working with a data analyst from the Digital team to review and develop a standard suite of reports to streamline and simplify the current reporting model

- Although £0.915m of the required £1.7m of savings from the vacancy lag has been realised, this is behind our budgeted target for this stage of the year. Therefore, the full year savings target has been reduced to £1.5m. This will need to be closely monitored to identify and manage any further slippage.
- As we have now received the funding to be allocated to NES as part of the implementation of the National Board collaborative plan, the focus for NES has moved to ensuring that the plans can be delivered as agreed within the remainder of the financial year.
- NES received an allocation of £5.4m for a potential pay uplift of 2% on training grade salaries. The actual pay award was agreed at 3%, therefore a request for an additional £2.6m has since been submitted. This report assumes this funding will be received in full from SG.
- There is likely to be pressure on NES for an additional contribution to the National Boards £15m saving target as it has not yet been fully identified.

#### **4.0 Recommendations**

The Board is invited to note the information contained in this report and the actions planned to manage the year-end outturn position.

**AMcC**  
**LT**

**January 2019**

## NHS Education for Scotland

### Board Paper Summary: Educational & Research Governance Committee (E&RGC) Minutes

1. **Title of Paper**

Minutes of the Educational & Research Governance Committee (E&RGC) meeting held on 13 December 2018: copy attached.

2. **Author(s) of Paper**

Rob Coward, Educational Projects Manager

3. **Purpose of Paper**

To receive the unconfirmed minutes of the E&RGC meeting held on 13 December 2018.

4. **Items for Noting**

Item 8 - Summary Educational Governance monitoring report – Quality Management of the Placement Learning Experience

The Committee considered the summary report on the NMAHP Quality Management of the Placement Experience (QMPLE) programme. This is a web-based data reporting system for collecting, collating and analysing student feedback, with a view to supporting quality improvement in placement learning for undergraduate nursing and midwifery students.

E&RGC members noted the potential of QMPLE to contribute to improving standards of patient care but observed that student feedback did not currently address this aspect of the learning environment. Karen Wilson reported that she was working with other Directors of Nursing and Midwifery to ensure that relevant educational data can be provided.

Item 9. Summary Educational Governance monitoring report – Turas Learning Management System

The Committee received the summary monitoring report on the Turas Learning Management System – a key piece of NES educational infrastructure. The report detailed issues relating to the development and implementation of the Turas Learn application, which is used to deploy and access learning resources. The Committee noted that careful management is needed to ensure that the currency of digital learning is maintained, and that Health Boards and other organisations will use Learn instead of commercial learning management systems. The transitional issues relating

to the use of Turas Learn by Health Boards will be considered as a potential addition to the Corporate Risk Register.

Item 13. Sharing educational practice

The Committee received and considered a paper outlining the various methods available to NES for sharing educational practice internally. This paper set out a multi-channel approach identifying further scope for using existing communications media to promote cross-directorate learning and the spread of good practice.

The Committee noted the desire to retain a multi-channel approach to communicating educational practices but commented on the need for a more systematic model to decide what to communicate, to whom, for what purposes and how this should be done.

**5. Recommendations**

The Board is asked to note the unconfirmed E&RGC minutes and invited to ask questions.

NES  
December 2018  
RC/

## **NHS Education for Scotland**

### **EDUCATIONAL & RESEARCH GOVERNANCE COMMITTEE**

**Draft minutes of the thirty-third meeting of the Educational & Research Governance Committee held on Thursday 13 December 2018 at Westport 102, Edinburgh**

**Present:** Mr Douglas Hutchens (Chair)  
Dr Doreen Steele  
Dr Andrew Tannahill  
Ms Sandra Walker

**In attendance:** Professor Stewart Irvine, Director of Medicine/Executive Lead  
Mr Rob Coward, Educational Projects Manager/  
Executive Secretary  
Ms Caroline Lamb, Chief Executive  
Mr David Garbutt, NES Chair  
Ms Karen Wilson, Director, NMAHP

#### **1. Welcome and introductions**

Douglas Hutchens welcomed everyone to the meeting.

#### **2. Apologies for absence**

There were no apologies for absence.

#### **3. Notification of any other business**

It was agreed that another item of business relating to internal audit topics would be considered under Any Other Business.

#### **4. Declaration of interests**

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

#### **5. Minutes of the Educational & Research Governance Committee (NES(E&RGC)18/36)**

The unconfirmed minutes of the E&RGC meeting on 12 October were agreed as an accurate record. These incorporated amendments suggested by members of the Committee.

## **6. Action status report and other matters arising (NES(E&RGC)18/33)**

The E&RGC considered the report on the status of actions agreed at previous meetings. Members commented on specific items as indicated below:

Minute 12, 12 October 2018 meeting – Internal Audit report

The Chair stated that no-one had communicated with him regarding the advice from the IA team. This would be followed up and communicated appropriately.

**Action: RC**

Minute 14, 12 October 2018 meeting – NES Research Report

It was noted that the NES Research Report had not been disseminated at the November staff conference and members suggested that other methods of dissemination should be sought. It was agreed that opportunities to present the report at the Medical Education conference in spring 2019 would be investigated.

**Action: SI/HA**

In relation to other matters arising from the E&RGC minutes of 12 October it was agreed that the action relating to the Dental Postgraduate Fellowship Scheme (minute 6) should be reinstated pending receipt of the planned update.

**Action: RC**

## **7. Minutes of the Educational & Research Governance Executive Group (NES(E&RGC)18/35)**

Stewart Irvine presented the unconfirmed minutes of the meeting of the Educational & Research Governance Executive Group meeting held on 7 November 2018. He highlighted the significant issues relating to the development and implementation of the Turas Learn application, which is used to deploy and access learning resources. Careful management is needed to ensure that the currency of digital learning is maintained, and that Health Boards and other organisations will use Learn instead of commercial learning management systems.

Committee members commented on the clear advantages of a national learning management system, which would rationalise digital education provision and release financial savings. Caroline Lamb advised that, although there is significant potential for rationalisation, there were several reasons why this could not be affected rapidly, including the limited reporting functions currently offered by Learn. NES continues to improve the functionality of Learn and is starting to address statutory and mandatory provision, starting with a common specification. NES has also made inroads to implementing Learn in areas where we have control over the learning content, such as with the Quality Improvement programme. Progress has been achieved in on-boarding NHS Grampian and NHS Shetland, who may become advocates of Learn.

E&RGC members noted the reference to Quality Standards for Digital Resources in the minute of the ERGEG discussion on Learn. It was emphasised that NES colleagues should be expected to comply fully with these Standards and other quality assurance requirements, which should be widely promulgated. It was noted however that there is currently no NES policy on the removal of NES digital learning resources.

The E&RGC was informed that the planned draft register of externally regulated education (ERGEG minute 9 refers) had been prepared for submission to the Committee. It was discovered however that the scale of regulated activity is smaller than anticipated and the Executive Team has been asked to check the draft register before it is submitted to the February E&RGC meeting. **Action: RC**

In response to a question about bringing educational quality issues to the attention of NHSScotland networks, Stewart Irvine confirmed that matters identified through postgraduate quality monitoring are routinely shared with Medical Directors and Directors of Medical Education. Karen Wilson further advised that Excellence in Care data on the quality of NMAHP placement learning experiences would be made available to Boards in the near future.

The Committee commented on minute 10 relating to the equality and diversity impact assessment (EQIA) of 'values-based recruitment', which had an amber status due to slippage. Members were advised that this issue had now been addressed and it was expected the EQIA would be completed within the required timescale.

## **8. Summary Educational Governance monitoring report – Quality Management of the Placement Learning Experience (NES(E&RGC)18/36)**

Rob Coward presented the summary report on the NMAHP Quality Management of the Placement Experience (QMPLE) programme. This is a web-based data reporting system for collecting, collating and analysing student feedback, with a view to supporting quality improvement in placement learning for undergraduate nursing and midwifery students.

E&RGC members noted the potential of QMPLE to contribute to improving standards of patient care but observed that student feedback did not currently address this aspect of the learning environment. Stewart Irvine explained that this had been discussed by the ERGEG where the possibility of creating a multidisciplinary educational dashboard had been considered. He advised that most Health Boards recognised the value of trainee feedback as an indicator of care quality. There was therefore a need to share this type of educational data widely with a range of stakeholders. Karen Wilson reported that she was working with other Directors of Nursing and Midwifery to ensure that relevant educational data can be provided.

The Committee discussed the purpose of the summary report and the related cover paper. It was confirmed that the report was designed to provide assurance on the quality and management of NES programmes. Members agreed that cover papers should reflect this purpose, providing an abstract of the summary report. It was agreed that cover papers should also include the ERGEG's recommendations to programme teams as a standing item. **Action: RC**

### **9. Summary Educational Governance monitoring report – Turas Learning Management System (NES(E&RGC)18/36)**

The Committee considered the summary Educational Governance report on the Turas Learn learning management system as discussed earlier in the meeting (minute 7 refers). Members noted the value of the report in highlighting several significant issues relating to the use of Learn by Health Boards and other organisations. In reply to a question Rob Coward confirmed that NES's Digital Team engaged with several stakeholder groups in this regard, including the NHSScotland Learning and Development Leads and the e-Learning Group.

The E&RGC noted the comment of the Turas Learn team regarding the transition from LearnPro to Turas and indicated the potentially significant risks to NES during this period. It was agreed that this matter should be considered for addition to the NES corporate risk register. **Action: CL**

### **10. Educational & Research Governance Committee remit (NES(E&RGC)18/38)**

E&RGC members reviewed the Committee's remit as previously approved by the Board in 2015. Several amendments to the remit were recommended as follows:

1. Amend remitted item i) to read '*To provide assurance to the Board as to the effective quality management and improvement of NES's education and research activities*'.
2. Amend remitted item ii) to read '*To alert and oversee, on behalf of the Board, any action requiring governance action*'.
3. Expand and clarify remitted item vi) to further explain the Committee's responsibilities in respect of consultation, involvement and human rights.
4. Delete remitted item viii) relating to the '*disbursement of funds for research*' to reflect that this is not a current NES process or responsibility.
5. Add additional item relating to obtaining appropriate assurance as to the identification and management of relevant risks.

It was agreed that the amended E&RGC remit would be circulated to members for comment and approval and ratified at the February meeting.

**Action: RC/E&RGC members**

Members discussed the need for the Committee to be aware of the policies and plans relating to educational and research governance, and when these are due to be reviewed. It was agreed that the development of a schedule highlighting relevant policies would be discussed with the ERGEG. **Action: RC/SI**

The E&RGC further agreed that the Assurance Framework, currently in development, should be appended to the Committee's annual report to the Audit Committee. **Action: RC**

### **11. Educational & Research Governance Executive Group remit (NES(E&RGC)18/39)**

E&RGC members considered the proposed revised remit of the Educational & Research Governance Executive Group. This item was withdrawn from the previous meeting to enable further consideration. The Committee agreed several specific changes to the draft revised remit as follows:

1. Amend 'Purpose' to indicate that the *'ERGEG has delegated responsibility from the E&RGC to scrutinise educational and research governance arrangements and their effectiveness ...'*.
2. Amend remitted item ii) to read *'undertake initial development of quality monitoring processes for education and research on behalf of the Committee'*.
3. Amend remitted item v) to read *'promote and monitor the participation of service users in NES programmes and quality monitoring processes, ensuring appropriate impact and compliance with statutory requirements and NHSScotland standards'*.

It was agreed that the amended ERGEG remit would be circulated to E&RGC members for comment and approval prior to ratification at the February meeting.

**Action: RC/E&RGC members**

### **12. Educational Governance reporting schedule 2018-2020 (revised) (NES(E&RGC)18/40)**

The Committee received a re-formatted version of the Educational Governance reporting schedule 2018-2020 as agreed at the previous meeting. The revised version was arranged according to committee/business years and improved the clarity of the information presented.

The re-formatted schedule was approved subject to corrections and clarifications.

**Action: RC**

### **13. Sharing educational practice (NES(E&RGC)18/41)**

As requested at its previous meeting, the Committee received and considered a paper outlining the various methods available to NES for sharing educational

practice internally. This paper set out a multi-channel approach identifying further scope for using existing communications media to promote cross-directorate learning and the spread of good practice.

Members noted the multi-channel approach but commented that this was insufficient to improve the sharing of educational practice significantly. Moreover, the Committee noted the modest participation in some forums designed to promote information sharing, including the Educational Leadership Group. It was suggested that improvement in communications in this area would require a leadership component.

The Committee noted the desire to retain a multi-channel approach to communicating educational practices but commented on the need for a more systematic model to decide what to communicate, to whom, for what purposes and how this should be done. It was agreed that further work was required in this area, but that this would be a significant undertaking and that a paper with proposals on communicating educational practice would be developed during the next year.

**Action: RC/SI**

#### **14. NES Research Governance Policy (NES(E&RGC)18/42)**

Members received the revised NES Research Governance Policy for ratification. The Policy was considered at the 12 October meeting where it was approved subject to presentational changes. These changes were subsequently made and approved by Chair's action. The Committee ratified the amended Research Governance Policy without further changes.

#### **15. Equality and Diversity governance and performance update 2018-2019, quarter 2 (NES(E&RGC)18/43)**

The E&RGC received the mid-year Equality and Diversity Governance and Performance update for information. Members noted the report but highlighted an inaccuracy in the process for approving the biennial report on progress toward equality outcomes and mainstreaming priorities. It was agreed that the schedule for approving the report would be amended to indicate that the Executive Team does not approve the report for approval for presentation to the Board.

**Action: RC/KL**

#### **16. Educational Governance case study: Scottish Infection Prevention and Control Education Pathway (SIPCEP) annual report (NES(E&RGC)18/43)**

Members received a brief Educational Governance case study based on the first annual report of NES's SIPCEP workstream. The report was considered an example of good practice, which succinctly presented a range of data in an accessible infographic report. The E&RGC noted the case study.

## **17. Identification of risks**

The Committee identified two areas of risk where further assurance is required as follows:

- Management of Health Board transition to Turas Learn and its inclusion in the Corporate Register (minute 7 refers)
- Methods for sharing educational practice (minute 13 refers)

Both these risk areas will receive further management attention as detailed in the respective minutes.

## **18. Items for inclusion in the E&RGC annual report**

It was agreed that the following items considered during the meeting would be covered in the E&RGC annual report 2018-2019:

- Quality of the Placement Learning Experience Educational Governance monitoring report
- Turas Learn Educational Governance monitoring report
- Sharing education practice

## **19. Scheduled E&RGC workplan items not covered on the meeting agenda**

There were no scheduled E&RGC workplan items not addressed on the meeting agenda.

## **20. Any other business**

As agreed by the Committee, an additional business item was considered relating to internal audit topics. Stewart Irvine reported that the E&RGC has been requested to identify a suitable topic for internal audit to enable work to commence in early 2019. It was agreed that potential topics would be circulated to E&RGC members in January 2019 for approval. **Action: RC/SI**

## **21. Date and time of next meeting**

The next E&RGC meeting is scheduled for Thursday 21 February 2019 at 10:15 a.m.

RC  
December 2018

**NHS Education for Scotland**

**Board Paper Summary: Digital Sub-Committee Minutes**

**1. Title of Paper**

Minutes of Digital Sub-Committee meeting held on 17th December 2018: copy attached.

**2. Author(s) of Paper**

David Ferguson, Board Services Manager

**3. Purpose of Paper**

To receive the unconfirmed minutes of the Digital Sub-Committee meeting held on 17th December 2018.

**4. Items for Noting**

**Item 2 – Declarations of interest**

It was agreed to compile a register of interests for the sub-committee members and to post this on the NES website.

**Chairs' Update**

It was agreed to craft a concise and accessible narrative around the work of NDS, which will prove useful in terms of external communications and stakeholder engagement.

**Item 6 – Digital Platform**

The sub-committee received a useful paper outlining the progress made since June 2018 and the proposed work plan for the first half of 2019.

**Item 7 – Strategic Partnerships**

The sub-committee noted and was content with the emerging strategic relationships highlighted at the meeting.

**Item 8 – Risk**

The sub-committee was content with the format of the emerging risk register for NDS and agreed that steps should be taken to articulate it with the risk records of the Strategic Portfolio Board, so that the inter-dependencies of risks across all Domains of the Digital Health and Care Strategy can be assessed.

## **Item 9 – Finance**

An expenditure report was received and noted.

### **5. Recommendations**

None.

NES  
December 2018  
DJF/

## Unconfirmed

NHS Education for Scotland

NES/DSC/18/12

Digital Sub-Committee

### **MINUTES OF SECOND MEETING, HELD ON MONDAY 17th DECEMBER 2018 AT BAYES CENTRE, EDINBURGH**

#### **Present:**

Professor Andrew Morris (Chair), Vice Principal Data Science, University of Edinburgh (AM)  
Mr David Garbutt, NES Board Chair (DG)  
Mr Douglas Hutchens, Non-Executive Member, NES (DH)  
Ms Caroline Lamb, Chief Executive, NES (CL)  
Mrs Audrey McColl, Director of Finance, NES (AMcCo)  
Mr Christopher Wroath, Director of Digital, NES (CW)  
Dr Liz Elliot, Chief Operating Officer, NDS (LE)  
Dr Alistair Hann, Chief Technology Officer, NDS (AH)  
Mr Geoff Huggins, Director, NDS (GH)  
Mr Angus McCann, Non-Executive Board Member, NHS Lothian (AMcCa)

#### **In attendance:**

Mr David Ferguson, Board Services Manager, NES (DF)

#### **1. Welcome, introductions, apologies**

The Chair welcomed everyone to the meeting and introductions were made.

Apologies for absence were received from Councillor Peter Johnston, COSLA, and Mr Geoff Mulgan, NESTA.

#### **2. Declarations of interest**

It was agreed to produce a register of interests for the members of the sub-committee, which will be posted on the NES website. **Action: DF and LE**

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

#### **3. Review of minutes and actions from the meeting held on 28<sup>th</sup> September 2018**

##### **a. Minutes (NES/DSC/18/06)**

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

##### **b. Actions (NES/DSC/19/07)**

The action list from the previous meeting was reviewed and it was noted that a number of items were in hand or included later in the agenda.

The following points were discussed:

- On the question of Microsoft Teams, CW will be provided with members' e-mail addresses, so that he can arrange for Microsoft identities to be set up. **Action: DF and CW**
- A development session will be included in the forward pattern of meetings. This will be an opportunity for strategic discussion. **Action: LE**
- The question of team development refers to the broader NES digital team and will be returned to at a later date.
- It will be useful to set meeting dates for 2019 and 2020 (agenda item 11 refers). **Action: LE**

### Chair's update

The Chair requested that all meeting papers should be issued one week in advance in future. **Action: DF and LE**

The Chair reflected on the changing external environment and its impact on the work of NDS, highlighting the following factors:

- A new Cabinet Secretary, the prospect of a new Director General and changes in the points of contact in NES's sponsor division at Scottish Government.
- Key relationships across the system, including the National NHS Boards (particularly NSS) and the territorial NHS Boards.
- The uncertainty around Brexit.

The Chair considered that it will be necessary to manage expectations in relation to the work of NDS and that a clear narrative would be helpful in communicating the NDS vision effectively to stakeholders.

These reflections prompted a fairly wide-ranging discussion, from which the following main points emerged:

- Consideration will be given to providing regular updates between sub-committee meetings, so that the members remain briefed on developments. **Action: GH**
- NDS is still a small team and it has been necessary, in the early stages of its work, to devote time and energy to understanding the current, very complex landscape. NDS has been engaged in work relating to Domains E and F of the Digital Health and Care Strategy. The point has been reached where there is beginning to be a real push for clinical products. As NDS is also involved in a range of large-scale procurements and supporting work on information governance and data assets, it will be necessary to prioritise activity and expenditure moving forward. Value for money and benefits realisation will be key drivers.
- The NES Board requires assurance regarding the governance of the work of NDS. It will be useful for GH to attend Board meetings with NDS items on the agenda, as now minutes of this subcommittee will also be shared with the NES Board.
- Work will be taken forward towards producing a concise and accessible narrative around the work of NDS, focussing on the vision, mission, values, governance and work plan for 2019. It is anticipated that the NDS Communications Manager, due to take up post in January 2019, will make a useful contribution to the crafting of this key paper. Once drafted, the paper will be sent to DH for initial review. **Action: GH**
- A brief offline discussion will take place on issues of governance, which members agreed should be proportionate. **Action: AM, DG, GH and CL**

#### 4. Transition Group: Update

GH reported that the Transition Group had held two meetings since the sub-committee's last meeting. The first of these had focussed on progress with GP IT and some consideration of Tranche 3 work, while the second had looked at portal technology, Track Care (including alternatives being developed) and an update on Office 365.

The next meeting of the Transition Group will take place in February 2019 and is likely to focus largely on GP IT, CHI and Office 365.

On an associated point, it was noted that the Portfolio Board will consider the way forward for CHI via teleconference on 19<sup>th</sup> December.

#### 5. Landscape and change management

This had already been covered under the Chair's update item.

#### 6. Digital Platform: Status 2018, Strategy for 2019 (NES/DSC/18/09)

GH introduced a paper outlining the progress made during the period June to December 2018 and the proposed work plan for the period January to June 2019. It was highlighted that the progress made to date is consistent with the initial outline programme developed during the summer and that recruitment, particularly in relation to technical staff, remains a challenge.

The paper focussed on the work to deploy the first products and establish an early version of the national digital platform and it was noted that the work on data will be the subject of a further paper once the Associate Director (Data) is in post.

In terms of the architecture for the national digital platform, AH illustrated the 'building blocks' approach whereby the iterations of the platform will be developed to a point where it is accessible to clinicians and citizens.

The following points arose in discussion:

- CW confirmed his support for the proposed architecture for the national digital platform and commended its scalability.
- It was confirmed that an Anticipatory Care Plan (ACP) would be one of the first products of the national digital platform.
- Consideration is being given to the existing datasets to be incorporated into the Clinical Data Repository (CDR). This work will gather momentum once the Associate Director (Data) takes up post.
- Some case studies will be developed for the next sub-committee meeting. **Action: AH**

#### 7. Strategic Partnerships

LE highlighted the following emerging strategic relationships, which had been pursued in the interests of NDS's capability to deliver on its mission:

##### Public sector

- NSS
- eDRIS (part of NSS)

- Public Health Scotland

#### Higher education

- University of Edinburgh
- University of Glasgow
- Universities of Aberdeen, Dundee and Strathclyde (as part of a nascent HDR Scotland collaboration)

#### Others

- HDR UK
- Ripple Foundation (related to the CDR)
- NESTA
- Microsoft
- ABPI (pharmaceutical industry umbrella organisation)

The sub-committee noted and was content with these emerging relationships.

In discussion, it was noted that the issue of research transition is being discussed with the University of Glasgow and HDR UK. The Chair declared an interest, in terms of his association with HDR UK. In this context, it was noted that the NHS Boards Chairs' Group has established a sub-group on research and innovation.

It was agreed to consider some use case studies at the next meeting. **Action: GH and AH**

## **8. Risk**

**(NES/DSC/18/10)**

LE introduced a paper providing a proposed risk register relating to the successful delivery of a national digital platform by NES, based on the existing risk management approach used by NES. The following points were highlighted:

- These risks relate to NDS's work in delivery against Domain E of the Digital Health and Care Strategy and the Strategic Portfolio Board will require to assess risks across all Domains.
- Currently, the key risks for NDS relate to information governance and staffing (especially recruitment to technical specialist posts).
- It is intended to incorporate this risk register into the NES MiTracker system in due course.

The following points arose in discussion:

- Members were content with the format of the risk register and agreed that there is a need for it to articulate with the Strategic Portfolio Board's risk records, so that the inter-dependencies of risks across all Domains of the Digital Health and Care Strategy can be assessed. It was suggested that this point be discussed with Brian Taylor at Scottish Government. **Action: LE**
- It was agreed that information governance is an area of particular risk.
- It was agreed that the approach to risk should be proportionate.

## 9. Finance

### a. NDS expenditure (NES/DSC/18/11)

LE introduced a paper providing a status of the NDS financial position in 2018/19 and presenting scenarios for expenditure in 2019/20. The following points were highlighted:

- Expenditure to 31<sup>st</sup> October 2018 totalled £204,039 and the maximal forecast expenditure for the 2018/19 year-end is around £1 million.
- In terms of projected expenditure in 2019/20, both the 'baseline' and 'scaled' models are considered to be affordable.

Discussion of the paper produced the following main points:

- Budgeting for NDS is currently an iterative process, with prudent expenditure based on need.
- A minor typographical error was noted on page 5 of the paper. **Action: DF**

The expenditure report was noted.

### b. Finance planning for Digital in NHS Scotland

CL advised that NES has been asked to examine digital expenditure across the system, with a view to ensuring better value for money, and has commissioned Deloitte to carry out associated work in relation to identifying current spend, sources of funding, deliverables and projects in the pipeline.

