NHS Education for Scotland

NES/20/71

AGENDA FOR THE ONE HUNDRED AND FIFTY-SEVENTH BOARD MEETING

Date: Thursday 30 July 2020
Time: 10.15am – 11.30am
Venue: In response to the COVID-19 pandemic and public health protection measures, this meeting will be held remotely using Microsoft Teams

1. **Chair's introductory remarks**

2. **Apologies for absence**

3. **Declarations of interest**

4. **Minutes of the One Hundred and Fifty-Sixth Board Meeting**   NES/20/72
   28 May 2020 for approval

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

6. **Actions from previous Board Meetings**   NES/20/73
   For review

7. **Chair and Chief Executive reports**

   a. Chair's Report   (Verbal)

   b. Chief Executive's Report   NES/20/74

8. **Strategic Items**

   a. COVID-19 – NES Response Update for discussion and assurance   NES/20/75

9. **Governance Items**

   a. **Significant issues to report from Standing Committees:**

      - Remuneration Committee held 4 June 2020 – (D. Steele, verbal update)

      - Audit Committees held 11 June 2020 and 16 July - (D. Steele, verbal update)

	b.	Board Standing Orders for approval (D. Thomas)	NES/20/76
	c.	Caldicott Guardian – Annual Report to the Board for approval (D. Felix)	NES/20/77

10. Performance Items

	a.	Risk Register Report for assurance and approval (S. Irvine)	NES/20/78
	b.	Financial Report for assurance and approval (A. McColl)	NES/20/79

11. Items for Noting

Standing Committee Minutes

	a.	Finance & Performance Management – 19 February 2020	NES/20/80
	b.	Educational & Research Governance – 20 February 2020	NES/20/81
	c.	Digital – 2 March 2020	NES/20/82
	d.	Audit – 30 April 2020	NES/20/83

Other items for noting

	e.	Annual Report of the Board	NES/20/84
	f.	25 May Remobilisation Plan	NES/20/85

12. Any Other Business

13. Date and Time of Next Meeting
24 September 2020 at 10.15 a.m.

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

NHS Education for Scotland

MINUTES OF THE ONE HUNDRED AND FIFTY-SIXTH BOARD MEETING HELD ON THURSDAY 28 MAY 2020

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

Present:	Mr David Garbutt (DG) (Chair)
	Ms Anne Currie (AC), Non-Executive Director
	Mrs Linda Dunion (LD), Non-Executive Director
	Mrs Jean Ford (JF), Non-Executive Director
	Ms Lynnette Grieve (LG), Non-Executive Director/Employee Director
	Ms Gillian Mawdsley (GM), Non-Executive Director/Whistleblowing Champion
	Mr Douglas Hutchens (DH), Non-Executive Director
	Professor Stewart Irvine (DSI), Acting Chief Executive
	Ms Audrey McColl (AMcC), Director of Finance
	Ms Vicki Nairn (VN), Non-Executive Director
	Dr Doreen Steele (DS), Non-Executive Director (Vice Chair)
	Ms Sandra Walker (SW), Non-Executive Director
	Mrs Karen Wilson (KW), Director of NMAHP
In attendance:	Ms Tracey Ashworth-Davies (TAD), Director of Workforce
	Mr Colin Brown (CB), Head of Strategic Development, Chair's Office
	Mr Donald Cameron (DC), Director of Planning & Corporate Resources
	Dr David Felix (DF), Postgraduate Dental Dean
	Dr Graham Haddock (GH), Acting Deputy Director of Medicine
	Mr Geoff Huggins (GH), Director of NDS
	Mr John MacEachen (JMacE), Head of Comms
	Ms Della Thomas (DT), Board Secretary & Principal Lead – Corporate Governance
	Ms Alison Shiell (AS), Manager, Planning & Corporate Governance (Minute Taker)

1.   Chair's Introductory Remarks

1.1.   The Chair welcomed everyone to the meeting. He began by recognising the continuing need for the NES Board to meet via Microsoft Teams due to the COVID-19 pandemic.

1.2.   The Chair extended particular welcomes to Tracey Ashworth-Davies, Graham Haddock and Della Thomas, who were attending their first Board meetings. He also formally welcomed Lynnette Grieve to the Board as NES's new Employee Director, a role she assumed on 1 April 2020.

2.   Apologies for absence

2.1.   Apologies for absence were received from Professor Rowan Parks (Acting Director of Medicine) and Christopher Wroath (Director of Digital). Graham Haddock deputised for Professor Parks.

3.   Declarations of interest

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

4.   Minutes of the One Hundred and Fifty-Fifth Board Meeting   (NES/20/48)

4.1   The minutes of the Board meeting held on 26 March 2020 were approved, subject to the following amendments required to item 9a (Finance Report) and item 9c (Educational & Research Governance Committee – 20 February 2020):

     a. Item 9a, paragraph 9.1a – Audrey McColl will provide the correct forecast position.
     b. item 9c, paragraph 9.7 – amend to read 'Chair and Chief Executive to consider how the outputs of the Medical Quality Management discussions could be shared with the wider Board', rather than the Committee.   **Action: AS / AMcC**

5.   Matters arising from the minutes

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

6.   Actions from previous Board Meetings   (NES/20/49)

6.1.   The Board received the rolling Board action list for review and agreement. The action list has been reviewed and updated in light of the COVID-19 pandemic and detailed completion/current status information provided.

6.2.   The following point was discussed:

     a. In relation to the action from the 26 March Board meeting requesting that the Primary Care Board paper is fed into future discussions of the National Boards Collaborative Programme Board, Anne Currie asked if NES has received any steer from Scottish Government (SG) regarding post COVID-19 priorities. Stewart Irvine commented that NHS Scotland (NHSS) Chief Executives are currently contributing to SG Recovery and Renewal working groups but that no formal feedback had been received.

     All NHS Boards were required to submit '1st phase' Remobilisation Plans to SG by 25 May. Feedback has been promised once the plans have been reviewed by the Cabinet Secretary. The Chair noted that NHS Board Chairs have raised concerns in relation to the challenges of short-term planning as the 1st phase Remobilisation Plans set out Board recovery processes to the end of July 2020 only.

7.   Chair & Chief Executive Updates

a.   Chair's Report

7.1.   The Chair gave a verbal update on recent meetings and activity in his roles as Chair of the NES Board and Chair of the NHSS Board Chairs Group. Since the March Board, the Chair has met with the Cabinet Secretary, SG Ministers and the NHSS Board Chairs. Meetings have focused on the COVID-19 Test and Protect approach and the long terms staffing for this system and the implementation of a standardised modelling system in territorial boards to assist with the planning for any future COVID-19 responses. The importance of NHSS wellbeing and mental health has also been discussed and the Board noted that the NES Psychology team have been involved in the development of a large number of COVID-19 resources, which are available to access via the Turas platform.

7.2. During discussion, the Chair agreed with Douglas Hutchens's request that the Board's appreciation for the work of all NES staff is formally recorded in the minutes of this meeting. On behalf of the Board, the Chair thanked the Executive Team and all NES staff for their significant contribution to NHS Scotland's COVID-19 response, especially in light of the extraordinary circumstances caused by the pandemic with almost all staff working from home and a number of whom also have additional caring/childcare responsibilities.

7.3. The Cabinet Secretary recently spoke to the Chair by telephone to thank NES for their work, particularly in relation to the COVID-19 Accelerated Recruitment Portal, which has supported the process for returning NHS professionals and students to join the COVID-19 response. Doreen Steele noted the importance of the whole of the NHSS workforce being thanked for their contribution. The Chair agreed to pass this feedback onto SG.

Action: DG

NES Executive Leadership Arrangements   (NES/20/51)

7.4. The Chair introduced a paper seeking Board approval for an extension to the current NES Executive Leadership Arrangements, in light of Caroline Lamb's (NES Chief Executive) continuation of her secondment to the Scottish Government. The current arrangements are due to end on 31 May 2020 and the paper proposes a further six-month period for the Acting Chief Executive, Acting Medical Director and Acting Deputy Chief Executive.

7.5. The Chair advised that a Service Level Agreement (SLA) extending Caroline Lamb's secondment will be sent through by the Office of the Chief Executive of NHSS at Scottish Government.

