

NHS Education for Scotland

NES/18/90

AGENDA FOR THE ONE HUNDRED AND FORTY-FOURTH BOARD MEETING

Date: Thursday 29th November 2018
Time: 10.15 a.m.
Venue: Edinburgh Training & Conference Venue, St Mary's Street,
Edinburgh

1. **Chair's introductory remarks**
2. **Apologies for absence**
3. **Declarations of interest**
4. **Minutes of the One Hundred and Forty-Third Board Meeting**
To approve the minutes of the meeting held on 27th September 2018.
 - a. Open Session NES/18/89
(Enclosed)
 - b. Closed Session NES/18/89(a)
(Enclosed)
5. **Actions from previous Board Meetings** NES/18/91
For review. (Enclosed)
6. **Matters arising from the Minutes**
7. **Chair and Chief Executive Updates**
 - a. Chair's Report Oral report
 - b. Chief Executive's Report NES/18/92
(Enclosed)

8. Governance and Performance Items

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|----|--|-------------------------|
| a. | <u>Finance Report (A. McColl)</u>
To receive and endorse. | NES/18/93
(Enclosed) |
| b. | <u>Performance Report (D. Cameron)</u>
For consideration. | NES/18/94
(Enclosed) |
| c. | <u>Educational & Research Governance Committee: 12th October (D. Hutchens)</u>
To receive a report and the minutes. | NES/18/95
(Enclosed) |
| d. | <u>Digital Sub Committee: 28th September (C. Lamb)</u>
To receive a report and the minutes. | NES/18/96
(Enclosed) |
| e. | <u>Audit Committee: 4th October (D. Steele)</u>
To receive a report and the minutes. | NES/18/97
(Enclosed) |
| f. | <u>Staff Governance Committee: 8th November (A. Tannahill)</u>
To receive a report and the minutes. | NES/18/98
(Enclosed) |

9. Strategic Items

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|----|---|--------------------------|
| a. | <u>Strategic Framework 2019-24 (D. Cameron)</u>
To consider areas of strategic focus. | NES/18/99
(To Follow) |
| b. | <u>Budget and Operational Planning 2019/20 (A. McColl and D. Cameron)</u>
For consideration. | NES/18/100
(Enclosed) |
| c. | <u>Best Start (S.Key)</u>
For consideration. | NES/18/101
(Enclosed) |
| d. | <u>Developments in NES Pharmacy (A. Watson)</u>
For information. | NES/18/102
(Enclosed) |
| e. | <u>Workforce Data (C. Wroath)</u>
To update the Board on proposals to extend the role of NES in this area. | NES/18/103
(Enclosed) |

10. Risk Register

NES/18/104
(Enclosed)

11. Items for Noting

- | | | |
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| a. | <u>Training and Development Opportunities for Board Members</u>
For information. | NES/18/105
(Enclosed) |
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12. National Services Scotland (NSS) (C. Sinclair)

To receive a presentation.

(N.B. This item to be taken immediately after item 4b on the agenda)

13. Any Other Business

14. Date and Time of Next Meeting

Thursday 31st January 2019 at 10.15 a.m.

CLOSED SESSION

- 15. Business Case for Extension of the Westport 102 Lease** (*D. Cameron*) NES/18/106
For consideration and approval. (To Follow - Restricted circulation – Board members only)

(N.B. This paper is being circulated on a restricted basis, as it contains some 'Commercial – In Confidence' information)

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November 2018
DF/tn/cl

NHS Education for Scotland

MINUTES OF THE ONE HUNDRED AND FORTY-THIRD BOARD MEETING HELD ON THURSDAY 27th SEPTEMBER 2018 AT EDINBURGH TRAINING AND CONFERENCE VENUE, EDINBURGH

Present: Mr David Garbutt, Chair
Ms Anne Currie, Non-executive member
Mrs Linda Dunion, Non-executive member
Ms Liz Ford, Employee Director
Mr Douglas Hutchens, Non-executive member
Ms Caroline Lamb, Chief Executive
Mrs Audrey McColl, Director of Finance
Dr Doreen Steele, Non-executive member
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
Ms Dorothy Wright, Director of Workforce
Mr Christopher Wroath, Digital Director
Professor Rowan Parks, Deputy Medical Director
Ms Nicola Todd, Head of Property and Facilities Management

1. CHAIR'S INTRODUCTORY REMARKS

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

- Anne Currie, who was attending her first Board meeting since being appointed as a non-executive member with effect from 1st September 2018; and
- Nicola Todd, who would be observing the main meeting and then joining the meeting formally for the NDS Property Business Case item, to be considered in Closed Session.

Douglas Hutchens was congratulated on his re-appointment as a non-executive Board member for a further period.

The Chair advised that Doreen Steele has been invited to be Vice Chair of the Board, although this appointment has still to be approved formally by the Cabinet Secretary.

2. APOLOGIES FOR ABSENCE

Apologies were received from Dr Andrew Tannahill and Professor Stewart Irvine. It was noted that Professor Rowan Parks was deputising for Professor Irvine.

3. DECLARATIONS OF INTEREST

Anne Currie declared that she has one daughter who is employed by National Services Scotland (NSS) and another daughter who is employed by the Scottish Council for Voluntary Organisations (SCVO) and seconded part-time to Healthcare Improvement Scotland (HIS).

4. MINUTES OF THE ONE HUNDRED AND FORTY-SECOND BOARD MEETING (NES/18/71)

Subject to including Douglas Hutchens in the list of attendees, the minutes of the Board meeting held on 26th July 2018 were approved. **Action: DJF**

5. ACTIONS FROM PREVIOUS BOARD MEETINGS (NES/18/72)

The Board noted that the majority of these actions had been completed or were in hand. The following points were noted or discussed:

- The Scottish Government's response to the Health and Sport Committee's report on the governance of the NHS in Scotland had been circulated on 26th September.
- A report on a review of governance in NHS Highland will be circulated soon. **Action: DJF**
- It is now possible for Board members to drill down into the targets in the performance dashboard, using their Office 365 accounts.
- The GMC's review of its Governance Handbook, following on from the Pearson Review report, is scheduled to take place this Autumn.

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:

- Attendance at a very successful QI Masterclass for NHS Board members.
- A meeting with Gwen Nicholson, Scottish Government, to discuss Project Lift and the executive appraisal system.
- A meeting with the Scottish Funding Council (SFC) to discuss progress in relation to the NES and SFC joint action plan.
- A meeting of the Scottish Global Citizenship Board.

- A meeting of the Health & Wellbeing Group for Junior Doctors. The intention is to establish similar groups for other groups of healthcare staff.
- Attendance at Cohort 9 of the NMAHP Digital Health and Care Leadership Programme.
- Attendance at Cohort 11 of the Scottish Improvement Leaders Programme.
- A meeting of the Chairs and Vice Chairs of the NHS Board Chairs Group and the NHS Board Chief Executives Group. The intention is to introduce greater alignment between the work of these two groups.
- A meeting with Laura Allison to discuss development for non-executive members. A new member of staff will be appointed soon to take this work forward.
- A meeting with Mike McCurdy to discuss the possible use of Turas in relation to the Global Citizenship initiative.
- A very positive visit to 2 Central Quay in Glasgow to meet NES staff based there.
- Attendance at the Cabinet Secretary's launch of the Mobile Skills Unit at Forth Valley Hospital.
- Attendance at the Dementia Awards Ceremony in Glasgow.
- Attendance at a meeting between the NHS Board Chairs and the Cabinet Secretary, who wishes to accelerate progress on Once for Scotland initiatives, reduce waiting times and address issues of governance in some NHS Boards.
- A meeting with the Chief Executive to discuss the introduction of Admin Control for the electronic issue of Board and committee meeting papers to the Board non-executives. It is intended to include some training for Board members at the end of the Board development session on 25th October, with papers beginning to be issued via Admin Control in November. Board members can be provided with NES devices, on request.

A brief discussion produced the following points:

- It was noted that a Health and Wellbeing Group for Nurses and Midwives has now been established.
- The Scottish Government is developing an Improvement Plan for Waiting Times. This will include consideration of some short-term measures like improving sickness absence rates.

b. Chief Executive's Report

(NES/18/74)

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

- The appointment of Professor Adam Hill to the post of Postgraduate Medical Dean, based in Edinburgh, following the recent retirement of Professor Bill Reid.
- NES's receipt of the prestigious international 'ASPIRE' award for simulation training from the Association for Medical Education in Europe (AMEE).
- Progress in relation to introducing a national approach to eRostering.
- The simplification of employment arrangements for Scotland's junior doctors from 1st August 2018, using Turas People as an enabling infrastructure.
- NES's registration with Skills for Health as a Modern Apprenticeship Centre and plans to deliver Dental Nurse training under the Modern Apprenticeship Framework in future.

- An update in relation to the Improving Junior Doctors Working Lives arrangements.
- The NMAHP Directorate's work in support of the new NMC Standards for Education.
- NES's receipt of additional funding of £4.2 million per year to support key developments in Pharmacy, including extra pre-registration training places, a new Pharmacy ACT system and an expanded NES Pharmacy team. NES Pharmacy was congratulated on attracting this additional resource.

The following points arose in discussion:

- The Assurance Advisory Group in relation to NHS Tayside will publish a full report in mid-October.
- The Partnership Forum and the Executive Team both hold regular meetings with the staff in the various NES offices. Recent discussions have been positive, with some interest in the establishment of the new NDS directorate in NES.
- The work of NES Dental's Scottish Dental Clinical Effectiveness Programme (SDCEP) in developing professional advice to facilitate consistent implementation of amended NICE clinical guidelines was commended in a recent press release from the British Cardiovascular Society.
- Some discussion took place on the recent establishment of a Scottish Task and Finish Group (to be chaired by Professor Rowan Parks) to review the present arrangements for UK Medical and Dental Recruitment and Selection. This review will consider whether the existing arrangements offer the best value for money and the best fill rates.

8. GOVERNANCE AND PERFORMANCE ITEMS

a. Finance and Performance Management Committee: 23rd August (NES/18/75)

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

b. Finance Report (NES/18/76)

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

- The financial position as at 31st August is an underspend of £426,000 and the current forecast outturn is an underspend of £227,000.
- Significant additional funding has been received to support the workforce elements of the National Boards submission to the Transformational Change Fund.
- Confirmation has been received that the Agenda for Change pay award will be funded in full on a recurrent basis.
- The Provisions forecast is an underspend of £683,000, taking account of the release of a VAT accrual.

Discussion of the paper generated the following points:

- The current overspend in Finance is due to pay pressures caused by the utilisation of agency staff to cover essential vacant posts. These posts have proved challenging to fill due to the competitive market for finance professionals. The recent appointment of a new Head of Finance Business Partners should help to ease the current capacity and capability pressures .
- It should be possible to meet the 2018-19 outcomes in the National Boards Collaborative Plan.
- It was confirmed that NES will pay for the transfer of NHS 24 data into the data lake from in-year non-recurrent funding.
- It was noted that the treatment of vacancy factor funding will be discussed at a forthcoming meeting of the Medical Directorate Executive Team (MDET).
- Dependent on a ruling from HMRC in relation to the VAT treatment of e-library services, NES may be due a substantial VAT reimbursement, which would increase the forecast underspend. If this materialises, discussion will take place with Scottish Government on how to manage this within the budget.

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

c. Organisational Performance Report **(NES/18/77)**

Donald Cameron introduced a paper providing a summary of NES's performance for the first quarter of 2018/19 and a summary of targets which were rated as Amber during the last quarter of 2017/18. The following points were highlighted:

- The new Corporate Dashboard can be accessed by Board members via their Office 365 accounts, making it possible to drill down into the detail of targets and associated narratives.
- The changes in the presentation of this information include additional narrative in relation to the priority targets.
- There are currently 79 priority targets. These are in the process of being reviewed, with the aim of reducing the number of priority targets.

Discussion of this paper resulted in the following main points:

- The Business Continuity Plan should be available in the near future and it is intended to test this out with the Executive team, in the first instance. NES's resilience has been tested successfully recently in addressing air conditioning issues in digital equipment server rooms.
- It was clarified that SNOW stands for Service Now, an in-house system covering a range of PFM and digital services.

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

d. Staff Governance Committee: 9th August 2018 **(NES/18/78)**

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

e. Board and committee meeting dates for 2019-20 **(NES/18/79)**

The Board approved the proposed Board and committee meeting schedule for the period April 2019 to March 2020 set out in the circulated paper. In doing so, the Board noted that in June 2019 there will be a Board development session and a short Board business meeting to approve the annual accounts. **Action: DJF**

The Chair advised that consideration is being given to an away-day event(s) at some point. Members will be kept informed of any developments on in this regard.

9. STRATEGIC ITEMS

a. Annual Review Draft Self-Assessment Document **(NES/18/80)**

The Chief Executive introduced a paper providing a briefing on arrangements for the 2018 Annual Review, supported by a Self-Assessment Document and an 'At-A-Glance' briefing. It was highlighted that these documents are required by Scottish Government and align with the production of the NES Annual Report. Guidance is still awaited on the format and timing of NES's Annual Review for 2018.

The Chair understood that NHS Boards not subject to a Ministerial Annual Review will require to hold a public open day but, in the absence of clear guidance on this, NES intends to proceed with a non-Ministerial Annual Review aligned with the NES Staff Conference on 21st November 2018. It was pointed out that all NES Board meetings are open to the public.

Members discussed the paper and the following main points emerged:

- It was suggested that Appendix 2 of the document could be used to highlight the outcomes of key pieces of work, in terms of their positive impact on patient care.
- Some discussion took place on this document's alignment with the Annual Report, which is a more interactive and accessible document, with a strong focus on case studies.
- Some discussion also took place on how NES ensures that ACT funds are spent appropriately by the territorial NHS Boards and it was noted that NES produces criteria in relation to the use of ACT monies and requires evidence that those monies are being spent appropriately.

Subject to taking account of the first bullet point above, the Board was content with the draft Annual Review 2018 self-assessment document. **Action: DC**

b. Sharing Intelligence for Health and Care Group: Annual Report **(NES/18/81)**

Karen Wilson introduced a paper advising the Board of the publication of the Sharing Intelligence for Health & Care Group Summary Report for 2017-2018. It was noted that this is the third such annual report.

A brief discussion produced the following main points:

- The Scottish Government is interested in the work of this group, which provides useful early warnings in relation to areas of concern in the service.
- It may be useful for this group to establish a link with the new NES Digital Sub-Committee.
- It was confirmed that the group intends to extend its reach to the Integration Joint Boards (IJBs) in future.

The Board noted the publication of this report and its content.

c. NES and SFC Joint Work **(NES/18/82)**

The Chief Executive introduced a paper providing a report on the activities undertaken as part of the NS/SFC Joint Action Plan in 2017-2018. The following points were highlighted:

- Annex A provides an update on progress with the 2017-18 action plan. It would have been useful to include the action plan for 2018-19 and the health-related outcomes and arrangements will now be made to circulate these for information. **Action: DJF**
- SFC holds the funding levers for undergraduate programmes and it is important for NES to work closely with SFC and monitor the joint activities closely.

Discussion of the paper resulted in the following main points:

- Some discussion took place on how to increase the number of Scottish-based students undertaking undergraduate medical programmes. While there are local initiatives in some NHS Board areas, it was noted that Scottish Government has the strategic responsibility for workforce numbers (although this work is informed by workforce data provided by NES and from other sources).
- The SFC's health-related outcomes were developed following a Scottish Government workshop, in which SFC and NES were closely involved.

The Board noted, and was encouraged by, the progress of the NES and SFC Joint Action Plan for 2017-18

d. Dental Recruitment **(NES/18/83)**

Dr David Felix introduced a paper providing an overview of recruitment to postgraduate dental education and training posts and a report on the outcome of the 2018 recruitment cycle. It was noted that the position is relatively buoyant, although there have been some issues in relation to recruitment to Dental Core Training, due to a significant number of late withdrawals. It is hoped to fill a number of these places through local recruitment.

The overall buoyancy has been facilitated through making the trainer posts more attractive, resulting in high numbers of applicants to trainer training and the ability to rank the applicants and appoint the highest calibre available.

The Board noted, and was encouraged by, the content of this report.

e. NES Digital Service: Update (NES/18/88)

The Chief Executive introduced a paper providing an update on the progress of the NES Digital Service (NDS) and development of the national digital platform. The following points were highlighted:

- The first meeting of the NES Digital Sub-Committee will take place on 28th September, with the minutes of that meeting coming to the November Board meeting.
- The Digital Health and Care Strategic Portfolio Board met for the first time on 30th August.
- There has been continued good progress on the creation of the NDS. Key roles are now in the process of being filled.
- NDS are continuing to engage with other NHS Boards and external stakeholders to make wider connections and build support for the work in developing the national digital platform.

The following points arose in discussion:

- The NES Board non-executives on the Digital Sub-Committee are David Garbutt and Douglas Hutchens.
- NES still hopes to appoint an additional non-executive Board member with digital expertise.
- Some discussion took place on the digital elements of the City Region Deals being developed across Scotland and the welcome focus on training in digital workforce skills and data science teaching.

The Board noted this update paper.

10. ITEMS FOR NOTING

a. Partnership Forum: 2nd August (NES/18/84)

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

b. Training and development opportunities for Board members (NES/18/84)

The Chair introduced this paper, which has been expanded to include 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 attend a few of these events each year and were advised to contact David Ferguson to express interest in booking/reserving places.

The paper was noted.

11. RISK REGISTER

(NES/18/86)

Caroline Lamb introduced a paper presenting the NES Corporate Risk Register as at September 2018. The following points were highlighted:

- As discussed at the last Board meeting in July, a number of the control measures are being reviewed in the light of the revised risk management strategy and the outcome will be presented to the October Audit Committee meeting, in the first instance.
- The rating of Risk 11 has been revised downwards to reflect the fact that a small underspend is forecasted for the current financial year.

In discussion, it was confirmed that the corporate risk register was being reviewed in the light of the establishment of the new NDS directorate.

The Board noted the information in this paper.

12. ANY OTHER BUSINESS

There was no other business.

13. DATE AND TIME OF NEXT MEETING

The next Board meeting will take place on Thursday 29th November 2018 at 10.15 a.m.

CLOSED SESSION

14. PROPERTY BUSINESS CASES

(NES/18/87)

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

NES
September 2018
DJF

NHS Education for Scotland

MINUTES OF THE ONE HUNDRED AND FORTY-THIRD BOARD MEETING HELD ON THURSDAY 27th SEPTEMBER 2018 AT EDINBURGH TRAINING AND CONFERENCE VENUE, EDINBURGH

CLOSED SESSION

Present: Mr David Garbutt, Chair
Ms Anne Currie, Non-executive member
Mrs Linda Dunion, Non-executive member
Ms Liz Ford, Employee Director
Mr Douglas Hutchens, Non-executive member
Ms Caroline Lamb, Chief Executive
Mrs Audrey McColl, Director of Finance
Dr Doreen Steele, Non-executive member
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
Ms Nicola Todd, Head of Property and Facilities Management
Professor Rowan Parks, Deputy Medical Director (deputising for Professor Stewart Irvine)

Apologies: Dr Andrew Tannahill (Non-executive member) and Professor Stewart Irvine (Director of Medicine)

14. PROPERTY BUSINESS CASES

(NES/18/87)

Nicola Todd was welcomed to the meeting for this item, which was considered in Closed Session due to the 'Commercial – In Confidence' information contained in the circulated paper. She introduced a paper providing the Board with the NES Digital Service (NDS) Property Business Case for consideration and approval. The following points were highlighted:

- NDS require accommodation for an initial 12 month formation period. As a new directorate within NES, the longer-term staff numbers required by NDS are not immediately known and, while the business plan for NDS is developed, there is a need for suitable accommodation to support the attraction of employees from the developer community, and appropriate engagement in the digital sector.
- In accordance with Scottish Government requirements, NES has undertaken an options appraisal and business case to obtain approval for the proposed property transaction. The paper therefore outlines organisational requirements,

as far as currently understood, and identifies a preferred option for an initial 12 months at the Bayes Centre, University of Edinburgh.

- With commercial terms available from the University of Edinburgh, the Bayes Centre is the cheapest option, offering good value with property costs of approximately £81,000 to accommodate up to 50 staff for the 12 month period.

The Chief Executive added the following introductory points:

- NDS are actively recruiting more staff.
- There are accommodation pressures in different parts of NES and so the Bayes Centre may be able to usefully accommodate some staff from NES Digital, NES Pharmacy and the NES Data Group, as well as the NDS staff.

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

- It was noted that this business case had already been scrutinised at the August meeting of the Finance and Performance Management Committee.
- An initial 12 month lease would enable NES to keep its options open and provide time to assess the future scale of the NDS property requirements. The option to remain in the Bayes Centre for a further period should be open.
- It would be possible to use the meeting room facilities at the Bayes Centre.
- Although the Bayes Centre is part of the University of Edinburgh estate, the NDS project has links to HDR-UK, a conglomerate of six Scottish Universities. The head of HDR-UK, Andrew Morris, has been appointed to chair the NES Digital Sub-Committee.

Following discussion, the Board approved the Bayes Centre Business Justification Case and noted that NES will now seek approval from Scottish Government to take forward the property transaction for this preferred option. **Action: NT**

The Board also agreed that the approved property option should remain confidential until Scottish Government approval is obtained, property negotiations are concluded and the missives process is entered.

NES
September 2018
DJF/dg

Actions arising from Board meetings: Rolling list

Minute	Title	Action	Responsibility	Date required	Status and date of completion
Actions agreed at Board meeting on 27th September 2018					
5	Actions from previous Board meeting	Circulate the report on governance in NHS Highland.	David Ferguson	October 2018	Circulated on 28 th September.
8e	Board and committee meeting dates for 2019-20	Publicise the agreed schedule and arrange to proceed with meeting room bookings etc.	David Ferguson	October 2018	Actions taken forward on 1 st October.
9a	Annual Review Self-Assessment Document	Take account of the comment relating to Appendix 2 (focus on outcomes) in finalising the paper.	Donald Cameron	October 2018	Completed.
9c	NES and SFC joint work	Arrange to circulate the action plan for 2018-19 and the health-related outcomes.	David Ferguson	October 2018	Circulated on 1 st October.
Actions agreed at Board meeting on 26th July 2018					
8a	Risk Register	Review the risk control measures and re-focus them, for consideration by the Audit Committee in due course.	Audrey McColl and Caroline Lamb	October 18	To be reviewed by the Audit Committee in October and then to the Board in November 18
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	Paper scheduled to come to the Board meeting in January 2019.
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
10d	The Governance of the NHS in Scotland – ensuring delivery of the best healthcare in Scotland	Circulate the Scottish Government's response to this paper, once available.	David Ferguson	Response awaited	Circulated on 26 th September.

Minute	Title	Action	Responsibility	Date required	Status and date of completion
Actions agreed at Board meeting on 19th April 2018					
8c	E&RGC minutes: 22 nd 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.
Actions agreed at Board meeting on 8th March 2018					
10d	Medical Revalidation	(i) Raise the possibility of diverting funding from HIS for the purposes of producing the Scottish annual overview report in future.	Stewart Irvine	Ongoing	NES has succeeded in producing the Scottish annual report within our existing resources. It has been approved by the Responsible Officer (RO) network and will be published later this year. We do not anticipate additional resource being made available.
		(ii) Consider the suggestion that it may be useful for the Board to consider, at some point, the suggested questions for boards and other governing bodies set out on pages 46-47 of the Pearson review report.	Stewart Irvine	Ongoing	The GMC Governance Handbook has only very recently been issued and we are currently taking stock of the position.
Actions agreed at Board meeting on 24th January 2018					
8ci	Revised Risk Management Strategy	Take account of the discussion points in finalising the revised strategy	Audrey McColl	October 18	The revised Risk Management Strategy has been scheduled for submission to the Audit Committee in October 18
8d	Revised Audit Committee Remit	Take account of the discussion points when the Audit Committee next reviews its remit.	Audrey McColl	January 2019	Ongoing

NES
Item 7b
(Enclosure)
November 2018

NES/18/92



CHIEF EXECUTIVE'S REPORT

Caroline Lamb, Chief Executive



November 2018

1 INTRODUCTION

The agenda for our Board meeting today includes the NES Strategic Plan for 2019/2024 and views will be sought from the Board as to the Strategic Vision and areas of key strategic focus which have been developed for wider consultation. Other strategic items for discussion include the process for Budget and Operational Planning for 2019/20, Developments in NES Pharmacy and an update for the Board The Best Start: A Five-Year Plan for Maternity and Neonatal services in Scotland. We will also consider a paper on proposals to further extend the role of NES in relation to workforce data.

There are several governance and performance items for noting which include the Performance Report, Finance Report and the minutes from the first NDS Digital Sub Committee meeting.

A closed session is being held to consider the business case for the extension of the Westport 102 lease. This will also be discussed in the Finance and Performance Committee the week before the Board.

2 ANNOUNCEMENTS

Douglas Hutchison

I am pleased to confirm that Douglas Hutchison has been re-appointed as a Non-Executive Board Member. This reappointment will be for four years and will run from 1st March 2019 to 28th February 2023.

Launch of the new Mobile Simulation Skills Unit (MSU) – 20 September

David Garbutt and I attended the launch, by Jeane Freeman, Cabinet Secretary for Health, of the new Mobile Skills Unit at Forth Valley Hospital. The new MSU provides high quality simulation training for practitioners in Scotland's remote and rural areas. The vehicle contains a host of advanced clinical simulation features, enabling staff to learn the latest in emergency care, wherever they are based. It updates and replaces a vehicle that has successfully toured Scotland for the last decade.