## 10. Any other business

### a. Membership of sub-committee

It was noted that Stewart Currie may replace Peter Johnston as the COSLA representative on the sub-committee.

It may be useful to consider appointing additional sub-committee members, representing, for example, NSS, clinicians and the academic sector.

### b. Connections across Domains

For the purposes of connectivity and transparency, it may be useful to share the sub-committee's minutes with the Strategic Portfolio Board and to request that the sub-committee might, where relevant, have sight of documentation from groups with oversight of the other Domains. **Action: LE**

### c. Possible meeting with the Government Digital Service Leads

The possibility of a meeting with the Government Digital Service Leads was raised.

**Action: LE**

### d. Season's Greetings

The Chair wished everyone a Merry Christmas.

**11. Date and time of next meeting, and 2019 meeting series**

As agreed earlier in the meeting, a calendar of sub-committee meetings for 2019 and 2020 will be produced. This will include an away-day, or similar.

**Action: LE**

NES  
December 2018  
DJF/le/am

## NHS Education for Scotland

### Board Paper Summary: Audit Committee Minutes

#### 1. Title of Paper

Draft minutes of Audit Committee meeting held on 16 January 2019: copy attached.

#### 2. Author(s) of Paper

Jenn Allison, Admin Officer (Planning & Corporate Governance)

#### 3. Purpose of Paper

To receive the minutes of the Audit Committee meeting held on 16 January 2019.

Please note these minutes have been approved by the Lead Officer (Audrey McColl), but have not yet been approved by the Committee Chair (Doreen Steele). The Chair has confirmed the minutes can be submitted to the Board meeting in draft form.

#### 4. Items for Noting

##### a) Item 8 – Internal Audit Reports

##### i) 8a- Health and Social Care Integration

This report provided information relating to the ways in which NES supports the Health and Social Care Delivery Plan.

The committee noted the report and the assurance provided.

##### ii) 8b- Expenditure and Payables / Travel and Subsistence

This report reviewed the adequacy of controls in place in relation to payroll and expenses and Travel and Subsistence.

The committee noted the report and the assurance provided.

##### iii) 8c- Risk Management

This report reviewed the risk management policies and processes at strategic and operational levels.

The committee noted the report and the assurance provided.

iv) 8d- Internal Communication

This report reviewed NES's arrangements for communicating with key stakeholders.

The committee noted the report and the assurance provided.

v) 8d- Follow up Audit Recommendations 2018/19 Q3

This report provided information relating to outstanding internal audit recommendations.

The committee noted the report and were satisfied that NES continues to make good progress in implementing outstanding actions.

vi) 8e- Progress Report

This report summarised internal audit activity since the committee's last meeting in Oct 2018 and confirmed the reviews planned for the fourth quarter.

The committee noted the report and approved the plan for the next quarter.

vii) 8f- Scott-Moncrieff Independent Review

This report provided the committee with details of a recent independent review of Scott-Moncrieff, which concluded that Scott-Moncrieff perform their internal audits in accordance with the International Professional Practices Framework (IPPF) and the Public Sector Internal Audit Standards (PSIAS).

b) Item 9 – External Audit Reports

i) 9a- External Audit Plan 2018/19

The committee noted the materiality has remained at 2% of gross expenditure and were satisfied with the draft external audit plan.

viii) 9b- External Audit Fee

The Audit Committee approved the fees set by Audit Scotland.

ii) 9c- Follow up of External Recommendations

The committee noted the report and were satisfied that NES continues to make good progress in implementing outstanding actions.

c) Item 10 – Counter Fraud

i) Counter Fraud Update 2018/19

This report highlighted activities underway in NES aimed at supporting the Strategy to Combat Financial Crime in NHS Scotland.

The committee noted the report and progress of actions.

ii) Self-Assessment tool review

The committee reviewed the updated Self-Assessment tool and agreed to submit the actions proposed to Counter Fraud Services.

d) Item 11 – Annual Review of Audit Committee Effectiveness

The committee reviewed each section of the self-assessment checklist and agreed rating and actions.

e) Item 12 – Risk Management

i) Short-life Working Group Progress Update

The committee noted and were satisfied with the progress of the Risk Management Short Life Working Group.

ii) Draft Assurance Framework

The committee noted and were satisfied with the design of the proposed Assurance Framework model.

f) Item 13 – Standing Financial Instructions (SFI) Review

The paper presented the SFI's for Audit Committee approval as part of their regular review cycle.

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

g) Item 14 – Audit Scotland Report

The committee noted the following reports: Health and Social Care Integration, Scotland's new Financial Powers, NHS in Scotland 2018 and Withdrawal from European Union.

h) Closed Session: Internal Audit Service Procurement update

Members endorsed the decision to appoint KPMG to provide Internal Audit Services for NES until March 2022, with the option to extend for a further year and were satisfied with the tendering process.

## **5. Recommendations**

Board members are asked to note the Audit Committee minutes.

NES  
January 2019  
JA



**AUDIT COMMITTEE**

**Minutes of the sixty-eighth Audit Committee held on Wednesday 16 January 2019 at Westport 102, Edinburgh, Room 5.**

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

**In attendance:** Audrey McColl, Director of Finance  
Janice Sinclair, Head of Finance  
Matt Swann, Scott-Moncrieff  
Angelo Gustinelli, Grant Thornton  
Joanne Brown, Grant Thornton  
Jenn Allison, Committee Administrator

**1. Welcome and introductions**

The Chair welcomed everyone to the meeting. It was agreed that item 15 would be taken at the start of the meeting prior to the arrival of the internal and external Auditors.

**2. Apologies for absence**

Apologies were received from Caroline Lamb and David Garbutt.

**3. Declarations of interest**

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

**4. Any other business**

There was no other business raised for discussion.

**5. Minutes of the Audit Committee, 04 October 2018 (NES/AUD/18/40)**

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

**6. Action list of the Audit Committee, 04 October 2018 (NES/AUD/18/41)**

Members noted that the actions were completed or in hand.

**7. Matters arising**

There were no matters arising from the minutes.

## 8. Internal Audit Reports

### a) Health and Social Care Integration Governance

Matt Swann introduced the report which reviewed the ways in which NES supports the overarching Health and Social Care Delivery Plan across sectors.

- The report found that NES procedures reflect good practice in a number of areas. NES supports an increasingly wide group of stakeholders, implementing appropriate stakeholder engagement plans. The Turas platform allows staff from different organisation across the Health and Care sector to access relevant educational resources.
- Two grade 1 (low risk) recommendations have been identified to update Partnership Group Terms of Reference and ensure partnership group reports are made available to the public.
- Discussion took place regarding the annual report of the NES and Scottish Social Services Council (SSSC) partnership group and it was suggested that it may be of interest to the Audit Committee and Board as part of the annual reports that are available for the Accountable Officer's Controls Assurance Statement. It was noted that the report was unlikely to be available in time for inclusion this year, and that it could be request that the group change timings of the annual report for inclusion going forward.

**Action: AMcC**

The committee noted the report and the assurance provided.

### b) Payroll and Expenses / Travel and Subsistence

Matt Swann introduced the report, which reviewed the adequacy of controls in place in relation to payroll and expenses and the extent to which they are operating effectively. It was noted that the payroll service is provided by NSS and that NES receives the Service Audit Report which covers the controls environment within NSS. The scope of the audit focussed on areas within NES where payroll checks, and expenses processing take place.

- The report concluded that NES's procedures reflect good practice in a number of areas, including: information is communicated to NSS timeously and accurately; travel and subsistence polices in place at NES are accessible and aligned to the national policies; expenses are approved by line mangers in line with travel and subsistence policy; and NES review payroll variances.

- Two grade 1 (low risk) recommendations have been identified to carry out a review of the journal posting limits and consider revising the sampling process for spot checking expense claims.

The Audit Committee noted the report and the assurance provided.

c) Risk Management

Matt Swann introduced the report, which reviewed the risk management policies and processes at strategic and operational levels with a focus on the underlying processes and controls.

- The report concluded that NES's procedures reflect good practice in a number of areas, including: the introduction of risk management software on MiTracker; appropriate governance and Board oversight; and a short life working group to focus on the implementation of further improvements.
- One grade 1 recommendation was made to ensure that closed risks are reviewed by a second member of staff and one grade 2 recommendation was made to ensure directorate level discussions about the risk register are recorded in minutes. AMcC informed the committee that the Executive Team had been made aware of this recommendation, and that whilst directorates may approach the recording of the discussions in different ways, all will minute the review.

The Audit Committee noted the report and the assurance provided.

d) Internal Communications

Matt Swann introduced the report, which reviewed NES's arrangements for communicating with key stakeholders. The focus was on the strategy and adequacy of communications.

- The report concluded that NES procedures reflect good practice in a number of areas, including: a wide range of channels are used for internal communication; the communication strategy has been appropriately approved and communicated to staff; a stakeholder analysis has been undertaken to ensure the correct channels of communication are used for internal communication.
- One grade 2 recommendation was made to undertake a qualitative analysis of the 'hard to reach' individuals to enable NES to address areas of known potential improvement in internal communications and one grade 1 recommendation was made to consider the use of existing organisation-wide surveys to measure the reach of internal communications.

- Discussion took place regarding the potential correlation between staff who do not engage with corporate communication and the low completion rates of mandatory training. It was noted that analysis would be required to identify if this is the case. The committee also noted that due to recent staff communication, eLearning completion rates have improved, and the Staff Governance Committee will continue to monitor completion rates.
- Audrey McColl informed members that the Senior Management Leadership Team (SLMT) get a quarterly report detailing the current usage of different channels of communication and that this could inform any proposed mechanisms to help increase staff engagement.
- A member suggested that further analysis of staff communication could be included as part of the Chief Executives report to the Board. Audrey agreed to raise this with the Chief Executive. **Action:**  
**AMcC**

The Audit Committee noted the report and the assurance provided.

e) Follow up Audit Recommendations 2018/19 Q3

Matt Swann introduced the report which provided the Audit Committee and senior management with assurance that internal audit recommendations made and agreed during the previous financial year have been implemented satisfactorily.

- Management continues to make good progress in completing actions during the third quarter of 2018/19. 6 actions have been closed and 2 actions have been added to the tracker in the last quarter. This results in a total of 8 open actions, 6 of which are not yet due.
- The committee noted that the number of outstanding open actions is currently at the lowest level it has been since reporting moved to a quarterly basis.
- An additional column has been added to the report to capture if an action requires to complete a full cycle before enough evidence can be acquired to enable the action to be closed.
- Discussion took place regarding the recommendations relating to the Business Continuity Plan (PCP). It was noted that in order to close these recommendations further information is required in relation to named incident managers and timescales and that staff communication and training is yet to commence. Audrey McColl will confirm which committee the BCP will be approved by and ensure that it is added to the relevant agenda.

**Action: AMcC**

- Discussion took place regarding recommendations in relation to the Talent Management Framework (TMF). A member noted the reference to the challenging set of competing priorities and Audrey McColl explained that this related to both the work emerging for NES, at a national level, from external policy developments and an internal restructure which was why the implementation date had been revised to May 19. Members also noted work underway to develop talent management at a national level.
- The committee noted the report and were satisfied that NES continues to make good progress in implementing outstanding actions.

f) Progress Report

Matt Swann introduced the report, which summarised internal audit activity since October 2018 and confirmed the reviews planned for the fourth quarter.

- At the end of December 2018, 8 out of 16 audits have been completed; Directorate Review, Payroll and Expenses and travel and subsistence, Risk Management, Internal Communication, Health and Social Care Integration and Q1, Q2 and Q3 Follow up.
- Reviews for the next Audit Committee in April 2019 are in planning and on track for completion. These reports are: GDPR, Educational and Research Governance and Q4 Follow up.

The committee noted the report and approved the plan for the next quarter.

g) Scott-Moncrieff Independent Review

Audrey McColl introduced the report, which provided the committee with details of a recent independent review of Scott-Moncrieff by JC Audit Training Ltd

- The report, which was carried out in the summer of 2018, concluded that Scott-Moncrieff perform their internal audits in accordance with the International Professional Practices Framework (IPPF) and the Public Sector Internal Audit Standards (PSIAS).
- A number of minor recommendations for improvement have been made and actions plans have been put in place to implement these. The report concluded that Scott-Moncrieff achieved general conformance standards across most areas.

The committee noted the high standard achieved by Scott Moncrieff.

## 9. External Audit Reports

a) External Audit Plan 2018/19

Joanne Brown and Angelo Gustinelli introduced the External Audit Plan for financial year ending 31<sup>st</sup> March 2019.

- Materiality has been calculated at around £9m (2% of gross expenditure), with performance materiality set at 75%. This has remained at the level previously adopted and is based on auditors' experience of auditing NES over the previous two years;
- NES continue to engage with the National Board Collaboration work in line with the Health and Social Care Delivery Plan. Throughout 2018/19 consideration will be given to EU Withdrawal, changing landscape for public financial management, dependency on key suppliers and openness and transparency in reporting.
- Members noted the identified risks in relation to management controls and fraud in expenditure and noted the detailed Audit timeline.
- Discussion took place regarding NES's role regarding vigilance to the wider context of organised crime. The specific example raised was in relation to human trafficking and the ability of NHS staff to recognise where a patient may be at risk. It was agreed that the most appropriate group to review this would be the Educational Leadership group. LD agreed to forward the relevant materials to Audrey McColl. **Action: LD**
- External Auditors gave members assurance that appropriate mechanisms are in place in NES regarding monitoring the risk of fraud and it was agreed that information regarding the wider context of fraud within NHSScotland would be included as an appendix in future Counter Fraud update reports. **Action: JS**
- Members noted that Finance colleagues will arrange for 2018/19 Annual Accounts briefings and members will be informed of dates in due course. **Action: JS**

The Audit Committee noted and were satisfied with the draft external audit plan for financial year 2017/18.

b) External Audit Fee for 2018/19

Audrey McColl informed the committee that the External Audit Fee for 2018/19 has been set at the base level available. This reflects the fact that it is the 3<sup>rd</sup> year of the audit cycle and external audit do not foresee the need to carry out any additional work compared to previous years.

The committee formally agreed the External Audit Fee for 2018/19.

The committee noted that an assessment of the effectiveness of external audit will be submitted to the Audit Committee in April 2019. **Action: AMcC**

c) Follow up of External Recommendations (NES/AUD/19/02)

Janice Sinclair introduced the follow up report which is a standing item on the agenda and provided the Audit Committee with updates on the progress of External Audit recommendations.

- There is one outstanding recommendation regarding NES's role in the National Board Collaborative to support the Health and Social Care Deliver Plan, particularly those that support NES in achieving medium term financial sustainability.
- The NES Board receives regular Finance reports, and the report submitted in September included confirmation of the funding allocated to NES as part of the implementation of the National Board Collaborative plan. As well as being subject to NES internal control processes, this funding and the benefits which are expected to accrue, is monitored by the Lead regional planners and Directors of Finance before submission to the Implementation Leads group. Additional consultancy support has been secured to further develop the proposals to improve financial sustainability across the National Boards.
- Audrey McColl noted the importance of NES and the National Board Collaboratives being able to identify recurrent savings going forward.
- Joanne Brown commented that the 2018-19 Audit Scotland overview report would likely focus on the delivery of regional plans.

The committee noted the report and were satisfied that NES continues to make good progress in implementing the outstanding action.

## 10. Counter Fraud Update

a) Counter Fraud Update 2018/19 (NES/AUD/19/03)

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

- The review of the Gifts and Hospitality Registers has revealed two declaration relating to historic gifts received as prizes which came to light

when responding to a Freedom of Information request. Staff and non-executive members should decline gifts and hospitality of anything above £25 and anything offered should be declared on the register.

- It was noted that these recent declarations predated the Gifts and Hospitality Internal Audit, however Janice will review wording of the Gifts and Hospitality register and guidance to ensure prizes are also included.

**Action: JS**

- Preparations for the 2018 National Funding Initiative (NFI) exercise are well under way within NES and we are expecting the outcomes of the initial matches later this month. A further update will be brought to the April meeting of the committee to highlight initial findings.

**Action: JS**

The committee noted the report and progress of actions.

b) Self-Assessment tool review

(NES/AUD/19/04)

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

- The committee agreed that due to the size of NES it would not be required to set up an Integrity Group as recommended by Police Scotland Counter Corruption Unit. The committee felt the current arrangements in place are appropriate and ad-hoc meetings can be arranged as required.

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

**Action: JS**

## **11. Annual Review of Audit Committee Effectiveness (NES/AUD/19/05)**

Audrey McColl led the annual review of Audit Committee Effectiveness.

- Each section of the self-assessment checklist was reviewed by the committee in detail during Audit Committee meetings in October 2017, January 2018 and April 2018. Further changes required to the checklist as a result of amendments to the 'Scottish Government Audit and Assurance Committee Handbook were reviewed in the October 2018 meeting, and it was agreed that the checklist would now be reviewed on an annual basis.
- The committee reviewed each section of the self-assessment checklist and reviewed the current ratings, comments and actions. The updated

assessment will be presented to the audit committee in April to confirm factual accuracy.

**Action: AMcC**

- Discussion took place regarding the possibility of setting up an annual meeting of the sub-committee chairs to review risks or adding risk review to the Non-Executive Board member meeting agendas. The Chair of the Audit Committee will raise this with the Chair of the Board. **Action: DS**

## 12. Risk Management

### a) Short-life Working Group Progress Update (NES/AUD/19/06)

Audrey McColl presented the report which provided an update on progress in relation to the Risk Management Short Life Working Group.

- The Short Life Working includes representatives from Medical, Dental, Digital and NMAPH Directorates. Key themes from the first meeting included Directorates' approach to risk management in defining and assessing risks, roles/responsibilities, and standardisation and the agreement of a revised remit.
- The requirement for an organisational assurance framework which has arisen from amendments to the Scottish Government Audit and Assurance Committee Handbook has also been incorporated into the remit of this group.

The committee noted the progress of the Risk Management Short Life Working Group and noted that relevant items for approval/information will be added to the Audit Committee workplan 2019/20.

**Action: JS**

### b) Draft Assurance Framework (NES/AUD/19/07)

Audrey McColl introduced the paper which presented the proposed structure and content for a NES Assurance Framework. The requirement for an Assurance Framework has arisen from amendments to the Scottish Government Audit and Assurance Committee Handbook.

- The Risk Management Short Life Working Group has reviewed various guidance prior to developing the draft Assurance Framework including the 'Blueprint for Good Governance' in NHSScotland, published in October 2018.
- The initial draft sets out a proposed structure for assurance mapping and details the proposed functions and processes to be included. These were agreed by the Audit Committee.

- Audrey McColl explained that the assurance mapping work will be integrated with an on-going review of how Corporate e-Dashboards can contribute to the different levels of assurance provided. Guidance is being developed to be define the extent of information/analysis which must be provided in a cover paper and what can appropriately be provided by accessing a link directly to the dashboards.
- Members of the SLWG will work with functional leads and committee Lead Officers to complete the framework for all agreed areas. Once complete, an updated Assurance Framework will be presented at a subsequent meeting of the Audit Committee. **Action: AMcC**
- A member of the committee suggested receiving refresher training for non-executive members regarding non-executive code of conduct and the importance of retaining a strategic role and not engaging in operational matters. **Action: JA**

The committee noted the report and were satisfied with the design of the proposed Assurance Framework model, the categorisation of function/process areas to be subject to assurance mapping and the proposed mapping outputs. Audit Committee members suggested that the Assurance Framework is added to the Internal Audit Plan for 2019/20. **Action: AMcC**

### **13. Standing Financial Instructions (SFI) Review** (NES/AUD/19/08)

Audrey McColl introduced the paper which presented the SFI's for Audit Committee approval as part of their regular review cycle.

- Significant changes were made to the SFI's in late 2016 which reflected the combined impact on the internal control environment from the introduction of a policy of 'No purchase order no payment' and the creation of a centrally managed single procurement team for NES.
- Specific amendments proposed at this time update changes in responsibility for tasks or changes in Business' Processes.
- The current review should be considered as an interim review due to various processes currently underway which will impact on the format and content of the SFI's and the related appendices. These processes include: 'The Blueprint for Good Governance' published in October 2018 and the remit of the steering group which will oversee its implementation; the Office of Scottish Charity Regulator is due to publish a report regarding the use of Endowment funds; and the Scottish Government Code of Practice for Records Management, which is due out for consultation in the near future.

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

**Action: AMcC/JS**

#### **14. Items for information**

The following Audit Scotland Reports were noted by the committee:

- a) Health and Social Care Integration
- b) Scotland's new Financial Powers
- c) NHS in Scotland 2018
- d) Withdrawal from the European Union

#### **15. Closed Session: Internal Audit Service Procurement update**

(NES/AUD/19/09)

Doreen Steele and Audrey McColl update the committee on the outcome of the recent re-tender for the provision of an Internal Audit Service for NHS Education for Scotland (NES).

- The joint procurement exercise, led by National Services Scotland (NSS), for provision of a single internal audit services for NES, NSS and the Scottish Ambulance Service (SAS) for a three-year period from March 2019 is complete.
- Director of finance Audrey McColl and Chair of the Audit Committee Doreen Steele took part in the joint procurement exercise on behalf of NES, as agreed by the Audit Committee in 2018.

KPMG have been appointed as Internal Auditors, commencing on 01<sup>st</sup> April 2019. There will be a period of transition between Scott Moncrieff and KPMG until June 2019.

- Members endorsed the decision to appoint KPMG to provide Internal Audit Services for NES until March 2022, with the option to extend for a further year and were satisfied with the tendering process.

#### **16. Private meeting between Auditors and Audit Committee Members**

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

#### **17. Date and time of next meeting**

The next meeting of the Audit Committee will be held on Thursday 11<sup>th</sup> April at 10:15am in Westport Room 8.

Doreen Steele thanked Scott- Moncrieff for their support to the Audit Committee and senior management during their time as Internal Auditors. Audrey McColl added that Scott-Moncrieff have built a constructive relationship with management. Matthew Swann also thanked Audit Committee members and NES Management for their cooperation.

NES  
January 2019  
JA/JS/AMcC

## NHS Education for Scotland

### Board Paper Summary: Finance and Performance Management Committee Minutes

1. **Title of Paper**

Unconfirmed minutes of the Finance and Performance Management Committee meeting held on 22<sup>nd</sup> November 2018: copy attached.

2. **Author(s) of Paper**

Jenn Allison, Senior Office

3. **Purpose of Paper**

To receive and note the unconfirmed minutes of the meeting of the Finance and Performance Management Committee meeting held on 22<sup>nd</sup> November 2018.

4. **Items for Noting**

Item 7 – Finance Report

The committee noted the report for the period April to October 2018.

Item 8 – Performance Management Report

Members noted the report and were satisfied that sufficient controls are in place to manage the performance of NES.

Item 9 – Operational and Financial Planning Update

Members noted progress of Operational and Financial Planning for 2018/19 which built on the approach taken in 2018/19 to first plan, then prioritise and then budget.

Item 10 – Procurement Report

Members noted and were satisfied with the current and planned procurement activity.

Item 11 – Property and Facilities Update

Members noted and were satisfied with the current and planned properties and facilities activity.

**5. Recommendations**

None.

NES  
November 2018  
JA

## NHS Education for Scotland

### FINANCE AND PERFORMANCE MANAGEMENT COMMITTEE

**Minutes of the Finance and Performance Management Committee meeting held on Thursday 22 November 2018 at Westport, Edinburgh.**

**Present:** David Garbutt, NES Chair, FPMC Chair  
Douglas Hutchens, Non-Executive Director (VC, Glasgow)  
Liz Ford, Employee Director

**In attendance:** Audrey McColl, Director of Finance//Lead Officer  
Caroline Lamb, Chief Executive  
Janice Sinclair, Head of Finance  
Lizzie Turner, Head of Finance Business Partnering  
Kenny McLean, Principle Lead, Procurement  
Nicola Todd, Head of Property & Facilities Management  
Jenn Allison, Senior Officer

#### 1. Chair's welcome and introduction

David Garbutt welcomed everyone to the meeting, particularly Lizzie Turner who has recently started at NES as Head of Finance Business Partnering and was attending the Finance and Performance Management Committee for the first time.

#### 2. Apologies for absence

Apologies were received from Donald Cameron.

#### 3. Minutes of the previous meeting held on 23 Aug 2018 (NES/FPM/18/35)

The minutes of the previous meeting were approved as a correct record. **Action: JA**

#### 4. Action list from previous meeting held on 23 Aug 2018 (NES/FPM/18/36)

Members noted that all the action points had been completed.

#### 5. Matters arising from the minutes

There were no matters arising which did not already feature on the agenda.

#### 6. Declarations of Interests

There were no declarations of interests.