7.6. The Board approved the three executive leadership extensions as requested by the paper. This additional extension period will end on 30 November 2020.

b.   Chief Executive's Report   (NES/20/52)

7.4. Stewart Irvine introduced this report, which Board members noted did not contain specific directorate updates as all directorates are working to support the COVID-19 response. This is covered in detail within the paper submitted under item 8. The following items were highlighted:

   a. The Board noted the sad news of Dame Denise Coia's death and recognised her very significant contribution to the NHSS, including her role as Chair of Healthcare Improvement Scotland (HIS) and Co-Chair of the NHSS Chair's Group.
   b. Malcolm Wright has recently stepped down from his role as Director General of Health and Social Care and Chief Executive of NHS Scotland on health grounds. Stewart Irvine noted that Malcolm worked for the NHS for 45 years, including 11 years as Chief Executive of NES from 2004-2015. The acting Chief Executive had written to Malcolm on behalf of NES to pass on our appreciation and gratitude for the contribution he has made to the NHS.
   c. Stewart Irvine reiterated his personal thanks to all NES staff for their continued support of the organisation's COVID-19 response.
   d. Considering the standing down of the Finance & Performance Management Committee due to COVID-19, a summary of 2019/20 Procurement activity was included in this Chief Executive's report.

7.5. During discussion, the following points were noted:

   a. Anne Currie asked for further information regarding Stewart Irvine's meeting with Professor Colin Melville (General Medical Council) on 15 May. Stewart Irvine

advised that Professor Melville has been having conversations with colleagues across the UK regarding the future of medical education and training and whether any approaches that have been developed as a response to the pandemic can be taken forward on a permanent basis.

b. Vicki Nairn asked how NES is discharging its duty of care to NES staff during the pandemic, particularly in relation to health and safety. Stewart Irvine confirmed that the Executive Team have been asking line managers to emphasise the importance of staff wellbeing during this time. Lynnette Grieve also noted that staff wellbeing and workload were discussed at a recent meeting of the Partnership Forum and the highlighted the importance of taking annual leave where possible.

8.   Update on Cabinet Secretary Priorities: COVID-19 NES Response   (NES/20/53)

8.1.   Stewart Irvine introduced a paper setting out the NES COVID-19 pandemic business response and associated actions and decisions taken for the Board's discussion and assurance. The paper also provided the Board with early thinking around the recovery and renewal of NES business, once the pandemic is over. He expressed his thanks for the help of everyone in the development of the report and particularly to Donald Cameron.

8.2.   The paper explains how the COVID-19 pandemic resulted in NES pausing much existing activity and infrastructure and embarking on new areas of business to ensure that frontline services are as well supported as possible. This has included the provision of new educational and digital resources, supporting learners whose education and training has been disrupted, and supporting the 'onboarding' of new and returning staff in relation to the COVID-19 response. Stewart Irvine highlighted how fast moving this work has been and continues to be. A lot of activity is taken forward over a very short period of time. He advised the Board of the following new areas of business and the associated staff responses:

a. **Educational** support for the service – new resources provided via Turas Learn
b. **Workforce** support for the service - NES learners, trainees and clinically qualified educational infrastructure who work across NHS Boards and in care homes, have been released from educational roles and training/education to support the collective COVID-19 response. Staff have also been redeployed internally to assist
c. **Digital** support for the service – including the COVID-19 Accelerated Recruitment Portal, SMS shielding support service and a NHSS-wide staff form to track COVID-19 status, which was hosted on Turas.

8.3.   Stewart Irvine noted that recovery and renewal discussions have begun at Scottish Government, and that NES have begun to consider how to restart core activities in consultation with Scottish Government and key stakeholders. However, he also recognised the challenges related to the continued uncertainty of when the UK will move out of the pandemic phase and when recovery plans can begin to be implemented.

8.4.   During discussion, the following points were raised:

a. The Board noted that NES are awaiting feedback from the Scottish Government regarding their '1st phase' Remobilisation Plan and welcomed the opportunity to discuss this plan in more detail at a workshop after the June Board meeting.
                                                                    Action: DSI / Executive Team
b. Doreen Steele welcomed the importance of this NES COVID-19 response paper being available in the public domain. She particularly emphasised the need to take a "whole system" approach in relation to the work of Integration Joint Boards (IJBs) during and after the COVID-19 pandemic. The Board noted the importance of Primary Care and NES's contribution going forward.

c. Karen Wilson updated the Board regarding NES's additional responsibilities as an employer of students in Care Homes/non-NHS placements during the pandemic. NES funds Care Home Educational Facilitators (CHEFs), who have been working with Care Home managers to ensure that students are supported during the pandemic, particularly in relation to ensuring adequate Personal Protective Equipment (PPE). Nurse Directors have been given additional responsibilities, along with medical directors and directors of public health for the quality of care in Care Homes. She noted that NES has been working more closely with the IJBs as a result of this.

d. Jean Ford noted the need for NES to take forward any areas of good practice that have arisen as a result of the pandemic and also identify any potential savings in relations to these. In response, Stewart Irvine confirmed that a survey will be issued to staff asking for their experiences of working during the pandemic.

e. Sandra Walker recognised the importance of 'locking in the benefits' of NES's COVID-19 response and communicating this to Scottish Government and other stakeholders. Linda Dunion suggested the possibility of NES's recovery plan including reference to areas of the response that were more challenging to deliver. Stewart Irvine noted that the Executive Team will continue to consider NES's recovery plan and engage with Scottish Government to ensure that all requirements are met. Douglas Hutchens suggested that the Executive Team could consider including Non-Executive Members in recovery and renewal discussions in a 'critical friend' role.

8.5. On behalf of the Board, the Chair thanked Stewart Irvine, Donald Cameron and the Executive Team for the significant work involved in developing this paper and reiterated his appreciation for the response delivered so far. The Board agreed that having sight of the high-level Decisions Log (Appendix 3) was very helpful and requested that updated versions are provided at future meetings as appropriate.

Action: DSI / Chief Executive's Office

9. Governance Items

Significant issues to report from Standing Committees

a. Staff Governance Committee held 16 April 2020

9.1. Linda Dunion highlighted the key issues that were discussed at the most recent meeting of the Staff Governance Committee (SGC):

a. The COVID-19 Accelerated Recruitment Portal is now a standing item on the SGC agenda. Members will also receive updates on NES internal/clinical staff redeployment, staff wellbeing and the role of line managers until the pandemic is over.

b. The Committee discussed the impact of COVID-19 on NES-employed Doctors and Dentists in training and the importance of a 4-Nations approach going forward.

c. The Committee received an update from Kristi Long (Workforce) regarding the management of Equalities compliance during the pandemic.

b. Audit Committee held 30 April 2020

9.2. Doreen Steele highlighted the key issues that were discussed at the most recent meeting of the Audit Committee:

a. The Committee discussed the impact of the pandemic on NES governance arrangements and the resulting changes required to the Audit Committee remit and Standing Financial Instructions. Both these items are discussed under items 9c and 9d of this Board agenda.

b. The Committee reviewed the cost impacts of the pandemic, including the decision by the Edinburgh International Conference Centre not to refund NES its deposit for the 2020 Medical Conference, that was due to be held in June. This issue has been referred to the Central Legal Office for further advice.

c. Members received an internal audit report on NES's progress towards ISO27001 information security standard accreditation. There are still a number of areas to progress in relation to this and it was agreed that Christopher Wroath would provide further updates to the Audit Committee until accreditation is complete.

c.   Amended Audit Committee remit   (NES/20/54)
d.   Temporary amendments: Board Standing Instructions (SFIs)   (NES/20/54)

9.3   Audrey McColl presented these items as a single paper and asked for the Board's approval for temporary amendments to the Audit Committee remit and NES's SFIs as a result of the COVID-19 pandemic. These amendments had been approved by the Audit Committee at their most recent meeting on 30 April.

9.4.   The Audit Committee remit has been temporarily amended to support the necessary changes to NES's governance arrangements through the standing down of several standing committees. Audit Committee members agreed that any urgent papers from stood down committees should be routed through the Audit Committee until such time that these committees can be re-established.

9.5.   The authorisation tables within the SFIs have been temporarily amended to increase limits for particular officers to ensure that contracts, purchase orders and payments can be progressed where required. The Audit Committee agreed this change in order to mitigate any bottlenecks to business processes.

9.6.   The Board approved the temporary amendments to the Audit Committee remit and NES SFIs.

e.   2020/2021 Board Schedule of Business   (NES/20/55)

9.7.   Stewart Irvine presented a paper setting out the emerging and proposed schedule of Board business for the next six months to the Board for comment and approval. The Board noted that the proposed schedule has been developed within the context of the COVID-19 crisis and NES's interim governance arrangements.