Scottish Health Service Awards - 1 November

NHS Education for Scotland were delighted to sponsor the 'Leader of the Year' award at the 2018 Scottish Health Awards, which recognise the extraordinary efforts of those on the frontline of the Nation's Health and Care Services. I had the pleasure of presenting the award to Angiolina Foster, Chief Executive, NHS 24.

Launch of NES Autism Resource – 13 November

The autism community, Autism Network Scotland (ANS) and NHS Education for Scotland (NES) came together in Edinburgh on 13th of November to celebrate the launch of two new educational resources, produced collaboratively, for staff working in health, social care, voluntary and community organisations. Clare Haughey,

Minister for Mental Health, gave the opening address at the launch of “Autism across the Lifespan: transitions and change”. This comprises an animation and an e-learning module to support learning about how autism may impact on individuals and their families at various stages in their lives, and the adjustments and planning needed to support resilience and optimise outcomes. This cross-sector project and the resources created address a key recommendation identified in the Scottish Strategy for Autism regarding transitions and change, and the associated learning needs highlighted in the NES Autism Training Framework. They also complement the Principles of Good Transitions and the Autism Transitions Supplement produced by the Scottish Transitions Forum and ANS.

3 STRATEGIC UPDATE

As noted above the Board agenda today contains a paper which sets out work underway to transition further responsibilities for workforce data for NES. This represents an important further step forward in our strategic ambition to be able to improve the quality of workforce data, join up different data sources and thereby provide better intelligence and insight into factors impacting the workforce now and in the future.

As part of the work to implement the Digital Health and Care Strategy NES has been asked by Scottish Government to commission and oversee the work to develop a financial framework to support the strategy. The first element of this work involves establishing what we currently spend and on what across the system. It will:

- identify the sources of funding currently in place which cover each area of expenditure;
- identify areas where there are opportunities for removal of duplication and more effective deployment of supporting staffing structures;
- report on the implications for quality and productivity of the current systems;
- identify work in development, or at proof of concept stage, that would have future financial implications, including the basis on which this work has been commissioned, the governance and the funding source.

I have been asked to act as SRO for this work which will be overseen by a small Short Life Working Group including Director of Finance and eHealth Lead representatives.

4 MEDIA INTEREST, COMMUNICATIONS AND EVENTS

Over the last two months, we have hosted the Cabinet Secretary to the launch of our new clinical Mobile Skills Unit, announced the winners of the 2018 Dementia awards, and celebrated the launch of new Autism resources with the Mental Health Minister. Fuller details on each of these items noted are included above.

Media interest has primarily been around the NES Digital Service (NDS) - with specialist media seeking interviews with the leading NDS figures about their plans (interviews pending) and looking for latest fill rates for medical recruitment. We also

received interest from the Sunday Post over a recent Deanery report into Adult Mental Health Services in Tayside: a response was coordinated with stakeholders Tayside, Scottish Government and the General Medical Council.

We are currently putting the finishing touches to our Annual Report website with a view to publication soon. This is something we have refined over recent years to make it as readable and re-useable as possible, with content in bite-sized chunks (infographics, photos, animations), and a heavy focus on the end users of our products and services. Whereas most traditional reports are published with a quick but short burst of publicity, we follow up publication with a marketing campaign, using each of these chunks separately to give the report a longer relevance. Finally, we make the source materials available to our Directorates to use throughout the year in their own publicity initiatives.

Our communications team is also working to assemble our regular Christmas campaign - a social media round-up of highlights across the year.

Top tweets included the launch of the 'Men in Nursing' report, our posts welcoming new FY1 doctors, Round 2 Re-advert medical recruitment, the consultation on our strategic framework, and the launch of new QI resources.

We also received several likes and impressions with our coverage of Scotland's Dementia Awards, new courses for General Practice Nurses (GPN) and the launch of the new Mobile Skills Unit. Overall in Q2, we had 2600 likes, 1171 mentions and 1900 retweets - each of these is a useful indicator of an engaged audience.

5 DIGITAL

Turas Learn

Turas Learn went live with its course booking functionality in NHS Shetland at the beginning of October 2018. Work has started with NHS 24 to onboard their Turas Learn modules and courses by March 2019. There is also agreement to support local authorities in the Tayside area to host eLearning modules they produce for non-local authority staff.

Turas FNP Datasystem

Current work focusses on developing business rules to support migration from the legacy FNP Data System. We are also developing documentation to support access to the CHI System.

Knowledge Services Service

Plans for the removal of the current SSKS portal to be replaced by the Primo Library search as the SSKS home page in partnership with Care Inspectorate are progressing.

Work with Care Inspectorate is also under way to host Self Directed Support Resources.

6 DENTAL

‘Mouth Matters’ - Bringing Oral Health and HMP Services Together

Mouth Matters’ is a training resource designed to help prison staff, health professionals and support workers meet the specific oral health needs of people living in prisons. NES worked in partnership with HMP Edinburgh and Homeless Action Scotland to host the first oral health educational event to take place within the prison on 26th September 2018. The day was launched by Mr Joe Fitzpartrick (MSP), Minister for Public Health, Sport and Wellbeing.

The morning sessions addressed the oral health and psychosocial needs of the prison population, the need for smoke free prisons, mouth cancer awareness, the work of community justice Scotland and the national prisoner healthcare network. The morning concluded on the importance of having a positive prison experience to support people with rehabilitation and integration within their communities, once liberated.

Discussion sessions also took place, which enabled all delegates to ask questions and/or highlight important issues about oral health services. It also provided an opportunity for the HMP female residents in attendance to have ‘a voice’ and take part in the day. The male residents in attendance, were involved in interviewing the speakers for broadcasting over the prison radio, which gave them key involvement in the day and enabled all residents within HMP Edinburgh to access information on the day’s events.

The world café events in the afternoon discussed a variety of different support services for residents within Scottish Prisons, and the need to raise the profile of preventative and inclusive oral health services. The key points from the discussions will be taken back to the next ‘Mouth Matters’ steering group and hopefully inform HMP services, health and social care services on how they can better support oral health, general health and wellbeing within Scottish Prisons.

7 MEDICINE

Medical Training Grades: Supply, Growth and Funding

Board members will be aware of the report¹ 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.

The overall **pattern of medical workforce in Scotland continues to be one of growth**. Over the past 5 years, medical staff numbers have increased by about 12%. The number of graduates from UK medical schools entering FY1 peaked at around 7,500 in 2014 and has since fallen to around 7,000. Over this time, **UK FY2 output**

¹ <https://www.nuffieldtrust.org.uk/research/the-health-care-workforce-in-england-make-or-break>

has been between 7,300 and 7,500. Whilst graduate and foundation output has been static or falling, and applicant numbers have been static or falling, the **numbers of specialty training posts being recruited to has been rising.** In 2018, there were **9,376 ST1 posts advertised – compared to 7,351 graduates entering FY1, and 7,563 doctors completing FY2 in the same year.** In addition to growth in training opportunities, we are also seeing significant growth in non-training posts, competing for the finite supply of doctors in the early stages of their careers.

Increases in medical undergraduate intake recently announced across the UK will increase the supply into foundation by some 1500 graduates across the UK bringing this to around 8,500 from about **2023.** This will potentially increase the supply out of foundation into specialty training from **2025.** However, this **increased output would still be less than the current UK demand for ST1 applicants.**

In Scotland, the recognised **training establishment has grown by some 370 posts** since 2014 (ST growth, foundation growth, and GPST expansion), and **currently in Scotland we have some 360 unfilled training posts** across all levels (in addition to those that are filled but unoccupied while doctors are on parental leave, sick leave, or on out-of-programme activity). **Some regions are more popular than others, and some specialties are more popular than others.** Where additional training opportunities are provided in popular specialties (such as paediatrics, anaesthetics, radiology) or in popular locations (such as Edinburgh, Glasgow) there is a very real risk that this has a negative impact on recruitment to less popular specialties (such as psychiatry, GP) or locations (North).

Finally, there are **now many more recognised training posts in the system than we have secure recurrent funding for,** and the ad-hoc mechanisms used to support this position are increasingly complex and untenable. The financial management of all these different elements is becoming increasingly difficult and it is our view that a rebasing exercise should be considered to agree a new funded establishment for training grades, together with a consistent approach to the use of funding from unfilled training posts.

We have submitted a briefing paper to Scottish Government covering all the issues set out above and are awaiting a response from officials in the Workforce Directorate before we consult further with NHS Boards.

8 NMAHP

Scotland's National Dementia Awards 2018

Scotland's National Dementia Awards Ceremony took place on the 20th of September 2018. Now in their 7th year the awards are sponsored in partnership between Alzheimer Scotland, NES and the SSSC. The awards provide an opportunity for professionals and communities, who are committed to enhancing the health, well-being and experience of people with dementia and their families, to have their work recognised and promoted. The awards scheme aims to clearly demonstrate how, across Scotland, policy is being put into practice in a sustainable

and professional way; as well as celebrating good ideas, meaningful partnership working and practice excellence.

The NES Chair presented two awards for the 'Best Educational Initiative' and 'Best Hospital Care Initiative' and it is encouraging to note that winners and finalists in these categories are graduates of the NES Dementia Specialist Improvement Leads Programme and the Dementia Champions programme. Details of the 2018 finalist and winners can be found at <https://sda.alzscot.org/finalists-2>

9 PSYCHOLOGY

Doctoral Clinical Psychology Programme, University of Glasgow

The British Psychological Society (BPS) confirmed the ongoing accreditation of the Doctoral Clinical Psychology Programme at the University of Glasgow, which is delivered in partnership by the University and NES, and the Health Boards who employ the trainees. The BPS met with a broad range of stakeholders during the process and gave a number of commendations including "The trainees are of a high quality, well regarded and demonstrate adept skills particularly in relation to collaborative working and leadership" and work around widening access to the profession.

Complex Trauma in Forensic Settings

We were delighted to have Professor John Briere speak to over 50 delegates working in forensic mental health settings with individuals who have experienced complex trauma. Attendees were wide ranging including clinical and forensic psychologists, counsellors, allied health professionals and mental health nurses, reinforcing the message that trauma is relevant to workers across the Scottish Workforce. Professor Briere commented on how impressed he was with the Scottish Strategy and referred to the NES Transforming Psychological Trauma Knowledge and Skills Framework as pioneering.

Suicide Prevention Action Plan; Action 2

NES has been commissioned by the Scottish Government to undertake a major programme of work in mental health awareness and suicide prevention training in partnership with NHS Health Scotland. Colleagues from Psychology and NMAHP are collaborating to develop a workforce plan to support Scotland's Suicide Prevention Action Plan.

MSc Applied Psychology for Children and Young People

We are pleased to have received funding from Scottish Government to add 11 places to the MSc Applied Psychology for Children and Young People (APCYP) programme in the February 2019 intake, as part of efforts to expand the workforce to improve children and young people's mental health.

Corporate Parenting

NES have been working in partnership with the charity 'Who Cares? Scotland' to develop an online eLearning resource for NHS Scotland staff, to help them

understand the impact on young people being in care, and what NHS services can do to help care-experienced young people. Within NES, there has been cross-directorate working across NMAHP, Planning & Corporate Resources and Psychology to develop the resource, with support from NES Digital to host the module, which is now live on TURAS Learn.

Children and Young People’s Mental Health Task Force

NES is leading a multi-sector workforce development subgroup to take forward Task Force recommendation 5: “Support the development and expansion of a diverse workforce in education, communities, and in primary care settings. To increase capability, we will develop a programme of training in the NHS, and support similar endeavours in third sector, social work and education. That programme will inform future workforce plans. Success will be evidence of a competent, trained and expanded workforce tailored to meet needs, including greater capacity for specialist CAMHS to support community-based services.”

Group of Trainers in Clinical Psychology (GTiCP)

NES, University of Glasgow and University of Edinburgh jointly hosted the Group of Trainers in Clinical Psychology (GTiCP) conference in Glasgow between 12th and 14th November. The group represents the network of over thirty Programmes training Clinical Psychologists across the UK. The event offers a valued opportunity for the training community to share research, best practice and intelligence about the training and future of the profession. This year’s conference, entitled "Deeply connected? Innovation, Technology, Interaction & Change", was attended by over 150 delegates, including over twenty experts by experience funded directly by the British Psychological Society and focussed on the interface between psychology, training and the digital age. Keynote speakers included Professor Kevin Powers and Dame Professor Til Wykes, both of whom shared recent experience of developing and delivering technology solutions for NHS clients. The sessions covered topics from selection processes and remote teaching to innovative approaches to clinical skills development and competence evaluation. The conference was opened by Caroline Lamb who pre-recorded a video message offering the audience a glimpse into current developments in the NHS in Scotland and the pivotal role played by NES.

11. Workforce

NHSScotland and The Prince’s Trust Scotland Employability Partnership: “Get into Healthcare”

A £1.4 million, three-year youth employability partnership between NHSScotland and the Prince’s Trust has been announced, with the objective of creating more pathway opportunities for disadvantaged young people into employment in NHSScotland.

The Partnership was formally announced by the Cabinet Secretary for Health and Sport at the Prince’s Trust Scotland Awards on 1 October 2018 and will support almost 400 young people over the next 3 years to participate in ‘Get into Healthcare’ work placement programmes.

Building on its existing partnership work with the Prince's Trust, NES will provide strategic advice to this partnership as well as programme management and educational input.

More information about 'Get into Healthcare' programmes is available at <https://www.princes-trust.org.uk/help-for-young-people/get-job/get-experience>

CALENDAR

17 September

NHS Tayside AAG Report Planning Meeting

I met with John Burns (Interim Chair NHS Tayside), Yvonne Summers (Scottish Government) and Sir Lewis Ritchie to discuss on-going work in NHS Tayside and the process for developing the next report due to be delivered by Sir Lewis and I by the end of November.

18 September

Elective Centre Programme Board

I attended a meeting of this Board, of which I am a member. The items discussed included an update on the Forth Valley Theatre and MRI Commission Progress. Other agenda items included the Elective Centre Technical and Procurement Sub Group Update, Programme Director's Update, Programme Board Chair Update, Letter from the Cabinet Secretary to Health Board Chief Executives regarding the Elective Centre Programme and a briefing to support a decision on the future of the cross-boundary flow of patients.

Tom Power, Head of Service, Organisational Leadership and Development and David Garbutt, Chair

David and I met with Tom Power and we received a comprehensive update on Project Lift.

19 September

NHS Waiting Times Improvement Plan, Scottish Government

I attended a meeting at Sean Neil's office, Scottish Government. The meeting discussed the draft Waiting Time Improvement Plan, with a particular focus on the workforce section. The draft plan sets out the purpose of the plan, what will be delivered and outlines the current position.

Dave Caesar, Head of Leadership and Talent Management, Scottish Government

Dave and I discussed the progress that is being made with the Project Lift leadership work.

James Hall, Director of IT Operations, NSS

At this meeting we discussed the forthcoming National IT Contract Management Board Meeting; and in particular the requirement for a private meeting (excluding Atos) to discuss arrangements for review of their contract.

20 September

Mobile Skills Unit Launch

I attended this launch with David Garbutt and colleagues from within the Medical Directorate. A fuller update is included in the announcement section of the report.

NHS Tayside AAG Report Planning Meeting

Sir Lewis Ritchie and I reviewed the evidence which had been received from NHS Tayside and we discussed the report structure.

Hazel Borland, Chief Executive, NHS Ayrshire and Arran

Hazel and I discussed the developments in the national solution for eRostering. We discussed NHS Ayrshire and Arran being an early implementer for the national solution once this is identified.

21 September

Implementation Leads Meeting – ‘The Art of the Possible’ Session, led by Lucien Engelen, Director of Radboudumc REshape Center for Health(care)

This session introduced future models of health and social care, showcasing relevant solutions and case studies from across the globe and exploring how digital can improve service delivery and customer experience.

25 September

NES Executive Team - Inverness

The NES Executive discussed future Board papers, Board Development session and the Executive Team development session. Other agenda items included iMatter reports and the Review of UK Medical & Dental Recruitment & Selection.

All Staff Meeting, Centre for Health Science, Inverness

I provided a presentation to staff on the NES Digital Service (NDS). We also received a presentation from Bill McKerrow on Scottish Rural Health Partnership and NES, Theresa Ross, The Practice Manager and Dental/Medical Reception Skills Courses and Pam Nicoll, new programmes and RRHEAL 10th anniversary.

26 September

Change Management Programme Board

The Change Management Programme Board received a paper outlining phase 3 of the NES Digital Organisational Change. Other agenda items discussed by the group included the NES Data Group, Workforce Directorate Update and Funding & Staffing Changes in the NES Pharmacy Team.

28 September

NES Digital Service Board Sub-committee

This was the first meeting on the sub-group. Minutes of this meeting are available in the Board Papers.

National Boards Collaboration Chief Executives and Chairs Meeting

David Garbutt and I participated in this meeting. The meeting provided updates on progress in the strategic approach to National Boards collaboration and an understanding of governance and finance elements. Other items discussed included the value being offered by National Boards to the Regions and to the wider Health and Social Care system, opportunities to further develop this and outlined the next steps.

1 October

Gordon Weir, Interim Chief Executive - Care Inspectorate

We discussed a mutual strategy to engage in shared digital services between our organisations and the benefits this could have. Gordon reported that the time David McColl, Head of Service, NES Digital has been providing is extremely valuable.

NHSS Business Systems Programme Board

I chaired the second meeting of the Programme Board. The focus of this meeting was to provide members with an update on the programme of work and the progress that had been made.

2 October

Health and Care Professions Council

I participated in the annual meeting with colleagues from the Health and Care Professional Council. Marc Seale, Chief Executive and Registrar, John Barwick, Executive Director of Regulation, Jacqueline Ladds, Executive Director of Policy and External Relations visited our NES offices and discussed various strategic priorities with colleagues from Nursing, Health Care Science and Allied Health Professions.

NHS Tayside AAG Third Progress Report meeting

At this meeting Sir Lewis Ritchie and I discussed the NHS Tayside progress report.

3 October

National Board Collaboration for Transformational Redesign

I attended this Stakeholder workshop and provided the introduction and set the scene for the day. Other areas that were discussed included areas of focus, barriers, what next and prioritising.

4 October

Audit Committee

The agenda items discussed at this Audit Committee were the tender evaluations for internal audit, risk management strategy and corporate risk register. Other key reports that were noted included National Fraud Intuitive in Scotland and Whistleblowing Annual Report 2017/18.

National Programme Board for the Health and Social Care Delivery Plan

I attended this meeting where substantive agenda items included a progress update, delivery plan model and a presentation from the Chief Nursing Officer.

5 October

Stella Smith, Scottish Government

Stella and I discussed protocols for alerting the Scottish Government in the event of a trainee's death in service.

8 October

National Board Collaboration Chief Executives and Executive Team Workshop

The workshop provided an update on the National Boards Collaboration, this included what is the current reality and the future direction. Other items discussed included governance, the Discussion Document and Stakeholder Engagement, Financial Framework and Transformation Funding

9 October

NES Executive Team

The Executive Team discussed papers on the Employment of Dental Vocational Trainees, Options in relation to the extension of subjects with Controlled Numbers and Everyone Matters Implementation. An update on Turas Learn was also provided.

NHS National Boards Collaborative Programme Board

I attended this meeting, the agenda items were National Boards Programme Update, Tranche 1 and 2 funding, Replacement of ALS Monitors Full Business Case and the ISST Project Board Update.

NHSS Chief Executives - Private Meeting

The Chief Executives received a presentation on CHI and Digital provided by Geoff Huggins and Colin Sinclair. The Chief Executives also received papers and update on the Medium Term Financial Framework for Health and Social Care, The Waiting Times Improvement Plan, The National Group for National Major Incidents with Mass Casualties, National Strategic Coordination Arrangements and The National Implementation Board for National Pharmacy Aseptic Dispensing.

CE Private Meeting with Paul Gray

I attended the monthly private meeting of Chief Executives with Paul Gray.

10 October

NHS Chief Executives - Strategy Meeting

Other Chief Executives and I participated in the BREXIT Development Session which was led by:

- Shirley Rogers, Director of Health Workforce, Leadership and Service Transformation
- Jane Hamilton, Head of Business Management and EU Withdrawal
- James How, Head of EU Withdrawal Team
- Shuna Mayes, Health Resilience Unit

Other items for discussion included Public Health Reform Programme Update and Local Governance Review.

SSTS Development Plan Meeting

I had a telephone call with Susan Swan, NHS Borders, Fiona Ireland, NHS Lothian, Gordon Somerville, NSS and David McColl, NES. The purpose of the meeting was to provide an update on access to SSTS to scope an integration between eRoosting solutions and SSTS.

17 October

Alex Howells, Chief Executive, Health Education Improvement Wales

Alex and I had a telephone call to discuss the format for the planned engagement session on the 6 November.

23 October

NES Executive Team Meeting - Glasgow

The NES Executive Team discussed the Internal Audit Directorate Review and Essential Learning.

NES Executive Team and Senior Leadership Management Team Meeting

The joint meeting between the NES Executive Team meeting and the SLMT discussed Equality & Diversity Performance Update, Corporate Communications Quarterly Report and the Finance Report.

All Staff Meeting, 2 Central Quay, Glasgow

At this all staff meeting the following presentations were provided: -

- Training in Psychology Skills, Early Interventions for Children, Suzy O'Connor
- Changes to Pharmacist Initial Education and Training- Anne Watson, Gail Craig & Heather Harrison
- Primary Care Workforce Plan & NES, Ken Lee

- Differential Attainment & Medical Training, Alistair McGowan

25 October

National Boards Programme Progress Review

Greg Thomson (Programme Manager) and I met with colleagues from the Scottish Government to discuss progress with the National Boards Collaborative work.

NES Board Development Session

The Board Development session focused on Digital Developments within NES. There was also a training session on Admincontrol provided by Steven Gillies.

29 October

NHS Tayside AAG Third Progress Report meeting

Progress with the report was discussed.

29 October and 30 October: NES Executive Team Development Session

The Executive Team held a team development session. The focus of the first session was the iMatter results and the action plan agreed by the Executive Team at a previous meeting. The second session focussed on the draft Strategic Plan for 2019-24.

30 October

Recruitment to Training Programmes August 2019

Audrey McColl, Stewart Irvine and I met with colleagues at the Scottish Government. The meeting was requested by the Scottish Government to discuss challenges in relation to the expansion of post-graduate training places. The impact of less than full time training in specialties such as paediatrics and obstetrics and gynaecology delivery was also discussed.

31 October

National IT Contract Management Board

At this meeting a presentation and update were provided by Atos. Other agenda items discussed was the Contract Management Status report. The group also had a private discussion in relation to the next review of the Atos contract.

1 November

Scottish Health Service Awards

NHS Education for Scotland were delighted to sponsor the 'Leader of the Year' award at the 2018 Scottish Health Awards, which recognise the extraordinary efforts of those on the frontline of the Nation's Health and Care Services. I had the pleasure of presenting the award to Angiolina Foster, Chief Executive, NHS 24.

2 November

National Services Scotland Board Meeting

Elizabeth Ireland, Chair at NSS invited me to attend a NSS Board Meeting to further build on collaborative working and engagement with NSS. I provided a presentation that focused on sharing an understanding and building on the collaborative partnerships that is needed to enable the opportunities that the Digital Strategy provides in improving care and outcomes for people across Scotland.

6 November

Engagement Session with Health Education Improvement Wales

The NES Executive Team held an engagement session with colleagues from HEIW. Presentations on the role and remits of both organisation were provided. HEIW were also provided presentation by staff in Digital which showcased the work of the directorate. Other presentations provided included:-

- Leadership, Gillian Strachan, Principal Lead – Organisational & Leadership
- Development
- Primary Care and Pharmacy, Amjad Khan, Director of Postgraduate GP Education and Anne Watson, Associate Director of Pharmacy

The afternoon session of the visits incorporated 1:1 meetings between colleagues in their areas of interest.

8 November

Staff Governance Committee

Update on the lead employer model and the personal review and planning essential learning and iMatter action plans 2018 were received. Other items for discussion included communication protocols and staff governance monitoring return.

Angiolina Foster, Chief Executive, NHS 24

I discussed with Angiolina the forthcoming National Programme Board Meeting agenda and actions from the last meeting.

SSSC/NES Partnership Group

The substantive agenda items discussed included the National Workforce Plan update on the Staffing Bill and Child and Adolescent Mental Health Task Force. I provided a presentation on the Health and Social Care Digital Strategy

12 November

National Health and Social Care Workforce Plan Programme Board

This was the first meeting of this group which is responsible for driving the NHSCWP programme and ensuring that the programme and its constituent projects / activities achieve the required outcomes and benefits to deliver workforce planning to support the integration of Health and Social Care in Scotland.

13 November

Angiolina Foster and Greg Thompson

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

Workforce Data Meeting, Scottish Government ISD and NES

I met with Sean Neill, Phil Couser and Lucy Proud to discuss the progress on NES role in workforce data and intelligence. A fuller update on this is provided in the Board Papers.

NHS National Boards Collaborative Programme Board

The National Boards Collaborative Programme Board received updates on implementation leads feedback, regional feedback and the strategic communications and engagement. Agenda items for discussion included the ISST project, NHS Inform Strategic case and finance updates were provided.

NHSS Chief Executives - Private Meeting

The Chief Executives received a paper on the National Plasma Product Expert Advisory Group Report, an update on the Lead Employer Model for Doctors and Dentists in Training and the results from the Transforming Care After Treatment programme. The Chief Executives also received a presentation from Geoff Huggins, Director NDS and Steve Grier, Director of Microsoft in Scotland on Azure and Office 365.

Launch of NES Autism Resource

David Garbutt and I attended the launch. The Minister for Mental Health was also in attendance. A fuller update on this launch is included in the announcements section of the report.