## **Business Matters**

### **7. Finance Report**

(NES/FPM/18/38)

Audrey McColl introduced a paper presenting the financial results for the seven months to 31<sup>st</sup> October 2018 and to indicate the anticipated forecast outturn as at 31 March 2019. The following was noted/discussed:

- The forecast year underspend as at the end of October 2018 is £181k compared to the forecast underspend at the end of September of £189k.
- To deliver a balanced budget for 2018/19, vacancy savings of £1.7m were required to be delivered across NES. A shortfall of £200k is being reflected against this target and Finance will continue to work with Directorates to limit any further slippage.
- To facilitate understanding of the budget fluctuations which occur on the NES budget during the financial year, a member requested that trend analysis is provided for comparative purposes in future reports, where appropriate. This is to include expected and historic levels of savings generated from the recruitment lag.

**Action: AMcC**

- A ruling has been received from HRMC regarding the VAT dispute in relation to the e-Library Service. The VAT for the service is only partially reclaimable.
- Discussion took place regarding savings from vacancies and a member queried if there may be opportunity to achieve savings by making current agency posts permanent, therefore avoiding the more expensive agency costs. It was noted that agency staff are crucial in certain roles, due to short-life of project work or due to difficulties in recruiting to permanent roles, particularly in Digital. Assurance was given that justification for agency staff is scrutinised through the ETRS process.
- A member raised a query regarding the forecast Digital overspend in relation to the transfer of NHS 24 data into the workforce planning data platform. Audrey McColl advised that the costs are anticipated to be offset by pay underspends, however added that contingency funding arrangements have been made with NHS 24 if this cost cannot be absorbed by NES.
- A member noted the importance of Directorate ownership in relation to creating efficiency savings and asked how Directorates are being challenged. Audrey McColl gave assurance that, in year, finance managers meet with Directorates monthly to review forecast spend and delivery of efficiency savings. During operational planning for future years, Finance Managers work closely with Directorates to create a budget which meets the operational planning guidelines issued. These guidelines vary each year depending on the level of savings required. All draft budgets are also subject to detailed review and challenge by the Director of Finance/ Head of Finance. The Senior Operational Leadership group, which includes staff from all NES directorates, has collective responsibility for reviewing the initial draft budget and providing peer challenge as well as identifying potential areas for collaboration or removal of duplication.

- A concern was raised that there was no agreed budget for 2018/19 for the NES Digital Service. Caroline Lamb noted that it is anticipated there will be more certainty moving into 2019, once the future NDS workplan has been agreed. It was also noted that there is agreement that costs incurred in the current financial year will be funded by SG however the exact extent of these costs will be determined primarily by the start dates of posts currently out to recruitment.

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- Discussion took place regarding the projected overspend in Medical Training Programme Management. Audrey McColl noted that a paper has been submitted to Scottish Government detailing the complexity involved in the management of the training grade budget given the different funding mechanisms currently in place to support expansion of the training grade establishment since 2014. The paper highlights that the proposal for August 2019 expansion cannot be funded from the current Scottish Government budget allocation.

Members noted the Finance Report and were satisfied that sufficient controls are in place to manage the NES financial position and recognised that there can be a certain level of flux at this time of year.

## **8. Performance Management Report**

(NES/FPM/18/39)

Audrey McColl presented a paper which provided the Committee with an overview of NES's performance against the targets set out in the NES Operational Plan for the 2<sup>nd</sup> quarter of the reporting year 2018/19. The following was noted/discussed:

- Out of 484 targets, 452 are rated Green, 29 are Amber and 3 are Red.
- Out of 484 targets, 80 are priority targets. 73 of which are rated Green, 6 are Amber and 1 is Red. The red target is regarding developing collaborative property and facilities management services with NSS. Members agreed that this target could be closed as it has been superseded by the development of a target operating model across the national boards, and this work is being led by NSS.
- One member requested that further detail is provide in red and amber target updates to clarify what is being done to mitigate the RAG rating.
- A member noted that the priority targets need to reflect those areas of work, which if not completed, would impact on the achievement of the NES strategic objectives.

Members noted the report and were satisfied that sufficient controls are in place to manage the performance of NES.

## **9. Operational and Financial Planning Update**

(NES/FPM/18/40)

Audrey McColl provided the committee with an update on Operational and Financial Planning for 2019/20. The following was noted/discussed:

- The operational planning process for 2019/20 built on the approach taken in 2018/19 to first plan, then prioritise and then budget. Directorates were asked

again to link activities against the prioritisation framework, based on the programme for government and NES core business.

- Directorates have not been given a formal indicative budget and have been asked to submit a budget which reflects the most cost-effective way an activity can be delivered, based on the assumption of a flat baseline budget compared to 2018/19.
- Review meetings with finance have been scheduled for December and a joint workshop between the SLMT and SOLG has been scheduled for January, where proposals for efficiency savings will be reviewed.
- It is expected that the Scottish Budget will be presented to Parliament on 12 December 2018. The UK Budget confirmed additional health resource consequential of £550 million. This is £55 million lower than the figures published in June, however, the Scottish Government has committed to pass on health resource consequential in full.
- The Cabinet Secretary for Health and Sport has also confirmed a new planning and performance cycle for all NHS Boards. This requires Boards to deliver a break-even position over a three-year period, with flexibility to underspend or overspend up to one per cent of their annual resource budgets on pre-agreed projects. It is not intended as a general carry forward allowance but rather is aimed at enabling a longer-term focus in financial planning cycles.
- A member queried how the requirement to deliver break-even across a 3 year timeframe would impact on the budget process. Audrey McColl explained that it would provide more flexibility for consideration of spend to save initiatives as part of any efficiency plan as investment, creating an overspend in one year, could be negated by savings in future years.
- A member queried how the ongoing development of the new Strategic Framework would be incorporated. It was explained that the current prioritisation framework would have to be amended if there was any significant change to the strategic direction of NES. However, the development of the budget is always an iterative process therefore this is considered to be manageable.

Members noted the progress of Operational and Financial Planning for 2019/20.

## **10. Procurement Reports**

(NES/FPMC/18/41)

Kenny McLean presented the paper which provided the committee with an update on the procurement activity which has taken place during the second quarter of 2018/19. The following items were noted/discussed:

- The overall commitment which Procurement could directly influence for the first quarter of 2018/19 was just over £7m (of which £4.5m was placed via SLA's to other boards and training grades).

- The procurement transformation programme has been closed, however the Procurement Transformation Board will continue to provide a role in issuing guiding principles and maintaining an overview of significant national and regional developments.
- NSS are leading the tender process to procure a National eRostering system with ongoing support from NES. It is expected that the tender will be issued in November and awarded in March. It is anticipated that the system will enable more effective rostering, reducing the requirement for agency staff.
- NES has received tender responses for development and delivery of an undergraduate programme in Operating Department Practice which will allow a single contract to be signed on behalf of all boards resulting in a potential cost avoidance of £250k.
- A member raised a query regarding the potential impact of Brexit, regarding goods, services and regulations. Kenny McLean noted that most discussion regarding Brexit implications has centred around drug supply and noted that much of the other goods and services are currently within the UK. The view is that the UK will continue to mirror EU procurement processes. Caroline Lamb added that a risk regarding Brexit has been added to the corporate risk register.

Following discussion, members noted and were satisfied with the current and planned procurement activity.

## **11. Properties & Facilities Update**

(verbal update)

Nicola Todd provided the committee with an update on Properties and Facilities activity. The following was noted/discussed:

- The facilities team have started a project to review accommodation in Inverness. There are currently two separate leases at the Centre for Health Science, one due to expire 2021 and the other 2023, and it is likely that the landlord will agree to combining these to create one single lease.
- Planning is underway to enable the creation of additional space in Westport due to extra staff coming into Digital. This will require staff to clear out storage and to ensure clear desk and hot desking policy is being adhered to. The clear desk policy will also allow NES to comply with IS27001.
- There will also be minor changes in 2CQ, with 8 new desks installed to accommodate new staff coming into Pharmacy.

Members noted and were satisfied with the current and planned properties and facilities activity.

**Items for information**

**12. FPMC 2019/20 meeting dates**

(NES/FPMC18/42)

The committee noted the 2019/20 Finance and Performance Management Committee dates.

**13. Any Other Business**

There was no other business to be discussed.

**14. Date of Next Meeting**

The date of the next meeting has been scheduled for Wednesday 20<sup>th</sup> February 2019.

NES  
Nov 2018  
JA/dc/amc

## NHS Education for Scotland

### Board Paper Summary

#### 1. Title of Paper

**Post Graduate Medical Education & Training (PGMET) :  
2018 Training progression and outturn for doctors in training**

#### 2. Author(s) of Paper

Anne Dickson, General Manager Training Management  
Moya Kelly, Director of General Practice Education, West of Scotland  
Jean Allan, Associate Director of Medicine  
Stewart Irvine, Medical Director & Deputy CEO

#### 3. Purpose of Paper

This paper has been prepared to provide Board members with a brief overview of progression and performance management in postgraduate medical education and training (PGMET) and to report on the training year 2017-18 output of doctors following completion of training.

#### 4. Key Issues

1. Structure of performance management and progression in training within approved programmes.
2. Analysis of the outcomes of the Annual Review of Competency and Progression (ARCP).
3. Analysis of the doctors leaving training through achievement of Certificate of Completion of Training (CCT).
4. Other reasons for leaving training.

#### 5. Educational Implications

It is the core business of NES and the Medical Directorate to manage and oversee doctors in GMC approved training programmes in Scotland with the objective of contributing to the future trained medical workforce for NHSScotland.

Progression through training is the responsibility of the Scotland Deanery and is governed by adherence to GMC standards<sup>1</sup> and the 'Gold Guide', more formally 'A Reference Guide for Postgraduate Specialty Training in the UK' (Conference of Postgraduate Medical Deans of the United Kingdom, 7<sup>th</sup> edition Jan 2018)<sup>2</sup>.

The Annual Review of Competence and Progression (ARCP) is a review of how the doctor has progressed against their GMC approved training curriculum and how they have demonstrated competency progression through completion of required assessments and examinations, as well as other professional requirements.

Doctors in training are also required to spend a minimum indicative time in training in a programme. This varies between specialties, and is determined partly by statutory provisions, and partly by GMC approved curricula. Completion of all aspects of the required curriculum to an appropriate standard and the required time in training allows the doctor to achieve a Certificate of Completion of Training (CCT) and thereby to seek admission to the relevant parts of the GMC register as a GP or Consultant.

## **6. Financial Implications**

It is not the aim of this paper to detail the (substantial) costs of the training grade medical workforce as this has been covered in previous papers to the Board. It is to provide an view of the performance management of the training grade medical workforce which consumes a significant proportion of the NES budget and the delivery of a trained medical resource to NHS Scotland.

## **7. Which of the 9 Strategic Outcome(s) does this align to?**

Theme 1 - An Excellent Workforce

Theme 2 - Improved Quality

Theme 3 - New Models of Care

Theme 4 – Enhanced Educational Infrastructure

## **8. Impact on the Quality Ambitions**

Monitoring of the range of outcomes of the ARCP is one of the activities that contribute to the overall quality management of training programmes.

Adherence to the required standards and guidelines in reviewing doctors in training and their progression through their programme ensures the doctor is appropriately trained and competent and meets the requirements of the regulator in seeking admission to specialist registers allowing them to work as trained GPs and Consultants in NHSScotland.

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<sup>1</sup> <https://www.gmc-uk.org/education/standards-guidance-and-curricula/standards-and-outcomes/promoting-excellence>

<sup>2</sup> <https://www.copmed.org.uk/gold-guide-7th-edition/the-gold-guide-7th-edition>

## 9. Key Risks and Proposals to Mitigate the Risks

Monitoring of outcome trends and areas of concern mean that NES can focus efforts to support Scottish Government policy in delivering an effective trained workforce and work with partners/stakeholders such as the BMA, Scottish Academy of Medical Royal Colleges and Health Boards to improve quality of training and experience of doctors in approved training programmes.

This is very closely aligned to our work on recruitment and retention of doctors in training.

## 12. Recommendation(s) for Decision

The Board is asked to **note** and **comment** upon the attached report.

NES  
January 2019

**Post Graduate Medical Education & Training (PGMET) : 2018 Training progression and outturn for doctors in training**

**1. Purpose**

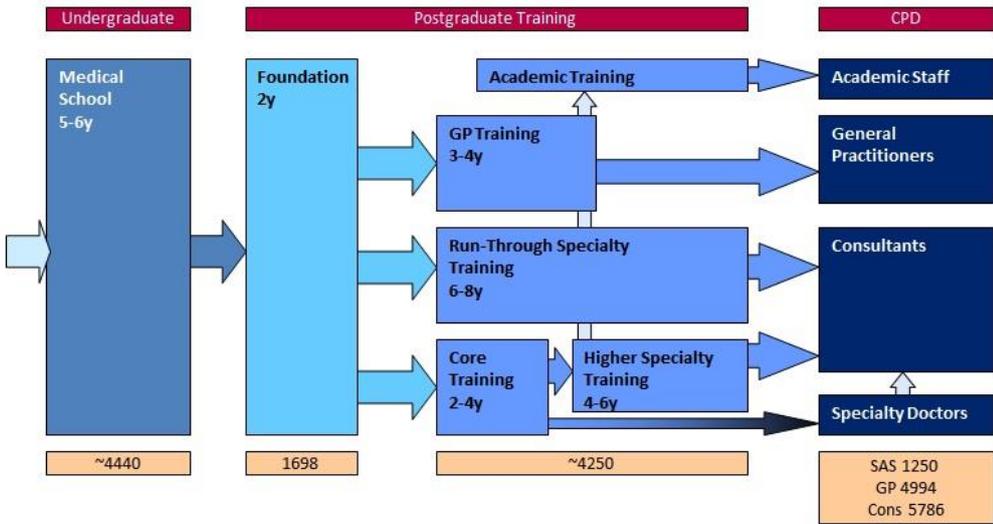
1.1 This paper has been prepared to provide Board members with a brief overview of progression and performance management in postgraduate medical education and training (PGMET) and to report on the training year 2017-18 output of doctors following completion of training.

**2. Background**

2.1 After successfully obtaining a medical degree from an approved medical school, graduates of UK universities and overseas applicants who meet the General Medical Council (GMC) requirements for English language and qualifications can apply for postgraduate training. UK graduates obtain a provisional GMC registration on successfully completing their undergraduate qualification.

2.2 The current training journey is outlined below :

**The current shape of training - 2018**



2.3 All UK graduates must complete the first year of foundation training to obtain full GMC registration. Both years of foundation training are required to progress into specialty training.

2.4 Following successful completion of foundation training, a doctor applies for a core programme, which provides a general introduction to their chosen speciality group e.g. medical or mental health or goes into a run through specialty which means they choose a specific speciality. This includes General Practice.

### **3. Performance Management of Training**

- 3.1 At each stage of training, normally annually, doctors undergo a review to ensure they are achieving the outcomes required by the curriculum for their programme. This is described in detail below.
- 3.2 Postgraduate curricula are written by the Medical Royal Colleges and must be approved and published by the GMC. As part of the implementation of the UK Shape of Training Report, the high-level purpose of the curriculum must be approved by the GMC Curriculum Oversight Group (COG) which includes representation from the 4 Departments of Health, and the 4 Statutory Education Bodies, and aims to ensure consistency across the UK and aligns curricula with the needs of the populations of the four home nations.
- 3.3 Doctors in training are required to record the achievement and completion of the curricular requirements during their training. These achievements are normally recorded in an electronic portfolio, normally overseen by the relevant Royal College(s) or Foundation School.

### **4. Annual Review of Competency and Progression (ARCP)**

#### **4.1 Background**

- 4.1.1 Towards the end of the training year (August to July) an Annual Review of Competency and Progression (ARCP) panel will be convened for the programme.
- 4.1.2 This is a desktop exercise which reviews evidence of the doctor in training's activities over the year, including completion of the required assessments and experience. The ARCP panel also reviews the doctor's completion of GMC required declarations to maintain their licence to practice and to contribute towards revalidation requirements. Doctors in training who progress satisfactorily (green or orange in Table 1 below) do not normally attend the review. Those who receive an outcome which indicates a concern with performance against curricular requirements (noted below in blue in Table 1 below) are invited to attend a second panel in person to receive the outcome and any actions agreed. There is a right to review or appeal an outcome.
- 4.1.3 The composition of the panel and the outcomes they can give a doctor in training in the programme are set out in the 'Gold Guide', the 'Reference Guide for Postgraduate Specialty Training in the UK' (Conference of Postgraduate Medical Deans 7<sup>th</sup> edition, Jan 2018)<sup>1</sup>. Panels must include some form of external oversight including lay representation. Outcomes vary according to the circumstances of the doctor in training, for example a doctor working as Locum Appointment for Training (LAT) will be given outcome 7s.
- 4.1.4 In relation to the outcome figures, doctors in training can have more than one outcome:
  - Doctors in receipt of an outcome 5 will also receive a follow-up outcome once the required evidence has been provided or otherwise.
  - Doctors in 'dual training' will receive two outcomes, one for each specialty.
  - Doctors may receive more than one ARCP within a 12-month training period.

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<sup>1</sup> <https://www.copmed.org.uk/gold-guide-7th-edition/the-gold-guide-7th-edition>

4.1.5 This data is collected and published by GMC to compare outcome distribution across the UK. It is also useful from the Scotland Deanery perspective in considering outcome distribution across specialty groups/regional programmes and provides vital information for the quality management of programmes.

No Review	No outcome is issued: doctor is on maternity leave / long-term sick leave; doctor has resigned etc. The doctor is temporarily not able to work and unavailable for review.
Outcome 1	<b>Satisfactory</b> progress - achieving progress and the development of competences at the expected rate.
Outcome 2	Development of specific competences required – additional training time not required. Not applicable for Foundation doctors.
Outcome 3	Inadequate progress by the doctor – additional training time required.
Outcome 4	Released from training programme - with or without specified competences.
Outcome 5	Neutral outcome / holding response - panel cannot issue an outcome because evidence is incomplete.
Outcome 6	<b>Recommendation for completion</b> of training - gained all required competences.
Outcome 7.1	(LAT) Satisfactory progress in or completion of the post.
Outcome 7.2	(LAT) Development of specific competences required – additional training time not required.
Outcome 7.3	(LAT) Inadequate progress by the doctor.
Outcome 7.4	(LAT) Neutral outcome / holding response - panel cannot issue an outcome because evidence is incomplete.
Outcome 8	Out of programme for clinical experience, research or a career break (OOPR/OOPE/OOPC).

**Table 1: ARCP outcomes (from Gold Guide 7<sup>th</sup> edition)**

4.1.6 The data in table 2 below show the total number of ARCP outcomes recorded in TURAS TPM (NES training management system) for the training year 17-18. The ARCPs are grouped by specialty grouping (e.g. Medical contains results for all medical core and specialty programmes).

4.1.7 These data were also sent to the GMC in November 2018. The GMC publish their own analysis of progression data in comparison to UK deaneries/LETBs on their website<sup>2</sup>. The 2017-2018 data will be published in Spring 2019.

## 4.2. ARCP Analysis

4.2.1 Of the 7688 ARCP outcomes recorded, 7247 (94%) were positive or neutral outcomes. 441 (5.7%) were outcomes that indicated further activity was needed to reach the required standard. Of these, 34 were outcome 4 which meant the doctor was released from training. (This does not translate to 34 doctors but 34 outcomes which may include dual training.) If the 'holding' outcomes 5 and 7.4 are removed, 5964 (93%) were positive or neutral outcomes.

<sup>2</sup> <https://www.gmc-uk.org/education/reports-and-reviews/progression-reports>

- 4.2.2 There were 1933 foundation outcomes, 1000 core outcomes and 4755 specialty outcomes.
- 4.2.3 This is the second year that the Deanery has reviewed this data from a 'Scotland' perspective, and it is hoped that over the years trends and patterns may develop. A key focus for the Deanery is to see if the level of outcome 5 & 7.4 can be reduced following introduction of clearer and more consistent rules for submission of evidence, with clearer guidance on what is required also being issued in 2018.
- 4.2.4 In comparing the data from 2016-2017 to 2017-2018, the 2016-17 data did not collate the 'no outcome' figures so a direct comparison is not possible. The proportion of positive or neutral outcomes to total is comparable. It is hoped that trend data will be available with the publication of data from 2018-19.
- 4.2.5 Within the specialty groupings, the proportion of positive outcomes (1,6,7.1) against the total outcomes (with holding outcomes removed) varies between 64% in medical specialties to 95% in foundation. This can in part be explained by the much larger proportion of doctors who are either out of programme doing research or further training, and those on parental or other leave in the more advanced stage of training.

ARCP outcomes 17/18

Specialty Group	No Outcome	1	2	3	4	5	6	7.1	7.2	7.3	7.4	8	Total Outcomes
Foundation	50	802	0	26	4	270	781	0	0	0	0	0	1933
Obstetrics & Gynaecology and Paediatrics	51	308	20	15	3	86	39	24	1	6	9	28	590
Mental Health	25	153	9	19	6	82	67	16	1	0	8	7	393
GP, Public Health and Occupational Medicine	87	744	25	33	3	180	237	1	0	0	0	6	1316
Diagnostics	12	152	13	6	0	24	34	4	1	0	1	8	255
Anaesthetics, Emergency Medicine and Intensive Care Medicine	37	425	13	36	5	123	92	41	7	0	17	5	801
Surgery	30	373	33	27	9	109	88	27	1	3	14	32	746
Medicine	196	616	66	39	4	344	207	31	4	3	16	128	1654
<b>TOTAL</b>	<b>488</b>	<b>3573</b>	<b>179</b>	<b>201</b>	<b>34</b>	<b>1218</b>	<b>1545</b>	<b>144</b>	<b>15</b>	<b>12</b>	<b>65</b>	<b>214</b>	<b>7688</b>

Table 2: ACRP outcomes by specialty grouping for training year 17/18

## 5. Outturn Data for Doctors completing training

### 5.1 Background

5.1.1 Once doctors have completed their programme of training they are awarded an outcome 6 at their final ARCP. The formal date of the end of their training is determined by the duration of the programme.

### 5.2 Outturn Analysis

5.2.1 For the training year 17-18, 249 doctors completed training to CCT in General Practice and 363 doctors completed training to CCT in other specialties.

Type	Count of Trainee
GP	249
Specialty	363
<b>Grand Total</b>	<b>612</b>

Table 3: Number of CCTs achieved training year 2017/18

5.2.2 For foundation training, 794 FY1 completed the year and were put forward for full GMC registration. 778 completed FY2 and were then able to progress to specialty training. In addition, 269 doctors completed core training in uncoupled specialties, and were able to apply to higher specialty training.

Type	Count of Trainee
FY1	794
FY2	778
Core Training	269
LAT	65
<b>Grand Total</b>	<b>1906</b>

Table 4: number of completion of training dates in 2017/18

5.2.3 In addition, several doctors left before completion of training. The majority of these resigned from training (88) or were released from training (25) due to lack of progression. 12 doctors transferred out of Scotland to Deaneries elsewhere in the UK.

## 6. Conclusion

6.1 The Medical Directorate oversees the quality management of postgraduate medical education and training. A key responsibility is managing the progression of doctors. The Annual Review (ARCP) ensures that every doctor in training has a review and assessment of their ability to move into the next year of training or to complete training. 94% of the outcomes of the ARCPs were positive/neutral signifying that the doctors receiving these outcomes could satisfactorily progress or be put forward as having completed training.

6.2 There is variation in the proportion of positive outcomes across specialty groupings, reflecting the number of doctors who take a period of time out of programme, or who are on parental/sick leave.

- 6.3 612 doctors achieved the Certificate of Completion of Training (CCT) for the training year 17-18, allowing them to seek admission to the GP or specialist GMC register and work as GPs or Consultants.

**Anne Dickson, General Manager Training Management**  
**Moya Kelly, Director of General Practice Education, West of Scotland**  
**Jean Allan, Associate Director of Medicine**  
**Stewart Irvine, Medical Director & Deputy CEO**

## NHS Education for Scotland

### Board Paper Summary

#### 1. Title of Paper

**Medical Revalidation**

#### 2. Author(s) of Paper

Ronald MacVicar, Postgraduate Dean  
Amjad Khan, Director of Postgraduate GP Education  
Christiane Shrimpton, Associate Postgraduate Dean (Appraisal & Revalidation)

#### 3. Purpose of Paper

A number of reports relating to revalidation have been published recently which provides an opportunity to update the NES Board on this important area of work. These reports include:

- The GMC's response to Sir Keith Pearson's review of medical revalidation (*Taking revalidation forward: Improving the process of relicensing for doctors*). The regulator's response, entitled *Taking revalidation forward: Working with others to improve revalidation* was published in November 2018
- A GMC publication, also from November 2018 entitled *Effective clinical governance: A handbook for organisations employing, contracting or overseeing the practice of doctors*
- The annual quality assurance review of medical revalidation published in November 2018 and relating to 2017/18

#### 4. Key Issues

Every licensed doctor who practises medicine must revalidate. Revalidation, which was introduced in December 2012 sets out to support doctors to develop their practice, drive improvements in clinical governance and gives patients confidence that their doctor is up to date.