9.8.   During discussion, the following points were noted:

a. Jean Ford and the Board Chair have provided Della Thomas will alternative format suggestions for the schedule of business. These will be incorporated into future iterations.

b. In response to a query from Doreen Steele, Audrey McColl confirmed that the Annual Report of the Audit Committee will be considered in public session at the June 2020 Board meeting.

c. Douglas Hutchens suggested that GMC Enhanced Monitoring updates should be included in the schedule of business. Stewart Irvine noted that these updates are driven by the GMC Training Survey which has been suspended as a result of COVID-19. The Medical Directorate are currently working with the GMC to agree an approach going forward.

d. Donald Cameron confirmed that the Property and Asset Management Strategy (PAMS) will not be submitted to the June Board meeting as per previous years. The National Boards are now producing a collaborative PAMS, however this has currently been paused as a result of COVID-19.

9.9. After discussion, the Board approved the 2020/2021 Board Schedule of Business, noting the need for this to be flexible amidst the COVID-19 response and the core Board governance arrangement in place.

f.   National Whistleblowing Arrangements   (NES/20/56)

9.10. Donald Cameron introduced a paper setting out the new NHSS Whistleblowing arrangements and their implications for NES to the Board for information and discussion. He noted that this paper was prepared in advance of the COVID-19 pandemic. The new 'Once for Scotland' Whistleblowing policy was originally due to be published in July, however this has been paused as a result of the pandemic.

9.11. Donald Cameron began by thanking Nancy El-Farargy (Planning & Corporate Governance) for her work in preparing the paper. Gillian Mawdsley (NES Non-Executive Whistleblowing Champion) received a copy in advance of the Board meeting for information. Her comments and suggestions will be included in the next paper's next iteration. The Board noted that NES will adopt the 'Once for Scotland' whistleblowing policy once it is launched. Donald Cameron concluded by proposing that the whistleblowing agenda is remitted to the Staff Governance Committee going forward.

9.12. The Chair thanked Donald Cameron for the work that has been undertaken so far and noted that further work will be required once the national whistleblowing policy is launched. During discussion, the following points were noted:

   a. Gillian Mawdsley advised that Whistleblowing Champions are ensuring that functioning whistleblowing systems are in place within all Boards to respond any queries that arise during the pandemic.
   b. Doreen Steele asked if it was envisaged that any additional resource would be required. Donald Cameron confirmed there should be no additional resource requirements as result of the new whistleblowing arrangements. He advised that members of the Planning & Corporate Governance team, who are involved in the management of any complaints, should be able to respond to whistleblowing queries.
   c. Anne Currie welcomed the Once for Scotland approach for whistleblowing and suggested that NES's 'Our Way' code of conduct could be shared with other Boards as part of the implementation of the national whistleblowing arrangements. She suggested that it may be unlikely for NES to get an increase in whistleblowing cases but highlighted the importance of NES's lead employer role for Doctors and Dentists in training.
   d. Linda Dunion asked that reference to 'Our Way' is included in future iterations of the paper.   **Action: DC**
   e. In light of NES employing additional staff as a result of the COVID-19 pandemic (via CARP), and especially those in clinical settings, Sandra Walker asked if NES had signposted staff to NES's whistleblowing process. Donald Cameron confirmed that information and resources are available on the NES intranet and that any new NES employees are informed of the whistleblowing process and how to raise any concerns.

9.13. After discussion the Board noted the information provided in the paper and the Chair thanked those involved for their work and concluded that this area would fall into the remit of the Staff Governance Committee over time.

10.   Performance Items

a.   Quarter 4 Performance Report   (NES/20/58)

10.1. Donald Cameron presented the 2019/20 Quarter 4 Performance Report to the Board for noting and approval. He reminded the Board that this is a report prepared against the agreed performance targets from the 2019/20 NES Operational Plan and that this was the final performance report of the 2019/20 reporting year. This report would normally be governed through the Finance & Performance Management Committee, but as a result of the COVID-19 pandemic and our core governance arrangements, this Committee has been suspended and therefore the report has come directly to the Board. He went on to outline the 562 performance targets for 2019/20, of which 111 have been identified as priorities and represent key performance indicators. Of the 562 targets, 37 are red, 98 are amber and 427 are green. Of the 111 priority targets, 7 are red, 19 are amber and 85 are green.

10.2. During discussion, the following points were raised:

a. In relation to the amount of information provided to the Board in the performance report, Doreen Steele queried whether all the 111 priority targets should be designated as Key Performance Indicators (KPIs) and suggested that going forward this may well be something the Board wants to streamline. She suggested the Board review KPIs at a more strategic level in a separate discussion at the right point in time. Donald Cameron noted this point and reminded the Board that attempts had been made in the past to reduce the number of KPIs. He advised that there are several cultural and system challenges including priorities and targets set by Scottish Government and the integrated nature of the planning and financial reporting tool (MiTracker) meaning that the performance targets fulfil a number of functions, including the financial tracking process. The Chair concluded that currently the number of KPIs appears too large for the Board to strategically govern and that it must place demands on NES staff for on-going data collection and this might be something the Executive Team may wish to review. At some point in the future, a review will be required to determine what would meet the strategic needs of the Board and how strategic performance indicators relate to the key strategic priorities of the Board. This should be the subject of a future Board Development session.   **Action: DC / DT / CE Office and Board Services**

b. Doreen Steele highlighted that the status of the ISO27001 2019-20 target did not match the update given as part of item 9b. Donald Cameron agreed with this point and agreed the target update will be reviewed, however he also noted that performance reporting for the 2020-21 year has been paused due to the COVID-19 pandemic and that further information is awaited from Scottish Government regarding future reporting.   **Action: DC**

c. Doreen Steele also reflected on the status of the NDS property review target and whether NDS's preferred option should be paused whilst NES review its facilities in light of the COVID-19 pandemic. Donald Cameron noted that NDS's current lease at the Bayes Centre (Edinburgh University) runs out in October so Heads of Terms have already been signed at the new location. It may be that the new NDS property could be used by other NES staff to ensure social distancing guidelines are met.

d. Sandra Walker asked for clarification on the Workforce target on page 8, regarding widening opportunities for young people (target TAR000293) and queried whether the update should be marked as red or amber as it is currently ambiguous. Tracey Ashworth-Davies and Donald Cameron agreed to take this away to check and feedback to the Board   **Action: TAD / DC**

10.3   After discussion, the Board approved the 2019/20 Quarter 4 Performance Report.

b.   Risk Report   (NES/20/59)

10.4   Audrey McColl presented the NES Risk Register as at May 2020 to the Board for
       approval. She advised that the Corporate Risk Register has been re-scored, where
       appropriate, to reflect the impact of the COVID-19 pandemic on existing risks. In
       addition, an annex has been provided detailing the additional key risks identified for the
       organisation as a result of the impact of, and the NES response to, the COVID-19
       pandemic. The Board noted that the COVID-19 risks are aligned to risks raised at the
       Board meeting on 26 March, and which were then further reviewed by the Audit
       Committee.

10.5. The Board welcomed the level of detail provided in the Corporate Risk Register and
       COVID-19 annex. During discussion, the following points were noted:

       a. The Board recognised that the COVID-19 risks outlined in the annex will require
          continual review due to the speed of the pandemic response. Audrey McColl noted
          that risks relating to student nurses working in Care Homes/non-NHS placements
          have been communicated to Scottish Government.
       b. Doreen Steele highlighted the need to look ahead at the strategic risks on the
          horizon, so that collectively the Board can consider aspects such as how long
          term the 'shock to the system' will be; what the supply chains are like and have
          we got the right skill mix for recovery. She suggested that this was a development
          area for the whole Board.
       c. The Chair noted that KPMG are currently undertaking a review of risk
          management in NES and advised that the final report could aid Board
          understanding as part of a future development session. The Chair also noted that
          this session is not an immediate priority given the Executive Team's current focus
          on the pandemic response.
       d. Audrey McColl suggested that the Board meet for a development session after
          the June Board to discuss NES's recovery and renewal and could also review the
          Corporate Risk Register as part of this discussion. The Board can then focus on
          organisational risk management later after the KMPG report is published.

10.6. After discussion the Board agreed the following:
       a. A development session will be held on the 25 June to discuss NES recovery and
          renewal and risk will be included in this.
                                                        Action: DSI / CE Office / Board Services
       b. The KPMG risk report would be a report to reflect on as a Board and a
          development session in the future would be appropriate.
                                                        Action: CE Office / Board Services / AMcC

11.   Items for Noting

       Standing Committee Minutes

a.   Audit – 16 January 2020   (NES/20/60)

11.1. The Board received and noted the minutes of this meeting.

b.   Staff Governance – 6 February 2020   (NES/20/61)

11.2. The Board received and noted the minutes of this meeting

13.   Any Other Business

13.1. There was no other business requiring consideration at this meeting.

14.   Date and Time of Next Meeting

14.1   The next Public Board meeting will take place on Thursday 30 July at 10.15 a.m.

15.   Conclusion of Meeting

15.1   This concluded the business of the formal public Board meeting and the Board then moved into formal private session to review the NES 2019/20 financial position.