Malcolm Wright & Jill Young Retiral Dinner

I had the pleasure of attending the retirement dinner for Malcolm Wright, Interim Chief Executive NHS Tayside and Jill Young, Chief Executive Golden Jubilee. Both Malcolm and Jill have made huge contributions to the NHS in Scotland.

14 November

NHSS Boards Chief Executives

Other Chief Executives and I discussed papers on Human Trafficking which was to raise awareness of the human trafficking and exploitation policy. Other items that were discussed included sustainability, an update on Discovery and Endoscopy Clinical Waiting List Validation.

NHSS Chief Executives' Private with Paul Gray

I attended this monthly meeting private meeting with Paul Gray, Chief Executive NHSS Scotland.

15 November

Dawn McCormack, Deloitte

Dawn provided me with an update on the progress of work that has been to date. This included an update on timelines to implement a national eRostering solution.

NHS Education for Scotland

Board Paper Summary

1. **Title of Paper**

Finance Report to 31st October 2018.

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

Audrey McColl, Director of Finance.
Janice Sinclair, Head of Finance.

3. **Purpose of Paper**

The purpose of this paper is to present the financial results for the first seven months of the year to 31st October 2018 and to indicate the current anticipated forecast outturn as at 31st March 2019.

4. **Key Items**

The NES year to date position, as at 31st October, is an underspend of £1.6m and the current year end forecast outturn is an underspend of £181k. The forecast underspend has decreased by £189k from the September position.

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 allocations received to date from the Scottish Government (SG) include significant funding from the Transformational Change fund and part funding for the impact of the Pay Award in 2018/19. We are reflecting an anticipated allocation of £2.6m which represents the gap between the original estimated pay award of 2% and the final agreed pay award of 3%.

We have now received a ruling from HMRC on our dispute in relation to the VAT treatment of the eLibrary Service. This has concluded that NES cannot fully recover the VAT that we have paid to suppliers. This outcome will create a pressure for this service in future years, however £618k which had been accrued for in relation to prior years, can be reversed as there are some elements of the current service where it has been agreed that the VAT can be recovered. This provides a one-off benefit in 2018-19 which has been reflected in the Provisions forecast.

In order to deliver a balanced budget for 2018-19, vacancy savings of £1.7m were required to be delivered across the organisation. We are now reflecting a shortfall of £200k against this target and will continue to work with directorates to limit any further slippage.

5. **Recommendations**

The Board is invited to note the information contained in this report.

Finance Report to 31st October 2018

1 Overview

1.1 Background

NES' original baseline budget for 2018/19 was £423.4m. In addition, we receive 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*	(2,000)						(2,000)	0
NDS		170					0	170
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	401			1,240	401
Primary Care Fund					8,728	119	8,728	119
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	425	2,812	255	3,901	680
Capital						252	0	252
GP Trainer grants		117					0	117
Total	427,367	2,831	12,322	826	26,887	626	466,576	4,283
Total		430,198		13,148		27,513		470,859

*Please note that the amount approved by the Board as a contribution to the National Boards Collaborative savings target is £2.5m. The balance is currently retained in provisions.

1.2 Summary Financial Position

As at 31st October 2018, the YTD position is an underspend of £1.601m, with a forecast underspend of £181k. The YTD position reflects several 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.

As detailed in section 2, the forecast outturn is primarily the impact of relatively small forecast overspends, across several directorates, offset by savings in Dental and Provisions.

The forecast underspend in Dental Training Grades of £136k is due to a combination of recruitment vacancies in Core & Specialty Training grade posts and Therapist vocational training (£129k) plus underspends in pay offset by increased costs in remedial training extensions and a reduction in the fees charged for CPD course. The forecast underspend of £219k against Provisions, is mainly due to the release of an historic VAT provision (eLibrary services) offset by a shortfall in the vacancy savings target. The vacancy savings target was £1.7m however, we now expect that this will be in the region of £1.5m.

The movement in the forecast underspend from £370k last month to £181k is a combination of the release of the VAT provision offset by increases in provisions for vacancy savings which may not be achieved, legal fees from the Legal case relating to the Westport Lease and a contribution towards the 'unidentified savings' target. Members will be aware that in order to create a balanced budget for 2018/19 it was agreed to start the year accepting that the source of £700k of our savings target was yet to be identified.

2.0 Variance Analysis

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

MONTHLY REPORTING FOR OCTOBER				Period 7				
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>	45,719	45,682	37	81,918	81,880	38	35	3
<i>Strategic Planning and Directorate Support</i>	3,839	3,808	30	6,928	6,888	40	(14)	54
<i>Training Programme Management</i>	154,247	154,873	(625)	266,398	266,715	(318)	(274)	(44)
<i>Professional Development</i>	2,958	2,797	161	8,683	8,430	253	73	180
Medical Total	206,763	207,160	(397)	363,926	363,913	13	(180)	193
Dental	26,396	26,174	222	45,366	45,230	136	89	47
NMAHP	3,510	3,216	295	12,351	12,330	21	16	5
Psychology	9,945	9,709	236	18,682	18,738	(56)	(90)	34
Healthcare Sciences	1,526	1,538	(12)	2,473	2,522	(50)	(25)	(25)
Optometry	562	490	71	1,046	1,037	9	(0)	9
NDS	170	170	0	170	170	0	0	0
Digital	6,319	6,070	249	12,562	12,648	(86)	(73)	(13)
Workforce	2,905	2,632	273	5,068	5,108	(40)	(18)	(22)
Finance	1,153	1,138	15	2,063	2,088	(25)	(15)	(10)
Properties	2,217	2,112	105	3,805	3,791	14	14	0
Facilities Management	380	356	24	650	640	10	10	0
Planning (incl OPIP)	677	680	(4)	1,159	1,143	16	6	10
Net Provisions	793	270	523	1,537	1,318	219	637	(417)
NES Total (revenue)	263,317	261,716	1,601	470,859	470,677	181	370	(189)

2.1 Medical

The Year to date position for the Medical Directorate is an overspend of £397k, driven by an overspend in Training Programme Management workstream (TPM) of £625k which has mainly been offset by an underspend in the Professional Development workstream of £161k.

The year-end forecast for the Medical Directorate is a small underspend of £13k. An overspend (£318k) in the Training Programme Management workstream is offset by savings in the Professional Development workstream of £253k.

Within the TPM workstream, we are forecasting a Training Grade overspend of £661k. This arises from;

- double running costs (£545k), where trainees take longer to complete training,
- additional remedial costs where trainees undertake extended training (£433k), and
- a reprofiling of the costs of GP100 across financial years (£277k).

These overspends have been offset by underspends arising from higher than expected vacancies and increased Less than Full Time fractions of £354k, reduced maternity and sick leave costs of £55k and expansion post underspends of £184k.

Within the Training Programme Management workstream, this training grade overspend (£661k) has been reduced to £318k by vacancies in Fellows.

The underspend in Professional Development of £253k includes a £130k underspend on GP Returners. This is due to reduction in numbers expected to take up places this financial year, and those who do are not undertaking the anticipated level of Out of Hours work which is paid at a higher rate. There is also an £86k underspend from the Approved Medical Practitioner (AMP) training due to increased courses planned for the year generating further income.

The overall forecast for Medical has moved from an overspend of £180k in September to an underspend of £13k. This primarily relates to the movement in GP returners.

2.2 Dental

The year to date underspend of £222k is a combination of timing issues in events expenditure (£183k) and lower August intake numbers for Core & Speciality and fewer trainees in Therapist vocational training (£68k) offset by a £45k overspend from remedial trainee extensions.

The year end forecast is an underspend of £136k due;

- a Training Grade underspend of £129k resulting from a combination of recruitment vacancies in Core & Specialty Training grade posts where 3 posts are still in recruitment as well as Therapist vocational training and
- underspends in pay offset by increased costs in remedial training extensions and reduced course fee charging.

2.3 NMAHP

NMAHP has a year to date underspend of £295k mainly due to timing issues with payments in programmes as well as a delay in implementing the Best Start and Down Syndrome programmes. All these programmes have plans in place to deliver the required outcomes by year end.

A small year-end overspend is forecast (£21k) which is attributable to an agreed cost pressure arising from collaborative work between NES and the Scottish Ambulance Service, where a SAS employee has

been seconded by NES to support the alignment of paramedic education to the Health & Care Professions Council 2018 requirements for paramedic education to be at a BA(hons) level.

2.4 Psychology

The year to date position is an underspend of £236k mainly due to timing issues, the full year forecast reflects an overspend of £56k mainly driven by the cost from extending training for 6 trainees to enable them to complete training (£50k).

2.5 Healthcare Science

The year-end position is a forecast overspend of £50k. This is the combination of a Training grade overspend of £64k because of higher than expected costs from training extensions and maternity returners (4 trainees) partly offset by underspends in pay, reduced costs for trainees who left training early and savings in general running costs.

2.6 NES Digital Services (NDS)

Spend of £170k has been incurred to date as staff take up posts. As this workstream is still in development, we have only reflected the known year to date expenditure. It has been agreed with SG that funding to cover expenditure incurred by year end for both the NDS and the additional support services required within NES, will be provided.

2.7 Digital

The Year to Date position is a £249k underspend, primarily related to timing differences offset by a £30k overspend on system user licence costs for Alma Primo and £30k due to changes in the VAT status of Microsoft Azure hosting costs.

The year-end Forecast is a £86k overspend. This is the result of;

- The full-year impact of the additional Alma Primo Licences and changes in the VAT treatment of Microsoft Azure hosting costs result in an overspend of £113k and
- £86k to support the transfer of NHS 24 data into the data lake. This increases the amount of relevant data which in turn improves the usefulness of the data lake as a decision support tool. This work will be carried out by Elastacloud enabling a skills transfer to both NES and NHS24 staff, thereby creating a wider pool of required skill, so that in the longer term , future data transfers can be carried out by NHS staff.

These costs are anticipated to be offset by £105k of pay underspends due to the delayed implementation of Stage 3 of the Directorate change programme.

2.8 Workforce

The year to date underspend of £273k is largely related to the timing of spend in Leadership & Management programmes including Project Lift, GP coaching & Leadership for Integration. It is expected that planned expenditure on these projects will take place before 31st March. The underspend also includes £70k from pay savings in vacant posts, which have partly been offset with additional agency costs, maternity leave cover and temporary posts agreed to reduce the recruitment backlog.

The year-end forecast is a £40k overspend which includes £104k overspend on the administration of PVG and Tier 2 Certificates of Sponsorship (CoS) applications for Doctors in Training across the whole of NHS Scotland. It was agreed when setting the budget for 2018/19 that NES would absorb the associated staff costs for this Once for Scotland project. The overspend has been offset by £90k underspend in pay whilst workforce is going through a reorganisation.

2.9 Properties

The year to date variance is an underspend of £105k due to Timing issues which we anticipate will be resolved by year end leaving an underspend of £14k following the successful rates appeal for Inverness.

2.10 Net Provisions

The full year budget for net provisions is £1.537m. 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 £2m, as represented by a reduction in our recurring allocation. The remaining £500k of the £2.5m approved by the Board, is still expected to be removed from our baseline on a recurring basis by year-end.

As at October, the forecast year end £219k underspend 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.
- The NES 2017/18 net year-end underspend of £100k along with £96k of unanticipated funding has been released in the forecast.
- 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 £147k 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 £279k and is now being met from within the provisions budget.
- Additional provision for potential legal fees has also been created.

3.0 Key risks to achievement of financial targets

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

- Although £0.650m of the required £1.7m of savings from the vacancy lag has been realised, this is £0.341m behind our budgeted target for this stage of the year. Therefore, we are now recognising that £200k of the target is unlikely to be achieved bringing the full year savings target down to £1.5m. This will need to be closely monitoring 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.
- Due to the delays in the completion of the Mobile Clinical Skills Unit, there was a capital underspend of £0.252m in 2017/18 which we had requested be carried forward into 2018/19. This has now been confirmed and this risk will be removed from future reports.
- 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

Finance and Performance Management Committee is invited to note the information contained in this report.

LT
JS

November 2018

NES

Item 8b

November 2018

NES/18/94

(Enclosure)

NHS Education for Scotland

1. **Title of Paper**

Performance Management Report following 30th September 2018 progress updates.

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

Karen Howe, Planning and Corporate Governance Manager

Lynnette Grieve, Planning and Corporate Governance Manager

Donald Cameron, Director of Planning and Corporate Resources

3. **Purpose of Paper**

This paper provides a summary of performance for the second quarter of 2018/19.

4. **Corporate Dashboard**

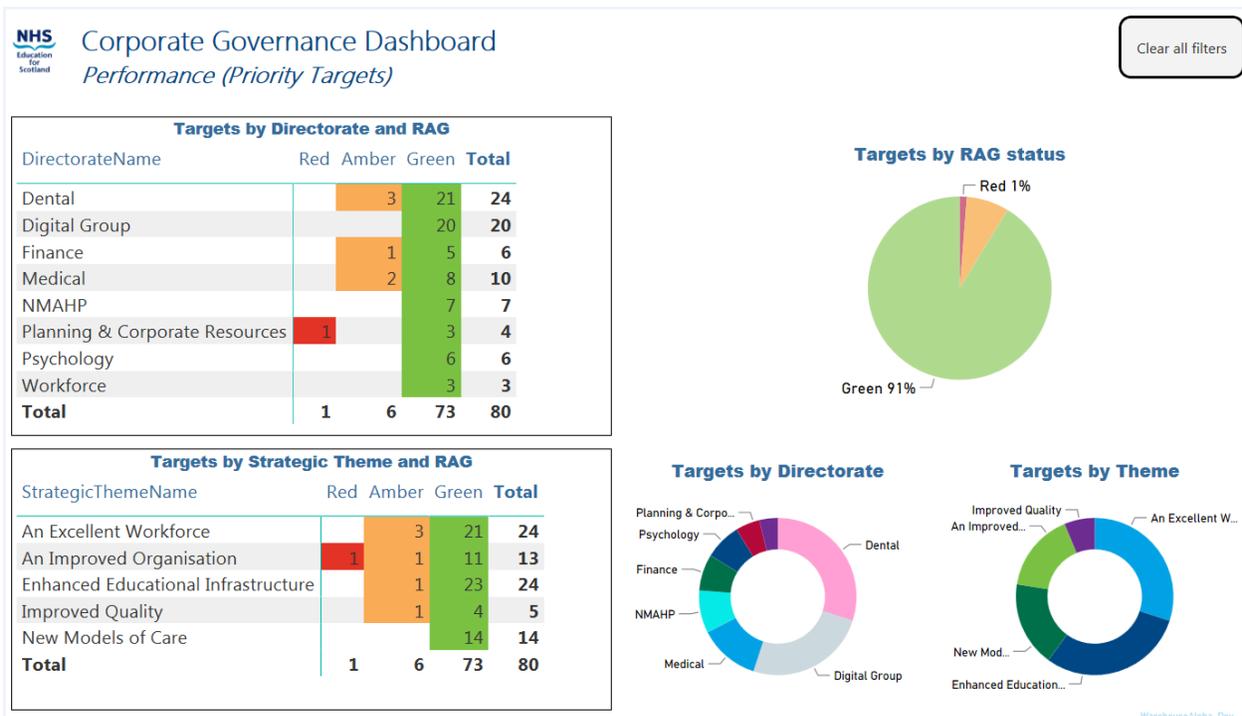
Full performance data can be found on the [Corporate Dashboard](#). (Note: within the Corporate Dashboard, only the Performance data is accurate. The risk pages are still under construction). The Corporate Dashboard is a collaboration between the Digital, Planning and Corporate Resources and Workforce directorates. The aim is to present all corporate metrics e.g. workforce, performance and risk reports in one place, offering consistency in presentation along with flexibility in detail and analysis.

5. **Summary of Performance**

There are 484 performance targets for 2018/19, of which 80 have been ranked as priority Key Performance Indicator (KPI) targets. We are still in the process of reviewing these 80 priority targets to ensure they represent the key performance areas of NES activity. Diagram 1 shows the performance across the 80 priority targets and diagram 2 outlines performance across all 484 targets. Performance is measured using RAG (Red, Amber, Green) ratings, the definitions of which are set out below:

- **Red** – progress has not been satisfactory. The target will not be achieved and/or there has been major deviation from deliverables.
- **Amber** – progress against this target/outcome has not been fully satisfactory and may now be behind schedule, but overall outputs/programme objectives are expected to be completed.
- **Green** – progress against this target/outcome has been satisfactory. The target is expected to be delivered on schedule and/or better than expected.

Diagram 1 – Summary of performance for priority targets (Q2, 2018/19, n=80)



Of the 80 priority targets, 1 is red, 6 are amber and 73 are green. The red target to develop a collaborative property and facilities management services with NSS has been superseded by the development of an operating model across the national boards and timescales have been redefined as a result - this work is being led by NSS.

Of the 6 amber priority targets, there are: 2 Dental, 2 Medical, 1 Healthcare Science and 1 Finance. Of the Dental targets, one aimed to recruit 94 training grade dentists by September 2018. This target is amber due to 10 vacancies, with further recruitment

ongoing to achieve the target. Another dental target to support quality improvement activity for the dental team and a GDP fellowship programme is amber while the support required is agreed with the Scottish Government; a working group is currently scoping the work. Of the Medical targets, one aimed to recruit 85% of vacant medical training grade posts across all regions. This is amber, because vacancy fill (at June 2018) is 75.8% in the East, 70.1% in the North, 95.2% in the South East and 88.3% in the West. The other amber Medical target aims to recruit to 95% of all medical training grade posts. A second round of advertising is ongoing and final fill rates for 2018 will be available in October 2018.

The amber Healthcare Science target relates to the delivery of learning for early and mid-career leaders and trainers. This work is broadly on target but capacity for training delivery has not been identified. Within Finance, while the target to pay 85% of non-disputed trade creditor invoices within 10 days was achieved, only 93.9% of those invoices were paid within 30 days, against a target of 95%. Therefore overall, this target was rated amber.

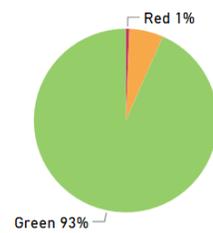
Diagram 2 – Summary of performance for all targets (Q2, 2018/19, n= 484)



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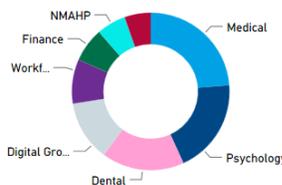
DirectorateName	Red	Amber	Green	Total
Dental		5	77	82
Digital Group		4	56	60
Finance	1	5	28	34
Medical	1	14	100	115
NMAHP			29	29
Planning & Corporate Resources	1	1	24	26
Psychology			94	94
Workforce			44	44
Total	3	29	452	484

Targets by RAG status

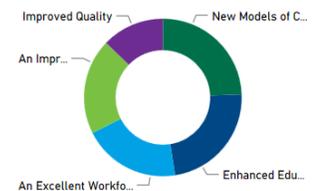


StrategicThemeName	Red	Amber	Green	Total
An Excellent Workforce	1	9	87	97
An Improved Organisation	2	10	83	95
Enhanced Educational Infrastructure			111	112
Improved Quality		8	54	62
New Models of Care		1	117	118
Total	3	29	452	484

Targets by Directorate



Targets by Theme



Overall, there are 484 targets, of which 3 are red, 29 are amber, and 452 are green. One of the red targets refers to an increase in the number of doctors attending an enhanced induction programme. This work was delayed while awaiting budget confirmation but has now commenced. In Finance a target to produce a finance information strategy has been put on hold because of staff recruitment challenges. The third red target relates to the collaborative property and facilities management service already described in the 'Summary of performance for priority targets' section.

6. Recommendation(s) for Decision

To note the current performance of NES.

October 2018

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 12 October 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 12 October 2018.

4. **Items for Noting**

Item 8 – Clinical Skills Managed Education Network summary monitoring report

The E&RGC noted summary Educational Governance monitoring report on the Clinical Skills Managed Educational Network (CSMEN), confirming that substantial assurance regarding its management and quality had been provided. The key priorities for CSMEN related to procedural skills team working, pre-hospital emergency care and are underpinned by a system of faculty development for simulation-based educators. The CSMEN team's recent receipt of the prestigious Aspire international award for simulation based clinical education was welcomed by the Committee.

Item 9 - Leadership & Management Development Programme summary monitoring report

E&RGC members received the summary Educational Governance report on the Leadership & Management Development programme and noted the significant progress achieved by the programme team in bringing together a disparate range of provision within a coherent programme, which was addressing a high priority service need.

The Committee noted the assurance provided by the Organisational Development and Leadership Learning team in respect of programme and quality management.

Item 13 - NES Research Governance Policy

The Committee considered the draft revised NES Research Governance Policy noting that it had been revised to take account of the UK framework for health and social care research. The changes were relatively minor, emphasising the involvement of end-users and beneficiaries. The committee commended the work on this policy.

The revised Research Governance Policy was approved subject to agreed amendments, which would be approved by Chair's action.

5. Recommendations

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

NES
October 2018
RC/

NHS Education for Scotland

EDUCATIONAL & RESEARCH GOVERNANCE COMMITTEE

Unconfirmed minutes of the thirty-second meeting of the Educational & Research Governance Committee held on Friday 12 October 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
Dr Helen Allbutt, Lead for Research Governance

1. Welcome and introductions

Douglas Hutchens welcomed everyone to the meeting. It was noted that Sandra Walker was attending her first E&RGC meeting.

2. Apologies for absence

Apologies for absence were received from David Garbutt, NES Chair; Caroline Lamb, Chief Executive and Karen Wilson, Director of NMAHP.

3. Notification of any other business

There were no other items of business notified.

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)18/18)

The minutes of the E&RGC meeting held on 28 May were agreed as an accurate record subject to the amendment of minute 1 to state that '*Douglas Hutchens welcomed everyone to his first meeting in the Chair*'.

Action: RC

6. Action status report and other matters arising (NES(E&RGC)18/19)

E&RGC considered the report on the status of actions agreed at previous meetings. Members sought clarifications and commented on specific items as detailed below:

Minute 6, 28 May 2018 – Dental Postgraduate Career Fellowship Scheme

Rob Coward advised that the Dental Postgraduate Career Fellowship Scheme will be subject of fundamental review later in the year. This will consider its overall purpose and links with NES provision.

Minute 6, 28 May 2018 – Medical Deanery Quality Management Framework

E&RGC members noted that the Medical Deanery Quality Management Framework had been significantly revised and signed-off by the Medical Directorate Executive Team. The Framework was now in an online format and would be presented to the Committee as part of the scheduled Postgraduate Medical Education report in February 2019.

Action: AMc/RC

Minute 6, 28 May 2016 – Action status report

Members noted that the agreed action to progress E&RGC actions more quickly was ongoing and should therefore not be marked as 'Completed'. The E&RGC further agreed that other items marked as 'Completed' should be retained until the Committee is assured that processes and practices are embedded, noting the difference between commenced and completed.

Action: RC

Minute 11, 28 May 2018 – Feedback, Comments, Concerns and Complaints report

In response to a question regarding the Feedback, Comments, Concerns and Complaints (FCCC) report Rob Coward explained that the formal complaints documented had resulted in several specific changes in process and practice as detailed in the report. There were however too few complaints received to enable general lessons to be learned. Members emphasised the need to respond to complaints in the correct spirit of improvement. To this end further assurance was needed about the format of future reports.

Action: RC

Minute 6, 22 February 2018 – Action status report

The E&RGC commented on the need to share good educational practice across the organisation and sought information about how this is done currently. It was noted that Educational Governance monitoring reports, directorate review reports and Educational Governance case studies frequently document good educational practice. It was agreed that these documents should be shared routinely with the Education Leadership Group and that other processes for promulgating good practice should be agreed with the Committee.

Action: SI/RC

Minute 7, 22 February 2018 – ERGEG minutes

Members noted that the action relating to E&RGC approval of internal audit priorities was marked as 'Completed'. It was agreed that this should be retained on the Action Status Report until the Committee was assured that this process was fully and effectively embedded.

Action: RC

In addition to the above items members requested an update on an action agreed at the E&RGC meeting on 14 December 2017 relating to sustainable equality and diversity training, which had been deleted. It was agreed to reinstate this action and request an update from the Equality & Diversity Adviser.

Action: KL/RC

Secretary's note:

The Equality & Diversity Adviser indicates that sustainable learning resources have been procured for all health professionals in training supported by NES. In addition, a new equality and diversity learning resource to support recruitment and selection, being developed jointly by NES and NHS 24, is due for deployment on Turas Learn in December 2018.

7. Educational & Research Governance Executive Group minutes

(NES(E&RGC)18/21)

The E&RGC received and noted the minutes of the Educational & Research Governance Executive Group meeting held on 15 August 2018. Members noted the discussion concerning the development of the Knowledge Services subscriptions tender. This work aimed to rationalise subscriptions in the light of possible VAT liabilities and price increases in respect of these services. Stewart Irvine advised that this issue was not yet resolved and was being addressed by the Director of Finance.

8. Clinical Skills Managed Educational Network (NES(E&RGC)18/22)

Rob Coward introduced the summary Educational Governance monitoring report on the Clinical Skills Managed Educational Network (CSMEN) programme, confirming that substantial assurance regarding its management and quality had been provided. The key priorities for CSMEN related to procedural skills team working, pre-hospital emergency care and are underpinned by a system of faculty development for simulation-based educators. The CSMEN team's recent receipt of the prestigious Aspire international award for simulation based clinical education was welcomed by the Committee.

Stewart Irvine highlighted the significant achievements of the CSMEN team but advised that simulation-based clinical education was not fully embedded in funded systems within NHS boards. This type of education, therefore, tended to be clustered around enthusiasts based in health boards and other organisations. Clare Mackenzie chairs the Simulation Co-ordinating Group, which aimed to ensure an even spread of training across Scotland. This had resulted in the sharing of simulation infrastructure between some boards. It was noted however, that much simulation-based training focused on the use of infrastructure to facilitate learning in clinical techniques. He indicated a need for more simulation-based learning to support non-technical care in areas such as mental health.