Sir Keith Pearson was requested by the GMC in March 2016 to review revalidation and concluded in his subsequent report that 'revalidation has settled well and is progressing as expected'. He put forward a series of recommendations for revalidation to achieve its goal of increasing assurance, and to secure confidence across the medical profession. These recommendations were made to the GMC itself, to healthcare organisations and their Boards and to government health departments.

The GMC has described how it has taken forward the recommendations from Sir Keith Pearson in its November 2018 report and frames this in terms of improvements for

doctors (including doctors in training), improvements for patients and improvements for responsible officers, suitable persons and healthcare providers.

In the same month, the GMC produced guidance which aimed to provide Boards with a description of the core principles underpinning effective clinical governance for doctors, focussing particularly on responsibilities outlined in the Responsible Officer regulations. NES is the 'Designated Body' for all doctors in training in Scotland and as a result, the Medical Director is the Responsible Officer. However, as is made clear in the GMC guidance document *Effective governance to support medical revalidation: A handbook for boards and governing bodies* responsibility for the quality and safety of services (clinical governance) rests first and foremost with healthcare provider organisations and the individual professionals working within them. The key challenge for NES as a Designated Body is therefore to have functional arrangements where any clinical governance concerns arise about a doctor in training, these concerns are taken into account in any revalidation recommendation.

Finally, also produced in November 2018, and for the first time by NES (previously this having been a responsibility of Healthcare Improvement Scotland) the annual audit of revalidation in Scotland *Medical Revalidation: Quality Assurance Review 2017/18*. The report provides a wealth of detail on the 13,171 doctors in Scotland with a 'prescribed connection', 12,485 who were eligible for an annual appraisal and 11,508 of whom (92%) had an appraisal. This is a fall of two percentage points over the previous year and the range among territorial Health Boards was 72% to 100%. A total of 515 doctors across Scotland were identified for revalidation. This published report contains the following 3 recommendations on page 19 and NES will work with NHS Boards towards implementation of these recommendations:

1. Organisations have to ensure they have sufficient numbers of appraisers in place to provide appraisal services for all doctors with whom there is a prescribed connection, and all are encouraged to review their existing appraiser cohorts to ensure that they have adequate resources and also to factor in succession planning for known or anticipated departures from the cohort.
2. All organisations should report annually, on progress with annual appraisal and medical revalidation, through formal local governance arrangements and ensure they have robust systems in place which are not person-dependent which could present a significant risk to their appraisal and revalidation processes.
3. Organisations should continue to share information between organisations where doctors have more than one employer.

## **5. Educational Implications**

NES supports appraisal and revalidation across Scotland by offering appraisal training, supporting the network of lead appraisers and hosting the Scottish Online Appraisal Resource (SOAR). A recent change in key personnel provides an opportunity to review our current systems and processes and to consider how best we as an education and training organisation can support the development of revalidation in Scotland to meet its original aspirations and to deliver on the recommendations of the Pearson report. These changes include Dr Christiane Shrimpton's appointment as APGD (Appraisal & Revalidation), replacing Dr Niall Cameron, and William Liu as Appraisal Training Manager, replacing Harry Peat.

A review of governance across NHSScotland has recently been undertaken, commissioned by Scottish Government. John Brown, Chair of NHS Greater Glasgow and Clyde, led this review and has asked NES to propose areas for inclusion in the "Governance Blueprint" in relation to Educational

Governance. This provides an opportunity to recommend that NHS Boards have sight of their performance in regard to appraisal and are implementing the recommendations contained in the NES Medical Revalidation Quality Assurance Report 2017/18, although this might be more appropriately dealt with through Board Clinical Governance arrangements.

## **6. Financial Implications**

No new financial implications.

## **7. Which of the 9 Strategic Outcome(s) does this align to?**

- A demonstrable impact of our work on healthcare services
- An excellent learning environment where there is better access to education for all healthcare staff
- Leadership and management development that enables positive change, values and behaviour
- Consistently well-developed educational support roles and networks to enable education across the workplace.

## **8. Impact on the Quality Ambitions**

Revalidation in the healthcare professions is a key element of ensuring safe, effective and person-centred care with a focus on the individual practitioner reflecting on her/ his performance and supported by a portfolio of evidence that is shared at annual appraisal

## **9. Key Risks and Proposals to Mitigate the Risks**

NES has a role in training appraisers and in supporting Boards and their Appraisal Leads in delivering on their Appraisal and Revalidation responsibilities. Pressures in the service have had some impact in some Boards on their ability to recruit appraisers and this has impacted on appraisal rates as demonstrated in the NES QA review of 2017/18.

Recent changes in our key personnel provide an opportunity to review how we can best support Boards with Appraisal and Revalidation.

## **10. Equality and Diversity**

As explained in the paper, NES has recently taken on the process of auditing revalidation from Healthcare Improvement Scotland. We will consider the requirement for a revised equality and diversity impact assessment as we take forward any changes to the process.

## **11. Health Inequalities**

It is unlikely that Medical Revalidation will impact on health inequalities, other than through reflection by individual doctors on their practice and how inequalities contribute.

## 12. Recommendation(s) for Decision

The Board is **invited** to note and **comment** on the attached paper, to **endorse** the recommendations on page 19 of the published report “Medical Revalidation: Quality Assurance Review 2017-2018” (also set out on page 2 of this cover paper) and to **note** that NES will work with NHS Boards towards implementation of these recommendations.

NES  
January 2019  
RMcV / AK / CS/cl

## Medical Revalidation

### 1. Background

1.1 Every licensed doctor who practises medicine must revalidate. Medical revalidation, which was introduced in December 2012, sets out to support doctors to develop their practice, drive improvements in clinical governance and give patients confidence that their doctor is up to date.<sup>1</sup> The governance arrangements for medical revalidation are set out in guidance from the General Medical Council (GMC),<sup>2</sup> and describe key responsibilities for:

- The organisations in which doctors work ('Designated Bodies'). Medical revalidation is designed to provide a powerful lever for organisations to drive improvements in the quality of patient care and treatment, and is reliant upon robust systems for clinical governance, including appraisal and local quality assurance
- 'Responsible Officers (ROs)': a senior doctor, usually the Medical Director of the organisation, who oversees systems for governance and appraisal for doctors, for dealing with practice concerns about doctors and for advising the GMC about doctors' fitness to practise
- Individual doctors, who must demonstrate that they continue to meet the values and principles expected of the profession set out in the GMC's core guidance *Good Medical Practice*. This is achieved by doctors reflecting on a portfolio of information and evidence at annual appraisal of the doctor's whole practice.

1.2 Medical revalidation is based upon a five-yearly recommendation by a doctor's RO to the regulator and towards the end of the first cycle of revalidation, in March 2016, Sir Keith Pearson was requested by the GMC to review the impact of revalidation. In his report *Taking revalidation forward: Improving the process of relicensing for doctors*,<sup>3</sup> he concluded that 'revalidation has settled well and is progressing as expected' and described significant resulting benefits including; annual appraisal of whole practice; regular, supported reflection on practice; and strengthened clinical governance, all leading to improved practice. He did acknowledge concerns from within the profession that revalidation is unnecessarily bureaucratic and burdensome, and put forward a series of recommendations for revalidation to achieve its goal of increasing assurance, and to secure confidence across the medical profession. These recommendations were made to the GMC itself, to healthcare organisations and their Boards and to government health departments.

1.3 The GMC has described in its November 2018 report *Taking revalidation forward: Working with others to improve revalidation* how it has addressed the

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<sup>1</sup> <https://www.gmc-uk.org/registration-and-licensing/managing-your-registration/revalidation>

<sup>2</sup> [https://www.gmc-uk.org/-/media/documents/governance-handbook\\_pdf-73078021.pdf](https://www.gmc-uk.org/-/media/documents/governance-handbook_pdf-73078021.pdf)

<sup>3</sup> [https://www.gmc-uk.org/-/media/documents/Taking\\_revalidation\\_forward\\_\\_\\_Improving\\_the\\_process\\_of\\_relicensing\\_for\\_doctors.pdf\\_68683704.pdf](https://www.gmc-uk.org/-/media/documents/Taking_revalidation_forward___Improving_the_process_of_relicensing_for_doctors.pdf_68683704.pdf)

recommendations from the Pearson report, and frames this in terms of improvements for doctors (including doctors in training), improvements for patients and improvements for responsible officers, suitable persons and healthcare providers.

- 1.4 Improvements for doctors relate mainly to clarity of guidance and information provision. In providing assurance to patients that all licenced doctors are up to date and fit to practise, the regulator has focused on ways to help patients to understand revalidation, ways of increasing lay and patient involvement in revalidation and reviewing patient feedback requirements for revalidation. The Pearson report described a need to engage Boards more in how governance processes that support revalidation work within their organisations. In response, the regulator set out to improve governance and oversight and as a result published, also in November 2018, *Effective clinical governance for the medical profession: A handbook for organisations employing, contracting or overseeing the practice of doctors*.<sup>4</sup>
- 1.5 This guidance aims to provide Boards with a description of the core principles underpinning effective clinical governance for doctors, focusing particularly on responsibilities outlined in the Responsible Officer regulations.

## 2. The NES role in medical revalidation

- 2.1 NES has three major roles in medical revalidation in Scotland :
- 2.2 **Firstly**, NES is the ‘Designated Body’ for all doctors in training in Scotland and as a result, the Medical Director is the RO for a number of doctors that approaches 6000. This is by far the largest number of doctors for any Designated Body in Scotland and one of the largest in the United Kingdom. In this task the Medical Director is supported by the four regional Postgraduate Deans and the two GP Directors who act with delegated authority as ROs.

The revalidation requirement for annual appraisal are met for doctors in training by the Annual Review of Competency Progression (ARCP) arrangements.<sup>5</sup> The ARCP panel considers evidence of progression in training against the competencies described in the relevant curriculum, and reflection on this portfolio of evidence is a key feature. As is made clear in the GMC guidance document *Effective governance to support medical revalidation: A handbook for boards and governing bodies responsibility for the quality and safety of services*,<sup>6</sup> ‘[clinical governance] rests first and foremost with healthcare provider organisations and the individual professionals working within them’. The key challenge for NES as a Designated Body is therefore to have functional arrangements where any clinical governance concerns that arise about a doctor in training are taken into account in any revalidation recommendation.

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<sup>4</sup> [https://www.gmc-uk.org/-/media/documents/governance-handbook-2018\\_pdf-76395284.pdf](https://www.gmc-uk.org/-/media/documents/governance-handbook-2018_pdf-76395284.pdf)

<sup>5</sup> <http://www.scotlanddeanery.nhs.scot/trainee-information/annual-review-of-competence-progression-arcp/>

<sup>6</sup> [https://www.gmc-uk.org/-/media/documents/governance-handbook\\_pdf-73078021.pdf](https://www.gmc-uk.org/-/media/documents/governance-handbook_pdf-73078021.pdf)

To address this, doctors in training are required to detail the whole scope of their practice and declare, prior to each ARCP panel meeting any issues with their health, probity or critical incidents/ complaints.<sup>7</sup> These declarations, without which an ARCP Outcome cannot be awarded, require to be signed off by the trainee's supervisor. Revalidation recommendations, which are also in a five-yearly cycle for doctors in training are informed by ARCP outcomes, trainee declarations, and regular meetings between regional deanery teams and territorial Health Board senior teams that focus on trainee performance or clinical governance issues.

NES is also the Designated Body for a very small number of senior doctors for whom NES is the major or only employer. The Medical Director is the RO for these doctors and reciprocal annual appraisal arrangements are in place with one of the other special Health Boards (NSS).

- 2.3 **Secondly**, NES has recently taken on the responsibility to produce the annual audit of revalidation in Scotland *Medical Revalidation: Quality Assurance Review 2017/18*,<sup>8</sup> this previously having been a responsibility of Healthcare Improvement Scotland. The report, which is included with this paper, provides a wealth of detail on the 13,171 doctors in Scotland with a 'prescribed connection', 12,485 who were eligible for an annual appraisal and 11,508 of whom (92%) had an appraisal. This proportion of doctors that had an annual appraisal represents a fall of two percentage points over the previous year, and the range among territorial Health Boards was 72% to 100%. A total of 515 doctors across Scotland were identified for revalidation.

The report drew together three recommendations as follows:

- a. *Recommendation 1.* Organisations have to ensure they have sufficient numbers of appraisers in place to provide appraisal services for all doctors with whom there is a prescribed connection, and all are encouraged to review their existing appraiser cohorts to ensure that they have adequate resources and also to factor in succession planning for known or anticipated departures from the cohort.
- b. *Recommendation 2.* All organisations should report annually, on progress with annual appraisal and medical revalidation, through formal local governance arrangements and ensure they have robust systems in place which are not person-dependant which could present a significant risk to their appraisal and revalidation processes.
- c. *Recommendation 3.* Organisations should continue to share information between organisations where doctors have more than one employer.

- 2.4 **Thirdly**, NES supports appraisal and revalidation across Scotland by (i) offering appraisal training, (ii) supporting the network of lead appraisers and (iii) hosting the Scottish Online Appraisal Resource (SOAR).<sup>9</sup> A recent change in key personnel provides an

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<sup>7</sup> <http://www.scotlanddeanery.nhs.scot/trainee-information/revalidation-during-training/>

<sup>8</sup> <http://www.appraisal.nes.scot.nhs.uk/i-want-access-to/marqa-reports.aspx>

<sup>9</sup> <http://www.appraisal.nes.scot.nhs.uk/>

opportunity to review our current systems and processes, and to consider how best we as an education and training organisation can support the development of revalidation in Scotland to meet its original aspirations and to deliver on the recommendations of the Pearson report (as well as supporting the service in Scotland to address the three recommendations listed above). These recent changes in personnel include Dr Christiane Shrimpton's appointment as APGD (Appraisal & Revalidation), replacing Dr Niall Cameron, and William Liu as Appraisal Training Manager, replacing Harry Peat.

### **3. Conclusion**

3.1 The regulator's guidance for medical revalidation requires that:<sup>10</sup>

- organisations appoint a senior doctor (a responsible officer – RO) to oversee systems for governance and appraisal for doctors, for dealing with practice concerns about doctors and for advising the GMC about doctors' fitness to practise;
- organisations are also responsible for providing resources to support ROs in their role. Their local governance arrangements should incorporate constructive challenge around the way services are delivered and monitored;
- ROs must assure themselves that the quality of their systems supports the evaluation of doctors' fitness to practise in a fair and consistent way

3.2 NES has robust processes in place to support these requirements in relation to the doctors for which it is their Designated Body. It is also in a strong position to support NHS Scotland, and individual Boards in the delivery and continuous improvement of medical revalidation

***Ronald MacVicar, Amjad Khan & Christiane Shrimpton 04.01.18***

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<sup>10</sup> [https://www.gmc-uk.org/-/media/documents/governance-handbook\\_pdf-73078021.pdf](https://www.gmc-uk.org/-/media/documents/governance-handbook_pdf-73078021.pdf)

# MEDICAL REVALIDATION

## QUALITY ASSURANCE REVIEW 2017-2018

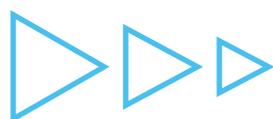




November 2018

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## KEY MESSAGES

1

The overall Appraisal rate for Scotland during 2017-2018 is **92%**, continuing the trend of the last 5 years (including 2017-2018) of Annual Appraisal rates in Scotland exceeding 90%

2

### Appraisal rates in staff groups

The breakdown of appraisal rates by professional staff grouping for 2017-2018 is:

Staff Groupings across Scotland	% age
General practitioner (doctors on a General practitioner Performers List)	97%
Consultant, including honorary contract holders	89%
Staff, Associate Specialists, and Specialty Doctors	87%
University employed staff with a licence to practice	85%
Other (doctors in leadership roles, the civil service, doctors in wholly independent practice, and doctors not directly employed)	91%
Secondary Care Locums, employed for 2 months or more, in the 12 months up to 31 March	88%
Independent healthcare providers only - doctors with practicing privileges. All doctors with practising privileges who have a prescribed connection to the organisation	100%

Total = 92%

## KEY MESSAGES

Whilst all doctors are expected to participate in Appraisal on an annual basis, there are many legitimate reasons why this cannot be accomplished, and their appraisal is deferred. Deferral is not an indication of a problem for that doctor, however if the lack of an appraisal is established as being a result of the doctor not engaging in the process then they would not gain a recommendation for revalidation, resulting in their losing their licence to practice.

Some Boards reported front-line service delivery pressures as a factor that caused some planned appraisals to be delayed in order to redirect resources to meet increased patient demand. Where this has been the case we have sought assurance that plans are in place to address the delayed appraisals so that any doctors affected in this way are “back on track” as quickly as possible.

**3**

**Number of positive recommendations for revalidation in 2017-2018 = 432 (84% of 515)**

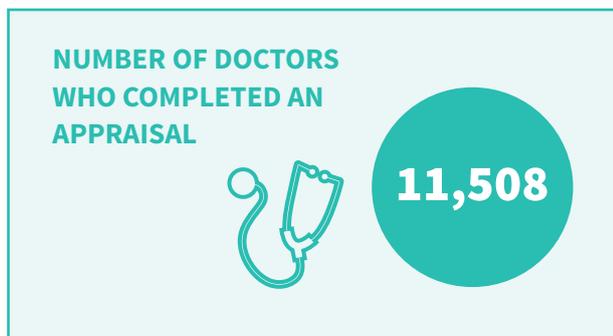
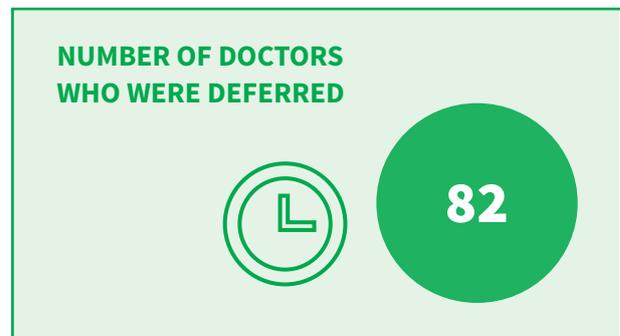
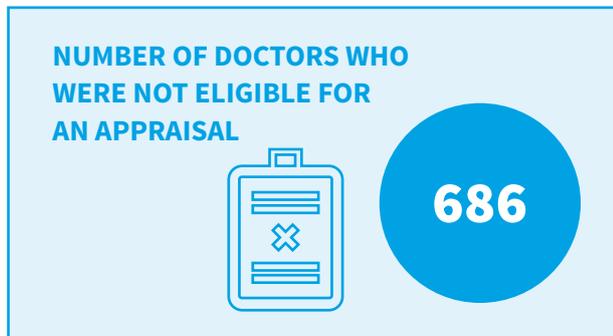
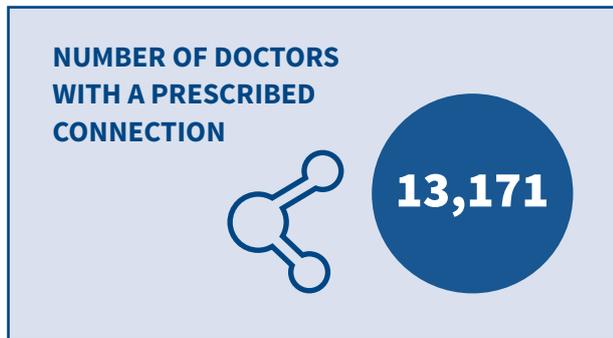
**4**

**The annual enhanced appraisal and five yearly revalidation processes have been successfully embedded across all designated bodies in Scotland. The consistent high levels of appraisal rates year-on-year demonstrate that organisations and professionals are fully engaged in the process. The number of clinicians identified for revalidation in 2017-2018 was smaller, at 515 or 4% of those with a prescribed connection. This reflects that 2017-2018 was the last year of the first five-year cycle of Revalidation and the GMC segmentation of doctors into each of the five years factored in a smaller number due to revalidate in year 5**

**5**

**The annual quality assurance survey is now a mature process and continues to demonstrate evidence of good practices, innovative approaches, and support of the appraisal process within the various organisations asked to make a return for the survey**

## KEY FACTS 2017-2018



## KEY FACTS 2017-2018

Comparison of Key Facts data for 2017-2018 with 2016-2017	2017-2018		2016-2017		2017-2018 Variance
	Count	%	Count	%	
Number of doctors with a prescribed connection	13,171		12,978		1%
Number of doctors who were not eligible for an appraisal	686	5%	970	7%	-2%
Number of doctors eligible for an appraisal	12,485		12,008		4%
Number of doctors who completed an appraisal	11,508	92%	11,286	94%	-2%
Number of doctors identified for revalidation	515		511		4
Number of doctors receiving a positive recommendation	432	84%	432	85%	-1%
Number of doctors who were deferred	82	16%	81	16%	0%
Number of notifications of non-engagement	1				
Qualifying statement that total of positive recommendations and deferrals can exceed the number identified for revalidation (as was case in 2016-2017)					

The data for 2017-2018 shows a 1% increase in the total number of doctors with a prescribed connection, and positive trends in numbers of doctors not eligible for appraisal (-2%) and those eligible for appraisal, up 4%.

The number reported as having completed an appraisal has fallen by 2% on the previous year, showing as 92%, although the actual number of doctors that this represents is 11,508, up 222 on the previous year.

## INTRODUCTION

Medical revalidation was introduced as a legal requirement in the UK in 2012.

Below is a link to the GMC website pages regarding Medical Revalidation:



Revalidation is the process by which medical doctors are legally required to demonstrate that they are maintaining their skills, are up to date and fit to practice in order to maintain their licence and continue working in the UK.

All licenced doctors are required to be revalidated every 5 years to renew their licence to Practise and to continue to work as a registered doctor.

This process includes an annual appraisal based on the General Medical Council's core guidance for doctors, Good Medical Practice:



Deferral of revalidation is a neutral act and can arise for a number of reasons – most doctors can be recommended for revalidation at the end of the period of deferment. Doctors who do not actively engage with appraisal and revalidation may have their licence to practice revoked.

Revalidation is not designed to be a pass or fail process, but one that will assure doctors' fitness to practice and assist them to identify areas for improvement.

## INTRODUCTION

### Ownership of the annual Quality Assurance Survey

Following the 2016-2017 Review conducted by Healthcare Improvement Scotland (HIS), it was agreed that ownership of the annual survey would move to the Medical Appraisal team within NES, as they also maintained the Scottish Online Appraisal Resource (SOAR) system.

SOAR is the secure online platform that supports the appraisal process and where doctors undertaking appraisal maintain their appraisal details and upload relevant information and evidence for their appraisals and revalidation.

By making this change it was anticipated that the data validation of returns would be streamlined through NES being able to check relevant statistical details, for example, the number of active appraisers a Health Board has, and that HIS could then take up any supportive actions with organisations if the annual returns indicated that there may be some areas of appraisal and revalidation that might require further investigation and supportive intervention.

For the first year of this transitional process of ownership, it was decided to maintain as much of the existing process and survey question set as possible, and the only change made was in relation to the question regarding the use of NES trained appraisers. The decision was made to ask for this only for the year 2017-2018.





Unit: QTK-404 MC

Unit: QTK-404 MC

## REVIEW METHODOLOGY

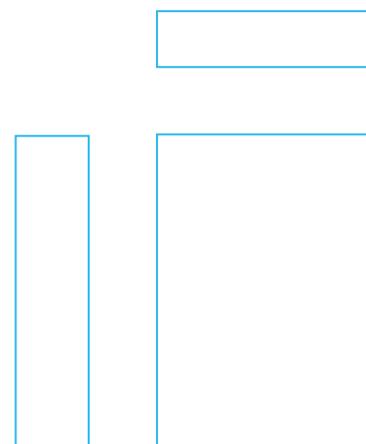
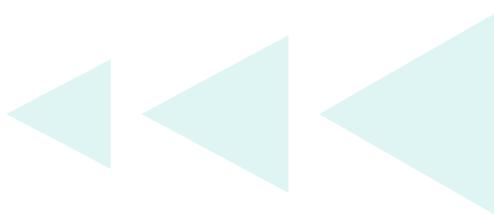
Any organisation registered in Scotland who employs medical doctors, known as a Designated Body, is required to be part of our annual self-assessment review. In March 2018, this amounted to 44 organisations (see Appendix 2).

Self-assessment returns were issued to all 44 organisations in May 2018. The self-assessment is made up of two sections: a governance section and a data section.

In previous years, organisations were required to complete both sections. However, the survey experience of HIS in the last two years had been that organisations' governance arrangements had not, in general, changed over the years. Therefore, we asked those organisations that had previously been involved in our review to complete the data section and only to report any *significant* changes in governance arrangements.