NES
May 2020
AS/DT/AMcC

Actions arising from Board meetings: Rolling list

Minute	Title	Action	Responsibility	Date required	Status and date of completion
Actions agreed at Board meeting on 28 May 2020					
4	Minutes of 26 March meeting	Amend item 9a, paragraph 9.1a (Finance Report) with correct forecast position Amend item 9c, paragraph 9.7 (ERGC – 20 February) to read 'Chair and Chief Executive to consider…'	Audrey McColl Alison Shiell	4 June 4 June	**Complete** – amend received. **Complete**
7a	Chair's report	Pass on feedback to Scottish Government regarding importance of whole NHSS workforce being thanked for their work during the COVID-19 response	David Garbutt	8 June 2020	**Complete**
8.4a	COVID-19 NES response	Prepare workshop for June 2020 Board meeting to discuss NES COVID-19 recovery plan	Stewart Irvine/ Executive Team	June 2020	**Complete** Scheduled for 25 June 2020
8.5		Submit updated high-level Decisions Log to future Board meetings as appropriate during Covid-19 pandemic.	Stewart Irvine/ CE Office	30 July 2020	**Complete** Added to Board schedule of business
9.12d	National Whistleblowing Arrangements	Include reference to NES's 'Our Way' code of conduct in future paper iteration.	Donald Cameron	Paused due to the COVID-19 pandemic	**Update** Whistleblowing has been added to the agenda for the 6 August 2020 SGC meeting. The next iteration of the paper will be produced once the national standards are available. In the meantime the current

Minute	Title	Action	Responsibility	Date required	Status and date of completion
					NES whistleblowing policy and procedures will remain in place.
10.2a	2019/20 Q4 Performance Report	Arrange Board development session to review Key Performance Indicators and consider how strategic performance indicators relate to the key strategic priorities of the Board post-Covid.	Donald Cameron / Della Thomas / CE Office and Board Services	Date TBC post-Covid.	**Update** This has been added to the Board Development list of topics. Date yet to be agreed.
10.2b		Review target update for ISO27001 in light of discussion at 30 April Audit Committee (item 9b)	Donald Cameron	July 2020 Board Meeting	**Complete** Discrepancy in 2019/20 Q4 performance report and 30 April Audit Committee update reported to Christopher Wroath.
10.2d		Review target TAR0002933 and confirm whether target should be marked as red or amber and feed back to the Board.	Tracey Ashworth-Davies / Donald Cameron	June 2020	**Complete** Target status clarified as amber and Q4 performance report amended. Email issued to Board on 10 June 2020.
10.6	Risk Report	Prepare agenda for NES recovery and renewal development session to take place after June Board meeting	Stewart Irvine / CE Office and Board Services	4 June 2020	**Complete** Risk is included in workshop session on 25 June
	Risk Development Session	Prepare agenda for Risk Management Board development session once the KPMG report is available.	Audrey McColl / Board Services	August 2020	**Update** The outcomes of the KPMG Risk Maturity Assessment will form part of the August Board development session.
Actions agreed at Board meeting on 26 March 2020					
8	Update on Cab Sec Priorities: Primary Care	Feed paper into future discussions with National Boards Collaborative PB in relation to Special Board contributions to Primary Care.	Stewart Irvine	8 June 2020	**Complete** National Board Collaborative meetings

Minute	Title	Action	Responsibility	Date required	Status and date of completion
					resumed and collaborative approach, including primary care fed into SG discussions.
9b	2019/20 Q3 Performance Report	Consider requirements for 2020/21 performance management and Q1 performance report in light of COVID-19 pandemic	Donald Cameron	June 2020	**Paused** In light of COVID-19 the operational planning and performance monitoring has been paused by Scottish Government
Actions agreed at Board meeting on 27 February 2020					
7a	Financial Plan	Consider development of staff/stakeholder comms in relation to the 2020/21 Financial Plan e.g. perceived vs actual uplift	Audrey McColl	26 March 2020	**Paused** Due to COVID-19 crisis this date has not been met. This will be reviewed post COVID-19 as appropriate
Actions agreed at Board meeting on 26th September 2019					
10b	Corporate Parenting	Give consideration to co-opting a care-experienced young person onto a Board committee(s) and/or appointing one to a training position on the Board.	David Garbutt and Stewart Irvine	To be agreed post COVID-19	**Paused** Some early exploratory discussions were undertaken with "Who Cares Scotland" pre-COVID-19, and the plan is to consider further through the Participation, Equality & Diversity Lead Network (PEDLN) group post COVID-19.

**NHS
Education
for
Scotland**

CHIEF EXECUTIVE'S REPORT

Stewart Irvine, Acting Chief Executive

July 2020

1 INTRODUCTION

1.1 The Board agenda for our July meeting can be summarised under three main headings:

1. **Strategic item: COVID-19 – NES Response Update**. This update builds on the paper submitted to the May Board meeting and provides the Board with further details of how NES directorates continue to respond to the COVID-19 pandemic.

2. **Governance & Performance items:** Board members are asked to approve an updated set of **Board Standing Orders** for NES. All Boards have been asked to implement the NHS Board Standing Orders as part of the programme of work associated with the NHS Scotland Blueprint for Good Governance. As well as our normal cycle of governance and performance items, the Board are also asked to approve the **Caldicott Guardian Annual Report for 2019/20**. This report provides the Board with assurance that NES is complying with the Caldicott Principles for the protection of patient information.

3. **Items for noting**: Board members are asked to formally note the 2019/20 Annual Report of the Board. This paper was previously submitted to the private Board meeting in June, along with the Annual Accounts. The first phase Mobilisation Plan (May 2020 – 31 July 2020) is also included on the agenda for noting as these can now be shared in the public domain.

2 ANNOUNCEMENTS

2.1 **Jean Allan, Associate Director – Medicine**
The Board will want to note the retirement from NES of **Jean Allan,** our associate Director in Medicine. Jean started her career of 40 years working first with Greater Glasgow & Clyde Health Board followed by 10 years at the University of Glasgow working in postgraduate Medicine and then as Senior Faculty Officer in the Undergraduate Medical School until 1996. Jean has spent over 25 years working in Postgraduate Medical Education and Training.

Between 1996 and 2002, she was head of hospital recruitment and training in the West Region of the then Scottish Council for Postgraduate Medical and Dental Education (SCPDME), one of the predecessor bodies which came together in 2002 to form NHS Education for Scotland, and she has now worked for NES between 2002 and 2020. She was at the point of retiring (indeed leaving 'celebrations' were in hand) as Covid-19 broke, and Jean was one of a number of staff who deferred her departure to support the NHSS wide response to the emergency. In addition to her work in medical education in Scotland, Jean has been key player on the UK medical education stage and will be much missed by many.

2.2 Tom Power, Associate Director – Workforce

Tom Power departed NES on 26 June to become the new Director of People & Culture at NHS Grampian. Tom had been with NES for nearly 10 years and is well known throughout the organisation, and beyond, for his passion and commitment to organisational development. His team will miss him, as will the wider Workforce directorate and staff across NES.

2.3 Honour for Dr Amjad Khan, Postgraduate GP Director

Amjad Khan has been awarded an Honorary Professorship in the Deanery of Molecular Genetics and Population Health Sciences by the University of Edinburgh with effect from 1 August 2020. Amjad has been in his current role as Director of Postgraduate GP Education since 2018 and this is a tremendous honour in recognition of his contribution to postgraduate medical education & training.

2.4 Professor Anne Watson, Postgraduate Pharmacy Dean

Anne Watson has been awarded a Visiting Professorship at the Robert Gordon University, Aberdeen for a three-year period. She has also recently been made aware that her Visiting Professorship at Strathclyde University has been renewed for three years. This is excellent and well deserved recognition of Anne's professional standing and enables a balanced input to the two Schools of Pharmacy in Scotland.

2,5 Elaine Figgins, Associate Director, NMAHP

It is with sadness that I announce that Elaine passed away on 29 June 2020. Elaine worked at NES since 2016 as Associate Director in the NMAHP Directorate.

Having studied as a Prosthetist and Orthotist at Strathclyde University, she held a number of roles in clinical practice where she had a passion for paediatric prosthetic and orthotic practice, which she subsequently pursued for her doctoral studies. In 1991 she went back to Strathclyde University as a Lecturer and then became the Director of the National Centre for Prosthetics and Orthotics at Strathclyde University which she carried out for 10 years before coming to NES.