In reply to a question regarding the ownership of the CSMEN programme, Stewart Irvine indicated that the programme was governed by NES's Safety, Skills and Improvement Board, chaired by Rowan Parks. He was not aware of any mechanism for disseminating simulation-based education and lessons learned beyond the health sector, although the Committee noted the involvement of other agencies, such as the Coastguard, in large scale emergency simulations. E&RGC members also highlighted the need to provide first responder education for carers who were often lone workers.

9. Leadership & Management Development Programme summary monitoring report (NES(E&RGC)18/23)

Rob Coward presented the summary Educational Governance report on the Leadership & Management Development programme. The ERGEG had noted the significant progress achieved by the programme team in bringing together a disparate range of provision within a coherent programme, which was addressing a high priority service need.

The E&RGC noted the discussion about the difficulties associated with the measurement of impact for this type of provision. This was considered an important recurring issue, although the Committee considered the reference to 'experimental' approaches to evaluation in the ERGEG's recommendations to be misplaced in this context.

The Committee noted the assurance provided by the Organisational Development and Leadership Learning team in respect of programme and quality management.

10. Educational & Research Governance Executive Group remit (NES(E&RGC)18/24)

The Committee agreed that the item on the draft revised Educational & Research Governance Executive Group remit should be withdrawn pending further consideration and clarification regarding the process for agreement and sign off. It was further agreed that the E&RGC remit will be reviewed this year.

Action: RC

11. Educational Governance reporting schedule 2018 – 2020 (NES(E&RGC)18/25)

The E&RGC received and considered the Educational Governance reporting schedule for the remainder of the three-year cycle ending in 2020. It was noted that this schedule was reflected in the Committee's annual workplan.

Members agreed that the presentation of the workplan would be amended to correspond with committee/fiscal/business years rather than calendar years. It was also resolved that each year would be divided into quarters.

It was noted that the scheduled dates for two reports had changed. Members requested that explanatory notes be provided for any future changes of this nature. Rob Coward would re-draft the Educational Governance reporting schedule as agreed and correct an error identified by members.

Action: RC

Members commented on the need for future Educational Governance reporting to be inclusive of non-clinical areas of work including NES Digital Services, which will form a large part of the outcomes and outputs of NES.

12. Internal Audit report: externally regulated NES provision (NES(E&RGC)18/26)

E&RGC members received the internal auditor's report on externally regulated NES provision. The report from Scott-Moncrieff included NES's management responses to recommendations. It was accompanied by materials addressing the recommendations including draft revised text for the Educational Governance Framework relating to scrutiny of externally regulated activities, and a draft template to be used in constructing a register of these educational workstreams.

The Committee discussed the audit process and, given the remit and subject matter of this audit, the need to engage relevant Board members, in particular the previous Chair of E&RGC prior to the finalisation of such a report. Greater clarity on this issue

was required and it was agreed that the Chair of NES's Audit Committee would discuss this point with the Internal Auditors.

Action: DS

The E&RGC agreed the suggested revised Educational Governance Framework text subject to further clarification on the frequency of reporting on regulated educational provision. This should indicate '*scope for additional or alternative reporting as appropriate in liaison with the E&RGC*'.

Action: RC

The template for the register of regulated NES education provision was approved.

13. NES Research Governance Policy (NES(E&RGC)18/27)

Helen Allbutt presented the draft NES Research Governance Policy explaining that it had been revised to take account of the UK framework for health and social care research. She indicated that the changes were subtle, emphasising the involvement of end-users and beneficiaries. The revised policy also addressed the new research governance principles contained in the UK framework and new ethical approval requirements.

The E&RGC commended the revised Research Governance policy and made suggestions about the presentation of the document, such as moving the section on responsibilities towards the beginning of the document. Members also highlighted the need to further emphasise NES's commitment to the research governance principles and agreed that these should be more prominent in the document. It should be clear to staff how these principles are addressed through processes and practice.

Action: HA

It was agreed that the agreed amendments would be approved by Chair's action and subsequently endorsed at the next E&RGC meeting.

Action: DH/HA

14. NES Research report 2018 (NES(E&RGC)18/28)

The Committee received the annual NES Research Report, which was presented by Helen Allbutt. She advised that this followed the format agreed for the previous report and included information about research-related work, details of research governance arrangements and commentary and case studies on research impact. She confirmed that directorate research governance arrangements had been aligned with the agreed research principles and it was agreed that these should be appended to the report.

Action: HA

Members thanked Helen for her comprehensive and helpful report and welcomed the section on research impact. It was agreed that opportunities to cascade this

information at the NES Staff Conference in November should be considered.

Action: HA

15. NES Research Register (NES(E&RGC)18/29)

The Committee received and noted the updated NES Research Register.

16. Consolidated progress report on Directorate Review recommendations (NES(E&RGC)18/30)

E&RGC members received and noted the updated progress report on responses to Directorate Review recommendations. This was considered a helpful method of closing the governance loop.

17. Educational Governance case study (NES(E&RGC)18/27)

Members considered a case study based on the Knowledge Service team's use of Open Badges to support the uptake of Social Services Knowledge Services among social care staff. This was viewed as an opportunity to trial the use of Open Badges with a staff group which has limited access to formal learning and qualifications.

The E&RGC noted the modest uptake of the Open Badges among social care staff after the initial promotional push. It was suggested that implementation could be supported by organisations, such as Scottish Care. It was further recommended that promotional efforts in this area should be based on an understanding of user experiences.

18. Identification of risks

The Committee agreed that a potential risk relating to business considered at the meeting was the absence of Educational Governance reporting on strategically significant workstreams such as NES Digital Services.

19. 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:

- Clinical Skills Managed Educational Network Educational Governance monitoring report
- Leadership and Management Development Programme Educational Governance monitoring report
- NES Research Governance Policy
- NES Research Report 2018

20. 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.

21. Any other business

There were no other items of business.

22. Date and time of next meeting

The next E&RGC meeting is on Thursday 13 December 2018 at 10:15 a.m.

RC
October 2018

NHS Education for Scotland

Board Paper Summary: Digital Sub-Committee Minutes

1. Title of Paper

Minutes of Digital Sub-Committee meeting held on 28th September 2018:
copy attached.

2. Author(s) of Paper

Kirsteen McColl (minutes)

David Ferguson, Board Services Manager (summary)

3. Purpose of Paper

To receive the unconfirmed minutes of the Digital Sub-Committee meeting held on 28th September 2018.

This was the first meeting of this sub-committee, which is chaired by Professor Andrew Morris, Professor of Medicine and Vice Principal Data Science, University of Edinburgh.

4. Items for Noting

Item 2 – Background and context

The sub-committee received a paper providing the background to the development of the NES Digital Service (NDS) and the context of digital developments in NES.

Item 3 – Remit and Terms of Reference

The sub-committee considered a draft paper setting out its proposed remit and terms of reference. The paper will be updated in the light of discussion and brought back to the sub-committee for review at a future meeting.

Item 4 – Update on the establishment of the NES Digital Service (NDS)

The sub-committee received a paper setting out the work undertaken to date to establish NDS as a delivery organisation.

Item 5 – Development of a Strategic Plan/Roadmap

The sub-committee received an update paper and looked forward to seeing a visual roadmap at their next meeting.

Item 6 – Managing the transition

The sub-committee received a verbal update on managing the transition, noting that a Transition Group has been set up to develop the plan of works.

Item 8 – Future business

It was agreed to include Risk as a standing item on the agenda moving forward.

5. Recommendations

None.

NES
November 2018
DJF/

Digital Sub-Committee

**MINUTES OF MEETING HELD ON FRIDAY 28 SEPTEMBER 2018 AT WESTPORT
102, EDINBURGH**

Present:

Professor Andrew Morris (Chair)
Mr David Garbutt, NES Board Chair
Mr Douglas Hutchens, Non-Executive Member
Ms Caroline Lamb, Chief Executive
Mrs Audrey McColl, Director of Finance
Mr Christopher Wroath, Director of Digital
Dr Liz Elliot, Chief Operating Officer, NDS
Dr Alistair Hann, Chief Technology Officer, NDS
Mr Geoff Huggins, Director, NDS
Mr Angus McCann, Non Executive Board Member, NHS Lothian

In attendance:

Mrs Kirsteen McColl, Manager

Apologies for Absence:

Peter Johnstone, COSLA
Geoff Mulgan, Chief Executive, NESTA

1. Welcome and Introductions

The Chair welcomed everyone to the meeting.

The Chair commented that the work of the NES Digital Service (NDS) was exciting and that he welcomed the opportunity to Chair the Digital Sub-Committee. The Chair confirmed that the aim of the NES Digital Service was to produce quality systems that would provide “whole system intelligence” across health and social care, often in real time and to develop and procure technology that will transform the NHS in Scotland. The programme of work which is to be developed will play an important role in modernising the NHS in Scotland and improving the health care of the population in Scotland.

The Sub-Committee’s role will be to support the NDS team in delivering the actions which have been set out in the Digital Health and Care Strategy, whilst at the same time holding the NDS team to account. This Sub-Committee will need to have an agile approach and will be accountable for the decisions made at meetings.

2. Background and Context

(NES/DSC/18/02)

Caroline Lamb (CL) introduced a paper which provided the background to the Development of NDS and the context to the digital developments in NES. The following points were highlighted:

- The Digital Health and Care Strategy was published in April 2018 and sets out actions under 6 key domains.
- Scottish Government has established an overarching Portfolio Board to provide national direction, as recommended under Domain A.
- Scottish Government requested that NES establish a new entity, NDS, to take forward the development of the national digital platform (Domain E).
- NES already has significant experience of developing digital applications.

CL highlighted that need for close working between NES Digital and NDS. NES Digital will continue to build and extend their scope of work in supporting and continuing to develop the applications that focus on supporting the NHS Scotland workforce. NDS will develop the national digital platform which is set out in the Digital Health and Care Strategy.

From the discussions and the summary provided by the Chair, the following points emerged:

- The recognition from the Scottish Government and the new Cabinet Secretary that a new approach is required to improve the technology and the data available in the NHS in Scotland.
- It was noted that there have been inevitable tensions in establishing NDS, moving forwards expertise in other areas of the NHS will be utilised collaboratively.
- The future is to have more control of interfacing systems, reducing the reliance on contractors and suppliers, which in return will reduce expenditure on technology in the NHS.
- Sharing data between NHS Boards is difficult and it is very important that this becomes easier. Information Governance will have an important role in the delivery. The eHealth Division in SG will also contribute to work on standards.
- The role and frequency of the Digital Health & Care Strategic Portfolio Board meetings was discussed. CL confirmed that Christine McLaughlin would like to this Board to meet on a more frequent basis.
- Potentially relevant groups and activities out with the NHS were discussed, for example Health Data Research UK.

3. Remit and Terms of Reference

(NES/DSC/18/03)

CL introduced a draft paper which set out the proposed remit and terms of reference for the Digital Sub-Committee. The need for minor amendments was noted; Douglas Hutchens was to be added to the membership, also one further Non-Executive from the NES Board.

The meeting discussed the document and the following points were noted:

- Consideration is to be given to the number of members on the Sub-Committee and the gender balance is to be addressed.
- Microsoft Teams will be investigated as an option as a channel of communication between meetings.
- The minutes are to be transparent and will be available on the NES corporate hub.
- Clarity regarding decisions for the NES Board and the Digital Sub-Committee was discussed.
- Declarations of interest is to be added to the remit or included in future agendas.

The following actions were agreed:

Action: Microsoft Teams to be developed to include members of the Sub-Committee – **NES Digital**

Action: Terms of reference to be updated to reflect the discussion of the committee - **CL**

Action: A development session should be held in 2019 outwith Edinburgh. This could be an opportunity to meet with leadership and demonstrate the work of the Sub-Committee – **NDS team**

Action: Note that declarations of interest is to be added to the remit of the agenda for future meetings – **Liz Elliot**

Action: Remit and terms of reference is to be reviewed at a future meeting, ideally in six months time. – **NDS team.**

4. Update on the establishment of NDS (NES/DSC/18/04)

Liz Elliot (LE) introduced a paper on the work undertaken since June 2018 to establish the NES Digital Service (NDS) as a delivery organisation. The update covered the following key areas:

Integration with NES

- It was noted that the HR Business Partner will be shared with NES Digital. The Finance Manager is in post and has supported work on initial expenditure. Communication support has been provided through the NES Comms Team.
- Discussions relating to information governance are ongoing with the NES Caldicott Guardian and IG leads in NES.
- It was agreed that information governance is key and engaging with Scottish Government at policy level is important.

NDS operation and recruitment

Recruitment is ongoing for posts. AH reported that the recruitment to technical posts is ongoing and that this area has been challenging. Interviews for Software Engineers are to be held week commencing the 1 October. Creative thinking around recruitment is a priority to attract the right candidates for posts. AH confirmed that he had given a

presentation about the National Digital Platform at the ScotSoft conference, which had generated some interest in posts.

The Sub-Committee discussed the opportunities that will arise within NDS for existing staff in the NHS. CW reported that he has had conversations with eHealth Leads regarding new opportunities and that NES Digital could train the talent in the NHS and provide career progression. Established developers could have opportunities within NDS.

It was noted that the role of Chief Clinical Information Officer in is the process of short-listing. It was agreed that this post will play an important role within NDS. This process may also identify people who could be utilised for other projects within NDS.

Estates Strategy

The NDS property strategy was discussed. CL provided an update from the NES Board's closed discussion on the 27 September, when the business strategy for accommodation at the University of Edinburgh, Bayes Centre, was presented. The NES Board had agreed that the Bayes Centre was the most suitable accommodation option and NES will now seek approval from Scottish Government to take forward the property transaction for this preferred option.

Subject to successful conclusion of the lease, it was agreed that the next Sub-Committee meeting could be held at the Bayes Centre.

Collaboration and National Context

It was noted that the Digital Health and Care Strategy will be underpinned by partnerships that bring together talent and expertise from national statutory organisations, delivery partners, industry and academia across Scotland. AM proposed a further discussion on strategic partnership opportunities.

Action: Team development is to be included on the meeting in December – **NES Digital**

Action: Identify potential strategic partnerships - **LE**

5. Update on the development of a Strategic Plan/Roadmap

(NES/DSC/18/05)

GH introduced a paper which outlined the development of the roadmap for the National Digital Platform. The update provided members with the details of the work undertaken to date and the programme of work to be delivered in the next three months. GH outlined what to expect from the future system, that is a single patient identifier, a single staff identifier, a single data store and a library of applications and products. Work with the Scottish Government to look at mapping out and underpinning Information Governance is underway. GH also noted use case work to look at potential products in areas such as pharmacy, patient portal, community systems and elective pathways. Geoff welcomed comments and thoughts from the group on the paper. The following points were noted:

- It was agreed that a vision of the platform would be beneficial in helping to articulate the vision, including development trajectories overall and for component elements.
- Integrating social care is important requiring clear visibility in the roadmap
- CL noted that this document has set the foundation blocks for the developments. i.e. procuring the cloud and describing the key architecture that is in place.
- It was noted that GH and AH had presented at the Chief Executives meeting held on the 13 September. The Chief Executives are supportive of the developments.
- Clarity will assist in managing expectations and supporting buy-in from the NHS Boards and Local Government colleagues.

Action: A visual road map to be developed for presentation at next meeting – **GH and AH**

Action: An update on potential use case to be provided at the next meeting – **GH and AH**

6. Managing the transition

GH provided a verbal update on managing the transition, noting that a Transition Group has been established to develop the plan of works. The group will initially focus on areas where early agreement is required and will meet regularly.

In discussion, it was highlighted that ongoing collaboration and discussions with the NHS Board Chief Executives is important. CL reported that the CEs are very supportive of the work and it is important to maintain the vision as they can communicate their support for the work of the NDS and update colleagues within their NHS Boards on the progress being made with the Digital Health and Care Strategy.

The Committee discussed engagement with the NHS Boards eHealth Leads. It was noted that this has been ongoing through eHealth Leads Meetings. Fostering this engagement is important, CL noted a showcase event that NES Digital had held with colleagues from NHS Greater Glasgow and Clyde which was well received.

Action: It was agreed to bring back a discussion on financial planning for digital in NHS Scotland, following on from the work commissioned by Christine McLaughlin (Scottish Government) – **CL and GH**

Action: Update on Transition Group meetings to be included in next meeting - **NDS team**

7. Communications

Professor Morris confirmed that the actions relating to communication had been discussed in the previous agenda items. Contextual information and reports to be shared with members of the Sub-Committee as appropriate.

Action: The minutes are to be concise and clear and can be included in the NDS blogs. DG agreed to write a blog regarding the first meeting of the Committee – **AH and KMcC**

Action: Provide background information and reading materials to Sub-Committee members - **NDS team**

8. Future Business

It was agreed that Risk should be included on all agendas going forward.

Action: Add risk as a standard agenda item - **KMcC**

Action: Discuss the development of a risk register - **LE and AMcC**

9. Any other Business

None

10. DATE AND TIME OF NEXT MEETING

The next Digital Sub-Committee meeting is to be arranged for December 2018. It was agreed that the sub-committee would meet every 8 weeks. Dates for 2019 are to be set.

Action: Arrange a date for December 2018 - **KMcC**

Action: Consider suitable meeting dates for 2019 – **LE**

NES
October 2018
KM/djf/ah/gh

NHS Education for Scotland

Board Paper Summary: Audit Committee Minutes

1. Title of Paper

Draft minutes of Audit Committee meeting held on 4 October 2018: copy attached.

2. Author(s) of Paper

Jenn Allison, Senior Officer (Planning & Corporate Governance)

3. Purpose of Paper

To receive the minutes of the Audit Committee meeting held on 4 October 2018.

4. Items for Noting

a) Item 7 – Matters Arising: Tender of Internal Audit Services

The current Internal Audit contract ends in March 2019. It has been agreed that NES, National Services Scotland (NSS) and the Scottish Ambulance Service (SAS) will issue a joint tender for Internal Audit Services as their current arrangements all end in March 2019.

The committee gave their approval to delegate authority to Doreen Steele and Audrey McColl to agree the selection of the internal audit firm for the next 3 years, on behalf of the Audit Committee.

b) Item 8 – Internal Audit Reports

The committee received the following internal audit reports:

i. Directorate Review – Essential Learning

This report reviewed the approach to induction and essential training. The report found that NES's induction and training procedures reflect good practice and identified areas for improvement related to the consistency of directorate level induction plans.

The Committee welcomed this positive report.

ii. Follow-Up Audit Recommendations - 2018/19 Quarter 2

This report provided information relating to outstanding internal audit actions.

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

- iii. Internal Audit Progress Report
The Committee received and noted a progress report which presents a formal summary of internal audit activity since the last meeting, and confirms reviews planned for the coming quarter.
- c) Item 9 – Follow-Up of External Audit Recommendations 2017/18
The committee noted progress made against external audit recommendations from 2017/18.
- d) Item 10 – Counter Fraud update
The committee noted activities underway aimed at supporting the Strategy to Combat Financial Crime in NHS Scotland and agreed that the responses on Part A of the Self-Assessment checklist for NFI are appropriate.
- e) Item 11 – Revised Audit Committee Guidance
The committee noted changes in the revised 'Scottish Government Audit and Assurance Committee handbook' and proposed actions to address the new requirements.

The committee approved the revised remit for submission to the Board for approval and it was agreed that the completed self-assessment document would now be reviewed on an annual basis (at the January meeting) to identify any changes to the current effectiveness assessment.

- f) Item 12 – Risk Management
 - i. Risk Management Strategy
The committee noted the Risk Management Strategy incorporating updates to risk appetite classifications requested by the Board. A short life working group has been set up to look at how risk appetites can be managed at an operational level and to identify potential improvements. Changes arising from this review will be brought to the Audit Committee.
 - ii. Corporate Risk Register
The committee reviewed the Risk Register and directorate level controls.
- g) Item 13 – Items for information
The following papers were noted by the committee:
 - i) Corporate Governance in NHS Highland
 - ii) Audit Scotland National Fraud Initiative in Scotland.
 - iii) Audit Scotland Correspondence and whistleblowing annual report 2017/18

5. Recommendations

Board members are asked to note the Audit Committee minutes and issues arising.

NES
October 2018
JA

AUDIT COMMITTEE

Minutes of the Sixty-Seventh meeting of the Audit Committee held on Thursday 04 October 2018 at Westport 102, Edinburgh, Room 8.

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

In attendance: Caroline Lamb, Chief Executive
Audrey McColl, Director of Finance
David Garbutt, Board Chair
Janice Sinclair, Head of Finance
David Eardley, Scott-Moncrieff
Matthew Swann, Scott-Moncrieff
Angelo Gustinelli, Grant Thornton
Rob Coward, Principle Educator
Jenn Allison, Committee Administrator

1. Welcome and introductions

The Chair welcomed everyone to the meeting, particularly Anne Currie who has recently joined the NES Board as a Non-Executive member and was attending her first NES Audit Committee.

The Chair welcomed Rob Coward who was attending to present the Risk Strategy, Angelo Gustinelli from External Auditors, Grant Thornton, and David Eardley and Matt Swann from the Internal Auditors, Scott-Moncrieff.

2. Apologies for absence

Apologies were received from Joanne Brown, Grant Thornton.

3. Declarations of interest

Anne Currie noted she has recently added a declaration of interest to the register. One of her daughters is currently working for National Services Scotland and another daughter is currently on secondment working for Health Improvement Scotland.

4. Any other business

There was no other business requiring consideration by the committee.

5. Minutes of the Audit Committee, 14 June 2018 (NES/AUD/18/30)

The minutes of the Audit Committee 14 June 2018 were approved as a correct record.

Action: JA

6. Action list of the Audit Committee, 14 June 2018 (NES/AUD/18/31)

Members noted that the actions from the previous meeting were completed or were in progress. It was noted that amendment to the wording of Action point 13 was required to clarify that it was the Counter Fraud Self-Assessment which was being postponed to January 2019.

7. Matters arising

a) Tender of Internal Audit Services

Audrey McColl informed the committee that the current Internal Audit contract ends in March 2019. Discussions have taken place with other National Boards regarding a joint approach to the letting of a new contract and it has been agreed that NES, National Services Scotland (NSS) and the Scottish Ambulance Service (SAS) will issue a joint tender for Internal Audit Services as their current arrangements all end in March 2019.

- A query was raised asking whether this could be done on a Once for Scotland basis or for all 8 National Boards and it was noted that this had not been possible as a single firm cannot carry out both the internal and external audit of a Board. To increase the number of participants would then exclude all companies who currently provide external audit services to those Boards therefore this could have excluded a considerable portion of the supplier market.

The committee gave their approval to delegate authority to Doreen Steele and Audrey McColl to agree the selection of the internal audit firm for the next 3 years, on behalf of the Audit Committee.

Action: AMcC/DS

8. Internal Audit Reports

a) Directorate Review – Essential Learning

David Eardley introduced the report which reviewed the approach to induction and essential training. The report found that NES's induction and training procedures reflect good practice and have been well designed at an organisational level and identified areas for improvement related to the consistency of directorate level induction plans.

- Areas for improvement identified were: to monitor and report completion of the Corporate Induction Programme and apply a more consistent tailored induction programme across directorates – and within departments of each directorate – to ensure that all new starts receive an appropriate and full induction.
- A member of the committee noted the difference in time taken for staff to complete essential training and noted that line managers should be

responsible for ensuring that training is completed timeously. David Eardley advised that implementation of the recommended exception report should encourage a proactive approach to training. Caroline Lamb added that training should be identified as part of the annual PDP and that development of a new Staff Governance dashboard will help to monitor completion rates.

The Audit Committee noted the report and the assurance provided.

b) Follow up Recommendations 2018/19 Q2

Matt Swann introduced the report which provided the Audit Committee with assurance that during Q2 2018/19, internal audit recommendations have been implemented satisfactorily or are in progress.

- 6 actions have been confirmed as closed during the second quarter of 2018/19 and 1 action is noted as having been superseded. 6 actions have been added to the tracker in the last quarter, resulting in 12 open actions, 9 of which are not yet due.
- A member raised a query regarding the ongoing actions in relation to the Business Continuity Plan and noted that it is crucial to have this in place. Caroline Lamb assured the committee that The Critical Incident Management Plan has been drafted and once this is complete a formal scenario-based test of the BCP and the incident management plan will be carried out by the Executive team.
- Discussion took place regarding actions relating to Doctors in Difficulty. This action status will be partially complete until work to streamline Policies is complete at a National level. This is a collaborative piece of work being led by HR Directors.
- A member raised a query regarding the delay to the Digital actions regarding Testing and Release Management. Audrey McColl advised the committee that the action required has been completed by the directorate, however the action will remain open until all the documentation has been pulled together to form one document.
- Discussion took place regarding overdue actions and the importance of being realistic with timescales. Matt Swann noted that while in the past some action deadlines have been ambitious, he assured the committee that most timings are realistic and highlighted the drop in the number of actions which are past their due date.
- The committee noted the update to actions relating to a Talent Management framework and discussion took place regarding the importance of NES's role

in terms of attractions and retention of staff into NHSScotland. This included taking a stronger role in terms of promoting the various career opportunities in NHSS.

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

c) Progress Report

David Eardley introduced the report, which summarised internal audit activity since the committee's last meeting in June 2018 and confirms the reviews planned for the second quarter.