Three new designated bodies were involved in the review process for the first time this year and they were asked to complete both governance and data sections.

The completed self-assessments were signed off by the organisations' Responsible Officers and Chief Executives and returned to NES for analysis. If any potential discrepancies were found in the data returned, this was queried with the relevant organisation.



## REVIEW METHODOLOGY

NES then facilitated a Review Panel event at the end of July 2018 to review each organisation's return and the overall data that had been collated for organisations across Scotland. This process involved the majority of Panel members from previous years which enabled consistency and continuity of knowledge around particular organisations and the roles that they play. The outputs from the event were the ratification of the data findings and also agreed follow up actions for all organisations in relation to the information that they provided.

- For thirty four organisations this was in the form of acknowledgement of their return and recognition of the processes evidenced to support continuing successful delivery of appraisal and revalidation.
- Three organisations indicated good practice in their 2017-2018 return were asked if they would supply further details of their process or supporting infrastructure to allow sharing with other organisations.
- Seven organisations were asked to provide further details for the Review to provide assurance that plans were in place or actions being taken to address any issues, for example where the overall appraisal rate had fallen below 90%, or that the 2017-2018 Return showed categories where the attainment in 2017-2018 had fallen below that of previous years. Dependant on the nature of the additional details requested and supplied, HIS may offer supportive intervention where this is deemed appropriate



## OUR FINDINGS

Commitment to, and the delivery of, appraisal and revalidation remains very high and is evidenced again in 2017-2018 by the pan-Scotland data. It remains essential for all organisations to maintain high appraisal rates. The appraisal and revalidation process is now embedded across Scotland and, in terms of revalidation, the level of Positive Recommendations has remained consistent at 84% for each revalidation cohort in 2016-2017 and 2017-2018.

The number of doctors with a prescribed connection has increased by 1.49% in 2017-2018 and the returns indicated that the number of doctors exempt from appraisal due to circumstances, for example maternity or sabbatical leave, had fallen by 2.27% on the 2016-2017 figure. This has meant that a larger number of doctors were eligible for appraisal in 2017-2018 whilst the number of NES trained appraisers has remained relatively constant in terms of new appraisers being trained compared to retirees or changes to role resulting in individuals no longer being an appraiser.

### Recommendation 1

Organisations have to ensure they have sufficient numbers of appraisers in place to provide appraisal services for all doctors with whom there is a prescribed connection, and all are encouraged to review their existing appraiser cohorts to ensure that they have adequate resources and also to factor in succession planning for known or anticipated departures from the cohort.



## OUR FINDINGS

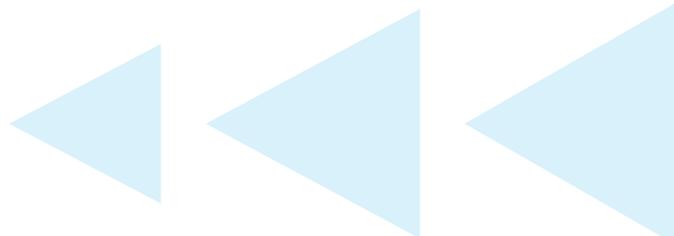
NES is the Scottish Government mandated trainer of appraisers in Scotland, and can work with Designated Bodies to deliver suitable training in the form of a two day course for new appraisers or a one day course for experienced appraisers.

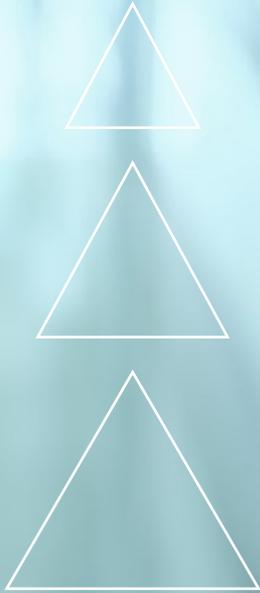
Appraisal resources combined with wider Service Delivery pressures has caused some Health Boards to experience slippage in appraisal delivery rates particularly when SOAR indicates that a high proportion of secondary care appraisals tend to be scheduled for February / March each year, when demand for services can also be at a very high level.

One Board reflected that their drop in appraisal rate was due to appraisal interviews and/or subsequent formal documentation sign-off slipping beyond the end of March, so at the census point of the survey their figures were lower than they would have otherwise expected based on previous years experiences. Slippage of appraisals beyond March was also reflected by other Boards with lower rates and they have been asked to provide details and action plans to demonstrate how they are aiming to avoid this happening in 2018-2019.

One of the potential benefits of having a mature Quality Assurance review process of appraisal rates and governance practices is that this allows better differentiation between circumstances that may be a one-off and can be addressed fairly easily to avoid repeat, and those that may indicate a more serious underlying issue or trend developing that will require more significant actions or re-design of existing processes so that the desired targets can be achieved.

Doctors in training are monitored by NES through the Annual Review of Competence Progression (ARCP) system. The GMC has confirmed this meets the requirements for revalidating trainees. For 2017-2018 from a total of 4616 doctors in training, 691 trainee doctors were identified for revalidation and all 691 were successfully revalidated under this process. Appendix C shows trainee doctor revalidation data for the five year period 2013-2014 to 2017-2018 inclusive.





## CONCLUSION AND NEXT STEPS

The findings in this report reflect the ongoing commitment from all stakeholders to support and complete appraisal and revalidation obligations for all doctors with a prescribed connection.

The first five year cycle of revalidation has been completed and the data for 2017-2018 shows that the success achieved during the first cycle is continuing, with 84% of those identified for revalidation being given a positive recommendation.

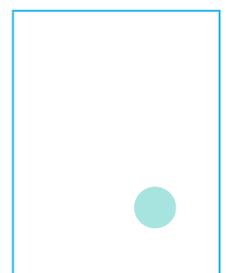
The survey has also sought reassurance that all appraisals are being conducted by NES trained appraisers, thus ensuring a high degree of consistency of process for those being appraised.

It is noted that some organisations in the Healthcare Service category align their appraisal and revalidation processes with other parts of the UK, usually England, and in this context we have sought assurance that the doctors involved are still being appraised in line with the GMC requirements.

It is important that organisations have systems in place to continue to improve their annual appraisal rates.

### Recommendation 2

All organisations should report annually, on progress with annual appraisal and medical revalidation, through formal local governance arrangements and ensure they have robust systems in place which are not person-dependant which could present a significant risk to their appraisal and revalidation processes.



## CONCLUSION AND NEXT STEPS

### Recommendation 3

Organisations should continue to share information between organisations where doctors have more than one employer.

The 2017-2018 Review and Report is the first under the ownership of NES and the first year experience has been positive, which can be attributed to the support of HIS staff and the decision to retain as much continuity of process and review panel personnel as possible.

The original objective when the Review process started in 2012 was to establish that appraisal and revalidation was being accepted and embedded into the medical environment for those doctors working in Scotland and with a prescribed connection to an organisation.

The year-on-year results over the last five years demonstrate that for Designated bodies in Scotland this is now effectively business-as-usual with acceptance and engagement by all stakeholders in the process. With this as a background it may be an opportunity to review and develop the annual survey to look at other aspects of the appraisal and revalidation process, whilst still retaining one of the primary objectives of ensuring that satisfactory levels of appraisal are being delivered across all of the sub-groups of staff who require appraisal.

## REPORT RECOMMENDATIONS

### Recommendation 1

Organisations have to ensure they have sufficient numbers of appraisers in place to provide appraisal services for all doctors with whom there is a prescribed connection, and all are encouraged to review their existing appraiser cohorts to ensure that they have adequate resources and also to factor in succession planning for known or anticipated departures from the cohort.

### Recommendation 2

All organisations should report annually, on progress with annual appraisal and medical revalidation, through formal local governance arrangements and ensure they have robust systems in place which are not person-dependant which could present a significant risk to their appraisal and revalidation processes.

### Recommendation 3

Organisations should continue to share information between organisations where doctors have more than one employer.



## APPENDIX 1 | ACKNOWLEDGEMENTS

### 2018 Medical Revalidation Advisory Panel

**Mike Winter**

NSS Responsible Officer and PCF  
Medical Director

**Sue Robertson**

Specialty and Associate Specialist (SAS)  
Doctor, NHS Dumfries and Galloway

**Niall Cameron**

National Lead for appraisal and  
revalidation

**Elizabeth Muir**

Clinical Effectiveness Co-Ordinator,  
NHS Fife

**Paul Knight**

Director for Medical Education/  
Associate Medical Director NHS  
Greater Glasgow and Clyde

**Leslie Marr**

Senior Reviewer, Healthcare  
Improvement Scotland

**Frances Dow**

Lay Member

**Sharon Baillie**

Programme Manager, Healthcare  
Improvement Scotland

**Elizabeth Tait**

Professional Lead for Clinical  
Governance, NHS Grampian

**Harry Peat**

Medical Appraisal Training  
Manager, NES

**Norman Gibb**

Public Partner

## APPENDIX 2 | ORGANISATIONS INVOLVED IN THE 2018 REVIEW

### Health Boards

- NHS Ayrshire and Arran
- NHS Borders
- NHS Dumfries and Galloway
- NHS Fife
- NHS Forth Valley
- NHS Grampian
- NHS Greater Glasgow and Clyde
- NHS Highland
- NHS Lanarkshire
- NHS Lothian
- NHS Orkney
- NHS Shetland
- NHS Tayside
- NHS Western Isles
- Health Improvement Scotland
- NHS 24
- NES
- Health Scotland
- National Services Scotland
- National Waiting Times Centre
- Scottish Ambulance Service
- State Hospitals Board

### Regulated Independent healthcare service

- AbleMed health Limited
- Castle Craig Hospital limited
- Glasgow Memory Clinic

### Hospices

- Accord Hospice
- Ardgowan Hospice
- Ayrshire Hospice
- Bethesda Hospice
- Childrens Hospice Association Scotland (Rachel House and Robin House)
- Highland hospice
- Marie Curie Edinburgh
- Marie Curie Glasgow
- St Andrews hospice
- St Columba's Hospice
- St margaret of Scotland Hospice
- St Vincents hospice
- Strathcarron Hospice
- Prince and Princess of Wales Hospice

### Non-Regulated healthcare service

- MP Locums Healthcare limited
- TauRx Pharmaceuticals
- Loudon Surgical Consulting Ltd

### Other organisations

- Scottish Government
- Mental Welfare Commission

**Total = 44**

## APPENDIX 3.1 | KEY FACTS

Comparison of Key Facts data for 2017-2018 with 2016-2017	2017-2018		2016-2017		2017-2018 Variance
	Count	%	Count	%	
Number of doctors with a prescribed connection	13,171		12,978		1%
Number of doctors who were not eligible for an appraisal	686	5%	970	7%	-2%
Number of doctors eligible for an appraisal	12,485		12,008		4%
Number of doctors who completed an appraisal	11,508	92%	11,286	94%	-2%
Number of doctors identified for revalidation	515		511		4
Number of doctors receiving a positive recommendation	432	84%	432	85%	-1%
Number of doctors who were deferred	82	16%	81	16%	0%
Number of notifications of non-engagement	1				
Qualifying statement that total of positive recommendations and deferrals can exceed the number identified for revalidation (as was case in 2016-2017)					

## APPENDIX 3.2 | 5 YEAR APPRAISAL TRENDS FOR ORGANISATIONS

The data used in these tables reflect doctors in Primary and Secondary Care Health Boards

Completed appraisals 2013-2014 to 2017-2018 inclusive	2013-2014	% Age	2014-2015	% Age	2015-2016	% Age	2016-2017	% Age	2017-2018	% Age
Ayrshire and Arran	648	92%	699	96%	727	99%	712	96%	729	94%
Borders	228	90%	244	87%	235	89%	271	95%	273	95%
Dumfries and Galloway	351	96%	300	92%	258	80%	296	89%	256	86%
Fife	580	92%	562	92%	551	84%	557	94%	547	87%
Forth Valley	506	98%	492	95%	516	92%	537	99%	562	98%
Grampian	1067	95%	1114	98%	1175	98%	1207	98%	1236	98%
Greater Glasgow and Clyde	2726	88%	2735	92%	2778	94%	2854	95%	2908	94%
Highland	682	92%	699	91%	670	90%	687	94%	633	87%
Lanarkshire	829	82%	916	89%	934	93%	893	92%	956	92%
Lothian	1955	95%	1992	92%	2021	92%	2099	95%	2203	95%
Orkney	47	90%	59	98%	51	94%	47	100%	49	89%
Shetland	31	70%	38	84%	42	95%	43	96%	37	95%
Tayside	761	82%	925	94%	852	89%	732	81%	761	74%
Western Isles	45	74%	53	95%	49	82%	49	98%	51	96%
HIS	1	100%	3	100%	8	100%	8	100%	8	100%
NHS 24	2	100%	2	100%	2	100%	2	100%	1	100%
NES	9	100%	7	70%	8	100%	7	100%	4	67%
Health Scotland	3	100%	4	100%	4	100%	3	75%	2	67%
National Services Scotland	41	100%	37	100%	39	100%	44	100%	46	100%
National Waiting Times Centre	65	93%	77	85%	95	95%	97	93%	108	100%
Scottish Ambulance Service	1	100%	0	0%	0	0%	0	0%	0	0%
State Hospitals Board	10	71%	14	100%	14	82%	13	93%	10	77%
<b>TOTAL</b>	<b>10588</b>	<b>90%</b>	<b>10972</b>	<b>93%</b>	<b>11029</b>	<b>92%</b>	<b>11158</b>	<b>94%</b>	<b>11380</b>	<b>92%</b>

KEY for RAG of appraisal percentages



Greater than 89%



Between 85% and 89%



Less than 85%

## APPENDIX 3.2 | 5 YEAR APPRAISAL TRENDS FOR ORGANISATIONS

### Hospices

Number of completed appraisals by hospice for 2013-2014 to 2017-2018 inclusive	2013-2014	% Age	2014-2015	% Age	2015-2016	% Age	2016-2017	% Age	2017-2018	% Age
Accord Hospice	3	100%	2	100%	2	100%	2	100%	2	100%
Ardgowan Hospice	2	100%	0	0	1	100%	2	100%	1	100%
Ayrshire Hospice	4	100%	4	100%	4	100%	5	100%	6	100%
Bethesda Hospice	2	100%	2	100%	2	100%	2	100%	2	100%
Childrens Hospice Association Scotland (Rachel House and Robin House)	0	0%	0	0%	2	100%	2	100%	0	0%
Highland Hospice	n / a		n / a		n / a		n / a		n / a	0%
Marie Curie Edinburgh	n / a		5	71%	7	100%	7	100%	8	100%
<b>TOTAL</b>	<b>42</b>	<b>95%</b>	<b>39</b>	<b>83%</b>	<b>47</b>	<b>96%</b>	<b>52</b>	<b>96%</b>	<b>54</b>	<b>97%</b>

KEY for RAG of appraisal percentages



Greater than 89%



Between 85% and 89%



Less than 85%

## APPENDIX 3.2 | 5 YEAR APPRAISAL TRENDS FOR ORGANISATIONS

### Hospices

Number of completed appraisals by hospice for 2013-2014 to 2017-2018 inclusive	2013-2014	% Age	2014-2015	% Age	2015-2016	% Age	2016-2017	% Age	2017-2018	% Age
Marie Curie Glasgow	n / a		n / a		7	88%	6	100%	4	100%
St Andrews Hospice	n / a		n / a		n / a		n / a		n / a	0%
St Columba's Hospice	6	100%	5	100%	4	100%	8	100%	9	100%
St Margaret of Scotland Hospice	6	100%	5	100%	4	100%	3	100%	4	100%
St Vincents Hospice	2	100%	2	100%	1	100%	2	67%	2	67%
Strathcarron Hospice	7	100%	7	78%	10	91%	9	100%	10	100%
Prince and Princess of Wales Hospice	10	100%	7	78%	3	100%	4	80%	6	100%
<b>TOTAL</b>	<b>42</b>	<b>95%</b>	<b>39</b>	<b>83%</b>	<b>47</b>	<b>96%</b>	<b>52</b>	<b>96%</b>	<b>54</b>	<b>97%</b>

KEY for RAG of appraisal percentages



Greater than 89%



Between 85% and 89%



Less than 85%

## APPENDIX 3.2 | 5 YEAR APPRAISAL TRENDS FOR ORGANISATIONS

### Other organisations

Number of completed appraisals by regulated independent healthcare service										
Regulated Independent Healthcare Service	2013-2014	% Age	2014-2015	% Age	2015-2016	% Age	2016-2017	% Age	2017-18	% Age
AbleMed Health Limited	n / a		0	0	2	100%	0	0%	2	100%
Castle Craig Hospital Limited	7	70%	7	100%	7	100%	3	60%	2	100%
DHI Medical Group Scotland	n / a		n / a		n / a		5	100%	n / a	n / a
Glasgow Centre for Reproductive Medicine	n / a		n / a		1	100%	1	100%	n / a	n / a
Glasgow Memory Clinic	n / a		0		1	100%	1	100%	2	100%
Surehaven Glasgow Hospital	n / a		0	0%	0	0%	0	0%	n / a	n / a
<b>TOTAL</b>	<b>7</b>	<b>70%</b>	<b>7</b>	<b>88%</b>	<b>8</b>	<b>100%</b>	<b>10</b>	<b>71%</b>	<b>6</b>	<b>100%</b>

KEY for RAG of appraisal percentages



Greater than 89%



Between 85% and 89%



Less than 85%

## APPENDIX 3.2 | 5 YEAR APPRAISAL TRENDS FOR ORGANISATIONS

### Other organisations

Number of completed appraisals by non-regulated healthcare service for 2013-2014 to 2017-2018 inclusive										
Non-Regulated Healthcare Service	2013-2014	% Age	2014-2015	% Age	2015-2016	% Age	2016-2017	% Age	2017-2018	% Age
MP Locums Healthcare Limited	n / a		5	42%	15	65%	26	96%	25	100%
RS Occupational Health	0	0%	7	64%	7	100%	n / a		n / a	n / a
TauRx Pharmaceuticals	n / a		n / a		n / a		3	100%	2	100%
The Private Surgeon	n / a		n / a		n / a		1	100%	n / a	n / a
Loudon Surgical Consulting Ltd									1	100%
<b>TOTAL</b>	<b>0</b>	<b>0%</b>	<b>12</b>	<b>52%</b>	<b>22</b>	<b>73%</b>	<b>30</b>	<b>97%</b>	<b>28</b>	<b>100%</b>

Number of completed appraisals by organisation for 2013-2014 to 2017-2018 inclusive										
	2013-2014	% Age	2014-2015	% Age	2015-2016	% Age	2016-2017	% Age	2017-2018	% Age
Scottish Government	28	90%	32	97%	32	97%	33	100%	32	97%

Completed appraisals by organisation over the 8 year period 2010-2011 to 2017-2018 inclusive										
	2013-2014	% Age	2014-2015	% Age	2015-2016	% Age	2016-2017	% Age	2017-2018	% Age
Mental Welfare Commission	4	67%	4	80%	4	100%	3	100%	5	100%

KEY for RAG of appraisal percentages



Greater than 89%



Between 85% and 89%



Less than 85%

## APPENDIX 3.3 | STAFF GROUPINGS COMPARISON 2017-2018 WITH 2016-2017

Staff Groupings across Scotland	Health Board Totals	Hospices Totals	Regulated Independent Healthcare Service Totals	Non-regulated Healthcare Service Totals	Organisations Totals
General practitioner (doctors on a General practitioner Performers List)	5330	4	2	0	0
Consultant, including honorary contract holders	5344	16	3	0	1
Staff, Associate Specialists, and Specialty Doctors	1168	30	0	0	4
University employed staff with a licence to practice	40	0	0	0	0
Other (doctors in leadership roles, the civil service, doctors in wholly independent practice, and doctors not directly employed)	115	2	0	4	27
Secondary Care Locums, employed for 2 months or more, in the 12 months up to 31 March	353	1	0	25	0
Independent healthcare providers only - doctors with practicing privileges. All doctors with practising privileges who have a prescribed connection to the organisation	2	2	1	2	5
<b>TOTAL</b>	<b>12352</b>	<b>55</b>	<b>6</b>	<b>31</b>	<b>37</b>

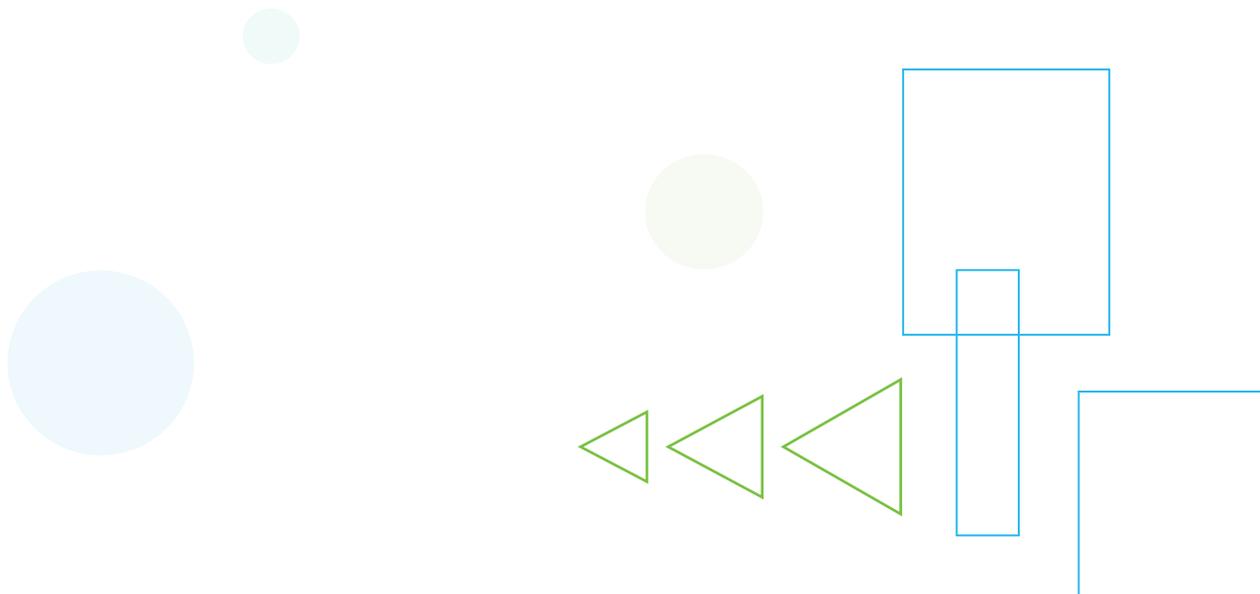
## APPENDIX 3.3 | STAFF GROUPINGS COMPARISON 2017-2018 WITH 2016-2017

Staff Groupings across Scotland	TOTALS	Completed Appraisals	% Age	2016-2017	Variance 2017-2018 to 2016-2017
General practitioner (doctors on a General practitioner Performers List)	5336	5152	97%	98%	-1%
Consultant, including honorary contract holders	5364	4792	89%	92%	-3%
Staff, Associate Specialists, and Specialty Doctors	1202	1047	87%	89%	-2%
University employed staff with a licence to practice	40	34	85%	90%	-5%
Other (doctors in leadership roles, the civil service, doctors in wholly independent practice, and doctors not directly employed)	148	134	91%	96%	-5%
Secondary Care Locums, employed for 2 months or more, in the 12 months up to 31 March	379	334	88%	82%	6%
Independent healthcare providers only - doctors with practicing privileges. All doctors with practising privileges who have a prescribed connection to the organisation	12	12	100%		100%
<b>TOTAL</b>	<b>12481</b>	<b>11505</b>	<b>92%</b>	<b>94%</b>	<b>-2%</b>



## APPENDIX 3.3 | STAFF GROUPINGS COMPARISON 2017-2018 WITH 2016-2017

Some Boards reported front-line service delivery pressures as a factor that caused planned appraisals to be delayed in order to redirect resources to meet increased patient demand. Where this has been the case we have sought assurance that plans are in place to address the delayed appraisals so that any doctors affected in this way are “back on track” as quickly as possible.