Elaine will be remembered for her warmth and kindness, as well as a significant contribution to her profession, her colleagues and patients over the course of her career. She made time for people, getting to know staff, and always displaying compassionate and constructive leadership to those around her.

2.6 Jim Rennie, Former Postgraduate Dental Dean

I am sad to announce that Jim Rennie passed away on Saturday after a short illness.

Jim was appointed to the part-time post of Director of Postgraduate Dental Education in 1994 with Scottish Council for Postgraduate Medical and Dental Education. (SCPMDE). The post became full time in 1997 and the title changed to Postgraduate Dental Dean in 1999. He continued in this role

following the formation of NES in 2002 until his retirement in 2011. He played a key role in the development and implementation of national strategy and resource allocation for dentistry across Scotland. In addition, he made a significant overall contribution to NES serving as Deputy Chief Executive.

Jim will be remembered by many colleagues for his humour and his dedication to his profession.

3   STRATEGIC UPDATES

COVID-19: Re-Mobilisation: Next Phase of The Health & Social Care Response
Two letters have been received from Christine McLaughlin, Director of Planning, Scottish Government. 1. NHS Territorial Board Chief Executives – received 3 July and 2. NHS National Board Chief Executives – received 14 July. Both letters set out the commission of the next iteration of Re-mobilisation Plans. NES's plan will build on the previous submission and cover the period from August 2020 until March 2021 and will set out how our work will support the delivery of priority services set out in the letter to the Territorial Boards.

Our first draft of the second phase plan is included on the agenda for the Private meeting of the Board. It will provide the opportunity to accommodate comments made by board members prior to submission to the Scottish Government by 7 August 2020.

4   DIRECTORATE UPDATES

Board members will note that there are only three updates from Directorates in this Chief Executive's report. The majority of the resources within the directorates continue to support the response to the COVID-19 pandemic. Details of this contribution is detailed in the paper for discussion under item 8.

4.1 Medicine

Round 1 Recruitment
Fill rates this year for Round 1 (i.e. core and run through specialties) has been excellent, with a fill rate of over 97%. This is the highest level recorded since 2013 when Scotland entered UK National recruitment. Since then, the fill rate has been between 82% and 89% apart from 2014 when it was 92%. It is particularly pleasing that the fill rate for Core Psychiatry training this year was 92% which is marked improvement on previous years' recruitment figures.

Doctors in Training – Time out of Programme (OOP)
Informed by a recent survey of the ~100 doctors in training who have been redeployed from time out of programme (OOP) to support service provision during the Covid-19 crisis, the Deanery has been working with stakeholders to develop a process to support those trainees to return to their OOP, where desired. 60% currently lack clarity around a date to resume their OOP for a

combination of reasons including the suspension of laboratory and clinical research infrastructure in universities and the ongoing demands of service. A framework is being established to support decision-making around return to OOP that integrates with ARCP reviews to determine what competencies have been acquired during this time as well as trainees' needs for additional time OOP.

4.2 Pharmacy

NHS Pharmacy First Scotland and NHS Near Me
Due to Covid-19, the launch of the new Community Pharmacy NHS Pharmacy First Scotland service was postponed. It will now go live from the 29th of July 2020. To support this, NES Pharmacy have delivered a second national webinar with 351 participants. This has been recorded and hosted on Turas Learn alongside the e-learning module and supporting resources. In addition, our team of Senior Specialist Tutors are running a series of peer discussion events over the coming weeks with post-launch Q&A events planned via MS Teams in August.

To support the roll out of NHS Near Me to community pharmacies over the coming weeks, NES also ran a national webinar with 444 participants. Again, this was recorded and hosted on Turas Learn. NHS Near Me is being implemented in community pharmacies to increase accessibility to clinical services for patients by enabling video consultations where appropriate.

Finally, to enhance the ability of community pharmacists' independent prescribers to respond to common clinical conditions and minor ailments, NES Pharmacy are developing a Turas Learn page which will collate all relevant NES, and selected external, resources around key priority clinical conditions. This is a first step to developing a central resource which in time may become part of a structured training programme for this group of practitioners and the wider pharmacy workforce.

4.3 Healthcare Science

We have produced our 2019-20 annual report on Healthcare Science activity at NES. This covers the work we have done in direct support of training posts, our assurance of training and our CPD offer. The report is available at link.

The pandemic has raised concerns that trainee progression has been disturbed. To an extent this is the case; we have surveyed trainees specifically on their progression status and whilst some rescheduling of rotations etc is required, there does not appear to be a significant detriment. Some final stage clinical scientists are unable to undergo OSFAs. For these, alternative assessments have been put in place at a UK-level. For others, we have worked with the Academy for Healthcare Science to agree revised timings for final stage portfolios and vivas. In summary we are confident that these

trainees will progress and, broadly, complete according to plan. A handful of very short extensions to training contracts may be required, but these are expected to be within the current financial year. We are working with finance colleagues to identify specific individuals.

The Scottish Government's Health and Social Care workforce plan published December 2019 contained a specific commitment to support cardiac physiologist training. We are exploring with the existing academic provider, Scottish Government and the Scottish Funding Council how to best put training on a more secure footing for the wider clinical physiology workforce, including cardiac physiology.

5   CALENDAR

This section of the report provides an overview of the meetings I have attended since 15 May 2020. I have followed a set structure, so rather than list every date individually, where possible meetings have been grouped and additional context provided.

NES [Extended] Executive Team
Since the last updated provided in the May CE report to the Board, the Executive Team which had been meeting daily across 7 days has met daily across 5 days on Microsoft Teams since mid-May to share progress updates on NES's COVID-19 response, raise issues and agree any decisions as appropriate. The membership has been extended to include representatives from all directorates and professional groups and includes a representative from Corporate Communications. The Board Chair also attends the meeting each Friday. A strategic summary of the Decisions Log for this group has been included as part of the COVID-19 response paper on item 8 of the agenda.

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

NHS Board Chief Executives
BCEs meet weekly via Microsoft Teams in addition to the formal monthly meetings of BCEs.

NHS National Board Chief Executives
BCEs of the national Boards and Public Health Scotland meet weekly via Microsoft Teams.

NHS Board Chief Executives + Scottish Government
All Board CEs meet weekly separately with the senior team from Scottish Government to discuss the COVID-19 response. This has recently been reduced to twice weekly.

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

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

Meetings since 15 May – 23 July 2020

29 May - Caroline Lamb, Director of Digital Reform, SG
Audrey McColl and I discussed how NDS fits into the developing discussions on recovery and renewal.

2 June – Live ET Q&A Webinar - met virtually for Q&A with NES staff
NES staff had the chance to ask myself and colleagues in the Executive Team, questions in the organisation's first Ask ET Webinar. I was joined by Christopher Wroath, Morag McElhinney and Donald Cameron.

This was an opportunity to thank NES staff, but also take questions on what's important to people working for the organisation. Over 220 people took part, hearing about NES's response to the Covid-19 pandemic and the implications for staff.

We responded to several pre-submitted questions, as well as live questions asked during the webinar. Staff were interested in hearing about a number of topics, including, Successful ways of working, implications for office space, equipment at home, tax implications for home working and how the panellists take a breather.

3 June – **Annual Accounts Workshop**
I participated in the workshop which provided the opportunity to review the document before it was submitted to the Audit Committee and Board.

3 June –Stephen Lea-Ross, Scottish Government
Tracey Ashworth-Davies and I discussed the CARP application and the future processes.

4 June – **Remuneration Committee**
The Committee covered various agenda items including remuneration implications during Covid-19 and the 2019/20 NES Executive Cohort Performance Management Reviews.

9 June – **National Boards Collaborative Programme Board**
The focus of this programme Board was the national boards' contribution to recovery, remobilisation and renewal.

12 June –**Charlie Massey, Chief Executive, GMC**
Charlie and I discussed the GMC Strategic Forward Plan.

17 June - Management Steering Group [MSG]

18 June - Partnership Forum
The Partnership Forum discussed various items with a focus on COVID-19.

25 June - Gillian Russell, Scottish Government
David Garbutt and I met with Gillian Russell to discuss educational restart, Recruitment, educational capacity, CARP and Workforce Planning.

7 July – National Boards Collaborative Programme Board
This programme Board continued to focus on the national boards' contribution to recovery, remobilisation and renewal.

NHS Education for Scotland **NES/20/75**

Agenda item 8

NHS Education for Scotland

Board Paper Summary

1.   Title of Paper

NES COVID 19 Response - Update

2.   Author(s) of Paper

Professor Stewart Irvine, Acting Chief Executive

3.   Purpose of Paper

To provide the NES Board with an overview of the NES COVID-19 pandemic business response and actions taken since the last update on 28 May 2020.