- At the end of September 2018, 3 2018/19 audits have been completed; Q1 and Q2 follow up reports and Directorate Review – Essential Learning. All reviews scheduled for the Audit Committee meeting in January are in planning and on track for completion.
- The following reports are due for the next quarter: Payroll and expenses and travel and subsistence; Risk Management; Internal Communications; GDPR; Health and Social Care Integration; Q3 Follow up.
- Audrey McColl and Matt Swann informed the committee that Scott-Moncrief have recently been independently reviewed as part of a 5-year quality assurance cycle. This will be circulated for information to the next Audit Committee meeting in January. **Action: AMcC**

The committee noted the report and the planned activity for the next quarter.

9. External Reports

a) Follow up of External Audit Recommendations (NES/AUD/18/34)

Audrey McColl introduced the paper to update the committee on the progress against the External Audit Recommendations from 2017/18.

- The External Audit Annual Report for 2017/18 contained a single recommendation regarding alignment with the future direction of travel in respect of the National Boards collaboration and early work done by all the National Boards related to the creation of the collaborative plan and an initial five-year financial framework.
- The 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. Any further

impacts from national collaboration will also be reported to the Board in due course.

- It was noted that the SG Financial Framework had just been published and that this reflected the anticipated impact of the consequential for Scotland from the UK Treasury. As a result, the financial frameworks for the regions and the national boards are also being reviewed. Once the revised national boards financial framework is complete, this will be shared with the Board.

The committee noted the progress made against the External Audit Recommendations.

10. Counter Fraud Update

(NES/AUD/18/35)

Janice Sinclair presented the paper to update the committee regarding activities underway in NES aimed at supporting the Strategy to Combat Financial Crime in NHS Scotland. The following was noted/discussed:

- The Counter Fraud Services (CFS) Annual Workplan, which provided information on the range of services offered to Boards, has been replaced with a CFS Service Catalogue.
- The committee noted the CFS annual report for 2017/18 which highlighted the work they were involved in during the year.
- The review of the Gifts and Hospitality Registers has revealed one new declaration for the 3-month period to the 27th September. It was noted that declarations should also be made in relation to gifts and hospitality that have been declined.
- Preparations for the 2018 National Fraud Initiative (NFI) exercise are now underway with data uploads due to be completed in October 2018. Initial match information is due to be released in January 2019.
- Discussion took place regarding monitoring of the Counter Fraud e-learning module and it was agreed that the latest statistics should be submitted to the Audit Committee in January and contained in future reports. **Action: JS**

The committee noted the report and agreed that the responses on Part A of the Self-Assessment checklist for NFI are appropriate.

11. Revised Audit Committee Guidance

a) Summary of Changes

(NES/AC/18/36)

Audrey McColl introduced the paper to highlight changes in the revised 'Scottish Government Audit and Assurance Committee handbook' and to update the committee on the actions taken or proposed to address the new requirements.

- The committee noted the helpful summary from Scott-Moncrief attached as appendix 1, which highlights the key differences between the new and previous version.
- The handbook contains several amendments to aspects of governance and Audit Committee responsibilities and now requires that the audit committee develop an assurance framework based on the "three lines of assurance" model.
- In order to comply with the new handbook, the Audit Committee agreed that the following actions were required:
 - terms of reference to be reviewed (proposed revisions under agenda item 12b);
 - develop a new assurance framework - outline proposal to the January 19 Audit Committee
 - Once established, use the assurance framework to identify what action should be taken to address any gaps or duplication highlighted
 - Provide suitable training for audit committee members on the new framework and changes to the handbook;
 - amend related processes to reflect the new guidance eg. Self-assessment documentation for audit committee effectiveness (proposed revisions under agenda item 12c).
- The committee noted that the Risk Management short life working group, supported by Internal Audit, will develop a draft outline of the assurance framework, which will be submitted to the January Audit Committee. After this initial review, a workshop will then be set-up to obtain more detailed input from the Audit Committee. **Action: AMcC**

The committee noted the report, the changes to the Handbook and the work underway to address the new requirements.

b) Proposed Remit of the Audit Committee

(NES/AC/18/36b)

Audrey McColl introduced the paper to highlight proposed changes to the Audit committee remit arising from the revised 'Scottish Government Audit and Assurance Committee Handbook'.

- The committee reviewed the proposed changes and noted that some elements of the governance required are under the remit of other NES board committees, such as the Finance and Performance Management Committee.

A reference will be added to the end of the Audit Committee remit to highlight this.

- It was agreed that once the assurance framework is complete, a summary should be attached to the Audit Committee remit. **Action: AMcC**

The committee approved the revised remit for submission to the Board for approval. **Action: AMcC**

c) Proposed Self-Assessment Checklist (NES/AC/18/37)

Audrey McColl introduced the paper to highlight how changes arising from the revised 'Scottish Government Audit and Assurance Committee Handbook' will impact the self-assessment checklist used to review how effectively the Audit Committee is operating.

The committee also reviewed the output from the detailed review of sections 6 to 8 which were completed at the April 2018 meeting and agreed that these were an accurate reflection of the discussion which had taken place.

Following discussion, it was agreed that the completed self-assessment document would now be reviewed on an annual basis (at the January meeting) to identify any changes to the current effectiveness assessment. **Action: JS**

12. Risk Management

a) Risk Management Strategy (NES/AC/18/38)

Rob Coward introduced the paper which presented the Risk Management Strategy incorporating updates to risk appetite classifications requested by the Board.

The committee noted the amended strategy and requested a minor word change replacing "must" with "should" in relation to the duties of the Risk Champion.

It was agreed that as the Board had already approved the Risk Management Strategy subject to the updates to risk appetite classifications, there was no requirement to represent it to the Board at this time. However, it was noted that a short life working group has been set up to look at how the revised risk appetites can be managed at an operational level and to identify any potential improvements to the risk management process (eg) are risks scored consistently by Risk Champions. Any changes arising from this review will be brought to the Audit Committee.

b) Corporate Risk Register (NES/AC/18/39)

Audrey McColl introduced the paper which provided additional information on the directorate level controls applied to corporate risks at a directorate level. The corporate risk register had been reviewed by Board members on 26 July 2018 and members had commented that the column headed 'Control measures' did not appear to reflect control measures.

Audrey explained that although the additional information requested had been provided it was of an operational nature and may not be what Board members needed. After discussion, it was agreed that the column heading should be amended to mitigating actions and this should describe the activities/specific initiatives underway to manage each individual corporate risk. **Action: AMC**

The committee reviewed the Risk Register and related directorate level controls.

13. Items for information

The following papers were noted by the committee:

- a) Corporate Governance in NHS Highland
- b) Audit Scotland National Fraud Initiative in Scotland.
- c) Audit Scotland Correspondence and whistleblowing annual report 2017/18

14. Date and time of next meeting

The next meeting of the Audit Committee will be held on Wednesday 16th January at 10:15 in Westport Room 1.

NES
Oct 2018
JA/amcc/js

NHS Education for Scotland

Board Paper Summary: Staff Governance Committee Minutes

1. Title of Paper

Minutes of Staff Governance Committee meeting held on 8th November 2018:
copy attached.

2. Author(s) of Paper

David Ferguson, Board Services Manager

3. Purpose of Paper

To receive the unconfirmed minutes of the Staff Governance Committee meeting held on 8th November 2018.

4. Items for Noting

Item 7 – Lead Employer Update

The committee received an update on the valuable work being undertaken towards providing an improved employment experience for doctors in training.

Item 8 – Personal Review & Planning (PR&P), Essential Learning and iMatter action plans 2018

The committee received a paper presenting current performance data in each of these three areas.

Concerns were expressed regarding reduced completion rates for PR&P and essential learning and arrangements will be made for the PR&P issues to be considered by the Senior Leadership & Management Team (SLMT) and the Partnership Forum.

The high response rate and Employee Engagement Index in relation to iMatter were commended.

Item 10 – Communications Protocols

The committee commented on the following draft protocols:

- Business and Personal Use of Social Media
- Accessible Communications

Item 11– Workforce Metrics

The committee welcomed being provided with access to the evolving Workforce Dashboard and agreed that it will be important, moving forward, to identify and provide information to the committee on key workforce trends, issues and risks.

Item 17a – NES Non-Executive Director Whistleblowing Champion

As this currently vacant role has traditionally been performed by the Chair of the Staff Governance Committee, it was agreed to nominate the current committee Chair, Linda Dunion (in her absence), to take it up.

5. Recommendations

None.

NES
November 2018
DJF

Unconfirmed

NHS Education for Scotland

NES/SGC/18/40

Minutes of the Sixty-Second Meeting of the Staff Governance Committee held on Thursday 8th November 2018 at Westport 102, Edinburgh

Present: Andrew Tannahill, Non-executive Board member
(in the Chair)
Anne Currie, Non-executive Board member
Liz Ford, Employee Director
David Cunningham, Staff Side (BMA) (by VC link)

In attendance: Dorothy Wright, Director of Workforce/Executive Secretary
Christine McCole, Head of Service, HR
Caroline Lamb (Chief Executive)
Morag McElhinney, Senior Specialist Lead (Workforce)
(particularly for agenda item 7)
Anne Campbell, Principal Lead, Organisational &
Leadership Development (by VC link)
(particularly for agenda item 8)
John MacEachen, Principal Lead, Digital (Communications)
(particularly for agenda item 10)
David Ferguson, Board Services Manager

1. Chair's welcome and introduction

Andrew Tannahill, chairing the meeting in Linda Dunion's absence, welcomed everyone to the meeting, extending a particular welcome to Anne Currie, who was attending her first meeting of the committee since being appointed as a non-executive Board member with effect from 1st September 2018.

2. Apologies for absence

Apologies for absence were received from Linda Dunion and from David Garbutt, Board Chair.

3. Declaration of interests

There were no declarations of interest in relation to the items on the agenda, although Anne Currie wished to declare the following as 'standing interests':

- She has one daughter who is employed by NHS National Services Scotland (NSS) and another who is employed by the Scottish Council for Voluntary Organisations and has had secondments to Healthcare Improvement Scotland (HIS).

4. Minutes of meeting held on 9th August 2018 (NES/SGC/18/28)

It was noted that David Cunningham had attended the meeting on 9th August and that he was added to the list of those present, after the papers for today's meeting were issued. The minutes were approved subject to that addition and agreed amendments to items 5, 10 and 11. Andrew Tannahill undertook to provide the wording for the latter to David Ferguson. **Action: AT**

It was agreed that it should be suggested to the committee chair that members be given the opportunity to comment on draft minutes before a draft is issued for approval at the subsequent meeting. **Action: DJF**

5. Action list from meeting held on 9th August 2018 (NES/SGC/18/29)

It was noted that this item should be referred to as 'Action Status Report' and provide a rolling list of actions from previous meetings. **Action: DJF**

It was confirmed that there were no actions outstanding from the 8th February 2018 meeting.

In relation to one of the actions from the 9th August 2018 meeting, Dorothy Wright highlighted the fact that doctors in training are not currently a separate category in the context of iMatter reporting. Dorothy Wright reported that while there were proposals to report iMatter by staff grouping, the categories were drawn from e:ESS which did not have doctors in training as a specific category. Going forward, it was hoped to influence the categorisation of staff in e:ESS, within the context of NES assuming responsibility for national workforce data.

The committee identified the items that should remain in the rolling list, and those that should be removed as the relevant actions had been completed.

Action: DJF

6. Matters arising from the minutes

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

7. Lead Employer: Update (NES/SGC/18/31)

Morag McElhinney introduced a paper providing an update on doctors in training employed by NES since August 2018, as a result of the lead employer model. It was noted that NES is now the lead employer for all General Practice, Public Health and Occupational Medicine Specialty Trainees. The following points were highlighted:

- The trainees have been issued with contracts which cover the total duration of their training programmes.
- Placement NHS Boards are delivering employment-related activity 'on behalf of' NES and following NES policies for NES employees on placement in their Boards. The placement Boards are finding this fairly complex and NES is in regular contact with them to offer support and guidance.

- Future priorities include: statutory and mandatory training for doctors in training; Turas People developments; benefits realisation, in terms of employee experience; and the development by Scottish Government of 'Once for Scotland' policies.

The following points arose in discussion:

- There is a lot of work still to do to implement the lead employer model fully and it will be important not to lose momentum.
- It was recognised that the current lack of 'Once for Scotland' policies is an inhibiting factor and it was understood that these are not likely to be available until April 2020.
- The need to provide the placement NHS Boards with ongoing support is a drain on resources within NES and there is a need to improve the placement Boards' levels of engagement, particularly in relation to Turas People developments.
- It may be useful to identify a mechanism for gaining feedback from the trainees, in terms of their employment experience.

Following discussion, the committee thanked Morag McElhinney for her helpful paper, noted the work being undertaken towards providing an improved employment experience for doctors in training, acknowledged various challenges involved, expressed thanks to the team concerned for their excellent work, and stressed the importance of ensuring that the team has the support it requires. In recognition of the importance of ongoing active engagement by partner NHS Boards, Caroline Lamb undertook to highlight the relevant issues within the NHSScotland Chief Executives Group, and if necessary with individual chief executives.

Action: CL

8. Personal Review & Planning, Essential Learning and iMatter Action Plans 2018 (NES/SGC/18/32)

Anne Campbell introduced a paper presenting current performance data on Personal Review & Planning (PR&P), Essential Learning and the iMatter continuous improvement model in NES.

The points highlighted and raised in discussion under the three main headings in the paper were as follows:

i Personal Review & Planning (PR&P)

- The completion rates for 2018 are disappointingly low, even allowing for the fact that there has been a transition from the e-KSF system to Turas Appraisal, which has led to some issues in relation to data capture and reporting,
- It was acknowledged that Turas Appraisal is a big improvement on the e-KSF system, although some more work is required on refining the reporting function.
- Despite adequate support being available from the OD team, there still appears to be a lack of engagement with the PR&P process in some areas of NES. Directors should take responsibility, as necessary, for

ensuring an improvement in completion rates in their areas, and staff also have a responsibility for doing what is required of them.

- Shortcomings in this area pose a reputational risk to NES and do not sit well with the aspirations to become the people organisation for NHSScotland.

ii Essential Learning

- Concern was expressed regarding reduced completion rates, even allowing for complications arising from the transition to Turas Learn.
- The committee agreed that essential learning should be seen as mandatory by all concerned.
- It has been agreed to issue reminders, where necessary, in relation to renewal dates for essential learning modules.
- It was agreed that it would be appropriate to offer staff some protected time for completion of online essential learning, while recognising that these modules are not particularly onerous or time-consuming.

iii iMatter

- The committee commended the high response rate in relation to NES's latest 'all organisation' response rate, which has increased from 81% to 84% this year, the Employee Engagement Index has also shown a significant improvement, increasing from 73% in 2017 to 81% in 2018.
- Moving forward, the OD&L team plans to develop a webinar or podcast to remind staff of the purpose of iMatter and share stories from team journeys in NES.

It was agreed that there is an important performance management dimension to ensuring completion of both PR&P and essential learning, on the part of management and staff across NES. It was suggested that the need to complete both, and for managers to ensure completion by their teams/direct reports, should be reflected in personal objectives. The committee highlighted the importance of ensuring the necessary engagement across the organisation, and it was agreed that the matters would be put on the agendas for the next meetings of the SLMT and the Partnership Forum. **Action: DJF**

The committee thanked Anne Campbell for her helpful paper, the contents of which were noted. It was agreed that a verbal update will be provided at the next committee meeting. **Action: AC**

9. Staff Governance Monitoring Return 2017/18 (NES/SGC/18/33)

Dorothy Wright introduced a paper inviting the committee to consider the feedback provided by Scottish Government and NES's subsequent follow-up letter responding to the feedback points.

The following points emerged in discussion:

- Members were encouraged by the Scottish Government's feedback and agreed that NES's response provides some useful examples of process learning.
- In relation to the wording of one of the points covered in the NES response to Scottish Government, it was acknowledged that while organisations must seek to secure a workplace free from of bullying and harassment, none can guarantee to 'deliver' that.
- The importance of developing 'Once for Scotland' approaches and policies was re-iterated. The committee noted that the Scottish Government's letter dated 18 September 2018 indicated, in the context of Once for Scotland, that NHS Boards should not review their own policies unless necessitated by legislative change.
- It was understood that the staff governance monitoring process will change significantly in future, as Scottish Government becomes more reliant on iMatter data.

Following discussion, the committee noted the circulated correspondence.

10. Communications Protocols

a. Social Media Protocol

(NES/SGC/18/34)

John MacEachen introduced a paper regarding the need to update NES's Social Media Policy to take account of both the fast-moving social media landscape and changes in the way NES uses social media to promote and publicise its activities. The following points were highlighted:

- The proposed 'Business & Personal Use of Social Media' document is now referred to as a 'protocol'. It provides signposting to relevant policies, rather than representing a policy per se. Dorothy Wright confirmed that the Scottish Government's steer regarding NHS Boards' reviewing of their own policies does not apply to the refreshing of such protocols.
- There is a proposal to take any business cases in relation to new social media accounts to the Senior Operational Leadership Group (SOLG) in future.

Discussion of the paper produced the following main points:

- It was acknowledged that the main purpose of the paper is to raise staff awareness of issues around the business and personal use of social media.
- The committee commended the Key Messages at the beginning of the paper. It was agreed that a point should be added to the effect that staff should, if in doubt, consult their line manager.
- Where the protocol indicates that staff should notify their line manager or others, it would be helpful to indicate what is expected to happen as a result.
- There may be a need for training for line managers. **Action: JMacE**
- It was suggested that compliance with the protocol might be referenced in staff contracts of employment.

- It was agreed that a declaration should be added to the end of the document, for staff to sign to the effect that they have read and understand the protocol. **Action: JMacE**
- Two typographical errors were noted in the Executive Summary.
- Some suggestions were agreed in relation to providing greater clarity in the wording of sections 4.2 and 4.3.
- It was agreed to delete items e) and f) on the second page of Annex A, and to add the Director of Workforce to those the list of people in item d).
- It may be useful to reference the role of the 'Prevent' Champion in NES.
- It would be helpful to add page numbers to the document.

Following discussion, the protocol will be amended in the light of discussion and passed to Caroline Lamb and Dorothy Wright for review and approval.

Action: JMacE

b. Accessible Communications Protocol (NES/SGC/18/35)

John MacEachen introduced a paper proposing an updated NES protocol on accessibility. It was suggested that, as well as the need to keep such documents up to date, a refresh of this protocol will assist the Corporate Communications and E&D teams in their efforts to promote good practice in publications and resources.

In discussion, the following points were agreed:

- The protocol should provide links to the NES brand guidelines and any other appropriate standards.
- The document should be refined, as necessary, to ensure that it is exemplary in respect of demonstrating the meeting of the relevant guidelines/standards.
- It would be helpful to add page numbers to the document.

Subject to these points, the paper was approved.

Action: JMacE

11. Workforce Metrics (NES/SGC/18/36)

A paper had been circulated to highlight the People & OD Dashboard and provide members with the details for access to the workforce data on the Tableau system.

While members appreciated the opportunity to access the Workforce Dashboard and the People & OD Indicators, it was agreed that it was important for the committee to receive a summary highlighting any issues of particular concern or interest.

It was agreed that development sessions could usefully take place across the organisation to support staff in using this valuable data locally and it was noted that the NMAHP Directorate's positive engagement with the Workforce dashboard might provide some useful learning in this context.

It was recognised that there is a need to enhance the data currently on the dashboard, which would become more meaningful through the sharing of Directorates' iMatter data,

Action: DW

12. Our Way: Update

(NES/SGC/18/37)

Dorothy Wright briefly introduced a paper providing an update on the work which has been progressed to create resources to support Our Way, the NES way of working. The paper provided background, in advance of a substantive discussion at the committee's next meeting in February 2019.

The committee noted the paper and looked forward to a substantive discussion at the next meeting.

13. Equality and Diversity Update

(NES/SGC/18/38)

The committee received a paper providing the 2018-19 Quarter 2 performance update for equality and diversity, and information on the timescale for producing NES's statutory equality progress report.

The committee commended the substantive progress indicated in the paper.

14. Policy Tracker: Update

(NES/SGC/18/39)

Dorothy Wright introduced a paper inviting the committee to note the Scottish Government SWAG Committee's agreement to a change in how workforce policies are developed and providing an assurance that all NES policies are up-to-date and tracked to ensure that they remain current and that any transition to 'Once for Scotland' Policies will be seamless. She assured the committee that forward actions would comply with the Scottish Government's Government's steer regarding NHS Boards' reviewing of their policies.

The committee noted the paper.

15. Managing Health, Safety and Wellbeing Committee minutes

The committee noted the minutes of this committee's meeting held on 26th July 2018, and in particular the concerns expressed regarding current completion rates in relation to essential learning in the area of health and safety at work.

16. Change Management Programme Board (CMPB) minutes

The committee noted the minutes of the CMPB meeting held on 26th September 2018.

17. Any other business

a. Non-Executive Director Whistleblowing Champion

As the Non-Executive Director Whistleblowing Champion in NES has traditionally been the Chair of the Staff Governance Committee, it was noted that the Board

Chair had already nominated Linda Dunion to take on this role and this appointment was agreed by the committee. Linda will be informed accordingly.

Action: DJF

b. Brexit update

DW advised that an update communication will be issued to NES staff soon.

Work is also in hand to conduct a survey to gather data from the trainees employed by NES.

The committee noted this verbal update.

18. Date and time of next meeting

It was confirmed that the committee's next meeting will take place on Thursday 7th February 2019. It was agreed that, subject to Linda Dunion's agreement, it and subsequent meetings should commence at 10.15 a.m.

Action: DJF

NES
November 2018
DJF/dw/at/cl

NHS Education for Scotland

Board Paper Summary

1. Title of Paper

Draft NES strategic plan 2019 – 2024 – consultation version

2. Author(s) of Paper

Donald Cameron, Director of Planning and Corporate Resources

3. Purpose of Paper

The purpose of this Paper is to present the key elements of the draft NES Strategic Plan to the Board and to invite further comment, discussion and refinement prior to proceeding to consultation with stakeholders and staff.

4. Key Issues

The NES Board is responsible for setting the Strategic Direction of the organisation, defining its annual and long-term objectives and agreeing plans to achieve these. The Board is also responsible for ensuring effective dialogue within the organisation; and between the organisation and our stakeholders in relation to our plans. The NES strategic plan is a key reference point for our external stakeholders, NES staff and Board members. It drives important aspects of our governance such as operational planning and performance management and makes us more accountable for how we use public funding.

The current NES Strategic Framework runs from 2014 to 2019, we therefore need to publish our new Strategic Plan in April 2019. Over the last few months we have consulted stakeholders and staff on the continuing relevance of our current strategic themes. We held a Board Workshop to consider our future strategic direction on 30th August. There was consensus that the vision and mission set out in the 2014-2019 strategic framework was insufficiently broad to capture NES's current and future scope of responsibilities. It was agreed that NES's anticipated role in a 'cradle to grave' approach to supporting all career stages, from attraction through to professional development would be important. The Board agreed that we should adopt a 'pioneering' approach requiring growth in scope and more innovative ways of working

whilst at the same time consolidating existing areas of expertise. We should be ambitious, tempered by a sense of realism, and it will be important to manage expectations (in both directions).

The views of the Board were confirmed by subsequent staff workshops with the Executive Team, Senior Management and Leadership Team, Senior Operational Leads Group, Participation, Equality & Diversity Leads Network and the Educational Leadership Group. These meetings were instrumental in identifying and refining the ambition and areas of strategic focus in the draft document.

The document attached sets out an extended Strategic Vision and Mission for NES, and some options for the expression of these. It seeks to articulate our strategic ambition and then to describe this under areas of strategic focus.

5 Next Steps

Following approval of the consultation draft, we will circulate the document to stakeholders and to NES staff in early December using social media and the 'Affinity' database which covers all public sector organisations in Scotland plus the third and independent sector, higher and further education and regulatory bodies. Consultees will be asked to respond to structured questions and invited to make general and specific comments on key areas of the draft i.e. vision, mission and key areas of focus.

Following the close of the consultation in January, we will analyse the results and prepare a new draft for consideration and sign-off by the Board at the development day workshop on 28 February.

6. Educational Implications

The strategy provides a framework for planning our educational activities.

7. Financial Implications

There are no direct financial implications in developing the revised strategic framework but operational and financial planning will be aligned to the framework each year.

8. Equality and Diversity

We have considered the equality and diversity implications if the strategic framework in consultation with the Board, staff and external stakeholders. This has provided a clear focus on inclusion, widening access to education and training, and addressing health inequalities as a cross-cutting strategic theme.

We have a statutory duty to carry out a Fairer Scotland Assessment as part of the process of revising our strategic framework. The 'key requirement' of the Fairer Scotland Duty is that we actively consider what we can do to reduce inequalities of outcome caused by socio-economic disadvantage in decisions we make about strategy

or policy. The Participation, Equality & Diversity Leads Network looked at this requirement specifically and has enhanced draft content relating to health inequalities and widening access. It is anticipated that the draft strategic plan may require a refresh of the NES equality duties.

9. Communications Plan

The Head of Communications has been involved in the core team developing the strategic plan and will be guiding communications activities during the review process and to support the launch of the published framework. The approved document will be designed by the in-house Design Team.

10. Recommendation(s) for Decision

The Board is asked to review, comment on and approve (subject to changes) the draft strategic plan for consultation.