## APPENDIX 3.4 | DOCTORS IN TRAINING AND REVALIDATION 2013-2014 TO 2017-2018

Doctors in Training	Total Number	Number of trainee doctors identified for revalidation	% Age	Number of doctors in training who have been revalidated	% Age
2013-2014	5476	494	9%	494	100%
2014-2015	5920	552	9%	511	93%
2015-2016	5673	643	11%	643	100%
2016-2017	5723	570	10%	570	100%
2017-2018	5783	691	12%	691	100%

## APPENDIX 3.5 | DOCTORS IDENTIFIED FOR REVALIDATION PER ORGANISATION

NHS Board	Doctors with a prescribed connection to the organisation at 31 March 2018 (1.1)	Doctors identified for revalidation in 2017-2018 (3.1)	Positive Recommendations (3.1.1)
Ayrshire and Arran	793	50	41
Borders	297	8	6
Dumfries and Galloway	306	29	25
Fife	677	19	19
Forth Valley	575	36	36
Grampian	1363	46	36
Greater Glasgow and Clyde	3297	91	77
Highland	793	18	15
Lanarkshire	1160	54	43
Lothian	2349	107	80
Orkney	55	2	1
Shetland	49	0	0
Tayside	1064	35	34
Western Isles	55	0	0
Healthcare Improvement Scotland	8	0	0
NHS 24	1	0	0
NHS Education For Scotland	6	0	0
NHS Health Scotland	3	0	0
National Services Scotland	46	0	0
National Waiting Times Centre	121	6	6
Scottish Ambulance Service	0	0	0
State Hospitals Board for Scotland	13	1	1
<b>TOTAL</b>	<b>13031</b>	<b>502</b>	<b>420</b>

## APPENDIX 3.5 | DOCTORS IDENTIFIED FOR REVALIDATION PER ORGANISATION

NHS Board	Percentage	Deferral Requests (3.1.2)	Percentage	TOTALS of Positive recommendations and deferrals
Ayrshire and Arran	82%	9	18%	50
Borders	75%	2	25%	8
Dumfries and Galloway	86%	4	14%	29
Fife	100%	3	16%	22
Forth Valley	100%	0	0%	36
Grampian	78%	10	22%	46
Greater Glasgow and Clyde	85%	18	20%	95
Highland	83%	3	17%	18
Lanarkshire	80%	9	17%	52
Lothian	75%	28	26%	108
Orkney	50%	1	50%	2
Shetland		0		0
Tayside	97%	1	3%	35
Western Isles		0		0
Healthcare Improvement Scotland		0		0
NHS 24		0		0
NHS Education For Scotland		0		0
NHS Health Scotland		0		0
National Services Scotland		0		0
National Waiting Times Centre	100%	0	0%	6
Scottish Ambulance Service		0		0
State Hospitals Board for Scotland	100%	0	0%	1
<b>TOTAL</b>		<b>88</b>		

## APPENDIX 3.5 | DOCTORS IDENTIFIED FOR REVALIDATION PER ORGANISATION

Hospice	Doctors with a prescribed connection to the organisation at 31 March 2018 (1.1)	Doctors identified for revalidation in 2017-2018 (3.1)	Positive Recommendations (3.1.1)
Accord Hospice	2	0	0
Ardgowan Hospice	1	0	0
Ayrshire Hospice	6	0	0
Bethesda Hospice	2	0	0
CHAS	2	0	0
Highland Hospice - return is part of NHS Highland	0	0	0
Marie Curie Edinburgh	8	0	0
Marie Curie Glasgow	4	0	0
St Andrews Hospice - return is part of NHS Lanarkshire	0	0	0
St Columba's Hospice	9	1	1
St Margaret of Scotland Hospice	5	1	1
St Vincents Hospice	3	0	0
Strathcarron Hospice	10	1	1
Prince and Princess of Wales Hospice	7	1	1
<b>TOTAL</b>	<b>59</b>	<b>4</b>	<b>4</b>

## APPENDIX 3.5 | DOCTORS IDENTIFIED FOR REVALIDATION PER ORGANISATION

Hospice	Percentage	Deferral Requests (3.1.2)	Percentage	TOTALS of Positive recommendations and deferrals
Accord Hospice		0		0
Ardgowan Hospice		0		0
Ayrshire Hospice		0		0
Bethesda Hospice		0		0
CHAS		0		0
Highland Hospice - return is part of NHS Highland		0		0
Marie Curie Edinburgh		0		0
Marie Curie Glasgow		0		0
St Andrews Hospice - return is part of NHS Lanarkshire		0		0
St Columba's Hospice	100%	0	0%	1
St Margaret of Scotland Hospice	100%	0	0%	1
St Vincents Hospice		0		0
Strathcarron Hospice	100%	0	0%	1
Prince and Princess of Wales Hospice	100%	0	0%	1
<b>TOTAL</b>		<b>0</b>		

## APPENDIX 3.5 | DOCTORS IDENTIFIED FOR REVALIDATION PER ORGANISATION

Regulated Independent Healthcare Service	Doctors with a prescribed connection to the organisation at 31 March 2018 (1.1)	Doctors identified for revalidation in 2017-2018 (3.1)	Positive Recommendations (3.1.1)
Castle Craig	5	0	0
Loudon Surgical Consulting Ltd	1	0	0
<b>TOTAL</b>	<b>6</b>	<b>0</b>	<b>0</b>

Regulated Independent Healthcare Service	Percentage	Deferral Requests (3.1.2)	Percentage	TOTALS of Positive recommendations and deferrals
Castle Craig	0%	0	0%	0
Loudon Surgical Consulting Ltd	0%	0	0%	0
<b>TOTAL</b>		<b>0</b>		

## APPENDIX 3.5 | DOCTORS IDENTIFIED FOR REVALIDATION PER ORGANISATION

Non-Regulated Healthcare Service	Doctors with a prescribed connection to the organisation at 31 March 2018 (1.1)	Doctors identified for revalidation in 2017-2018 (3.1)	Positive Recommendations (3.1.1)
AbleMed health	2	0	0
Glasgow Memory Clinic	0	0	0
TauRx Pharmaceuticals	2	0	0
MP Locums	28	6	5
UK Clinics Glasgow Ltd	4	0	0
<b>TOTAL</b>	<b>36</b>	<b>6</b>	<b>5</b>

Non-Regulated Healthcare Service	Percentage	Deferral Requests (3.1.2)	Percentage	TOTALS of Positive recommendations and deferrals
AbleMed health	0%	0	0%	0
Glasgow Memory Clinic	0%	0	0%	0
TauRx Pharmaceuticals	0%	0	0%	0
MP Locums	83%	2	0%	7
UK Clinics Glasgow Ltd	0%	0	0%	0
<b>TOTAL</b>		<b>2</b>		

## APPENDIX 3.5 | DOCTORS IDENTIFIED FOR REVALIDATION PER ORGANISATION

Organisations	Doctors with a prescribed connection to the organisation at 31 March 2018 (1.1)	Doctors identified for revalidation in 2017-2018 (3.1)	Positive Recommendations (3.1.1)
Scottish Government	34	2	2
Mental Welfare Commission	0	0	0
<b>TOTAL</b>	<b>34</b>	<b>2</b>	<b>2</b>

Organisations	Percentage	Deferral Requests (3.1.2)	Percentage	TOTALS of Positive recommendations and deferrals
Scottish Government	100%	0	0%	2
Mental Welfare Commission	0%	0	0%	0
<b>TOTAL</b>		<b>0</b>		

## APPENDIX 4 | GLOSSARY

### Annual Appraisal

The process of preparing, collating and reflecting on information is followed by a discussion with an appraiser at a formal, confidential meeting. The appraisal meeting between the appraisee and appraiser should take place every year. The appraisal year for both primary and secondary care has been aligned to the financial year (1 April–31 March). An appraisal is considered to be completed when the summary of the appraisal discussion and personal development plan have been signed off by the appraiser and appraisee, within 28 days of the appraisal meeting.

### Designated Body

An organisation that employs or contracts with doctors and is designated in The Medical Profession (Responsible Officer) Regulations 2010, as amended by The Medical Profession (Responsible Officer) (Amendment) Regulations 2013.

### General Medical Council (GMC)

A public body that maintains the official register of medical practitioners within the UK. Its chief responsibility is ‘to protect, promote and maintain the health and safety of the public’ by controlling entry to the register and suspending or removing members when necessary.

### Good Medical Practice

Good Medical Practice, published by the GMC, sets out the principles and values on which good practice is founded; these principles together describe medical professionalism in action. The guidance is addressed to doctors, but it is also intended to let the public know what they can expect from doctors. [www.gmc-uk.org/guidance/good\\_medical\\_practice.asp](http://www.gmc-uk.org/guidance/good_medical_practice.asp)

### Independent Healthcare Provider

An NHS term for a healthcare services provider (a term which, as used in the UK, refers to an organisation, not an individual healthcare professional) that operates independently of the NHS.

### Licence to Practise

To practise medicine in the UK, all doctors are required by law to be both registered and hold a licence to practise. This applies to practising full time, part time, as a locum, privately or in the NHS, or employed or self-employed. Licences are issued, renewed and withdrawn by the GMC.

## APPENDIX 4 | GLOSSARY

### Positive Recommendation

A recommendation to revalidate is a formal declaration from a Responsible Officer to the GMC that a licensed doctor remains up to date and fit to practise. The Responsible Officer has to be assured that doctors have:

- met the GMC's requirements for revalidation
- participated in systems and processes to support revalidation, and
- collected the required supporting information for revalidation.

### Prescribed Connection

The formal link between a doctor and their designated body. It is the route by which doctors are able to find their Responsible Officer. Regulation 10 and 12 in The Medical Profession (Responsible Officer) Regulations 2010 set out the 'prescribed connection' between designated bodies and doctors and these are explained in more detail in the Responsible Officer guidance.

### Remediation

The overall process agreed with a practitioner to redress identified aspects of underperformance. Remediation is a broad concept varying from informal agreements to carrying out some re-skilling, to more formal supervised programmes of remediation or rehabilitation.

### Responsible Officer (RO)

A licensed doctor with a least five years' experience who has been nominated or appointed by a designated body. In Scotland, Medical Directors have been appointed as Responsible Officers and they have a key role in developing more effective liaison between organisations and the GMC as the regulatory body for all doctors. They also oversee the arrangements for medical revalidation, including all methods of evaluating fitness to practise. The GMC will make the final decision on revalidation of any doctor.

### Scottish Online Appraisal Resource (SOAR)

The national database used to record appraisal for trainees and doctors in primary and secondary care.

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.



# Effective clinical governance for the medical profession:

A handbook for organisations employing,  
contracting or overseeing the practice of doctors

# Contents

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# Who is the handbook for?

**This handbook is aimed at organisations which employ, contract or oversee the practice of doctors in the UK. In the majority of cases these organisations will also be designated bodies (DBs). It is also relevant for healthcare providers in the crown dependencies and suitable persons.\***

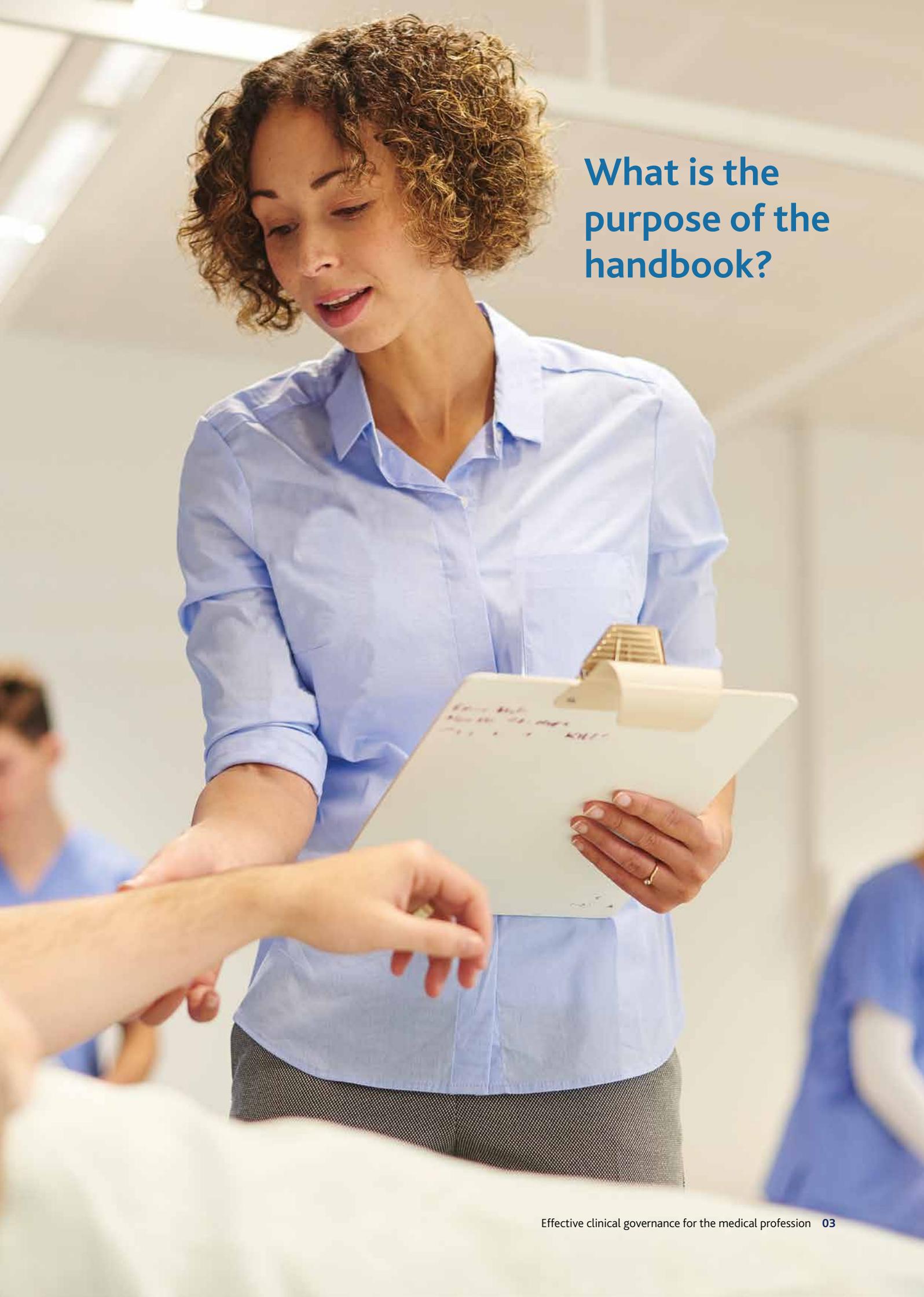
In particular, the handbook is designed for those individuals or groups of individuals who play an important leadership role in delivering and assuring the quality of clinical governance processes for doctors. In most cases this will be the board or governing body of an organisation but it may also include owners of private organisations and, in some circumstances, individual doctors. Those involved in managing and delivery clinical governance will also find the handbook a useful resource.

For ease of reference the handbook will use the terms 'organisation' and 'board' when referring to individuals or groups of individuals responsible for leading in the delivery and assurance of clinical governance processes in an organisation. In addition when we refer to patients we do so in the broadest sense. This includes, for example, service users, customers and clients.



\* <https://www.gmc-uk.org/registration-and-licensing/managing-your-registration/revalidation/becoming-and-acting-as-a-suitable-person>

**What is the purpose of the handbook?**



**It aims to provide boards with a description of the core principles underpinning effective clinical governance for doctors focussing particularly on responsibilities outlined in the Responsible Officer (RO) regulations.\* In doing so it acts as a resource to support organisations in evaluating the effectiveness of their local arrangements including:**

- Leadership, delivery and quality of clinical governance for doctors
- Medical revalidation
- Identifying and responding to concerns about doctors
- Pre-employment checks for doctors<sup>†</sup>

Responsibilities for and delivery of various aspects of clinical governance for doctors are different across the UK, sectors and type of organisation. They are also dependent on whether an organisation acts at a national or local level. For this reason the handbook may require a certain level of interpretation by organisations to ensure they maximise its benefits. It should also be used in conjunction with other relevant clinical governance guidance.

There is no specific requirement to report against the Handbook but organisations may find it useful to record, alongside other relevant standards and guidance, how it has been used in practice, when preparing for future inspection and internal audit work. It may also be used as an aid to annual board reporting.

More information about the signatories can be found on their websites:

[Care Quality Commission](#)

[Crown Commercial Service](#)

[General Medical Council](#)

[Healthcare Improvement Scotland](#)

[Healthcare Inspectorate Wales](#)

[National Guardian](#)

[NHS England](#)

[NHS Improvement](#)

[Regulation Quality Improvement Authority](#)

\* <https://www.gmc-uk.org/registration-and-licensing/managing-your-registration/revalidation/making-a-recommendation-about-a-doctors-revalidation>

† The RO Regulations only impose obligations in respect of pre-employment checks on responsible officers in England; Reg. 16(2) Medical Profession (Responsible Officers) Regulations 2010.

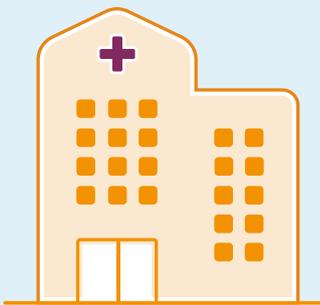
## Effective clinical governance for the medical profession

“ Clinical governance is the system through which organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care by creating an environment in which clinical excellence can flourish.

Effective clinical governance contributes to the safety and quality of patient care. Good clinical governance must support the early identification of risks and concerns that lead to individual, team and wider organisational learning. ”

## Roles and responsibilities in clinical governance

Responsibility for ensuring the quality and safety of healthcare services sits first and foremost with organisations and the individual professionals working within them. Regulatory and quality improvement bodies also play an important role in promoting this.



### Organisations

- Put in place clinical governance systems which promote and protect the interests of patients.
- Create an environment which supports doctors in meeting their professional obligations.



### Doctors

- Practise in accordance with the principles and values set out in [Good Medical Practice](#) and participate in revalidation.
- Participate in the systems and processes put in place by organisations to protect and improve patient care.



### Regulators and quality improvement agencies

Improve the quality of care by:

- Monitoring, and where relevant, enforcing compliance with standards and regulations.
- Sharing information and intelligence in relation to patient-safety.
- Promoting a culture of continuous improvement and learning
- Acting decisively to protect the public when risks to patient-care or well-being emerge.

## Clinical governance for doctors

Developing, operating and quality assuring clinical governance for doctors is a key responsibility for organisations and boards. It includes making sure there are clear lines of accountability throughout organisations and visible leadership from boards. Encouraging and actively supporting the professional development of doctors is also an important feature.

There are a number of processes and activities which can support clinical governance for doctors. This Handbook focuses particularly on those outlined in the RO regulations:

- Medical revalidation
- Identifying and responding to concerns
- Pre-employment checks.\*

Medical revalidation is a fundamental part of clinical governance for doctors. It provides patients and the public with assurance that doctors in the UK are part of a governed system which checks their fitness to practise on a regular basis and supports their continuous improvement and development. It also supports the identification and management of concerns at an early stage.

Specific roles and responsibilities for those involved in the management and delivery of medical revalidation, including responsible officers, can be found on the [GMC's website](#).

\* The RO Regulations only impose obligations in respect of pre-employment checks on responsible officers in England; Reg. 16(2) Medical Profession (Responsible Officers) Regulations 2010.

## Principles

The following four principles underpin effective clinical governance for the medical profession. Embedding them will help organisations develop systems and processes in a way which supports the delivery of high quality patient care.

1

### **Organisations create an environment which delivers effective clinical governance for doctors.**

Clinical excellence and the well-being of doctors are at the centre of the organisation's approach to deliver high-quality patient care.

2

### **Clinical governance processes for doctors are managed and monitored with a view to continuous improvement.**

Well-structured and governed systems with learning and continuous improvement at their heart promote confidence in patients and doctors.

3

### **Safeguards are in place to ensure clinical governance arrangements for doctors are fair and free from bias and discrimination.**

It is important patients, doctors, and other healthcare professionals have confidence that clinical governance arrangements for doctors are fair. Transparency of processes, including sharing of information and how decisions are made, play a key role in this.

4

### **Organisations deliver clinical governance processes required to support medical revalidation and the evaluation of doctors' fitness to practise.**

Organisations have a responsibility to ensure their clinical governance arrangements support the medical workforce to practise safely and meet their professional obligations. But also to identify and respond to concerns about doctors as they emerge.

## Effective clinical governance for the medical profession checklist

The checklist below provides further detail on the principles and how to apply them in practice (outcomes and associated descriptions). It also contains a series of questions (prompts) which organisations and boards can use to help them evaluate whether their clinical governance arrangements for doctors are effective. The checklist should be considered as a tool to support the development of good practice rather than defining a set of additional requirements for organisations to meet.

A checklist self-assessment template along with other supporting materials can be found on the [GMC's website](#).

# Effective clinical governance for medical profession checklist



# Effective clinical governance for medical profession checklist



## Principle 1 – Organisations create an environment which delivers effective clinical governance for doctors

<p><b>1a</b> <b>Your organisation's board has the knowledge, skills, competences and access to relevant information to enable it to exercise its responsibilities effectively with respect to clinical governance for doctors.</b></p>	<p>Your organisation's board receives training and development opportunities necessary to effectively discharge their responsibilities around clinical governance for doctors, and to understand their accountability for the quality of care provided by doctors.</p> <p>Your organisation's board has access to summary information and data from clinical governance processes for doctors (including complaints, incident reporting, medical appraisal, management of concerns about doctors and clinical indicators) and the ability to interpret and scrutinise the information appropriately.</p> <p>Clinical/medical leaders including responsible officers are given access to your organisation's board and provide input on matters relating to clinical governance for doctors.</p> <p>A suitably qualified and trained non-executive director has a specific role in providing support and challenge to the board on clinical governance systems for doctors including revalidation and management of concerns.</p>	<p>How does your organisation ensure the board (including non-executive directors) has the right training and development opportunities to support the effective oversight of clinical governance arrangements for doctors?</p> <p>How does your organisation identify the clinical governance information about doctors it needs to undertake its role effectively?</p> <p>How does your organisation ensure the board is kept up dated on changes to clinical governance processes for doctors and the impact of those changes?</p> <p>How does your organisation's board engage with clinical/medical leaders?</p>
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Outcome	Description	Prompts
<p><b>1b</b>  <b>Your organisation's board provides leadership on promoting the importance of clinical governance for doctors.</b></p>	<p>Your organisation actively promotes the benefits of effective clinical governance processes for doctors (including those that support access to supporting information for appraisal and medical revalidation). This includes the positive contribution those processes make to the professional development of individuals and ultimately safe and effective patient care.</p> <p>Your organisation works with local patient groups to publicise and promote awareness of the revalidation processes it has in place to make sure doctors are up to date and fit to practise, including an understanding of how concerns about doctors are dealt with.</p> <p>Your organisation ensures all doctors working within the organisation including locum doctors, doctors in training and clinical academics, for example, have access to clinical governance information about their practice.</p>	<p>How does your organisation demonstrate its commitment to the delivery of effective governance processes for doctors?</p> <p>How does your organisation ensure doctors (including locum doctors, doctors in training and clinical academics, for example) have access to information about their practice and are encouraged to use it as part of their professional development?</p> <p>How does your organisation work with local patient groups to promote awareness of revalidation processes and how they are applied locally?</p>

Outcome	Description	Prompts
<p><b>1c</b>  <b>Your organisation’s board actively encourages a culture of honesty, learning and improvement.</b></p>	<p>Your organisation makes sure systems are in place to give early warning of any failure, or potential failure, in the clinical performance of individuals or teams. These may include systems for conducting audits and considering patient feedback and making sure any concerns about the performance of an individual or team are investigated and, if appropriate, addressed quickly and effectively.</p> <p>Your organisation ensures there are readily available and accessible policies and processes in place which encourage doctors to speak up and which ensure doctors are not at risk of detrimental treatment as a result of doing so. This includes ensuring your organisation can demonstrate how decisions made about the issues raised doctors speaking up are fair.</p> <p>Doctors have a professional <a href="#">duty of candour</a>. Your organisation puts in place processes to support them in reporting adverse incidents, and near misses, and in being open and honest with patients if something goes wrong with their care.</p> <p>Your organisation puts systems in place to monitor, review, and improve patient care by:</p> <ul style="list-style-type: none"> <li>• Collecting and sharing information on patient experience and outcome</li> <li>• Training staff in patient safety and supporting them to report adverse incidents</li> </ul> <p>And makes sure systems or processes are in place so that:</p> <ul style="list-style-type: none"> <li>• lessons are learnt from analysing adverse incidents and near misses</li> <li>• lessons are shared with the healthcare team</li> <li>• concrete action follows on from learning</li> <li>• practice is changed where needed.</li> </ul>	<p>How does your organisation make sure it responds quickly when things go wrong?</p> <p>How does your organisation evaluate whether its policies for speaking up are effective? For example, do they result in creating unintended barriers to those who wish to speak up?</p> <p>Does your organisation offer sufficient assurance to those raising concerns that they will not suffer as a result of speaking up and that there is a zero tolerance approach to victimising staff who speak up?</p> <p>What steps does your organisation have in place to support doctors who have spoken up?</p> <p>How does your organisation make sure that decisions made about doctors who speak up are fair and transparent, and this can be demonstrated if necessary?</p> <p>How does your organisation make sure challenges made about clinical governance processes are recorded, acted on, and the outcomes fed back to those who raised concerns?</p> <p>How does your organisation identify opportunities for learning and improvement from matters raised by workers speaking up?</p> <p>How does your organisation support and encourage staff in being open and honest with patients when things go wrong?</p>

Outcome	Description	Prompts
	<p>Doctors are supported in giving honest and open feedback on their colleagues, and there are systems and processes in place to make sure that any workplace issues raised are addressed fairly.</p>	<p>How does your organisation support doctors to provide honest and open feedback about their colleagues?</p>
<p><b>1d</b>  <b>Your organisation's board monitors risks associated with clinical governance systems for doctors.</b></p>	<p>Your organisation's board plays a proactive role in identifying, monitoring and managing risks to clinical governance systems for doctors.</p> <p>Your organisation makes use of available information to inform their clinical governance arrangements for doctors, such as the <a href="#">GMC's organisational dashboard for revalidation and fitness to practise</a>.</p>	<p>How does your organisation ensure it has a clear view of risks associated with clinical governance systems for doctors?</p> <p>How does your organisation assure itself that the risks are being reviewed and managed appropriately?</p> <p>How could the reporting systems for your organisation's board on risks associated with clinical governance systems for doctors be improved?</p>



## Principle 2 – Clinical governance processes for doctors are managed and monitored with a view to continuous improvement

Outcome	Description	Prompts
<p><b>2a</b>  <b>Your organisation’s board ensures internal and external quality assurance is undertaken to ensure the robustness of clinical governance processes for doctors.</b></p>	<p>Your organisation seeks internal and external assurance that clinical governance systems for doctors are operating effectively.</p> <p>Your organisation ensures recommendations from quality assurance exercises are taken forward and reviewed on a regular basis.</p> <p>Your organisation encourages <a href="#">lay involvement</a> in their quality assurance processes, to provide independent scrutiny and challenge, and to increase public confidence that local governance is robust.</p> <p>Local medical education providers meet the requirements within the <a href="#">GMC’s Promoting Excellence guidance</a>. This includes making sure:</p> <ul style="list-style-type: none"> <li>• That education and training for doctors is a valued part of the organisational culture</li> <li>• Doctors are actively supported to participate in education and training.</li> <li>• That the environment and culture with your organisation meets learners’ and educators’ needs, is safe, open, and provides a good standard of care and experience for patients.</li> </ul>	<p>What quality assurance activity does your organisation undertake to assess the robustness of its clinical governance processes for doctors?</p> <p>How does your organisation assure itself clinical governance processes generate accurate, timely and reliable data to be support continuous monitoring?</p> <p>In what ways does your organisation use lay representation to support and improve clinical governance for doctors?</p> <p>How does your organisation measure whether quality improvement activities undertaken have improved patient care?</p>

**2b**  
**Your organisation's board ensures learning is used to continually improve clinical governance processes for doctors.**

Your organisation demonstrates a commitment to making clinical governance processes for doctors more robust, by overseeing their continuous improvement.