4.   Key Issues

Individual directorate updates are set out in this paper. In addition, an annex is attached which provides an updated record of high-level, strategic decisions taken by the NES Executive Team and the NES Extended Executive Team during the 2020 COVID-19 pandemic (period 10 March – 17 July).

5.   Educational Implications

Much of NES's normal education and training activity was paused during the first phase of the pandemic. Directorates have been focusing on contingency planning to ensure, as far as is possible (i) the progression of learners already in the education and training system, and (ii) the recruitment of new entrants to the education and training system to secure the future workforce. Work has also continued to ensure that appropriate arrangements are put in place so that currently suspended activities can resume as soon as is safe, or once the pandemic is over.

6.   Financial Implications

Finance will continue to work with directorates to identify the financial implications of remobilisation work across the organisation, and report on the overall impact on the NES financial plan in line with Scottish Government directions and timescales. This will include the identification of additional costs and reduced spend in-year; and the financial implications for future years where work has been delayed.

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

NES's response to the COVID 19 pandemic continues to evolve and the unique nature of the situation means that much of our current work is not directly linked to the key

areas of focus set out in the 2019-24 NES strategy. However, our response so far has indirect links to all five key areas of focus.

8.   Impact on Quality Ambitions

Not directly applicable to this paper.

9.   Key Risks and Proposals to Mitigate the Risks

During the pandemic phase, the risks to normal NES business are clear and substantial. The corporate risk-register has been amended to reflect these and has been discussed at previous Audit Committee and Board meetings. An annex to the corporate risk register was developed and clearly outlines specific covid-19 risks.

10.   Equality and Diversity

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

11.   Communications Plan

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

12.   Recommendations

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

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COVID 19: NES Response Update

1. Introduction

1.1 NHS Scotland remains on an 'emergency footing' in responding to the ongoing Covid-19 pandemic, and during its May meeting and at a workshop in June, the Board has had the opportunity to receive updates on the response, thus far, of NES. This paper provides an overview of further NES work in the period to 23 July 2020.
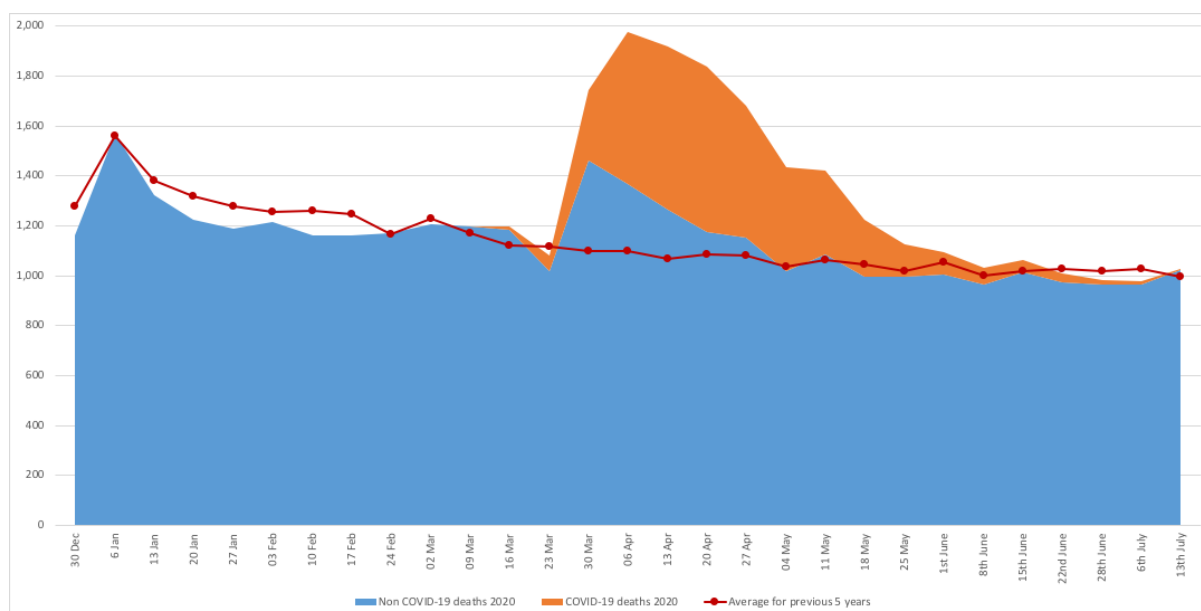
Covid and non-covid related mortality in Sctland 2020 (Source, NRS, 22 July 2020)

1.2 The severity of the emergency is abating, with reductions in identified cases, hospital and ICU admissions and mortality. As a consequence, Scotland has now moved to **Phase 3** of the route map set out by Scottish Government[1], and much activity is now devoted to re-mobilisation, but also to planning for the normal winter pressures faced by the NHS, alongside the real possibility of a resurgence of coronavirus activity[2] and coupled with the management of the substantial backlog of routine care that will have built up during the first wave.

1.3 All of this must take place against the backdrop of a need to maintain the safety of patients and staff whilst coronavirus remains active – the result of which is likely to be a reduction in NHS capacity, which in turn will impact upon educational capacity.

2. Background

2.1 As the emergency developed, NES prepared a **Local Mobilisation Plan** which was submitted to Scottish Government on 18 March. Boards were asked to prepare a **Draft Phase 1 Re-Mobilisation Plan**, covering the period to the end of July, which was submitted on 25 May and was shared with the Board during a private workshop in June. This phase one plan is included as an agenda item for information with the papers for this public meeting.

2.2 Subsequently, Boards have been asked to submit a **Phase 2 Remobilisation plan**, covering the period from 1 August 2020 until 31 March 2021. This plan will replace the

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[1] Coronavirus (COVID-19) Phase 3: Scotland's route map update
[2] https://acmedsci.ac.uk/file-download/51353957

NES Annual Operational Plan for 2020/21 previously approved by the Board. The SG Commission for this phase 2 plan, setting out the planning parameters, but not yet the funding available, was received on 14 July. A first draft version of this plan (as at 27th July) will be provided to a private Board meeting for consideration. The Board should note that this draft has been prepared in 8 working days and lacks the detail that we would normally seek to provide in an operational plan linked to a confirmed budget – submission is required by 7th August 2020.

3.   NES Response – Directorate Updates (July 2020)

3.1   Medical

3.1.1 **Interim Foundation Doctors (FiY1s)**
NES Medical Directorate responded to the call for increased staff to support front line services. Through collaboration with the Scottish Medical Schools and GMC, NES successfully deployed 576 newly registered doctors into Interim Foundation posts. Everyone involved, including the Associate Deans, NES HR and Training Programme Management staff have worked extremely hard to achieve this and should be justly proud of the achievement. Informal feedback from trainers and these new trainees is that they have settled in well and are gaining experience in a supportive environment. This should stand them in good stead for commencing their formal Foundation Training Programmes in August.

3.1.2 **Out of Programme (OOP) Returners**
Informed by a recent survey of the ~100 doctors in training who have been redeployed from time out of programme (OOP) to support service provision during the Covid-19 crisis, the Deanery has been working with stakeholders to develop a process to support those trainees to return to their OOP, where desired. Some 60% currently lack clarity around a date to resume their OOP for a combination of reasons including the suspension of laboratory and clinical research infrastructure in universities and the ongoing demands of service. A framework has been established to support decision-making around return to OOP that integrates with ARCP reviews to determine what competencies have been acquired during this time as well as trainees' needs for additional time OOP.

3.1.3 **Research Activity**
The third annual research & innovation report has been published ([link](#)) outlining the many activities of the Scottish Medical Education Research Collaborative (SMERC), Safety, Skills & Improvement Research Consortium and research groupings involving Primary Care, Pharmacy and the Medical Directorate Workstreams.

With the relocation of Professor Jen Cleland oversees, Professor Peter Johnston (Depute Postgraduate Dean) has taken over the role of Interim Director of SMERC and Chair of the Medical Directorate Research & Innovation Group (MedRIG).

The Board will be pleased to note that SMERC has been successful in being awarded a research grant of £236k for a study '*To develop evidence-based interventions to support doctors' well-being and promote resilience during COVID-19 related transitions (and beyond)'* being led by the University of Aberdeen, but involving all partner Medical Schools in Scotland and NES.

3.1.4 **Technology Enhanced Learning Short Life Working Group**
A multi-professional group has been established with representation from Medicine, Nursing, AHP, Midwifery, Dental, Optometry, Pharmacy, Psychology and Digital to

consider innovative strategies to address challenges associated with face-to-face teaching and social distancing restrictions. The aim is to define a NES vision for the future of education and learning for learners and trainers.