NES
November 2018
DC/cl

'Placing people at the heart of health and care'

The NES Strategic Plan 2019-24

Document Control

Version	Date	Authors	Comments
Draft 1.0	17/10/18	DC/SW/RC/HA	1 st incomplete draft based on initial stakeholder feedback and workshops.
Draft 2.0	08/11/18	HA/DC/SW/RC	Draft based on Executive Team revision
Draft 3.0	16/11/18	HA/DC/SW/RC	Executive Team comments on Draft 2.0 included
Draft 4.0	22/11/18	CL/DC	V4 removing strategic outcomes and operational headings after feedback
Draft 5.0	21/11/18	CL/DC	Redrafting
Draft 6.0	22/11/18	HA/RC/SW/DC	Editing and formatting

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- 2. Our vision and mission**
- 3. Our strategic intent for 2019-24**
- 4. Our Way**
- 5. Measuring success**

DRAFT

1. Introduction from our Chair and Chief Executive

To be drafted following consultation and finalisation of the Plan

DRAFT

2. Our vision and mission

NHS Education for Scotland started life as the national NHS board with responsibility for education, training and workforce development. This remains at the core of what we do, however, over the last five years our role has grown to meet the challenges faced by health and social care. In addition to providing national infrastructure for structured training programmes and continued learning and career development, we are increasingly working with partners in areas such as attraction and recruitment, improving the employment experience, and organisational and leadership development. We have also transformed our use of digital technology, placing the user at the centre and adopting cloud technologies which enable access anywhere from any device. We are recognised as a leader in this area and, at the request of Scottish Government, we established the NES Digital Service (NDS) in 2018 to develop a national digital platform, one of the key deliverables from the Digital Health and Care Strategy. This aligns with the work already delivered by NES Digital to support workforce and business services. We are also leading the work to join up workforce supply side data and provide analysis and scenarios to inform workforce planning.

In developing this strategic plan, we used intelligence from our joint working with NHS regions as they built their plans in partnership with national boards, territorial boards and health and social care organisations. Maintaining a sustainable workforce is an increasing challenge and, as the 'People' organisation for NHS Scotland, we have refocussed our vision and mission on improving the training and employment journey, enabling more effective delivery nationally, regionally and locally.

OUR VISION: (Options)

‘Placing people at the heart of care’

‘High quality health and care that places people at its heart’

‘Developing people to deliver high quality health and care services’

OUR MISSION: (Options)

‘We will work with partners to provide national infrastructure, training and development that supports people to provide high quality health and care’

‘To provide comprehensive workforce support services that fulfil national strategic ambitions for health and care services in Scotland, through the high-quality provision of training, development and digitally enabled systems’

3. Our strategic intent for 2019-24

In Scotland, as we live longer, we want to ensure we stay healthy and that the benefits of longer, healthier lives are felt fairly by all sections of our society. To meet this aspiration, we require services that can adapt to the challenges of a system under pressure from scarce resources, increasing demand for care, social and health inequality, multiple long-term conditions and complexity of care. Having the right numbers of highly skilled, well trained and well supported staff, in the right place, at the right time, is essential to meeting these challenges.

Our ambition is for health and care services where people can access the information they need where and when they need it, where people are confident in using technology to improve care and where staff are supported by user-friendly applications that release time for front line services. We want to see a workplace where learners are valued and supported to develop their practice and careers through excellent educational resources. We want to ensure that careers in health and care are progressive, flexible, and full of possibilities to help us attract and retain the workforce we need. We want to improve employment choices in health and care for people at all stages in their careers, including those who have taken a break and want to return to work. We want to ensure that undergraduates in the healthcare disciplines in Scotland have the best possible experience, that their curricula are relevant to the changing needs of services, and that we retain as many graduates as possible to progress to post-qualification roles.

Our work will be increasingly informed by data analysis, evidence and impact assessment. We will provide high quality advice on intakes to undergraduate and postgraduate programmes, recruitment, progression and retention. We will also retain a focus on

reviewing and improving our organisation and our performance, ensuring that we are an exemplar in employment practices and achieve the staff governance standard.



The NES Contribution to High Quality Health and Care

This strategic plan sets out the following key areas of focus for 2019-24. *(draft for comment)*

A high-quality learning and employment environment

Much of the training and education in health and care takes place in the workplace. The quality of the employment experience has an impact on learning and on our ability to recruit and retain the workforce we need. We will work with partners to ensure that health and care is a great place to work and learn, ensuring positive employment experiences, and a greater focus on health and well-being, for a better work-life balance and greater work satisfaction. We will improve the Lead Employers for Doctors in Training arrangements, extend these to dentists in training and consider their application to other staff groups. Our work with partners to develop single employment policies and procedures across NHS Scotland will ensure that these are easily accessible through digital infrastructure.

We will provide educational infrastructure for training and practice education, ensuring that learners are well supported in the workplace. We will work with partners to ensure there is effective quality management and educational governance in the workplace and improved levels of satisfaction for trainee workplace placements. We will increase opportunities to share learning accessible to everyone regardless of their geographical location.

To improve the quality of the learning environment, we will extend our existing mechanisms for gathering information from trainees and will join this up with information from national employee experience tools. Our digital platform will be developed to provide business and administrative services, including the implementation of national approaches to rostering which improve the transparency and equity of rota creation and the deployment of staff. We will provide the infrastructure and resources to support

revalidation, meaningful career conversations and appraisal and will make it easy to link personal development plans to learning resources and individual educational portfolios.

National infrastructure to support attraction, recruitment, training and retention

National support for attraction and recruitment strategies which widen access to health and care careers will be an important focus of our work over the next five years. We will ensure clear routes of entry and progression for all roles and grades that will help staff and trainees achieve their potential; and provide equal access to employment, training and progression. We will also focus on increasing opportunities for youth employment.

We will work with the Scottish Funding Council (SFC) to ensure their outcome agreements with higher education meet the needs of health and care and monitor performance. We will support placements in undergraduate education that provide high quality experiences for students, particularly in those areas where we wish to increase recruitment. We will provide post-graduate training in line with Scottish Government and regulatory requirements and will manage progression through these programmes. We will improve 'onboarding' experiences for staff and trainees and provide career support, frameworks and return to practice programmes to improve retention.

Training and development to support a skilled, adaptable and compassionate workforce

Our programmes of continuing professional development (CPD), practitioner role development and frameworks for practice will be key to supporting service re-design, enhanced capacity and a better skill mix in primary care. To help reduce the pressure on

general practice we will deliver multi-disciplinary team development and enhanced roles for pharmacists, paramedics, district nurses, practice nurses, allied health professionals and advanced nurse practitioners.

To support a person-centred approach to learning and delivering care, we will provide high quality resources to develop a skilled and confident workforce who are equipped to listen, understand, and establish caring and compassionate connections. We will provide organisational, leadership and management development supported by digitally enabled resources to track skills, roles and competencies and develop high-potential individuals with the right values and behaviours to operate across boundaries. We will support partners to develop a culture of continuous improvement embedded in everyday practice through quality improvement.

To maintain high standards of clinical skills education for health care practitioners we will work with partners to scale up the availability of simulation skills training and we will support patient safety and human factors education which aims to ensure people receive a positive, high quality and safe experience. We will also complete the roll out of our digital learning platform providing a single source of training services, learning resources and information that can be accessed by anyone, anywhere from any device. This will also enable sharing and reduce duplication across health and care.

A national digital platform, analysis, intelligence and modelling.

A key deliverable of the Digital Health and Care Strategy is a national digital platform which enables citizens and the health and care workforce to access the information they need, where and when they need it. We will lead development of the national digital platform to replace the current model of multiple systems which has resulted in duplication and limitations in our use of national data. To support this area, we will develop digital and IT staff across NHS Scotland to equip them with the skills to host, manage, develop, deploy and procure cloud-based applications to improve the health and care experience. We will also focus on the digital

capabilities and confidence of the whole workforce, ensuring they are able to take advantage of digital technologies to improve their own practice and the care they provide.

We will achieve accreditation as a national statistics provider and fully develop a supply side workforce data platform. This will enable scenario planning and improve the quality of workforce data to support decision-makers, for example on the intake to undergraduate programmes, progression through those programmes and the outcomes achieved. We will also support educational research to inform workforce planning. This will include areas such as studies into the choices that trainees make at different points in their careers.

A high performing organisation

Over the next five years we will aim for excellence in governance and continuous improvement to enable our workforce to work well together and meet the challenges of the future outlined within this strategic plan. We will retain a strong focus on staff governance, development, health and wellbeing to ensure our staff have a positive and flexible employment experience while they work at NES. We will develop a culture of collaborative working, innovation, continuous improvement and shared responsibility supported by organisational development, learning and performance improvement. To support agile working practices, we will continue to become a fully digitally enabled organisation, using technology, communication tools and workplace design to improve how we work. We will provide corporate services which deliver effective accountability and governance and meet our responsibilities to become a sustainable and energy-efficient organisation.

These areas of focus (strategic themes) are underpinned by cross-cutting principles that apply across all our work. These are:

- **Promoting equality and diversity and addressing inequalities** - Ensuring an inclusive approach, valuing diversity and addressing the wider inequalities and factors that affect the workforce and the health of people in Scotland.
- **Participation, partnership and leadership** - Planning and delivering our activities with stakeholders and demonstrating leadership.
- **Digital enablement** - Actively exploiting opportunities to provide access to learning, services and information through our digital platform.
- **Demonstrating impact** - Planning and measuring our activities on learning, performance and services to understand their impact.

4. Our Way

We are committed to the values we share with all NHS Scotland organisations. NES's 'Our Way' describes the ways of working which support these values. It guides how we behave, the decisions we make and the way we treat people, so that we are always effective, respectful and engaging when working together and with others.

'OUR WAY' INFOGRAPHIC (to be designed)

NHS Scotland Values	<ul style="list-style-type: none"> • care and compassion • dignity and respect • openness, honesty and responsibility • quality and teamwork
NES Vision	
NES Mission	
NES Leadership Behaviours	<ul style="list-style-type: none"> • inspiring • empowering • adaptive • collaborative • engaged and engaging
NES Ways of Working	<ul style="list-style-type: none"> • care for those we work for and those we work with • respect and value one another • be open, listen and learn • take responsibility and lead by example • look ahead and be creative • respond appropriately and effectively • work together to a clear common cause • deliver excellence

5. Measuring success

This strategic plan guides our operational planning each year to align our programmes of work, desired outcomes and performance targets under the key areas of strategic focus described in this plan. Alongside this strategic plan, we will use our corporate risk strategy to manage risks through regular review and reporting to the NES Board. Our risk appetite reflects the need to be ambitious and we exercise risk control at a strategic and operational level.

The NES Board has oversight of the communications strategy and key messages to support this strategic plan, helping to develop our profile with key stakeholders and engaging them in our work. This strategic plan outlines the contribution we make to wider national outcomes for Scotland and success will be measured against our annual operational plan, which identifies the outcomes and performance targets to be achieved. Our annual plans are developed in partnership with stakeholders and we will report progress to the NES Board, quarterly against our performance targets and annually against our areas of strategic focus. This ensures there is effective control and our stakeholders are fully involved and informed.

NHS Education for Scotland

Board Paper Summary

1. **Title of Paper**

Operational Planning 2019/20

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

Donald Cameron, Director of Planning and Corporate Services
Audrey McColl, Director of Finance

3. **Purpose of Paper**

To provide the Board with an update on the process for Operational Planning for 2019/20.

4. **Key Items**

The operational planning process for 2019/20 builds on the new approach we developed last year where we introduced a priorities framework. In addition, 2019/20 operational planning will be done within the context of a new Strategic Framework for 2019-24 which is currently being drafted for consultation.

It is expected that the Scottish Budget will be presented to Parliament by the Cabinet Secretary for Finance, Economy and Fair Work on 12 December 2018.

This later announcement allows the Scottish Government (SG) to fully consider the implications for Scotland arising from the Autumn Statement announced on 29th October, the impact of Scottish Government decisions on tax raising powers as well as the implications from the current Brexit negotiations. The UK Budget confirmed additional health resource consequentials of £550 million in 2019-20. This is £55 million lower than the expected level of funding outlined in indicative figures from HM Treasury in June however, the Scottish Government has committed to pass on health resource consequentials in full. The impact, if any, for individual Boards will not be known until the publication of the Scottish Budget.

This means that, like last year, we have begun our operational planning process without any formal SG planning guidelines in place. Instead assumptions have been made based on discussions with SG, Directors of Finance and our experiences in previous years.

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.

5. Educational Implications

Impact on educational outcomes will be considered throughout the process.

6. Financial Implications

There are no direct financial implications as a result of this paper but a robust operational planning process (including developing a draft budget) is essential to ensure that we do not breach any of our delegated financial limits.

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

A robust operational planning process contributes to the achievement of all our strategic objectives.

8. Impact on the Quality Ambitions

The education and training that NES provides/commissions is designed to impact on all the quality ambitions.

9. Key Risks and Proposals to Mitigate the Risks

There is a risk that the planning assumptions we use at this stage are not sufficient to identify the amount of savings we are ultimately required to make. It is recognised, both internally and at SG that, given the current level of uncertainty, operational planning for 2019/20 will be an iterative process.

10. Equality and Diversity

At a later stage in the process the equality and diversity impact of any agreed efficiency savings will have to be assessed.

11. Communications Plan

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

Yes

No

A Communications Plan format template is available in the 'Meetings' and 'Communications' sections of the NES Intranet.

12. Recommendation(s) for Decision

The Board is asked to;

- note and comment on the approach to operational planning for 2019/20 and beyond
- comment on the Priorities Framework.

Director of Planning and Corporate Services
Director of Finance
November 2018

1.0 Background

The operational planning process for 2019/20 builds on the new approach we developed last year where we introduced a priorities framework. In addition, 2019/20 operational planning will be done within the context of a new Strategic Framework for 2019-24 which is currently being drafted for consultation.

The new strategic framework will guide our operational planning over the next five years and will align our annual programmes of work, desired outcomes and performance targets under new strategic themes and their operational headings in support of the strategic outcomes for 2019-24 identified under each strategic theme.

As in previous years it is expected that a draft Scottish Budget will not be published until 12th December 2018. This later announcement allows the Scottish Government (SG) to fully consider the implications for Scotland arising from the Autumn Statement announced on 29th October, the impact of Scottish Government decisions on tax raising powers as well as the implications from the current Brexit negotiations.

The UK Budget confirmed additional health resource consequential of £550 million in 2019-20. This is £55 million lower than the expected level of funding outlined in indicative figures from HM Treasury in June however, the Scottish Government has committed to pass on health resource consequential in full. The impact, if any, for individual Boards will not be known until the publication of the Scottish Budget.

2.0 Operational Planning Process

Operational planning for 2019/20 is being developed at a programme delivery level within directorates with involvement from key partners. Directorates have been asked to; (1) plan all their activity in detail; (2) prioritise by identifying their 'must deliver' targets (KPIs) and; (3) budget. The process will provide detailed information on budgets, our programmes of work, impact in terms of outcome, performance targets and risks. Although the initial focus is on 2019/20, the recent announcement by the Cabinet Secretary on a 3-year planning framework means that more detailed budgets are also being developed for 2020/21 and 2021/22.

In advance of 2019/20 operational planning we analysed the current policy environment and worked with colleagues in our Senior Operational Leadership Group (SOLG) to further develop the 'Priorities Framework' (see Appendix 1). When planning 2019/20 activities and their outcomes and targets, directorates are being asked to identify, and record in the system, which specific priority in the framework it aligns to. Where current activity does not relate directly to any specific framework priority this will also be recorded. The priorities framework is a tool which will allow visualisation of how it is proposed to align our resources against the individual items and highlight where there may be gaps or overlaps.

Within Appendix 1 titles highlighted in yellow represent new targets and those highlighted in peach are reworded from last year.

3.0 Planning Assumptions

Like last year, the later publication of the Scottish Budget means that we have begun our operational planning process without any formal SG planning guidelines in place. Therefore, our assumptions have been made based on discussions with SG, Directors of Finance and our experiences in previous years.

The following assumptions are currently being used;

- Pay Inflation is 3% based on the inflationary element of the proposed Agenda for Change pay scales and the Doctors and Dentists in Training pay scales for 2019/20
- Incremental pay increases as staff progress though the pay scales will not be funded, therefore the cost will have to be absorbed by directorates
- No real terms uplift is being assumed; therefore directorates will also need to absorb non-pay inflationary increases.

As the NES share of the current £15m Nationals Boards savings target of £2.5m will be removed on a recurrent basis in 2018/19 from the NES baseline, no further recurrent saving has been included at this stage. This may change when the indicative budgets are received from SG.

The Scottish Government has recently published the 'Medium-term Health & Social Care Financial Framework', a high-level document which estimated the Scottish NHS spend and funding to 2023/24 and the level of efficiencies which would be required at a consolidated level. It is not yet clear what the analysis will mean at an individual board level, but it indicates a further requirement to make efficiencies across the NHS over the coming years. No assumption for this is currently built into the planning process.

Last year, we set a budget which still had an unidentified in-year savings target of £0.7m to be found to enable a balanced budget. We also increased our reliance on using recurrent funding on a non-recurrent basis which is unsustainable in the longer term and would require recurrent savings of £4.4m to address if current expenditure levels are maintained. We will be looking to reduce this pressure as part of the Operational Planning process.

4.0 Approach to Budget Setting for 2019/20 within Operational Planning

The budget setting process aims to;

- Encourage a wider collaborative ownership of the budget setting process facilitated by the significant level of involvement of the Senior Operational Leadership Group
- Reduce the degree by which recurrent expenditure is currently supported by non- recurrent funding
- Ensure all activity has a clear link to our Strategic Framework 2019-24 through the priorities framework (appendix 1)
- Identify any potential for delivering activity on a 'Once for NES' basis
- Identify any potential for delivering activity on a 'Once for Scotland' basis.

Directorates have not been issued with detailed indicative budgets but have been asked to submit the most cost-effective budget which enables them to deliver their required outcomes, with support from their Finance Business Partner. The only caveat has been that the recurrent budget requested for 2019/20 must not exceed the recurrent 2018/19 budget plus funding for the pay award.

As the inflationary element of pay award is being funded, all budget holders have been asked to identify efficiency savings which will contribute to the reduction of the underlying recurrent deficit as well as creating some flexibility to meet any efficiency targets which may be required by

Scottish Government. Any cost pressures within their budget area which do not relate to the inflationary element of pay will also have to be absorbed.

To provide additional flexibility to directorates there is now the potential for movement between financial years within a 3-year planning period for specific planned activities (where agreed in advance with Scottish Government) to support the more medium-term delivery within Health Boards.

5.0 Next Steps

Directorate Budget review meetings will shortly commence and are due to be completed in mid-December.

Once these are complete and any agreed changes have been incorporated the consolidated budget position will be reviewed and challenged by the Senior Operational Leadership Group. The members of this group are senior staff from across all directorates in NES. It is expected that this process will highlight any duplication, identify activities which could be carried out differently or areas where efficiencies could be delivered.

The SOLG will also consider what criteria could be used to allocate budget across activities, if there is not sufficient funding available, to meet the consolidated budget submissions.

A joint workshop for the Senior Operational Leadership Group and the Executive team is scheduled for 15th January 2019. This workshop will review and discuss progress to date and agree any further work required to enable agreement of a balanced budget for NES.

A progress report will be provided to the Board on 31st January 2019.

The final draft budget and Operational plan will be reviewed by Executive Team and submitted to Finance and Performance Management Committee on 20th February 2019 and then to the NES board on 28th March for formal approval.

6.0 Recommendation

The Board is asked to;

- note and comment on the approach to operational planning for 2019/20 and beyond
- comment on the Priorities Framework.

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DCameron
November 2018

Priorities Framework for Operational Planning (not ranked)

Ref	Level 1	Ref	Level 2	Ref	Level 3	Ref	Level 4
1	Recruiting and/or Training Key Healthcare Staff	1.1	Undergraduate				
		1.2	Recruitment of trainees				
		1.3	Training trainees				
		1.4	Infrastructure support for trainees				
		1.5	Non-trainee staff groups - training				
		1.6	Non-trainee staff groups - infrastructure support				
		1.7	Continuing professional development (CPD)				
		1.8	Healthcare support workers				
2	Health and Social Care Delivery Plan	2.1	Health and Social Care Integration	2.11	Palliative and end of life care		
				2.12	Complex care and long term conditions		
				2.13	Supporting care homes		
				2.14	New models of care and support in home care		
		2.2	National Clinical Strategy	2.21	Expansion of GP numbers		
				2.22	Pharmacists with advanced clinical skills		
				2.23	Increased health visitor numbers		
				2.24	Increasing the supply of doctors to rural areas and general practice		
				2.25	A refreshed role for district nurses		
				2.26	Additional advanced nurse practitioners		
				2.27	Additional training places for nurses and midwives		
				2.28	Increased medicine undergraduates		
				2.29	Maternity and neonatal services workers		
				2.30	Oral health improvement		
				2.31	Training for the 'Family Nurse Partnership'		
				2.32	Cancer care early detection and diagnosis		
				2.33	Technology enabled workforce		
				2.34	Health literacy		
				2.35	Realistic medicine as a core component of training		
		2.3	Public Health Improvement	2.36	Active and independent living improvement programme		
				2.37	Child and maternal health		
				2.38	Mental health and suicide prevention		
				2.39	Parenting programmes		
				2.40	Child and adolescent mental health and psychological therapies		

		2.4	NHS Board Reform	2.41	'Shared Service' approach to support functions		
				2.42	Leadership and talent management		
		2.5	Cross Cutting Actions	2.51	Getting It Right For Every Child - children and young people		
				2.52	Digital Health and Care Strategy - 'National Digital Platform'		
				2.53	National Health and Social Care Workforce Plan - Parts 1,2 and 3	2.531	Workforce data set, data sources and data platform (Pt1)
						2.532	Workforce planning training resources (Pt1)
						2.533	Training routes to General Medical Practice (Pt3)
						2.534	Increased pre-registration pharmacist training posts (Pt3)
						2.535	GP Practice Team Development (Pt3)
3	Operational Plan/National Board Discussion Document	3.1	Careers advice and resources				
		3.2	"Return to Practice" initiatives				
		3.3	Digital - Turas (People, Appraisal and Learn)				
		3.4	NHS Scotland business systems development				
		3.5	Employment models for doctors and dentists in training				
		3.6	Quality improvement (QI)/Scottish Patient Safety Programme				
4	Legal Requirement	4.1	Equality and diversity requirements				
		4.2	Employment legislation requirements				
		4.3	Information governance requirements				
		4.4	Regulatory requirements				
		4.5	Statutory reporting requirements				
5	Governance Requirements	5.1	Educational governance	5.11	Educational quality management/assurance processes		
				5.12	Feedback and comments (e.g.trainee surveys etc)		
				5.13	The participation standard		
		5.2	Corporate governance	5.21	Board and committee structures		
				5.22	Planning, performance and risk governance		
				5.23	Staff governance		
				5.24	Financial governance		
				5.25	Whistleblowing, concerns and complaints processes		
6	Existing Contractual Commitments	6.1	No break clause within 2019/20				
7	Existing Commitments - SLAs/Memorandums of Understanding	7.1	Where withdrawal would have significant impact on service delivery in another Board				

8	The 4 'Once for NES' OPIP Improvement Programmes	8.1	Training programme management				
		8.2	Workforce planning data and analytics				
		8.3	Leadership and management				
		8.4	Mental health, learning disabilities and dementia				
9	NES Infrastructure to support other Priorities	9.1	Property and facilities infrastructure				
		9.2	Digital hardware/software and service migration				
		9.3	HR, Finance & Corporate Services				

For guidance notes:

- a) Green 1-3 indicate SG/NHSScotland priorities and Strategic objectives where NES has agreed deliverables
Yellow 4,5,8,9 indicate obligations for NES as an organisation and NES internally agreed activities
Blue 6,7, indicate agreements which NES is obliged to continue.
- b) One priority should be selected as the main priority with others listed in the secondary field where appropriate.
- c) Activities should be prioritised according to the Directorate's responsibilities and user/stakeholders, e.g. where the stakeholders are primarily external to NES one of the green priorities will be more relevant
- d) There is no hierarchy in the Levels - use the most accurate descriptor and where we don't have sub-headings or where activities don't fall under above sub-heading descriptions use Level 1.
- e) Relevant reference to go in the 'Local Reference' field in the MiTracker activity screen - where activities don't fall under any level 1 heading, planners should use ref 'N/A'.
For all activities marked 'N/A', planners will be required to provide additional information during the planning review meetings to either support the continuation of the activity, or provide details of how they plan to modify it or implement an Exit Strategy.

NHS Education for Scotland

Board Paper Summary

1. **Title of Paper**

The Best Start: A Five Year Forward Plan for Maternity and Neonatal Services in Scotland

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

Susan Key
Karen Wilson
Judy Thomson

3. **Purpose of Paper**

Update NES Board on the implementation of a new approach to maternity services

4. **Key Issues**

- The Best Start: A Five Year Forward Plan for Maternity and Neonatal Services in Scotland was published in January 2017 and contains 76 recommendations. The key recommendations are based on creating a service that regards mother and baby as one entity and truly 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 required for the new models of care recommended. These recommendations are being reviewed and developed by the Education and Workforce sub group.
- The work of the sub-group has focused mainly on working with NHS Education for Scotland and the Early Adopter Boards (EAB) to understand the training required to introduce the new continuity of carer model of care and designing a training package to support this. The group is also working with the EAB teams to develop the role of the Maternity Care Support Worker to ensure there is a clear career path and structure in the new model.
- The group has convened a multidisciplinary remote and rural skills short life working group to understand the challenges and unique skill set required by workers in remote and rural areas. The group ultimately aims to produce a package of core technical competencies that will be used within local teams to learn and develop together improving cost effectiveness and team working.

4. Educational Implications

NES currently deliver a variety of educational programmes for the multi-professional maternity care team and associated professionals through the Scottish Multi-Professional Maternity Development Programme.

New resources are in development which include frameworks and training tools

Educational Implications are outlined in detail in the workforce and education section of the main paper.

6. Financial Implications

The increased requirements for education of the maternity care workforce to enable them to effectively deliver the reformed service will require additional resources. NES have received appropriate funding this year to begin the preparation of the workforce to meet the needs of best start. Discussions are also underway to cost the future years of the programme from both a development and delivery perspective.