Your organisation encourages learning drawn from your own organisation's systems and experience, as well as from good practice in other organisations and feedback from patients and patient groups.

How is the continuous improvement of clinical governance for doctors planned, delivered and reviewed within your organisation?

What examples can you provide of incorporating learning from good practice in other organisations and patients and patient groups into your organisation's clinical governance systems for doctors?



3

## Principle 3 – Safeguards are in place to make sure clinical governance processes for doctors are fair and free from discrimination and bias

**3a**  
**Your organisation's board provides leadership on equality, diversity and inclusivity (EDI) by overseeing and scrutinising development and implementation of EDI strategies.**

Your organisation's board members act as role models and ambassadors for EDI issues.

Your organisation ensures clinical governance policies for doctors are fair and free from bias and discrimination by ensuring they:

- Remove or minimise disadvantages experienced by doctors who share protected characteristics. For example by making reasonable adjustments to processes underpinning clinical governance for disabled doctors.
- Identify barriers different groups of doctors and patients may face in engaging with the systems supporting clinical governance, and put steps in place to remove these barriers.

Your organisation encourages consultation with and involves people who share personal characteristics in developing clinical governance processes for doctors whenever it is appropriate and relevant to do so.

Your organisation ensures emerging EDI challenges and risks associated with clinical governance for doctors' policies and practices are actively monitored and regularly reviewed.

How does your organisation make sure its policies and practices which support clinical governance for doctors are fair, non-discriminatory, and comply with legal requirements?

How does your organisation ensure barriers to accessing the systems supporting clinical governance for doctors are identified and addressed?

How does your organisation engage with EDI issues, and what benefits does this bring?

<p><b>3b</b> <b>Your organisation's board ensures decision-making processes are fair and free from bias and discrimination.</b></p>	<p>Your organisation puts in place principles and criteria to ensure decisions made in support of clinical governance for doctors are fair, impartial and evidenced based, and these principles and criteria are applied consistently.</p> <p>Decisions are internally monitored and audited to ensure the quality, fairness and consistency of decisions, and to review the procedures put in place to support decision making.</p> <p>Mechanisms exist for doctors to appeal, or request a review of, decisions made in relation to them.</p>	<p>What are your organisation's principles of fair decision making, and how do these ensure your decisions are free from bias and discrimination?</p> <p>What changes has your organisation made to its procedures in relation to supporting fair decision making based on learning from the monitoring and audit of decisions?</p> <p>What training does your organisation provide to its staff to ensure decisions are fair, free from bias, and meet the requirements of equality legislation?</p> <p>How does your organisation make sure that doctors are aware of processes to appeal or review a decision? And what safeguards are put in place to ensure these appeals and reviews are handled consistently and fairly?</p>
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## 4 Principle 4 – Organisations deliver processes required to support medical revalidation and the evaluation of doctors’ fitness to practise

<p><b>4a</b> <b>Your organisation’s board appoints a responsible officer (RO).</b></p>	<p>If your organisation is a designated body it must:</p> <ul style="list-style-type: none"> <li>• Appoint or nominate a responsible officer and appoint a replacement as soon as manageable when necessary (for example where your RO leaves, is under investigation, or absent from work due to ill-health)</li> <li>• provide its RO with sufficient funding and resources, to enable them to effectively carry out their statutory responsibilities.</li> </ul> <p>Your organisation ensures its RO is appropriately trained to undertake their responsibilities, and is given support to regularly participate in local RO network activities that provide shared learning opportunities and support consistency of approach.</p>	<p>How does your organisation ensure its RO is able to deliver all aspects of their statutory functions as defined in the RO regulations?</p> <p>How do you make sure your organisation’s RO has sufficient resources to undertake their statutory role?</p> <p>How does your organisation ensure its RO has the quality of information they need to carry out their statutory duties (including to inform revalidation recommendations to the GMC)?</p> <p>How has learning from your RO’s participation in local RO network activities improved local processes and provided assurance on the consistency of their approach?</p>
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**4b**  
**Your organisation’s board ensures medical appraisal is delivered in line with GMC and other national and local requirements.**

Your organisation ensures all doctors requiring an annual appraisal receive one and it covers the whole of a doctor’s practice including any work undertaken outside of your organisation during the appraisal period.

Your organisation ensures doctors are clear which appraisal requirements are prescribed by the GMC for the purpose of revalidation:

- [Guidance on supporting information for appraisal and revalidation](#)
- [GMP framework for appraisal and revalidation](#)

Your organisation ensures doctors are supported to collect the required supporting information by being given access to relevant data and systems\* and sufficient time to participate in annual appraisal effectively. This includes locum doctors, doctors in training and clinical academics, for example.

Your organisation ensures doctors taking breaks in practice due to maternity/paternity or sick leave, for example, [are supported through appraisal and revalidation](#).

Your organisation’s appraisal system is subject to quality assurance, including monitoring of appraiser’s performance.

How does your organisation monitor whether all doctors requiring annual appraisal have been appraised?

How does your organisation identify barriers to participation in appraisals and the steps taken to remove those barriers?

What policies and processes does your organisation have in place to manage doctors who are not engaging in appraisal and other clinical governance processes?

How does your organisation make sure information relating to a doctor’s practice from other organisations informs their whole practice appraisal?

How do you assess whether doctors have adequate resources to support their appraisal (such as sufficient time and access to the information needed) including educational and development activities?

How does your organisation quality assure its appraisal process to identify opportunities for reducing the burden on doctors in terms of preparing for appraisal and collecting supporting information?

How does your organisation manage and monitor the performance of appraisers and the resources needed to support them?

\* For example, quality data, performance data, audits, compliments, complaints and significant events.

† ARCP in the case of doctors in training.

	<p>Your organisation ensures doctors have the opportunity to feedback on the quality of the appraisal process and discussion.</p> <p>Your organisation ensures outputs from the appraisal system are integrated into wider clinical governance systems.</p>	<p>Does your organisation’s guidance for appraisers include how to appropriately escalate patient safety concerns (including concerns about colleagues) that may as part of the appraisal discussion?</p> <p>How does your organisation ensure there are no unintended barriers for doctors participating in learning and education activities?</p>
<p><b>4c</b>  <b>our organisation’s board ensures revalidation recommendations are made in line with GMC requirements.</b></p>	<p>Your organisation ensures revalidation recommendations for doctors are made in accordance with the <a href="#">GMC’s protocol for making recommendations</a>.</p> <p>Doctors are told promptly about the revalidation recommendation made to the GMC about them. The reasons for recommendations are discussed before they are submitted, particularly where the recommendation is to defer or for non-engagement’.</p> <p>Your organisation ensures revalidation continues to deliver benefits by considering how best to <a href="#">track its impact over time</a>.</p>	<p>How does your organisation monitor revalidation recommendations to ensure they are made in accordance with the appropriate guidance?</p> <p>Does your organisation compare recommendation rates, for example, deferral rates with similar organisations to identify whether there are any differences and if there are differences explore why?</p> <p>Does your organisation monitor the number of late recommendations?</p> <p>How has your organisation improved the revalidation recommendation process? For example, how does it learn from revalidation decisions to defer and for non-engagement’?</p> <p>What steps does your organisation take to make sure revalidation recommendations are fair, transparent, based on all the relevant evidence, and have been discussed with the doctors concerned in a timely manner?</p>

<p><b>4d</b>  <b>Your organisation’s board ensures processes for responding to and managing concerns including monitoring the on-going fitness to practise of doctors are in place.</b></p>	<p>Your organisation has systems in place to monitor the conduct and performance of doctors including locum doctors, doctors in training and clinical academics, for example.</p> <p>Your organisation ensures performance information about doctors (including clinical indicators relating to outcomes for patients) is regularly reviewed and issues identified (such as variations in individual performance, and between clinical teams). It also ensures steps are taken to address any issues identified.</p> <p>Your organisation proactively responds to concerns locally, <a href="#">with referrals to the GMC made by the RO where and when appropriate</a>. Speciality or other central or local advice is taken where appropriate from, for example:</p> <ul style="list-style-type: none"> <li>• Medical Royal Colleges and Faculties</li> <li>• <a href="#">GMC’s Employer Liaison Service (ELS)</a></li> <li>• <a href="#">National Clinical Assessment Service (NCAS)</a></li> </ul> <p>Your organisation’s investigations into concerns about doctors take into account, where appropriate, the <a href="#">GMC’s principles of a good investigation</a>. These key principles help to ensure investigations into concerns about doctors are objective and effective. They are intended to supplement and complement existing requirements and guidance in place at a national level.</p> <p>Your organisation ensures doctors’ compliance with any GMC or local conditions imposed on them or undertakings agreed with GMC is monitored.</p>	<p>What processes does your organisation have in place to address issues identified relating to the conduct and performance of doctors, including, locums, doctors in training and clinical academics for example?</p> <p>How does your organisation make sure information derived from complaints and significant events other performance data held by the organisation, is regularly reviewed and feeds into the monitoring of the conduct and performance of doctors?</p> <p>How does your organisation ensure advice from external sources is considered early when responding to emerging concerns?</p> <p>What areas for learning and improvement has your organisation identified from the triangulation of outputs from different clinical governance processes?</p> <p><a href="#">Questions relating to the GMC’s principles of a good investigation.</a></p>
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<p><b>4e</b> <b>Your organisation's board ensures there are processes in place to handle and share information relating to clinical governance systems for doctors appropriately.</b></p>	<p>Your organisation makes sure records are accurately and securely maintained in line with all relevant data protection legislation and the <a href="#">Caldicott principles</a>. This includes:</p> <ul style="list-style-type: none"><li>• records relating to pre-employment checks, medical revalidation, and appraisal, and systems supporting these processes.</li><li>• local investigations and management of concerns.</li></ul> <p>Timely sharing of information is an essential component of robust clinical governance. Any organisation using the services of a doctor must inform that doctor's responsible officer of any concerns that could impact on patient safety or public confidence as soon as they arise. This should be done in line with the GMC's <a href="#">information sharing principles</a>.</p>	<p>How do you make sure that records are accurately and securely maintained in line with relevant data protection legislation and guidance?</p> <p>How does your organisation make it is complying with <a href="#">information sharing principles</a>?</p> <p>How does your organisation monitor the effectiveness of its information sharing processes (for example, sharing information with other organisations in which your doctors work)?</p>
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**4f**  
**Your organisation's board ensures the necessary checks are in place for doctors before they start work.**

Your organisation ensures the following arrangements are in place across the medical workforce (whether they are employed, contracted, in training, working with practising privileges, hired or volunteering):

- Making sure doctors working in your organisation have the appropriate [registration, and a licence to practise](#), for their type of post or practice.
- Verifying identity and language checks have taken place, and undertaking these checks if it can't be verified.
- Ensure appropriate references are obtained and checked
- Granting and monitoring of practising privileges is undertaken where necessary.

Your organisation should not rely on registration and licence checks undertaken for previous employment or by another organisation, as a doctor's registration and licence status can change.

It's important doctors working in your organisation have [appropriate insurance or indemnity](#).

Your organisation ensures there are induction arrangements (particularly those to support doctors new to the UK - the GMC holds regular [Welcome to UK Practice](#) events, for example) in place for all doctors including locum doctors and doctors in training.

How do you make sure that pre-employment, and other pre-contract checks undertaken for your medical workforce (including locums) are comprehensive, accurate, and in keeping with statutory and other requirements?

How do you make sure that arrangements to grant and monitor practising privileges where relevant are robust?

What induction arrangements does your organisation have in place and how does it monitor their effectiveness?

How do you know doctors working in your organisation have the [appropriate insurance or indemnity](#)?

### **Care Quality Commission**

National Customer Service Centre  
Citygate  
Gallowgate  
Newcastle upon Tyne  
NE1 4PA

[www.cqc.org.uk/contact-us](http://www.cqc.org.uk/contact-us)

### **Crown Commercial Service**

Civil Aviation Authority House  
45-59 Kingsway  
London  
WC2B 6TE

<https://ccs-forms.cabinetoffice.gov.uk/contact-us>

### **General Medical Council**

Regent's Place  
350 Euston Road  
London NW1 3JN

[www.gmc-uk.org](http://www.gmc-uk.org)

### **Healthcare Improvement Scotland**

Gyle Square  
1 South Gyle Crescent  
Edinburgh  
EH12 9EB

[www.healthcareimprovement-scotland.org](http://www.healthcareimprovement-scotland.org)

### **Healthcare Inspectorate Wales**

Welsh Government  
Rhydycar Business Park  
Merthyr Tydfil  
CF48 1UZ

[www.hiw.org.uk](http://www.hiw.org.uk)

### **National Guardian**

<https://www.cqc.org.uk/national-guardians-office/content/national-guardians-office>

### **NHS England**

PO Box 16738  
Redditch  
B97 9PT

[www.england.nhs.uk/contact-us/](http://www.england.nhs.uk/contact-us/)

### **NHS Improvement**

Wellington House  
133-155 Waterloo Road  
London  
SE1 8UG

<https://improvement.nhs.uk/contact-us/>

### **Regulation Quality Improvement Authority**

9th Floor Riverside Tower  
5 Lanyon Place  
Belfast  
BT1 3BT

[www.rqia.org.uk/](http://www.rqia.org.uk/)

## NHS Education for Scotland

### Board Paper Summary

1. **Title of Paper**

NES Risk Register – for submission to January 2019 Board meeting.

2. **Author(s) of Paper**

Caroline Lamb, Chief Executive

3. **Purpose of Paper**

The purpose of this paper is to present the NES Risk Register as at January 2019

4. **Key Issues**

There are no changes to the risk ratings attached to any of the risks, however the mitigating measures have been updated in a number of instances.

Board members will wish to note that we have recently enhanced the information contained within our developing Corporate Governance Dashboard to include summary of directorate and corporate risks in an interactive format. The risk section of the dashboard also includes aggregated data from the corporate risk register.

The Corporate risk register, which reflects those risks applicable to NES as a corporate body, will continue to be submitted to each Board meeting.

5. **Recommendation(s) for Decision**

The Board is invited to note the information contained in this report.

CL  
22/01/19

NES Corporate Risk Register - January 2019

Risk No.	Description	Risk Owner (Lead Director)	I x L	Current Period			Mitigating measures	Appetite	Last Period	
				Inherent Risk	I x L	Residual Risk			I x L	Residual Risk
<b>Strategic Policy Risks</b>										
1	Pressures on the system result in education and training being considered as less important	NES Executive Team (Caroline Lamb)	4 x 4	Primary 1	4 x 4	Primary 1	1. NES Board to advocate and promote the importance of education and training 2. Revised NES Strategic Plan clearly articulates the importance of education and training to a sustainable workforce		4 x 4	Primary 1
2	Scottish Government budgetary decision results in an uplift for NES that is less than cost pressures which in turn could mean NES Board are unable to balance expenditure	NES Executive Team (Audrey McColl)	5 x 5	Primary 1	4 x 4	Primary 1	1. NES Board approves annual budget which includes measures required to reach a balanced position Monthly management accounts show actual performance against budget projections ahead of year-end 2. Monthly management accounts are reviewed by Directors and the Director of Finance allowing mitigating action to be taken to manage any overspend/underspend	Open	4 x 4	Primary 1
3	Policy development, UK-wide and within Scotland, may have negative impact on NES's capacity to support attraction, recruitment and retention of the workforce	NES Executive Team (Caroline Lamb)	4 x 4	Primary 1	3 x 3	Contingency	1. NES Directors maintain strong engagement with relevant leads at Scottish Government 2. NES to maintain an evidence bank to support ability to influence policy decisions 3. Chief Executive and NES Directors to maintain links with other UK organisations		3 x 3	Contingency
4	Challenges that Boards and other organisations have in meeting demand for staffing result in a negative perception of NES's involvement in the attraction, recruitment and retention of the workforce	NES Executive Team (Caroline Lamb)	4 x 4	Primary 1	3 x 4	Primary 2	1. Maintain clarity in relation to NES's role and influence - recent example is presenting a paper on PGMET to Chief Executives 2. Work with Boards to ensure optimal deployment of staff		3 x 4	Primary 2
5	Changes in the landscape of health and social care and pressures in the system result in a risk that NES is unable to manage constructive relationships with key partners	NES Executive Team (Caroline Lamb)	4 x 4	Primary 1	3 x 4	Primary 2	1. Chief Executive and/or NES Directors maintain open and collaborative relationships/arrangements with counterparts in partner organisations 2. Ensure Chair is well briefed to management relationships with other Board/organisational Chairs - Chair's regular Newsletter now being issued to other Chairs.		3 x 4	Primary 2
16	The UK exits from the European Union without a deal and this results in disruption to NHS services	NES Executive Team (Caroline Lamb)	3 X 4	Primary 2	3 x \$	Primary 2	1. The main impact of a 'no deal' Brexit is likely to be felt by Territorial NHS Boards rather than directly by NES. We would seek to mitigate the impact on those Boards by the same means as for a major incident/flu etc 2. Regular updates from SG at CEs and HRD meetings			
<b>Operational/Service Delivery Risks</b>										
6	In the face of new and existing demands, NES is unable to allocate resources to support priority activities in an agile and responsive manner	NES Executive Team (Caroline Lamb)	5 x 5	Primary 1	3 x 4	Primary 2	1. Joint Senior Leadership & Senior Operational Group meeting has taken place to discuss efficiencies plan 2. Continued focus on improving processes to release capacity 3. At a Strategic Level argument to be made about requirement to invest in workforce organisation.		3 x 4	Primary 2
7	Turnover in key roles leads to loss of expertise/corporate knowledge resulting in negative impact on performance	NES Executive Team (Caroline Lamb)	4 x 4	Primary 1	3 x 3	Contingency	1. Succession planning in place for key individuals 2. Talent management	Open	3 x 3	Contingency
8	Organisational or other changes lead to dissatisfaction and disengagement of staff	NES Executive Team (Caroline Lamb)	4 x 4	Primary 1	3 x 3	Contingency	1. Strong partnership working arrangements in place and maintained through regular contact		3 x 2	Contingency
9	Major adverse incident impacting on business continuity	NES Executive Team (Christopher Wroath)	4 x 4	Primary 1	2 x 4	Housekeeping	1. Disaster Recovery Plan in place 2. Business Continuity Plans in place (Board and directorate level)		2 x 4	Housekeeping

NES Corporate Risk Register - January 2019

Risk No.	Description	Risk Owner (Lead Director)	I x L	Current Period			Mitigating measures	Appetite	Last Period	
				Inherent Risk	I x L	Residual Risk			I x L	Residual Risk
<b>Finance Risks</b>										
10	The complexity of the NES budget results in year-end underspend giving the impression that NES is overfunded	NES Executive Team (Audrey McColl)	4 x 5	Primary 1	3 x 3	Contingency	1. Early engagement with Finance & Performance Management Committee and NES Board to give indication of likely financial position 2. Directorates given indicative budgets to plan own activities and expenditure 3. Ongoing programme of identifying efficiency savings 4. Final budget approved by NES Board by end of March each year	Averse	3 x 3	Contingency
11	NES is unable to identify in year savings required to balance budget and therefore has year-end overspend	NES Executive Team (Audrey McColl)	4 x 5	Primary 1	3 x 3	Contingency	1. Early engagement with Finance & Performance Management Committee and NES Board to give indication of likely financial position 2. Directorates given indicative budgets to plan own activities and expenditure 3. Ongoing programme of identifying efficiency savings 4. Final budget approved by NES Board by end of March each year	Averse	3 x 4	Primary 2
<b>Reputational/Credibility Risks</b>										
12	NES is not able to demonstrate the impact from the interventions that it has developed and delivered	NES Executive Team (Caroline Lamb)	4 x 5	Primary 1	3 x 4	Primary 2	1. Planning systems require all activities to include anticipated desired outcome 2. Desired outcome measured 3. Readiness to 'fail fast' rather than pursue initiatives that aren't working	Cautious	3 x 4	Primary 2
13	NES does not deliver leading to a loss of reputation and confidence from stakeholders	NES Executive Team (Caroline Lamb)	4 x 5	Primary 1	3 x 2	Contingency	1. Ensure targets set are SMART and also have resources allocated to them to support delivery 2. Ensure Chief Executive, NES Directors, Board and standing committees have access to regular management reporting	Cautious	3 x 2	Contingency
<b>Accountability/Governance Risks</b>										
14	Failures in Board processes lead to corporate governance non-compliance and loss of credibility with Scottish Government e.g. failure to comply with statutory and/or other requirements, failures in financial/audit/staff governance/educational quality procedures	NES Executive Team (Donald Cameron)	5 x 5	Primary 1	2 x 2	Housekeeping	1. Standing committees responsible for each governance domain 2. Each committee provides annual report to Audit Committee 3. Comprehensive programme of internal audit	Averse	2 x 2	Housekeeping
15	NES has a breach of Information Governance requirements resulting in loss of data and/or negative publicity	NES Executive Team (Christopher Wroath)	4 x 5	Primary 1	3 x 2	Contingency	1. Statutory and relevant data security processes in place, with specific reference to the new General Data Protection Regulation which becomes law on 25 May 2018	Averse	2 x 2	Contingency

## NHS Education for Scotland

### Board Paper Summary: Annual Review 2018

1. **Title of Paper**

A briefing note of the NES Annual Review held at Perth Concert Hall on 21st November 2018.

2. **Author(s) of Paper**

David Ferguson, Board Services Manager

3. **Purpose of Paper**

To receive and note a record of the NES Annual Review held on 21<sup>st</sup> November 2018.

4. **Items for Noting**

NES held a non-ministerial Annual Review on Wednesday 21<sup>st</sup> November 2018 at the NES Staff Conference, held at Perth Concert Hall, Perth.

The event was attended by NES staff, NES Board members, representatives from the Scottish Government Health and Care Workforce Directorate and a number of external delegates. The Annual Review centred on presentations by David Garbutt, Chair, and Caroline Lamb, Chief Executive, which highlighted selected areas of NES's work over 2017-18 and looked ahead to the opportunities and challenges for NES in 2018-19 and beyond.

The Annual Review was supported by a Self-Assessment Document and the forthcoming Annual Report for 2017-18 as useful sources of information on the depth and breadth of NES's activities.

5. **Recommendations**

None.