The themes for the group will be to:

a. Create more effective teaching and learning;
b. Maximise flexibility for learners supporting them anytime, anywhere, using any device;
c. Create a model of teaching and learning that mitigates issues related to social distancing;
d. Improve the digital capability of learners and educators;
e. Identify good technology that will be integral to learning.

3.1.5 **Shielding**
There are a number of current or future trainee doctors in Scotland who are shielding because of COVID-19. A further number of trainee doctors will not have been notified to practice shielding but have had their work pattern changed for a number of COVID19-related personal reasons (for example, following a locally-conducted risk assessment). This raises multiple issues for training progression and for lead employers. A **Shielding Short Life Working Group** has been convened to explore and quantify these issues and provide guidance for trainees. The group includes representation from NES HR, Scottish DME group, Professional Support Unit (PSU) and Occupational Health.

3.1.6 **Forensic Medical Examiner Training**
A formal funding application has been submitted to Scottish Government to continue and extend the training provided for professionals involved in the assessment and care of victims of sexual assault. The educational instructional design will change from in-person to a socially-distanced, online-default model. Existing resources are already being repackaged. It is anticipated that, in time, the costs for this training will be significantly less than the previous mode of delivery.

3.1.7 **Staff and Associate Specialists**
A series of COVID19 webinars have been held to support SAS doctors. These have been well received and will evolve to monthly "Developing your Careers" webinars. SAS doctors have been encouraged to continue to apply for training grants through the SAS Programme Board, which has recently met and awarded funding to SAS doctors working across Scotland.

3.2   Nursing Midwifery and the Allied Health Professions (NMAHP)

3.2.1 **AHP Practice Education Webinar series**
The AHP team responded to an emergent need of the AHP workforce to ensure staff were ready and able to deliver their services using technology. 7 webinars, attended by 2317 staff, were delivered focussing on how AHPs were using NHS Near Me to deliver their services. The sessions included sharing stories of good practice, including practical help and guidance and signposting to collated resources.

3.2.2 Recognising that webinars enabled NES to connect with large numbers of the AHP workforce the team subsequently delivered 21 webinars between 14th April and 30th June on the following topic areas:

- Supporting staff to use technology to deliver their services - 'Near Me' and Microsoft Teams
- Focus on AHPs working in Dementia services
- Supporting staff to continue with support and supervision sessions
- Collaborative series supporting professionals working with children and young people

3.2.3 The webinars have had a reach of 7186 attendees (which does not include approximately 2,000 additional staff who attended as part of a team) and 5906 views of the recorded sessions.

3.2.4 The team are now building capacity within the NMAHP directorate to ensure staff feel supported and able to use this platform to deliver relevant education sessions.

3.2.5 **AHP Learning Site**
The AHP Learning site on Turas was created to help the 14 different AHP professional groups access information, resources and guidance to support their practice during COVID-19. The site directed staff to the relevant areas of the COVID-19 site whilst also sharing guidance from the professional bodies and special interest groups.

3.2.6 **Acute Clinical**
NMAHP collaborated to promptly source educational content enabling staff deployed to support surge capacity intensive care needs. This consisted identification of best evidence regarding standardised approaches to recognition, assessment and escalation of care needs of a person presenting with potential covid-19 in the acute setting. This was in the form of short, accessible and mobile-enabled engaging material. The page also highlighted key new core works from lead national organisations.

3.2.7 Resources included:
- rapid repurposing of a serious educational game to be Covid-19 compliant (collaboratively produced by Edinburgh Napier University & NES) enhanced knowledge and skill in recognition and escalation of critical care needs
- Liaison with Scottish Government / Digital Directorate to establish host site landing page for strategic medical physics content (surge capacity intensive care beds).

Page content and adjacent communications focused heavily on the accompanying need for self-care as critical care staff prepared to meet intense clinical needs.

3.2.8 **Community Settings**
The 'Community Setting' pages within the Coronavirus (Covid 19) site have been designed specifically to support those caring for people within the community who have, or may have, COVID-19.

3.2.9 Staff are able to explore topics that relate to their area of practice in the community via the links supplied including those to all the National guidance. These and a number of newly developed Covid specific education resources are designed to support staff to refresh their knowledge and skills or to learn relevant new ones. There are also links and resources to support staff resilience, health and wellbeing.

3.2.10 **Health Care Support Workers**
In response to Covid-19, the Health Care Support Worker Team developed the Support Worker page within the COVID-19 Turas Learn site. Content included:

- Five new learning packs to support workers in health and social care covering topics of Delegation, Infection Prevention and control, Keeping a record of care, Teamworking and Recognising and responding when a person is deteriorating
- HCSW Newsletter (COVID-19 Special Edition) to support new resources
- One new learning pack for team leaders in health and social care *Looking after yourself and others during COVID-19*
- Joint working with partners at SSSC, Care Inspectorate and COSLA to develop a Social Care Workforce page within TurasLearn
- A Facebook campaign for health and care staff, in collaboration with Corporate Comms and Sunstone Digital solutions

3.2.11 **Women, Children, Young People & Families**
Development and provision of resources for midwifery and obstetrics and the emergency care of children and young people were initial priorities for WCYPF in response to COVID-19. A range of internal and external resources are available to support care delivery across a variety of health and care settings. For those working in a community setting - for example Health Visitors, Family Nurses and School Nurses - Turas Learn provides an accessible platform to share current guidance, information and learning resources.

3.2.12 Priorities are transitioning to **maintain learner progression** using digital technology through the design and delivery of virtual clinical skills courses and blended learning approaches. These developments will enable maintenance of the Family Nurse Partnership (FNP) education programme and Scottish Multiprofessional Maternity Development Programme (SMMDP) in response to National priorities. NHS Board mobilisation plans will further inform and support capacity and capability for engagement in education and learning, specifically relating to digital technology. As part of Transforming Roles, NMAHP are managing the tender and commissioning of School Nursing education to contribute to service transformation and commitment to increase the School Nursing workforce by 250.

3.3 Dental (including Optometry and Healthcare Science)

3.3.1 **Dental Clinical Effectiveness COVID-19 Activities**
Since mid-March, NHS Education for Scotland's Dental Clinical Effectiveness (SDCEP) activities have focussed on supporting the Scottish Government's dental response to the COVID-19 pandemic. Several highly accessed resources have been published and are periodically updated, including a guide for clinical management of acute dental problems during the COVID-19 pandemic and an associated supplement on drug prescribing. SDCEP's *Dental Practice Recovery Toolkit* is supporting NHS dental teams resume the provision of dental care in general dental practice using non-aerosol generating procedures during Phases 2&3 of NHS dentistry's remobilisation. This comprises a guide to resuming dental practice and various implementation tools, including a reopening checklist now used by territorial Health Boards for quality assurance.

3.3.2 The past 15 weeks have seen a three-fold increase in **SDCEP** website traffic over the same period last year, with around 350,000 page views. Webinars held by the Quality Improvement in Practice Team to support the implementation of these resources have had approximately 6450 attendees. The Dental Clinical Effectiveness Workstream has also supported the development of a highly accessed rapid review of internationally produced guidance to inform remobilisation Phase 3 and is leading a UK-wide group

that is carrying out an urgently needed rapid review of evidence about aerosol generating procedures in dentistry.

3.3.3 Dental Care Professionals

The Scottish Qualifications Authority (SQA) postponed the Professional Development Award (PDA) in Dental Nursing summative assessment due to the COVID-19 pandemic. The General Dental Council (GDC) have authorised that the evidence of successful achievement of course assessments could be used to recognise attainment of the learning outcomes of this qualification. 65 of our pre-registration dental nurse students have therefore successfully achieved this qualification and will be awarded and commence the GDC registration process in due course. We continue to support the progression and educational delivery of Dental Care Professional (DCP) training programmes using GOTO Training.

3.3.5 The DCP Workstream are supporting the continuous improvement and significant expansion of the SQA PDA in Dental Nursing assessment resources within the SQA's online assessment platform SOLAR. SQA have passed on their grateful thanks to NES in providing expertise to develop this resource. This will be of benefit to dental nurse trainees and external training providers across Scotland.

Dental Priority Groups
3.3.6 Launch of Open Badges on Oral Health

The Priority Groups workstream within the Dental Directorate has now completed the process of being able to launch their first Open Badges on Mouth Care. This is the first time oral health has been represented on this learning platform and represents the culmination of collaborative work with NES Digital, NES Communications and the Scottish Social Services Council (SSSC). The badges will be issued by NES Dental Priority Groups and hosted on the SSSC website with links from Turas Learn[3].