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

A demonstrable impact of our work on healthcare services.

8. Impact on the Quality Ambitions

The aim of the review was to examine choice, quality and safety of maternity and neonatal services in light of current evidence and best practice, in consultation with the workforce, the boards and the service users. The report makes recommendations for a Scottish model of care that contributes to the Government's aims of person centred care, which provides the right care for every woman and baby every time, and gives all children the best start in life.

9. Key Risks and Proposals to Mitigate the Risks

The key risk for NES in this programme of work are that education does not meet the needs of the workforce in helping them to implement the principles of Best Start- NMAHP Associate Director, Susan Key co-chairs the education and workforce sub group. The group is made up of representatives from different professions within the maternity care team including a Health Care Support Worker, There are representatives from education, practice and workforce. All decisions made on educational recommendations are fully discussed with the local leads from NHS Boards and professional leads as appropriate.

10. Equality and Diversity

Briefly describe:

- a. Any equality and diversity impacts or risks which have been considered and actions identified for mitigating any negative impact or managing risk.

Learning delivered to support Best Start will be in a face to face (locally) and eLearning format. All materials will be produced in line with the NES guidance on equality and diversity.

The Perinatal and Infant Mental Health Curricular Framework contains a dimension about equality and diversity to capture the risk that women with mental health difficulties and their infants and families may not receive equitable services and it outlines the training requirements that can mitigate this risk.

- b. Opportunities identified for the work to reduce inequalities, advance equality of opportunity or foster good relations.

The Best Start vision is for the future planning, design and safe delivery of high quality maternity and neonatal services in Scotland. It puts the family at the centre of decisions so that all women, babies and their families get the highest quality of care according to their needs. This should help to reduce the impact of inequalities and deprivation which can have longer-term health consequences for families. Good maternity and neonatal care will support the best possible outcomes for mothers, babies and the wider family.

The key objective is to focus on the individual needs of each and every family, and in achieving this aim, will improve the quality and safety of services and secure improved health and wellbeing for mothers and babies in the short, medium and long term.

As mentioned above, the Perinatal and Infant Mental Health Curricular Framework contains a dimension about equality and diversity; but it also has knowledge and competencies outlined throughout which are aimed at fostering good relationships.

- c. Arrangements for completing an equality impact assessment (where the paper describes a new policy or workstream or a substantial revision to a policy or workstream).

11. Communications Plan

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

Yes

No

12. Recommendation(s) for Decision

The Board is asked to note the key recommendations from the Best Start and note and comments on the work underway in NES to support these.

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The Best Start: A Five Year Forward Plan for Maternity and Neonatal Services in Scotland

1. Background

1.1 The Minister for Public Health announced the review of Maternity and Neonatal services in Scotland in February 2015 and invited Jane Grant, then Chief Executive NHS Forth Valley to chair it. The review was focussed on creating a refreshed model of care and approach to maternity and neonatal services.

1.2 Prior to this Scotland's maternity and neonatal services generally provided high quality care with high levels of satisfaction amongst women and families who used those services. However, the services we had in place had developed over time rather than being designed with the needs of women and families who use them.

1.3 The point which the review was announced, a number of reports had made recommendations for improvement in the care and services for women, babies and their families that had implications for the way services are delivered in Scotland. These included:

1.3.1 Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK (MBRRACE-UK) reported on maternal mortality

1.3.2 The Scottish Maternity Care Experience Survey 2015 reported women's' views of care they had received;

1.3.3 The Report of The Morecambe Bay Investigation: 2015 reported failings in maternity and neonatal care in Morecambe Bay University Hospital Trust;

1.3.4 The Montgomery Judgement 2015 in relation to informed consent in maternity care.

1.3.5 The Mental Welfare Commission for Scotland (2016) Perinatal themed visit report: Keeping Mothers and Babies in Mind, which highlighted inequalities in provision of specialist perinatal mental health services

1.3.6 The British Psychological Society (2016). Perinatal Service Provision: The role of Perinatal Clinical Psychology

1.3.7 Galloway S & Hogg S (2015). Getting it right for mothers and babies: closing the gaps in community perinatal mental health services. London. NSPCC

1.3.8 Royal College of Psychiatrists Report on Recommendations for the Provision of Services for Childbearing Women (2015) [http://www.rcpsych.ac.uk/files/pdf version/CR197.pdf](http://www.rcpsych.ac.uk/files/pdf_version/CR197.pdf)

1.4 The aim of the review announced in February 2018 was to examine choice, quality and safety of maternity and neonatal services in light of current evidence and best practice, in consultation with the workforce, the boards and the service users. The report would make recommendations for a Scottish model of care that contributes to the Government aims of person centred care, which provides the right care for every women and baby every time and giving all children the best start in life.

2. Best Start Overview and Structure

2.1 The Best Start: A Five Year Forward Plan for Maternity and Neonatal Services in Scotland was published in January 2017 and contains 76 recommendations. The key recommendations are based on creating a service that regards mother and baby as one entity and truly puts the mother, baby and family at the centre of service planning and delivery.

- The main recommendations are:
 - **Continuity of Carer:** all women will have continuity of carer from a primary midwife, with midwives and obstetric teams aligned with a caseload of women and co-located for the provision of community and hospital based services. Early adopter boards will be identified to lead change.
 - **Mother and baby at the centre of care:** Maternity and Neonatal care should be co-designed with women and families from the outset, putting mother and baby together at the centre of service planning and delivery as one entity.
 - **Multi-professional working:** Improved and seamless multi-professional working.
 - **Safe, high quality, accessible care,** including local delivery of services, availability of choice, high quality postnatal care, colocation of specialist maternity and neonatal care as well as services for vulnerable women and perinatal mental health services.
 - **Neonatal Services:** proposes a move to 3-5 neonatal intensive care services in Scotland in the short term, progressing to 3 within 5 years. Note: report does not recommend closing any neonatal services but reducing the number who care for the very smallest and sickest babies (currently managed in 8 units across Scotland).
 - **Supporting the service changes:** the report also includes a number of recommendations about transport services, remote and rural care, telehealth and telemedicine, workforce, education and training, quality improvement and data and IT.

2.2 Shortly after publication, Jane Grant, Chief Executive of NHS Greater Glasgow and Clyde was announced as Chair of the Implementation Programme Board. The Programme Board was established with representation from across the maternity and neonatal community in Scotland, including service user representation via NCT and Bliss.

2.3 The 76 recommendations were split into those suitable for local implementation and those requiring national implementation. A Local lead was appointed in each of the 14 NHS Boards and they are currently progressing 23 recommendations. The first wave of locally led recommendations is expected to be complete by early 2019.

2.4 Three sub groups were established to drive forward many of the nationally led recommendations. The sub groups are Continuity of Carer and Local Delivery of Care, Perinatal Services, and Workforce and Education. The remaining nationally led recommendations sit with the Scottish Government for implementation.

3. Continuity of Carer and Local Delivery of Care sub group

3.1 One of the main recommendations in The Best Start is that women should receive continuity of carer throughout their pregnancy journey. Currently, women can see a number of community based midwives throughout their antenatal and postnatal care. During their labour, they are cared for by a completely different midwife based in the hospital who they haven't met previously during their pregnancy.

3.2 The recommendation in The Best Start is that midwives will work in small teams managing a caseload of women. Each women will be allocated a primary midwife who provide care throughout her entire pregnancy journey, including labour and birth. Women who need the input of an obstetrician, will have continuity of a primary obstetrician throughout their antenatal and postnatal care. Evidence shows that outcomes for women and babies are far improved when working in a continuity model of care. It is crucial that women who have mental health difficulties and their babies can aspire to the same standard of care as other mothers and their infants. In terms of an attachment model of care, the continuity of maternity support is likely to be even more important for women who have lowered well-being or poor mental health in the perinatal period.

3.3 In line with the wider aims of health and social care, more care will be delivered in the community. To support this, community hubs will be developed in each Board based around the needs of the local population and will support many aspects of maternity care.

3.4 This new model will completely transform the way that maternity care services are delivered in Scotland. With such a large-scale change there will be challenges so the implementation group are working closely with Boards to co-produce the model of care while appreciating that one size won't fit all and that Boards need to work in a way that suits their local demographics and geography.

3.5 In September 2017, the previous Cabinet Secretary announced that five Early Adopter Boards (EABs) had been selected to lead on early implementation of a suite of recommendations relating to continuity of carer and local delivery of care. These EABs – NHS Forth Valley, NHS Highland, NHS Lanarkshire, NHS Lothian and the Clyde area of NHS Greater Glasgow and Clyde have begun planning for implementation of the new model of care and undertaking tests of change to assist

with their modelling. They are also working with the remaining Boards to share learning.

3.6 Scottish Government (SG) are working with all Boards and the Early Adopter Teams to agree the timescale for implementation for both EABs and the remaining Boards. Stretch aims will be agreed for Boards to work towards in the coming years.

4. Perinatal Services Sub group

4.1 The Perinatal Services sub group has a wide remit to develop recommendations associated with the new neonatal model of care and specialist maternity care. To date the group has focused on carrying out an options appraisal to identify the location of the three neonatal intensive care units in Scotland. However, that group has a wider remit that will also include developing a risk assessment tool for neonatal transfers, producing information for parents on pathways of care for their baby, including end of life pathways and agreeing processes to enable well, preterm babies to be discharged home as early as possible.

4.2 A one-day NES 'Psychosocial Interventions in Neonatal Healthcare Training Programme' covers two topics: 'Identifying and Managing Parental Distress' and 'Communication' and is available to all neonatal staff

5. Workforce and Education

5.1 Currently NES delivers a variety of educational programmes for the multi-professional maternity care team and associated professionals through the Scottish Multi-Professional Maternity Development Programme. This involves delivering over 80 programmes across Scotland each year which include teaching on obstetric emergencies, neonatal resuscitation and examination of the newborn and updating on other clinical skills and procedures.

5.2 The SMMDP content will be adapted to meet the requirements of Best Start and further CPD will be developed for the workforce which includes, transitional care, case load holding, and clinical decision making- On-going and will be complete by January 2019

5.3 In terms of infant and perinatal mental health, NES Psychology Directorate is about to launch a refreshed Perinatal and Infant Mental Health Curricular Framework which sets out, in detail, the content of pre- and post- registration training and curricula to meet training needs across the Scottish maternity workforce, from a universal maternity care perspective through to specialist services. Additionally, NES psychology is developing a Matrix of evidence-based early interventions (0-3 years is underway at present), which will include contextual and implementation considerations along with the evidence base, to improve the quality of information available for service commissioners, and others, about enhancing the mental health and wellbeing of infants, children and young people. For neonatal healthcare professionals, a one-day NES 'Psychosocial Interventions in Neonatal Healthcare

Training Programme' covers two topics: 'Identifying and Managing Parental Distress' and 'Communication' and is available to all neonatal staff.

5.4 A Workforce and Education sub group has been established to consider a suite of recommendations relating to the training requirements and the future workforce required for the new models of care recommended in the Best Start. This Group is chaired by Susan Key, Associate Director of NMAHP at NES.

5.5 The work of the group has focused mainly on working with NHS Education for Scotland and the EABs to understand the training required to introduce the new continuity of carer model of care and designing a training package to support this. The group is also working with the EAB teams to develop the role and a clear career path and structure for maternity support workers in the new model.

5.6 The group have also set up a multidisciplinary remote and rural skills short life working group to understand the challenges and unique skill set required by workers in remote and rural areas. The group is ultimately aiming to produce a package of core technical competencies that can be learned and updated locally within wider team for efficiency and team work. This will be finalised by January 2019.

5.7 The final area the group will consider is the future workforce requirements for Boards to deliver both the new continuity of carer model of maternity care as well as the new model of neonatal care. In addition, the group will consider the rotation of neonatal staff to ensure that skill levels are maintained across Scotland with the redesigned neonatal intensive care service.

6. National Linked Projects

6.1 A number of recommendations have been identified for national lead by the Scottish Government . These include:

- Redesign of information for parents (Ready Steady Baby resource)
- Redesign of the place of birth pathways
- Research study into the rising caesarean section rate
- Development of a single MCN and maternity network
- A single expenses scheme for parents with babies in neonatal care
- Development of a national data hub
- Development of a single maternity system and electronic women's record
- Evaluation of the implementation of the Best Start

6.2 The Mental Health Strategy (2017-2027) contains two relevant actions:

- Action 3: Commission the development of a Matrix of evidence-based interventions to improve the mental health and wellbeing of children and young people. This work is underway at NES
- Action 16: Fund the introduction of a Managed Clinical Network (MCN) to improve the recognition and treatment of perinatal mental health problems an refresh of the Perinatal Mental Health Curricular Framework

6.3 Many of these pieces of work are either complete or are well underway. The Neonatal Expenses Fund was launched by the previous Cabinet Secretary and started in April 2018. This £1.5m fund will reimburse parents for any out of pocket travel and subsistence costs they have encountered during the time their baby is in neonatal care. This scheme has been widely welcomed, in particular by the charity Bliss.

6.4 Work on creating a single Managed Clinical Network (MCN) for neonatal is almost complete and it is hoped that the single MCN will be operational by the end of 2018.

6.5 The perinatal mental health MCN was launched in June 2018

6.6 The Perinatal Mental Health Curricular Framework sets out, in detail, the content of pre- and post- registration training and curricula to meet training needs across the Scottish maternity workforce, from a universal maternity care perspective through to specialist services. It has recently been refreshed by NES and the perinatal MCN and will be launched imminently on NES TURAS LEARN.

7. Local recommendations

7.1 23 recommendations have been identified as suitable for local implementation at NHS Board level. Examples of these local recommendations include:

- All women having an agreed birth plan
- Partners being allowed to stay on postnatal wards;
- Provision of choice of place of birth;
- Range of available pain relief options;
- Parents involved in neonatal consultant ward rounds.

7.2 A local lead has been appointed in each Board and SG hold regular meetings with these leads to ensure a consistent approach is being taken regarding implementation.

7.3 The 23 recommendations were split into short term (by January 2019), medium term (by July 2019) and long-term prioritisation (by January 2020). The first progress update was sought from Boards in July 2018 and asked Boards to rate themselves on their current progress with short and medium-term recommendations. The returns were positive and showed most Boards to have either completed or be well on track to implementing the short-term recommendations by January 2019.

8. Communications and engagement

8.1 Communications and engagement was a strong feature of the review process and the recommendations were grounded in the views of service users and professionals. The Implementation Programme Board has asked that partnership working, communication and engagement continue to be core features during the implementation phase.

8.2 Since the implementation phase started in June 2017, a number of communication and engagement opportunities were identified and taken forward. Three Regional events took place in June and July 2017 and gave over 300 staff and service users the opportunity to hear more about The Best Start and discuss the findings and implementation.

8.3 A key message pack and core presentation was shared with all Boards to allow them to start local communications. This local communication work has continued in all Boards, specifically in the Early Adopter Boards who have been undertaking various forms of communication and engagement – e.g. buzz sessions, newsletters and thought boxes to engage with staff and seek their views on the changes.

8.4 Blogs, social media and newsletters have also been used to keep staff and service users updated with implementation progress so far.

8.5 Over the next year, as progress is made with implementation, SG plan to showcase best practice as well as encouraging Boards to learn from each other. A “two year on” event is planned for early 2019 and will showcase work from across The Best Start. This event will mark the end of the Early Adopter Board planning phase and the start of the remaining nine Boards planning for implementation of the continuity of carer model.

8.6 Additional communication and engagement opportunities will be proactively sought as implementation continues to fully engage staff and service users in the process.

Here are three short videos that SG are planning to share with all NHS Boards shortly

Continuity of Carer-

<https://vimeo.com/274724685/67d2b77624>

Keeping mothers and babies together –

<https://vimeo.com/278340408/f55613ab5c>

Transitional care -

<https://vimeo.com/278453014/2c8cc3ad85>

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NHS Education for Scotland

Board Paper Summary

1. Title of Paper

Developments in NES Pharmacy

2. Author(s) of Paper

Professor Anne Watson, Postgraduate Pharmacy Dean, NES

3. Purpose of Paper

To highlight to the Board the key developments and scope of work within the Pharmacy team in NES in line with Scottish Government strategy and developments within the profession in taking forward workforce development and service transformation.

4. Key Issues

Scottish Government (SG) through their Strategy 'Achieving Excellence in Pharmaceutical Care' (AEiPC) 2017 is committed to improving NHS pharmaceutical care services across Scotland, further developing the pharmacy workforce capacity and capability while working towards a vision where pharmacy is an integral part of a modern NHS in Scotland.

In 2015 - 2018, SG invested £14.3M over the 3 years, of primarily *Primary care monies* to develop pharmacy services (pharmacists and pharmacy technicians) within GP practices to support the shortage of GPs in Scotland. These monies were given to NHS Boards to employ staff and NES was allocated monies for educational support. Primary care monies have been allocated to the Boards to continue recruitment of staff.

Scottish Government – National Health and Social Care Workforce Plan (Part 3)– Improving workforce planning for Primary care in Scotland (2018) sets out to reform primary care in Scotland and focusses on developing, building and expanding multidisciplinary teams with each professional contributing their unique skills to managing care and improving patient outcomes. The role of pharmacy, both

in terms of pharmacists and pharmacy technicians, is clearly outlined to allow pharmacists to use their unique role as medicines experts to support the GP team and reduce workload.

The *new GMS contract (2018)* detailed the specific Pharmacotherapy services to support the wider health care team within GP practices which are expected to be delivered by the current and future pharmacy staff being employed within the Boards.

All of the above strategies have 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.

5. Educational and Financial Implications

5.1 Scottish Government have allocated an additional **£4.233M** to NES which will be used to support the following educational initiatives :

Future workforce

- **30 additional Pre-Registration Pharmacist Scheme (PRPS) trainee posts [£840K]** to enhance the capacity of the future workforce.
- **Supporting Early Years Education & Training of pharmacists through Pharmacy Additional Cost of Teaching (ACT) [£2.847M]** to enhance the clinical experiential training of pharmacy undergraduates to support the capability of the future, with a particular focus on supporting training within primary care and remote and rural areas.

Current workforce - Building clinical capacity & capability and meeting the primary care transformation agenda

- **Develop educational supervision (ES) and clinical supervision (CS)** for the pharmacy workforce currently working within primary care GP practices to deliver Pharmacotherapy services **[£546K]** . The £780K from the AEiPC monies (previously £630K in 2017) will partly be used to support the following new educational initiative in addition to :

Current and future workforce - Building clinical capacity & capability with a focus on meeting the primary care transformation agenda

- **Develop and implement a Vocational Training Foundation Programme** for all newly qualified pharmacists and pharmacy technicians in Scotland, to cover and allow flexibility between all sectors – hospital, primary care and community pharmacy.

6. 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.
- Consistently well developed educational support roles and networks to enable education across the workplace.

7. Impact on the Quality Ambitions

The developments in pharmacy education aims to have a positive impact on all of the quality ambitions – safe, effective, and person centred care.

8. Key Risks and Proposals to Mitigate the Risks

The key risk for NES is the breadth and scope of the demands on the team with the hugely expanded work demands and financial accountability within tight timescales.

A strengthened leadership team and support network of staff to lead on these key areas of new work including business, financial and digital support will be developed in 2018 to ensure high quality, efficient delivery of education and training to maintain the high quality reputation of NES across Scotland and within the profession UK wide.

9. Equality and Diversity

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

Appropriate Equality Impact Assessments in relation to these new areas of work by the Pharmacy team as a result of requests to NES from the Scottish Government, will be considered and approached using the same standards and approaches expected by the Pharmacy team.

10. Health Inequalities

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

[See [guidance](#) if further information is required].

11. Communications Plan

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

Yes

No

A Communications Plan format template is available in the 'Meetings' and 'Communications' sections of the NES Intranet.

12. Recommendations

The Board is requested to support the developments within Pharmacy as a result of requests from the Scottish Government in order to take forward work to support workforce development within the profession in support of service transformation.

NES
Nov 2018
AW

PHARMACY DEVELOPMENTS WITHIN NES

Purpose

1. This paper aims to highlight to the Board the key developments and scope of work within the Pharmacy team in NES in line with Scottish Government strategy and developments within the profession in taking forward workforce development and service transformation both in terms of supporting and developing the current pharmacy workforce but also in developing the clinical capacity and capability of the future workforce starting at the early years and then developing careers.

The Scottish Government Pharmacy and Healthcare Strategies

2. *Scottish Government (SG) through their Strategy 'Achieving Excellence in Pharmaceutical Care' (AEiPC) 2017* is committed to improving NHS pharmaceutical care services across Scotland, further developing the pharmacy workforce capacity and capability while working towards a vision where pharmacy is an integral part of a modern NHS in Scotland.

The strategy identifies 2 key priority areas of activity, with 9 commitment areas to achieve the deliverables expected from the strategy as detailed below:

(i) Improving NHS Pharmaceutical Care

- a) Improved and Increased use of Community Pharmacy services
- b) Pharmacy teams integrated into GP practices
- c) Transformed Hospital Pharmacy services
- d) Pharmaceutical care that supports Safer Use of Medicines
- e) Improved Pharmaceutical Care at Home or in a Care Home
- f) Enhanced access to Pharmaceutical care in Remote and Rural communities

(ii) Enabling Pharmaceutical Care Transformation

- a) Pharmacy workforce with Enhanced Clinical Capability and Capacity
- b) Improved service delivery through Digital Information and Technologies
- c) Sustainable services that meet the population needs

NES Pharmacy will now receive **£780K** (previously £630K in 2017/18) in order to deliver specific key elements of education to support the 9 commitments above.

3. In 2015 - 2018, SG invested £14.3M over the 3 years, of primarily Primary care monies to develop pharmacy services (pharmacists and pharmacy technicians) within GP practices to support the shortage of GPs in Scotland. These monies were given to NHS Boards to employ staff and NES was allocated monies for educational

support. Primary care monies have been allocated to the Boards to continue recruitment of staff.

4. *Scottish Government – National Health and Social Care Workforce Plan (Part 3)– Improving workforce planning for Primary care in Scotland (2018).*

The plan clearly sets out a journey to reform primary care in Scotland and focusses on developing, building and expanding multidisciplinary teams made up of professionals each contributing their unique skills to managing care and improving patient outcomes. The role of pharmacy, both in terms of pharmacists and pharmacy technicians, is clearly outlined in a three-tiered Pharmacotherapy service to allow pharmacists to use their unique role as medicines experts to support the GP team and reduce workload.

It was recognised that as a first step toward this they also had to recognise that additional funding was required to increase the pipeline of pharmacists coming through to be able to work in primary care to improve the sustainability of the workforce.

5. The plan for Pharmacy services then formed part of the *new GMS contract (2018)*- further detail in Appendix 1- where the specific Pharmacotherapy services are detailed to support the wider health care team within GP practices which are expected to be delivered by the current and future pharmacy staff being employed within the Boards.

NES Pharmacy have been allocated additional ***NEW earmarked, recurrent monies (£4.233M)*** (letter issued in Sept 2018 – Appendix 2), for educational developments to support the aim of building the clinical capacity and capability of the pharmacy workforce in primary care to address GP shortages and support primary care transformation.

Main new areas of funding and NES Pharmacy plans

6. SG have requested that NES administer and manage the allocation of the monies (£4.233M) to support key educational development areas as follows:

(i) Supporting Early Years Education & Training of pharmacists through:

- a. **30 additional Pre-Registration Pharmacist Scheme (PRPS) trainee posts [£840K]** to enhance the capacity of the future workforce.
- b. **Pharmacy Additional Cost of Teaching (ACT) [£2.847M]** to enhance the clinical experiential training of pharmacy undergraduates to support the capability of the future. This will ensure

that pharmacists of the future will be placed to readily undertake new and emerging pharmacist roles and responsibilities, in the changing healthcare environment. NES will work with providers of undergraduate experiential learning across a wide range of settings with a particular focus on primary care, to develop a workforce ready to support their roles within primary care transformation.

(ii) Develop educational supervision (ES) and clinical supervision (CS) for the pharmacy workforce currently working within primary care GP practices to deliver Pharmacotherapy services [£546K]

7. In addition, SG have asked for specific developments to be taken forward as part of their AEiPC allocation of £780K monies (previously £630K in 2017/18) which will require additional capacity in NES.

NES Contribution to SG Strategy and developments within the profession

8. The plans set out above will result in a significant additional workload for the Pharmacy team. Some of the findings outlined above will be used for staffing and digital infrastructure to meet these demands.

There are also significant changes and developments for Pharmacy in terms of education from both the Regulator (General Pharmaceutical Council) and the Professional body (Royal Pharmaceutical Society) coming in the next few years which will have a workload impact on the team.

Funding and Resourcing

9. The Scottish Government has committed to the additional £4.233M for Early Years developments (Pharmacy ACT and 30 additional PRPS trainee places) and also GP Pharmacotherapy supervision. The 2018/19 budget for Pharmacy was **£6.904M** - which includes the £780K (previously £630K in 2017/18) AEiPC SG monies - and the new 2018/19 budget for Pharmacy is **£11.137M** due to additional allocation of **£4.233M** earmarked recurring funding.

Overall Governance and Reporting

10. We propose to establish a Pharmacy ACT Working Group (PAWG) in order to take forward proposals and develop Pharmacy ACT, with an appropriate financial allocation model. The group will be chaired by the Postgraduate Medical Dean (Professor Alastair McLellan) who has responsibility for Medical ACT within NES. In addition, members of the NES Medical ACT and Quality team as well as NES

Finance will be members of this group in order to ensure consistency of approach and governance processes are followed.

11. Senior NES Pharmacy staff on PAWG will then join and report into the Medical ACT Advisory Group (MAAG) in order to ensure consistent processes and governance are used.