# NHS Education for Scotland (NES)

## INFORMAL NOTES OF 2018 ANNUAL REVIEW HELD ON WEDNESDAY 21ST NOVEMBER 2018 AT PERTH CONCERT HALL, PERTH

**Present:** David Garbutt, Chair  
Caroline Lamb, Chief Executive  
Anne Currie, Non-executive Board member  
Linda Dunion, Non-executive Board member  
Liz Ford, Employee Director  
Douglas Hutchens, Non-executive Board member  
Sandra Walker, Non-executive Board member  
Professor Stewart Irvine, Medical Director and Deputy Chief Executive  
Karen Wilson, NMAHP Director  
Audrey McColl, Finance Director  
Dr David Felix, Postgraduate Dental Dean  
Dorothy Wright, Workforce Director  
Christopher Wroath, Digital Director  
Jane Harris, Head of Programme (Person Centred Care), NMAHP

### 1. WELCOME AND INTRODUCTIONS

Jane Harris, Head of Programme (Person Centred Care), NMAHP Directorate, wished everyone a warm welcome to NES's 2018 Annual Review. This welcome was extended to delegates and to others who were joining the event by live streaming.

It was highlighted that the Annual Review provides an opportunity to reflect on NES's work over the past year and to highlight the main challenges and opportunities likely to arise in the coming year and beyond.

Jane introduced the two presenters, David Garbutt, Board Chair, and Caroline Lamb, Chief Executive.

### 2. PRESENTATION BY THE CHAIR

David Garbutt, Chair of the NES Board, reiterated the welcome to delegates, reminding everyone that the Annual Review was a formal process undergone by all NHS Boards in Scotland. A formal sign-off letter is issued by the Cabinet Secretary afterwards and it was notable that last year's letter had contained no action points for NES.

Before proceeding to his presentation, David Garbutt commended the NES Digital team for their pioneering work during the last year, which is paving the way for a digital transformation in NHS Scotland, including the roll-out of the Office 365 system.

The Chair then gave a presentation, "A look back at 2017/18", which covered the following main areas:

- **Undergraduate and Postgraduate Training:** Placements; Postgraduate Education Programmes; Lead Employer Model; and Targetted Recruitment Campaigns using Social Media
- **Providing Educational Resources and Learning:** The Knowledge Network; Bereavement Resources; Duty of Candour; Childsmile; Scottish Infection

Prevention and Control Education Pathway; Leading for the Future; Project Lift; Launch of the NHSScotland SQA Qualifications Finder; Fourth National Health Care Support Workers Learning and Development Event; Dementia Champions; and Various Modes of Education and Training Delivery

- **Educational Infrastructure:** Physical Resources (Regional Office locations; Dental Education Centres; Dental and Optometry Teach and Treat Centres; Skills Units: 2 fixed centres and 1 mobile unit); People (NMAHP Education Network; Medical Training Programme Directors; Quality monitoring for Healthcare Science training; Digital (Turas Appraisal; Turas Portfolio; Turas Learn; Turas Training Programme Management (TPM); and Turas People)
- **Meeting Financial Targets:** Balanced budget; Total gross expenditure of £453,806,000
- **Staff Governance:** 82% Staff Experience response rate; 2.56% sickness absence rate; NES sits second in the Health and Social Care Staff Experience Report 2017

The following points were highlighted during the presentation:

- NES recognises the need to widen access to education and training programmes and is committed to working towards that goal.
- The Lead Employer model is an important step forward in improving the junior doctors' training experience.
- Widening the pool of talent entering undergraduate and postgraduate training in Scotland will help to ensure a more sustainable workforce in this country for the future.
- A number of NES's educational resources make a significant contribution to public health in Scotland.
- NES's educational networks are key to the delivery of education on the ground.

The Chair commended the NES Finance team and the Directorates for their excellent work in meeting the challenging financial targets.

The Chair concluded by thanking his fellow Board members, the Executive Team, the wider NES staff and colleagues in the Scottish Government sponsor division for their contributions to what had been another very successful year for NES.

### 3. PRESENTATION BY THE CHIEF EXECUTIVE

Caroline Lamb, Chief Executive, gave a presentation, "2018/19 and Beyond", which covered the following main areas:

- **Strategic Framework:** 2018/19 is the last year of NES's current Strategic Framework; A new strategy for 2019-24 is in development and a consultation on the key areas of focus will start in the next few weeks; the new strategy is ambitious and sets out where NES can make a difference
- **Extension of NES's role:** High quality learning experience extends into the employment experience; Promotion of health and care careers; Data and digital infrastructure
- **Key Strategic Themes for the next five years**
- **Key Activities for 2018/19:** Employment arrangements for junior doctors; Supply side workforce data platform; National Digital Platform; Digital technologies to improve business and administration functions; Quality management of the learning environment; Development of educational resources and interventions
- **A more attractive employment experience:** The various benefits of moving to just four employers of doctors in training from August 2018

- **Supply Side Workforce Data Platform:** Proof of concept data platform established in 2017/18; Develop a transition plan in 2018/19 to consolidate NES's new responsibilities for workforce data.
- **National Digital Platform:** NES Digital Service (NDS) established within NES to take this work forward.
- **Digital Technologies:** eRoosting; Turas Appraisal; Turas Learn; Wider business systems landscape
- **Quality Management of the Learning Environment:** Feed data and intelligence from various sources into the Sharing Intelligence Group
- **Educational Resources and Interventions:** Leadership and management; Digitally confident workforce; Capability and capacity for digital development
- **Development of NES's new Strategic Framework:** Timeline culminating in sign-off by the Board in March 2019 and publication in April 2019

In concluding, the Chief Executive thanked everyone for attending the Annual Review and hoped that many would take the opportunity to comment on the draft Strategic Plan.

#### 4. QUESTION AND ANSWER SESSION

Jane Harris thanked David Garbutt and Caroline Lamb for their presentations.

The following questions were submitted from the floor:

Question One: Jenny McCusker, Manager, Organisational and Leadership Development, asked what NES is doing to attract doctors to work in the more remote parts of Scotland.

In response, Caroline Lamb highlighted NES's creative use of social media, with an emphasis on positive role models, and the development of innovative educational pathways.

Stewart Irvine added that NES has invested in considerable work to understand the key drivers in the choices made in terms of education and training programmes, concluding that location is the strongest driver. NES has therefore recognised the need to recruit from remote and rural locations and to distribute training places across remote and rural Scotland. There are a number of initiatives in place, notably the rural-track GP specialty training programme and remote and rural fellowships.

Question Two: Rob Coward, Principal Educator, Planning and Corporate Resources, asked how NES is involving stakeholders in major new areas of work, for example the national digital platform.

In response, Caroline Lamb emphasised that a complex map of stakeholders are involved, including the people who will use the platform, who will be represented and engaged at all stages of the development. It was acknowledged that there is work to do in enabling people to understand and see the benefits of the technology.

David Garbutt added that NES has set up a new Digital Sub-Committee to monitor progress with the development. This sub-committee is chaired by Professor Andrew Morris of the University of Edinburgh and includes both NES Board members and a wider membership, including COSLA and other NHS Boards.

Question Three: Jean Allan, Associate Director, Medical Directorate, asked what NES is doing to support youth employment.

In response, Caroline Lamb expressed the view that attracting young people is key to the future of a sustainable health and care workforce.

Dorothy Wright confirmed that NES is active on a number of fronts in terms of seeking to attract young people into the health and care professions, including:

- Working in partnership with the Prince's Trust and others to increase the number of disadvantaged young people employed across the service;
- Research to scope all youth employment activities across NHSScotland and highlight best practice;
- Providing advice and resources on all aspects of apprenticeship programmes, including work placements for Foundation Apprentices and the employment of Modern and Graduate Apprentices; and
- Development of the NHSScotland careers website, which provides school and college resources for teachers, parents and careers advisers.

Attention was also drawn to a recent radio campaign to target young people who are applying to university and college this year.

NES  
November 2018  
DJF

## NHS Education for Scotland

### Board Paper Summary: Partnership Forum Committee Minutes

1. **Title of Paper**

Minutes of Partnership Forum meeting held on 19<sup>th</sup> November 2018: copy attached.

2. **Author(s) of Paper**

Jackie Alexander, Executive Assistant

3. **Purpose of Paper**

To receive the unconfirmed minutes of the Partnership Forum meeting held on 19<sup>th</sup> November 2018.

4. **Items for Noting**

The Board is asked to note the following item(s) of interest:

**Item 5.1 - HWL Award at Gold Review**

The Partnership Forum noted that NES have successfully retained their Gold status.

**Item 7 - Objectives, Essential Learning and PDPs**

The Partnership Forum received an update on NES' current completion of Personal Review and Planning (PRP), Essential Learning and iMatter Action Plan.

**Item 8 - Trade Union Facility Time**

The Partnership Forum noted legislative requirements with regards to time taken for trade union duties and activities and approved a proposal to ensure that NES is legally compliant with the appropriate regulations.

**Item 9 - NHSScotland Recruitment Shared Service**

The Partnership Forum received an update on the purchase of Job Train and noted that NES has become part of a regional shared service for recruitment to the East along with Fife, Borders, Lothian, HIS and SAS.

**Item 10 - National Board Shared Services, Target Operating Model**

The Partnership Forum received an update on the National Board HRD's event on delivering the Target Operating Model, outlining the design principles, challenges and areas for National Boards collaboration.

**Item 11 - Fair Work Framework Benchmarking**

The Partnership Forum noted that, following an initial meeting, work will commence on benchmarking and will be brought back to PF for review.

**Item 12 - Stonewall**

The Partnership Forum received an update, noting that NHSScotland has a partnership agreement with Stonewall Scotland to support collaborative work with the aim of improving LGBT equality for the NHS Workforce.

**Item 13.1 - Standards of Business Conduct Policy**

The Partnership Forum approved minor changes to the Standards of Business Conduct Policy, which will be submitted to the Staff Governance Committee for ratification.

**5. Recommendations**

None

NES  
January 2019  
JA/djf

**NHS Education for Scotland**

**PARTNERSHIP FORUM**

**Minutes of the eighty-third meeting of the Partnership Forum held on Monday 19<sup>th</sup> November 2018 at Westport, Edinburgh**

**Present:** Caroline Lamb, Chief Executive  
Liz Ford, Employee Director (Joint Chair)

**In attendance:** Christine McCole, Head of Service, HR  
David Felix, Postgraduate Dental Dean/Management Representative  
Kristi Long, Senior Specialist Manger, E&D by vc  
Lynnette Grieve, Staff Side Representative Unison  
Linda Walker, Staff Side Representative GMB by vc  
Jackie Alexander, Executive Assistant

**1. Welcome and Introductions**

Caroline Lamb welcomed everyone to the meeting. Kristi Long in attendance to present to items 11 and 12.

**2. Apologies for Absence**

Apologies were received from Dorothy Wright, Director of Workforce, Jackie Mitchell, RCM Representative, David Cunningham, BMA Representative, and Ros Shaw, RCN Representative

**3. Partnership Forum Minutes 2<sup>nd</sup> August 2018** **NES/PF/18/34**

Change to August minute to note Linda Walker attended the meeting by vc. With this exception the minute recorded as an accurate record.

**4. Partnership Forum Actions 2<sup>nd</sup> August 2018** **NES/PF/18/35**

All action points from the previous meeting noted as complete.

**5. Matters Arising from the Minutes**

**5.1 HWL Award at Gold Review, Christine McCole**

NES have successfully retained their Gold status and the PF commended the HWL group on the refreshed way of working with each directorate taking responsibility for specific campaigns. The approach will continue with Dental running two campaigns next year ie. raising oral cancer awareness and

working jointly with NMAHP on resuscitation, these as planned to run as lunch time sessions during 2019 to encourage maximum attendance by staff.

The retention of the award since 2009, and the contribution from the volunteers who support Healthy Working Lives across NES, was both acknowledged and commended.

## **5.2 Brexit**

To help support all staff that may be affected by Brexit, a pilot EU settlement scheme is being run from 29<sup>th</sup> November for health and social care workers in the UK. A detailed communication about the settlement scheme is about to be issued to both trainees and staff.

**Action:** CMcC to liaise with John MacEachen to confirm that the comms is issued.

## **Governance Items**

### **6. National Board Collaborative Plan/Discussion Document, Caroline Lamb**

6.1 Scottish Government are expected to give permission for the National and the Regional Discussion Documents to be published before end of November and available on individual Board websites.

6.2 The National Boards met recently, in relation to the £15m savings target, four areas were identified at the beginning of this financial year as priorities, with each area now developing a target operating model ie HR, Procurement, Estates & Facilities and Finance.

6.3 This item should remain as a standing item on the PF for future meetings so that the CEO can continue to provide regular updates in this regard.

**Action:** CEO Office to liaise with John MacEachen to ensure that the published discussion document is made available to view on the Boards website – internal and external.

### **7. Objectives, Essential Learning and PDPs NES/PF/18/37**

7.1 CMcC updated the partnership forum on NES' current completion of Personal Review and Planning (PRP), Essential Learning and iMatter action plan.

7.2 The compliance rates for both PRP and Essential Learning have dropped during 2018, it was noted that there are a number of reasons for this and it was acknowledged that the introduction of both Turas Appraisal and Turas Learn during the first quarter have also had an impact, reporting functions were not available immediately and are still under development.

7.3 The Partnership Forum is asked to note and comment on the issues highlighted and discuss interventions that may help to improve performance. The following was discussed:

- Anne Campbell to attend the SLMT on 11<sup>th</sup> December to continue discussions on how to get essential learning back on track.
- Directors to routinely be sent breakdowns on PDPs, Essential Learning and Objectives for their directorates.
- Caroline Lamb will raise at the next SLMT on 11<sup>th</sup> December 2018 and follow up at a later Executive Team meeting to review position.
- The E&D module is currently off line due to incompatibility between IT systems, it was highlighted the content is out of date, Kristi Long and Anne Campbell recommend that the module be replaced with the current Health Scotland version, due to be updated April 2019. This was agreed at the meeting.
- Figures on stats report for E&D module will initially be inaccurate, directors to be made aware of this.
- Counter Fraud & Informal Governance modules - update on current position to be provided before SLMT.

**Actions:**

- Future circulation & frequency of reports to be discussed with Eilidh Manson, O&D and Learning
- Updated information to be circulated to directors prior to SLMT on 11<sup>th</sup> December
- Anne Campbell to update Caroline Lamb on the current position of the following 3 modules ED, CF & IG modules before the SLMT on 11<sup>th</sup> December.
- CL to present at SLMT a breakdown report of directorates which will also include status of modules. Substantive discussion at SLMT on how to improve figures and review again future ET meeting.
- E&D module to be replaced with Health Scotland version.

Action : This item to remain a standing item for the PF to review progress in year.

**8. Trade Union Facility Time, Christine McCole**

**NES/PF/18/38**

8.1 It is noted that there is a legislative requirement for employers to capture and publish information related to time taken off by individuals for trade union duties and activities, first reports are due to be published by 31 July 2018.

- 8.2 Members are asked to approve the proposal to ensure that NES is legally compliant with the Trade Union (Facility Time Publication Requirements) Regulations 2017.
- 8.3 Members agreed the proposal, data will be reported via line managers, with trade union stewards submitting a collaborated report annually. First report will be backdated to 1<sup>st</sup> of April 2018. It was noted that a final version of the reporting form is likely to follow from SWAG in due course.

**Actions:**

- CMcC to contact line managers of current stewards to provide data for first report.
- Gathered information to go onto data matrix and summative report presented quarterly at NES Staff Governance meetings.

**9. NHSScotland Recruitment Shared Service Verbal Update**

- 9.1 CMcC updated the group that after some delay with funding, Job Train has now been purchased. The first four pilot Boards go live in February 2019 with NES currently sitting in the last group to go live but it is anticipated that JobTrain will be available NHS wide in year.
- 9.2 NES has become part of a regional shared service for recruitment to the East along with Fife, Borders, Lothian, HIS and SAS. Jenni Duncan, currently working in Lothian as recruitment lead, has been appointed as Programme Director.
- 9.3 DW has made positive links with Lothian to enable collaboration as we move into an East Region, Shared Services Model for recruitment services. NES and line managers will be kept informed as much as possible, staff in HR who will be affected have already been informed as much as possible.
- 9.4 During 2019 JobTrain will be rolled out with NES moving into a recruitment shared services model.

**Action:** To remain as a standing item on the PF during 2019.

**10. National Board Shared Services, NES/PF/18/39  
Target Operating Model**

CMcC provided an update on DWs behalf regarding the National Board HRD's event on delivering the Target Operating Model (TOM). This event outlined the design principles, challenges and areas for National Board collaboration.

**Action:** As the finalised TOMs become available for each area of collaboration these should be submitted to the PF for comment and information.

## 11. Fair Work Framework Benchmarking Kristi Long

Initial meeting has taken place to look at alignment with regards to staff governance standards, there are various sections with recommendations and actions to review. Work will commence to chart benchmarking and will be brought back to a future Partnership Forum meeting for review.

**Action:** KL to note and bring forward further updates for review during 2019.

## 12. Stonewall, Kristi Long

**NES/PF/18/40**

12.1 NHSScotland has a partnership agreement with Stonewall Scotland to support collaborative work with the aim of improving LGBT equality for the NHS Workforce.

12.2 The Partnership Forum are invited to discuss options for Workforce Equality Index, which opens in July and closes in September 2019 and to advise on their preferred approach.

12.3 Following discussion, it was agreed that a targeted approach on the educational element of the Stonewall Workforce Equality Index would be the preferred approach for NES at this time.

**Action:** KL to feedback the Partnership Forum decision to the Workforce Senior Team and bring forward further developments during 2019.

## 13. Policies

### i. Standards of Business Conduct Policy (Christine McCole)

Minor amendment to policy, signposting to fraud issue, also an updated declaration form for gifts and hospitality, the value has changed to £20 instead of £25 for both (this is in line with other Boards).

**Action:** Partnership Forum agreed the changes, Policy to be submitted to next Staff Governance Committee and subsequently included within a future Line Managers Briefing.

### ii. Social media Protocol (John MacEachen)

Submitted to Staff Governance Committee in November 2018, for noting only at Partnership forum.

### iii. Accessible Communications protocol (John MacEachen)

Submitted to Staff Governance Committee in November 2018, for noting only at Partnership forum.

**14. Policy Tracker Update**

Policy tracker is routinely reviewed every three years, it is currently on hold for the Once for Scotland HR PINs (Partnership Information Networks) review. NES is currently up to date with PINs.

**Action:** Item will continue to be a standing item on agenda during 2019.

**15. Staff Governance Monitoring Return 2017/18 Feedback and Response**

Partnership Forum asked to note the letters attached to paper, no further action.

**16. Managing Health, Safety and Wellbeing Committee minutes**

The Partnership Forum noted these minutes.

**17. Change Management Programme Board Minutes**

The Partnership Forum noted these minutes.

**18. Any Other Business**

There was no other business raised for discussion.

**19. Date of Next Meeting**

Tuesday 22 January 2019, Dundee

**NHS Education for Scotland**

**Board Paper Summary**

**1. Title of Paper**

Training and Development Opportunities for Board Members

**2. Author(s) of Paper**

James McCann, Executive Officer  
David Ferguson, Board Services Manager

**3. Purpose of Paper**

To provide details of any upcoming training and development events for Board members, together with details of opportunities for Board members to gain a deeper understanding of NES business.

The attached paper provides the normal detail of structured training events available for Board members. It also responds to feedback from Non-Executive Board Members that opportunities to engage further with the core educational functions of NES would be beneficial. This is intended to allow members to gain a fuller understanding of day to day business and allow interaction with colleagues and trainees. Teams within NES have provided dates of forthcoming events e.g. training courses and training days for trainees. NES Digital have provided dates of their upcoming sprint reviews which will showcase progress on builds and retrospect's which will demonstrate what worked well and what could work better.

Board members should note that in relation to the opportunities for Board members to gain a fuller understanding of our work, the nature of some of these is that they will not be able to accommodate more than one Non-Executive member at a time. We will therefore need to ensure that we co-ordinate requests to participate in these events.

Please contact James McCann ([James.McCann@nes.scot.nhs.uk](mailto:James.McCann@nes.scot.nhs.uk)) or David Ferguson ([David.Ferguson@nes.scot.nhs.uk](mailto:David.Ferguson@nes.scot.nhs.uk)) for further details on these opportunities.

**4. Recommendation(s) for Decision**

This paper is for information.

## Appendix 1 - Training and Development Opportunities for Board Members

### Structured Training

On Board Scotland Training		
Date	Location	Cost
19 March 2019	Glasgow	£395.00 plus VAT per place.

The Effective Audit and Risk Committee Training		
Date	Location	Cost
21 March 2019	Edinburgh	£225.00 plus VAT per place.

### National Conference Days

Date	Conference/Event	Location
<b>2019</b>		
20 February	Psychological Supervision Conference	Stirling Highland Hotel, Stirling
9-10 May	NES Scottish Medical Education Conference	Edinburgh International Conference Centre
9-10 May	NES NMAHP Education Conference	Edinburgh International Conference Centre
9-10 May	NES Dental Education Conference	Edinburgh International Conference Centre

**Development Opportunities with a focus on understanding more about NES's work.**

<b>Dental</b>		
<b>Date</b>	<b>Event</b>	
<b>2019</b>		
19 February	Annual Review of Competency Progression/Specialty Training Committee – Dental Public Health	Westport 102, Edinburgh
20 February	Annual Review of Competency Progression/Specialty Training Committee – Paediatric Dentistry	Westport 102, Edinburgh
21 February	Annual Review of Competency Progression/Specialty Training Committee – Oral Surgery	
27 February	Annual Review of Competency Progression/Specialty Training Committee – Orthodontics	Westport 102, Edinburgh
6 March	Annual Review of Competency Progression/Specialty Training Committee – Special Care Dentistry	Westport 102, Edinburgh
21 March	Annual Review of Competency Progression/Specialty Training Committee – Restorative Dentistry	Westport 102, Edinburgh
26 June	Annual Review of Competency Progression/Specialty Training Committee – Additional Dental Specialties	Westport 102, Edinburgh

<b>Digital</b>		
<b>Date</b>	<b>Event</b>	
<b>2019</b>		
19 February	Digital Sprint Meeting	2 Central Quay, Glasgow
5 March	Digital Sprint Meeting	2 Central Quay, Glasgow

<b>Medicine</b>		
<b>Date</b>	<b>Event</b>	<b>Location</b>
<b>2019</b>		
5-8 February 2019	GP Recruitment Centre - Round 1 advert for August 2019	Doubletree by Hilton Edinburgh Airport, Edinburgh
7 March	Quality Management Visit – Medicine	Forth Valley Royal Hospital, Larbert

<b>NMAHP</b>		
<b>Date</b>	<b>Event</b>	
<b>2019</b>		
4 February	Train the Trainers for Librarians	Westport 102, Edinburgh
4 March	Practice Education Leads (PEL) Network – CPD Event	2 Central Quay, Glasgow
13 March	Dementia Champions Cohort 9 Graduation and Annual Conference	Murrayfield Stadium, Edinburgh

<b>Pharmacy</b>		
<b>Date</b>	<b>Event</b>	<b>Location</b>
<b>2019</b>		
26 February	General Practice Clinical Pharmacists (GPCP) – Cohort 5 Day 3 Bootcamp	Stirling Court Hotel, Stirling

<b>Optometry</b>		
<b>Date</b>	<b>Event</b>	<b>Location</b>
Weekly	Optometry Teach and Treat Clinics	Aberdeen, Edinburgh and Glasgow
Winter 2018-19	Optometry Clinical Skills Workshops	Regionally TBC
Winter 2018-19	Paediatric Optometry Workshops	Regionally TBC
<b>2019</b>		
April TBC	Independent Prescribers Conference	TBC

<b>Quality Improvement</b>		
<b>Date</b>	<b>Event</b>	<b>Location</b>
<b>2019</b>		
19-21 February	Scottish Quality & Safety Fellowship Cohort 11 – Residential 3	Hilton Edinburgh Carlton Hotel, Edinburgh
12 March	Scottish Quality & Safety Fellowship Cohort 11 – Annual Networking Event and Evening Dinner	Dynamic Earth, Edinburgh
19-21 March	Scottish Improvement Leaders Cohort 15 – Residential 3	Crowne Plaza, Edinburgh
22-24 May	Scottish Improvement Leaders Cohort 18 – Residential 3	Golden Jubilee Conference Hotel, Clydebank
28-30 May	Scottish Quality & Safety Fellowship Cohort 11 – Residential 4	Golden Jubilee Conference Hotel, Clydebank
18-30 June	Scottish Improvement Leader Cohort 17 – Residential 3	Golden Jubilee Conference Hotel, Clydebank

<b>Workforce</b>		
<b>Date</b>	<b>Event</b>	<b>Location</b>
28 February	Health Care Support Workers Annual Event	Aberdeen