Set up, accommodation and resourcing

17. The additional monies £4.233M was not confirmed until September 2018 and recruitment to additional posts required and approval through normal NES processes is underway. Resource planning as part of the Pharmacy ACT monies is currently undergoing financial modelling for distribution to key stakeholders as agreed through the PAWG and in line with the Medical ACT governance processes.

The requirement for additional workspace is currently being reviewed within NES.

Summary

The Board is requested to support the developments within Pharmacy as a result of requests from the Scottish Government in order to take forward work to support workforce development within the profession in support of service transformation.

Appendix 1 -The GMS Contract 2018

Detailed specific roles for the Pharmacy team to support the wider health care team within GP practices, now clarified as Pharmacotherapy services building on the GP Pharmacy fund from 2015.

Pharmacotherapy Services

Multi-disciplinary team working is crucial to reducing GP workload. The proposed contract includes an agreement that every GP practice will receive pharmacy and prescribing support.

The GP Pharmacy Fund has already enabled 160 pharmacists and 34 pharmacy technicians to be appointed to posts in over one third of GP practices across Scotland.

£12m was invested in the GP Pharmacy Fund in 2017/18 with the intention that investment in this service will continue under the new contract to allow more pharmacists and pharmacy technicians to work in general practice, reducing GP workload and improving patient care.

As part of the proposed contract, the introduction of the new pharmacotherapy service will allow GPs to focus on their role as expert medical generalists, improve clinical outcomes, more appropriately distribute workload, address practice sustainability and support prescribing improvement work.

In order to increase the pool of qualified pharmacists to provide the pharmacotherapy service, additional funding has been secured to increase the number of pharmacist training posts from 170 to 200 per year from 2018/19. This will ensure that there is sufficient capacity to deliver the pharmacotherapy service within the proposed timescales.

By April 2021, every practice will benefit from the pharmacotherapy service delivering the core elements as described below. Some areas will also benefit from a service which delivers some or all of the additional elements described below. The level of additional services available in different areas will be dependent on workforce availability which will build throughout the three years leading up to 2021 and beyond.

Figure 2: Core and additional pharmacotherapy services

Core And Additional Pharmacotherapy Services

Pharmacists

Pharmacy Technicians

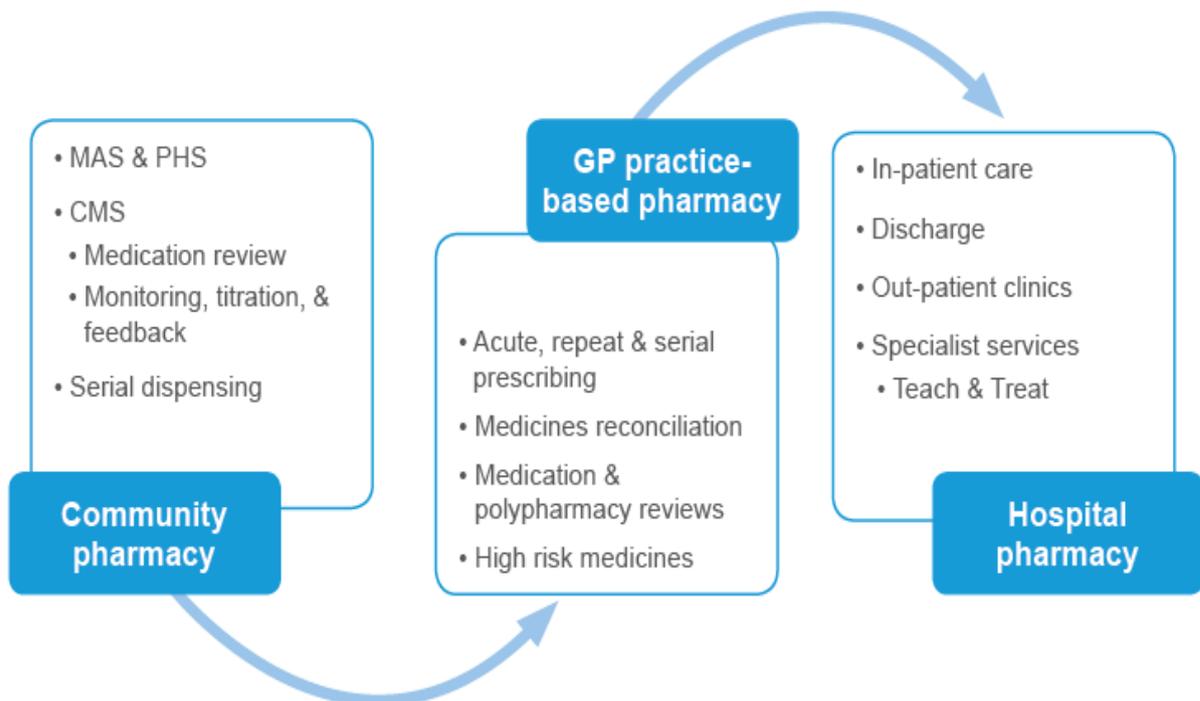
	<ul style="list-style-type: none"> • Authorising/actioning ^[15] all acute prescribing requests • Authorising/actioning all repeat prescribing requests • Authorising/actioning hospital Immediate Discharge Letters • Medicines reconciliation • Medicine safety reviews/recalls • Monitoring high risk medicines • Non-clinical medication review 	
Level one (core)	<p>Acute and repeat prescribing requests includes/authorising/actioning:</p> <ul style="list-style-type: none"> • hospital outpatient requests • non-medicine prescriptions • instalment requests • serial prescriptions • Pharmaceutical queries • Medicine shortages • Review of use of 'specials' and 'off-licence' requests 	<ul style="list-style-type: none"> • Monitoring clinics • Medication compliance reviews (patient's own home) • Medication management advice and reviews (care homes) • Formulary adherence • Prescribing indicators and audits
Level two (additional - advanced)	<ul style="list-style-type: none"> • Medication review (more than 5 medicines) • Resolving high risk medicine problems 	<ul style="list-style-type: none"> • Non-clinical medication review • Medicines shortages • Pharmaceutical queries
Level three (additional - specialist)	<ul style="list-style-type: none"> • Polypharmacy reviews: pharmacy contribution to complex care • Specialist clinics (e.g. chronic pain, heart failure) 	<ul style="list-style-type: none"> • Medicines reconciliation • Telephone triage

As outlined in the MOU, the pharmacotherapy service will evolve over the three year transition, with pharmacists and pharmacy technicians becoming embedded members of the core practice clinical teams. While not employed directly by practices, the day-to-day work of pharmacists and pharmacy technicians will be co-

ordinated by practices. Pharmacists and pharmacy technicians will take on responsibility for:

- a) Core elements of the service, including: acute and repeat prescribing, medicines reconciliation, monitoring high risk medicines
- b) Additional elements of the service, including: medication and polypharmacy reviews and specialist clinics (e.g. chronic pain)

Figure 3: Integrated pharmacotherapy service



Appendix 2: GMS Monies

Chief Medical Officer Directorate

Chief Pharmaceutical Officer

Pharmacy and Medicines Division



Dr Rose Marie Parr, BSc(Hons) MSc PhD FFRPS FRPharmS

14 September 2018

Dear Anne,

Additional Cost of Teaching (ACT) Funding for Undergraduate Pharmacy Students

We are delighted to confirm that Scottish Government is to make available funding in financial year 2018/19 to support the development of additional experiential learning to underpin the initial education and training of undergraduate pharmacy students in Scotland. The emphasis will be on supplying a workforce ready to support the developing role of the pharmacy profession across primary care.

This funding, to be known as Additional Cost of Teaching (ACT) funding for undergraduate pharmacy students, will be administered by NHS Education for Scotland (NES) on behalf of Scottish Government. It will enable the managed service, GP Practices, Out Of Hours (OOH) services and community pharmacies to expand and enhance opportunities for experiential learning placements.

The ACT funding for undergraduate Pharmacy students will be assigned by NES to providers of experiential learning placements using an allocation model to be developed by NES. This approach will operate in a similar way to ACT funding available to support medical and dental students but will recognise the differences in undergraduate pharmacy education and training.

In making this funding available, Scottish Government aims to enhance the clinical experiential training of future pharmacy graduates and ensure that they are best placed to readily undertake new and emerging pharmacist roles and responsibilities, in the changing healthcare environment. NES will work with providers of undergraduate experiential learning across a wide range of settings in primary care, including new sectors such as OOH services, to assist the Schools of Pharmacy deliver the highest quality of pharmacy education.

During the current financial year, NES will work in partnership with key stakeholders to develop a model to distribute this funding. A series of pilot projects will be undertaken over the next few months in conjunction with partners to establish the principles to be used going forward. This will include how to support the distribution of funding, clarify roles and responsibilities for the management of experiential learning placements and establish robust data collection. This programme of work will

be undertaken with a view to establishing a model to allocate this funding to providers of experiential learning placements from 2019/20 onwards.

In order to underpin this programme of work we propose that a National Pharmacy ACT group is set up involving the key stakeholders involved in the education and training of undergraduate pharmacy students.

Yours sincerely

A handwritten signature in cursive script that reads "Rose Marie Parr".

Rose Marie Parr

NHS Education for Scotland

Board Paper Summary

1. Title of Paper

NHS Scotland Workforce Official Statistical Function

2. Author(s) of Paper

Christopher Wroath, Director NES Digital

3. Purpose of Paper

This paper provides an update to the Board on the progress of discussions between Scottish Government (SG) Workforce Directorate, NES, SG Analytical Services Division (ASD) and Information Service Division (ISD) regarding the migration of the publication of Official Statistics on NHS Scotland (NHSS) workforce from ISD to NES before the end of 2019.

4. Key Issues

- a) Workforce and the availability of workforce with the right skills, in the right place, and at the right time has increasingly emerged as a key issue in relation to the sustainability of services across the Scottish Health & Social Care. In July 2017 the National Workforce Plan for Health and Social Care (Part 1) gave NES the task of developing a workforce supply side data platform to support national, regional and local workforce planning.
- b) Also in 2017 Scottish Government announced the formation of a newbody: Public Health Scotland (PHS) that will play a central, 'data driven' role in providing far greater intelligence from the already significant clinical data generated in NHSS. Core to PHS will be the move of Information Services Division (ISD) currently resident in National Service Scotland (NSS) into the new body. ISD currently also hold data on the current 'in post' workforce and publish workforce statistics.
- c) With this as the background and in recognition of NES' increasing role in the collection and analysis of health and social care workforce data combined with NES' proven capability in new technology SG has initiated discussions concerning the potential to consolidate all NHSS workforce data services in NES.

7. Financial Implications

Part of the work currently underway is to establish the appropriate size of an Official Statistical function workforce data team to meet existing and future requirements. Once this has been agreed, there will be further discussions around the existing and new resources required to cover this.

8. Which NES Strategic Objective(s) does this align to?

9. Key Risks and Proposals to Mitigate the Risks

A key risk is that we may not be aware of all the aspects and components of ISD's delivery of the current service – NES and ISD have set up a Short Life Working Group (SLWG) to systematically work through their current commitments. NES have been in receipt of the ISD Standing Operating Procedures and will revisit all the outcomes of the NES analysis with ISD in January 2019 to ensure full coverage.

A further risk is lack of staff engagement – ISD staff are already face some uncertainty with the move to PHS, this process will add to that uncertainty – the outcomes of the SLWG will need to be carefully converted in to clear, focussed and targeted messages to ISD staff to ensure they get accurate and timely information.

10. Equality and Diversity Impact Assessment

We are discussing the arrangements for this with the Equality and Diversity Advisor.

11. Recommendation(s) for Decision

The Board is asked to note the current agreements and arrangements in place move of the Official Statistical Function for NHS Scotland Workforce data from ISD to NES before 1st December 2019.

NES
November 2018
CW

The future state for workforce data and intelligence in NES

NHSS Workforce Official Statistical Function

1. Purpose of the Paper

This paper is to update the NHS Education for Scotland (NES) Board on the progress of discussions between Scottish Government (SG) Workforce Directorate, NES, SG Analytical Services Division (ASD) and Information Service Division (ISD) regarding the migration of the publication of Official Statistics on NHS Scotland (NHSS) workforce from ISD to NES before the end of 2019.

2. Background

Workforce, the availability of workforce with the right skills, in the right place, and at the right time, and the importance of coherent workforce planning has increasingly emerged as a key issue in relation to the sustainability of services across the Scottish Health & Social Care (H&SC) landscape. This was most clearly (though not exclusively) highlighted in the Audit Scotland report in July 2017 on workforce planning in NHS Scotland. [[add link to the report](#)]

Also in 2017, Scottish Government developed and published the National Workforce Plan for Health and Social Care. The scale of the issue and task meant the plan was developed and published in three parts; Part 1 for Health, Part 2 for Social Care and Part 3 for Primary Care.

Part 1 of the Plan was published in July 2017. In this NES were given an explicit task of leading the development of a workforce supply side data platform to support national, regional and local workforce planning. This was in recognition of NES' established role in the collection and analysis of workforce data (particularly in nursing and dentistry), and the capability of NES Digital in the development and deployment of new, cloud technology.

In parallel to these developments Scottish Government announced the formation of a new body: Public Health Scotland (PHS) that would play a central, 'data driven' role in providing far greater intelligence from the already significant data on clinical activity which is generated in NHSS. The ambition is to have evidence based insight into the changing demands on health and social care and also to be able to develop scenario analysis and projections in relation to this demand.

Currently Information Services Division (ISD) which is part of NSS are responsible for the collection and publication of national statistics covering both clinical activity and the 'in post' workforce. NES holds significant data in relation to the 'in training' population, we also hold, or have access to data on the trained workforce in a number of areas (eg nursing as a result of our 'indexing' of undergraduate nurses; and doctors, drawing on data held by the GMC). Additionally we have strong partnership working relationships with the Care Inspectorate and the Scottish Social Services Council who hold data relating to the social care workforce.

3. Context

3.1 The critical importance of workforce data and intelligence

Maintaining and developing the workforce in health and social care has increasingly been recognised as a key issue in relation to the sustainability and redesign of services. This has been explicitly identified in the development over the last year of the Regional Discussion Documents with all regions identifying workforce availability as a key constraint and pressure; 'even if we had the money, the workforce is often not available'. In response, there is a mounting pressure to build on, and accelerate, the work already underway to join up data sources. This will produce accessible data in relation to the workforce that we have currently, the workforce that is in training, gain insight on how they are deployed, and enable the projection of scenarios covering our future workforce needs. Structured, outcomes driven analysis is needed to identify and predict where and when there are, or will be, gaps in workforce in order to be able to respond in a more planned way; and develop new roles and appropriate educational interventions.

3.2 Developments across the H&SC Landscape

3.2.1 ISD will be moving into Public Health Scotland, which will start operating no later than December 2019. ISD are keen to capitalise on the opportunities that will arise through moving from being a 'service provider' in relation to data, to being sited within an organisation that has an enormous ambition to make better use of that data. This will involve the analysis of data to produce intelligence about future demand, to inform public health policy, and to improve the quality of services. It is clear that there will be significant demands on the new organisation.

3.2.2 NES has recently established NDS, which is charged with development of the national digital platform, as set out in the Digital Health and Care Strategy. It will be starting to build products that enable citizens and clinicians to access data and interact with services in an intuitive way, online and on demand. This development sits along the existing NES Digital Group which has already developed a number of workforce-facing applications using Agile methodologies and cloud technology.

3.2.3 The NES Chief Executive chairs the NHS Business Systems Programme Board which has been overseeing the work led through the national boards collaborative programme to implement the vision for next generation NHSS Business Systems. This includes rostering, HR, Payroll and Finance; with the intention of using common identity management and appropriate integration to ensure single sources of data across all workforce-facing systems. The move to a national rostering approach for all staff provides the opportunity to significantly enhance our data in relation to who we have in the workforce in near real time and crucially, how they are deployed. In time, this will allow joining up with financial data to enable an understanding of current costs and potential future costs based on different staffing and workforce models.

3.2.4 The National Workforce Plan for Health and Social Care (Part 1) gave NES the responsibility for identification, access and linking of workforce related data across health and social care organisations to produce a supply side data platform. NES has, since summer 2017, been working very closely with national and regional workforce planners, ISD, other users of workforce data, and others who hold workforce data to build the platform.

This work has been extremely well received by workforce planners who can now see the potential of the approach which will provide them with a single source of easily accessible data; on a self-service model. The full production platform will be operational by the end of financial year 18/19.

3.2.5 As the National Board responsible for workforce development NES has a key interest in quality workforce data and projections. This data, and intelligence, is fundamental to the evidence base for advice to ministers on controlled group numbers, identification of workforce gaps, and actions to develop enhanced roles and new staffing models to mitigate those gaps. There is a clear parallel between the move of ISD to Public Health Scotland and the ambition to use data to make a difference; and the interest that NES has in accessing and using workforce data in a different way to make a positive difference.

4 Options for the future state of workforce data

Against the backdrop of these separate but connected developments, and through a direct request from Scottish Government, a meeting took place between ISD, Analytic Services Division, Scottish Government (ASD) and NES in summer 2018, to discuss the future state for workforce data and intelligence, with a specific focus on where the publication of Official NHSS Workforce Statistics should reside after the formation of PHS.

Below are outlined the discussion that took place, and the options that were considered, together with the preferred option agreed by all parties. It also highlights some of the issues that now require further consideration.

4.1 Option One – Least Change

Under this option workforce data would continue to be managed across NES and PHS. ISD, within PHS would continue to report on the current workforce and deliver the Official Statistical function. NES would draw on this data to combine with pipeline data from its own, and other systems (eg Care Inspectorate, External Advisors etc) delivering the supply side workforce data platform service as set out in the National Workforce Plan for Health and Social Care (Part 1).

4.2 Option Two – Responsibility of Public Health Scotland

Under this option the responsibility for reporting on the current NHSS workforce including the Official Statistical function and for continued maintenance and development of the supply side workforce data platform would move to PHS. PHS would need to access data currently collected and managed by NES and by other stakeholders.

4.3 Option Three – Responsibility of NES

Under this option the responsibility for reporting on the current NHSS workforce, including the Official Statistical function would move to NES; the continued maintenance and development of the supply side workforce data platform would remain with NES. NES already has arrangements to access the ISD data which relates to workforce, and with the retiral of SWISS, NES data on the profile and deployment of the NHSS workforce would be drawn from national instances of new generation rostering, HR, payroll and finance systems.

5. Preferred Option

All parties agreed that Option Three is the preferred option. This was based on the following assessment:

- 5.1** It is critical that the organisation charged with producing workforce supply data and intelligence has not just experience and expertise, but also a clear interest in, and passion for such work. It was agreed that this is evident in NES given our increasing role and responsibilities in relation to training pipelines and workforce development.
- 5.2** PHS will have a clear interest in innovation and development of analysis and intelligence from clinical activity data held by ISD to make evidence based interventions and improvements. This is a core and significant ambition. It was felt that there was a risk that workforce could become a 'poor relation' in the development of the PHS strategic outcomes.
- 5.3** A clear separation between responsibility for workforce data and responsibility for clinical/activity data will enable the two organisations to focus their respective resources on prioritising these areas. This will be supported by close collaborative working to ensure that the work of PHS informs the demand side of the workforce equation; and that PHS is aware of any workforce constraints in relation to its scenarios.
- 5.4** SG had already asked NES to lead on the development of the supply side workforce platform. This work significantly improved the engagement of and commitment from workforce planners, particularly at a regional level but also locally and nationally. There is a risk of this good will being lost if the current arrangements are disrupted.

A further meeting to confirm and consolidate the agreement on the preferred option was held in November, at which next steps and timetables were also confirmed.

6 Next Steps

The NES Board are asked to note that the key outcome for NES from this agreement is the intention to effect the move of the NHSS Official Statistical service for workforce from ISD to NES by no later than December 2019. To facilitate this, the existing NES Analysis and Information Management Group (AIM) has been reconstituted to become the NES Data Group Steering Committee. The successful migration of the Official Statistical Workforce function will face a number of challenges and issues including but not limited to:

- Resourcing – the need to identify the appropriate size of a workforce data team to meet existing and new demands and to resource this (this will need to be expressed as an agreed bid for recurrent funding to be added to the NES baseline);
- Publication of statistical information – the need for NES to be accredited as a statistical provider (NES will need to gain compliance with the UK Statistics Authority's *Code of Practice for Official Statistics*);
- Requirement to communicate clearly with staff in ISD and NES about the changes and the rationale for this migration of function;
- Ensuring robust and appropriate data sharing arrangements between NES and NHSS Boards;
- Requirement to consider existing arrangements for GP and primary care workforce data;
- Arrangements for engagement and consultation with SG and the wider workforce planning community on current and future services and outputs;

- Arrangements for prioritisation of activities (linked to the above);
- Arrangements for engaging with PHS to ensure proper alignment of demand projections to supply projections;
- Ensuring excellent training, development and career progression opportunities for data scientist and data engineering staff; ensuring that these arrangements enhance skills and do not risk any loss of expertise.

Following the meeting in November, a Short Life Working Group is now being established to develop a transition plan. This group is due to report to Scottish Government by the end of this calendar year.

7. Recommendation.

The Board is asked to note the current agreements and arrangements in place move of the Official Statistical Function for NHS Scotland Workforce data from ISD to NES before 1st December 2019.

NES
November 2018
CW

NHS Education for Scotland

Board Paper Summary

1. **Title of Paper**

NES Risk Register – for submission to November 2018 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 November 2018.

4. **Key Issues**

One addition has been made to the register to note the risk that the UK exits from the European Union without any negotiated arrangements being in place. This is a risk that would have a greater impact on Territorial NHS Boards than on NES and we would react in the same way as for a major incident or flu pandemic (eg scaling down educational activity to release staff for front line services).

The Audit Committee discussed and reviewed the register on 4 October 2018. It was agreed that the register should remain in the current format for the Board to review. The control measure column has been renamed 'mitigating factors', and contains high level corporate measures to control risks with the assurance controls being held at local levels.

This version of the Corporate Risk Register is in development, and further work is planned to continue to link local level controls to the corporate register.

5. **Recommendation(s) for Decision**

The Board is invited to note the information contained in this report.

CL
11/18

NES Corporate Risk Register - November 2018

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
Strategic Policy Risks										
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		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. 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 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		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			
Operational/Service Delivery Risks										
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. Resource allocation process to be driven by a prioritisation framework 2. Continued focus on improving processes to release capacity		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 - November 2018

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
Finance Risks										
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
Reputational/Credibility Risks										
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
Accountability/Governance Risks										
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

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) or David Ferguson (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
10 December 2018	Stirling	£395.00 plus VAT per place. Glasgow
19 March 2019	Glasgow	

The Effective Audit and Risk Committee Training		
Date	Location	Cost
13 December 2018	Stirling	£225.00 plus VAT per place.
21 March 2019	Edinburgh	

National Conference Days

Date	Conference/Event	Location
2019		
February TBC	Psychological Supervision Conference	TBC
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.

Dental		
Date	Event	
2019		
22 January	Annual Review of Competency Progression/Specialty Training Committee – Additional Dental Specialties	Westport 102, Edinburgh
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 Marc	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

Digital		
Date	Event	
2019		
22 January	Digital Sprint Meeting	2 Central Quay, Glasgow
19 February	Digital Sprint Meeting	2 Central Quay, Glasgow
5 March	Digital Sprint Meeting	2 Central Quay, Glasgow

Medicine		
Date	Event	Location
5 December	Quality Management Visit – Anaesthetics	Aberdeen Royal Infirmary
2019		
21 January	Quality Management Visit – Medicine	Raigmore Hospital, Inverness
31 January	Quality Management Visit – General Psychiatry	Argyle & Bute Hospital, Lochgilphead
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

NMAHP		
Date	Event	
2019		
January TBC	Regional Board Engagement Events for Theatres Non-Medical Workforce	Regional TBC
4 February	Train the Trainers for Librarians	Westport 102, Edinburgh
Feb/March TBC	Practice Education Leads (PEL) Network – CPD Event	Edinburgh TBC
13 March	Dementia Champions Cohort 9 Graduation and Annual Conference	Murrayfield Stadium, Edinburgh

Pharmacy		
Date	Event	Location
2019		
26 February	General Practice Clinical Pharmacists (GPCP) – Cohort 5 Day 3 Bootcamp	Stirling Court Hotel, Stirling

Optometry		
Date	Event	
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
2019		
April TBC	Independent Prescribers Conference	TBC

Psychology		
Date	Event	Location
4 December	Scottish Trauma Informed Leaders (STILT)	2 Central Quay, Glasgow
11-12 December	Introduction to CBT for Anxiety	Glasgow

Quality Improvement		
Date	Event	Location
27-29 November	Scottish Improvement Leaders Cohort 15 – Residential 2	Golden Jubilee Conference Hotel, Clydebank
29 November	QI Alumni Day – Large Scale System Change	Murrayfield Stadium, Edinburgh
4-6 December	Scottish Quality & Patient Safety Fellowship Cohort 11 – Residential 2	Golden Jubilee Conference Hotel, Clydebank
17 December	Scottish Improvement Leaders Cohorts 9-14 Annual Celebration & Networking Day	Murrayfield Stadium, Edinburgh
2019		
15-17 January	Scottish Improvement Leaders Cohort 13 – Residential 3	Hilton Grosvenor, Edinburgh
22-24 January	Scottish Improvement Leaders Cohort 18 – Residential 2	Golden Jubilee Conference Hotel, Clydebank
29-31 January	Scottish Improvement Leaders Cohort 17 – Residential 2	Golden Jubilee Conference Hotel, Clydebank
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

Workforce		
Date	Event	Location
February 2019 TBC	Health Care Support Workers Annual Event	North Region, TBC