3.3.7 Open Badges are digital records of achievement and skills that are tied to assessment and evidence in the form of reflective writing. They can be collected as evidence of learning and grouped together as an electronic portfolio. They can be shared with someone, for example a line manager, who will also be able to see the criteria against which the badge was issued and any evidence that was provided as proof that the criteria were met including feedback. They can also be downloaded as printable certificates.

3.3.8 The Open Badges in oral health represent bite size chunks of manageable learning which can be accessed by anyone. The intention is to build up a suite of Open Badges on oral health and related topics which will be available to support and underpin the national oral health improvement initiatives aimed at priority groups. Individuals can choose topics which are relevant to their particular situation and build up a portfolio of evidence of learning. It is hoped that this may appeal to those from health, social care and third sector backgrounds who are involved in the oral health of priority groups but who have not previously considered undertaking any formal learning in the subject. The Open Badges will vary in complexity and will be available at foundation, intermediate and advanced levels to match an individual's learning requirements.

3.3.9 The first Open Badge is on 'The Importance of Mouthcare in the Care Home' and covers how to deliver mouth care for dependent older adults, the importance of mouth care in palliative/ end of life care and PPE considerations in the current Covid-19 crisis. This was produced in partnership with the Care Inspectorate.

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[3] https://learn.nes.nhs.scot/30288/oral-health-improvement-for-priority-groups/open-badges

3.3.10 An equivalent Open Badge aimed at the Care at Home services is due to be issued very shortly with more to follow in the coming weeks and months. We will be working with partners in social care and third sector to try and ensure that topics covered are both relevant to these groups of learners and attractive in their learning style.

3.3.11 Healthcare Science

We are supporting colleagues who lead specialty training in their 2020 clinical scientist recruitment by making available our Go-to-Meeting platform to assist connection with external (non-NHS candidates). We anticipate around 130 such interviews online of shortlisted candidates. NES supports 20-25 new postgraduate clinical scientist training places annually across a range of disciplines in the laboratories and medical physics. These recruits join a wider cohort of around 150 postgraduate scientists in training that we track. We are confident that new trainees will be in place for September starts.

3.3.12 Optometry

NES Optometry continues to develop, deliver and signpost support resources for the community delivery of eyecare during the covid-19 pandemic. The team have continued delivery of CPD that supports the ongoing mandatory requirements of the professional's regulatory body and professional qualifications – this can all be delivered remotely.

3.4 Pharmacy

3.4.1 The NES Pharmacy response to Covid-19 was immediate, with requests for support from across the front-line pharmacy sectors. NES provided staffing support (via redeployment) to NHS 24 and a number of territorial health boards. We also provided staff to the set-up of the Pharmaceutical service for the build stage of the Louisa Jordan Hospital and the NES Associate PG Dean remains the named Chief Pharmacist at the LJH under SG request to meet governance requirements, although staff are now returned to NES.

3.4.2 NES Pharmacy immediately produced 10 pages of Turas Learn products specifically related to COVID-19 (between March and mid-April). The majority of these were aimed at people who were returning to, or being redeployed to, a specific sector (hospital, community, GP, Louisa Jordan) with additional products related to upskilling the existing workforce in relation to Palliative care and Critical care pharmacy. There was a huge response from services acknowledging how responsive and relevant these products were.

3.4.3 We focussed support on essential delivery including support for Pre-Registration Pharmacist Scheme (PRPS) Trainees. The cancellation of the registration assessment by the General Pharmaceutical Council (GPhC) has had a severe impact on current Trainees, with that pending workforce now subject to `provisional registration` until an online assessment is available. NES Pharmacy are currently in discussion with SG on support options for this cohort of trainees. Personal and group support to the Trainee cohort has been a huge focus. We continue to assess impact on the future workforce for Pharmacy in Scotland.

3.4.4 We have a new mobilisation plan in place taking forward essential work within a new way of working. This includes revision of the PRPS recruitment and Programme delivery, delivery of digital education across CPD/PD contexts, delivery of SG priorities (e.g. the roll out of NHS Pharmacy First Scotland Service and use of NHS Near Me) through online education and to now support an increase of community pharmacist prescribers in the management of Common Clinical Conditions to increase the number

of pharmacist independent prescribing places and access to appropriate clinical skills training. We are also re-implementing all other paused work, now in demand/regarded as essential again, and are assessing the costs, timelines and mode of delivery.

3.5   NES Digital

3.5.1 **Turas Clinical Assessment App**
As part of the Scotland response to the global coronavirus an SBAR-style COVID-19 assessment tool has been developed to be used across paramedic, emergency department, specialist assessment and treatment area, clinical assessment centre contexts to improve situational awareness, decision making, safety and handover. The application allows clinical assessment data to be collected at the point of care, in real-time and in a structured format. Capturing the data in a structured way means it can provide immediate analytics to clinicians, clinical leaders and senior managers and can also be integrated with other systems very easily. There is now a case for change being developed to create a variant for use in Care Homes.

3.5.2 The application has been developed in a partnership between NES Digital, NHS Greater Glasgow and Clyde, Daysix (creative agency), NDS, the Digital Health & Care Institute (DHI) and the Scottish Ambulance Service. NES Digital was able to repurpose coding developed for the Family Nurse Partnership application (Turas FNP) to accelerate the time to delivery.

3.5.3 **COVID-19 Accelerated Recruitment Portal (CARP)**
In response to the evolving Covid-19 pandemic, the Scottish Government engaged with NES to provide the 'operational delivery' and associated technical development to support the process of bringing individuals in Scotland into the Health and Care workforce. This was to explicitly include students studying health and care related courses. This was based on SG analysis indicating that in order to mitigate against staffing gaps during peak weeks of Covid 19 infection, additional capacity into the workforce needed to be deployed by Monday 13th April 2020. This was to help address concerns that NHSS would be unable to staff critical and community areas. The changing analytical picture suggested a need for additional staff within a week of the initial conversations (circa 29th March). The Portal went live on the 28th March.

3.5.4 In May the Portal was repurposed to support a second SG programme to ask the public to show expression of interest to support contact tracing as part of the Test & Protect programme. Both initiatives have been supported by iterative development of data dashboards in the Turas Data Intelligence (TDI) to allow SG real time access to data on Pre-employment checks and allocations to Boards of student and retuning to service individuals.

3.5.5 **Turas Capture - COVID-19 Care Home Safety Huddle App**
In response to the evolving Covid-19 pandemic, the Scottish Government engaged with NES Digital to develop an application to support the capture of Care Home staff and resident data pertaining to the safety of residents during the C-19 pandemic. Currently this data is captured on a daily basis in care homes on spreadsheets and emailed to IJBs etc. SG want to improve the ease of this data capture to improve compliance, timeliness and quality. By using the Turas platform as a single point of capture the data can in turn be easily reported through Power BI dashboards through security controlled views. What data is seen by whom is determined by the role and organisation the individual works for, Care Home, Care Inspectorate, Health and Social Car Partnership or Scottish Government. The app is using the

same design and interface as the proposed development of the Clinical Assessment app to ensure continuity of use for Social Care staff.

3.5.6 **The Turas Landing page has been updated**
As part of a design and usability programme for "Turas the platform" the landing page has been updated. More information on this work can be found on the NES Intranet[4]

3.6 NES Digital Service (NDS)

3.6.1 NDS has launched the **SMS shielding support service**, which has approximately 100,000 validated users and provides information and access to food & medications. 70,000 food parcels are being provided nationally each week, with 44,000 households registered for priority supermarket shopping. The SMS service integrates with the local authority support hubs, the six main supermarkets and NSS and holds a significant data set for research and analytics.

3.6.2 NDS is delivering short form **Anticipatory Care Planning** (eACP work built on the ReSPECT model to support end of life conversations); this was taken forward with HIS, the Scottish Government and others and will quickly produce a web form for use which persists data and is available in different contexts. The team are continuing to support the ReSPECT work that is in situation, but have not been able to support more rapid extensions from other Boards as the integration work would be too extensive within the time available.

3.6.3 The **Emergency Eyecare Treatment Centre Pathway** was launched on 12 May. At the request of the clinical community and SG, NDS have reworked Opthalmology work to allow community-based provision of emergency ophthalmology care, with the aim being to avoid non-covid patients going to hospital while recognising that some non-covid care will continue to be very urgent. We have created a digital solution that allows emergency eyecare to be given that would otherwise not be possible and plan to roll-out nationally as fast as possible, while also progressing 'common' elements of this work that would have happened in the pre-covid project plan for Opthalmology.

3.6.4 As part of the remobilisation process, NDS has begun the process of redirecting resource back to normal business and is in active discussion with the SG in respect of key platform deliverables.

3.7 Workforce

3.7.1 As requested by Scottish Government, work has continued on processing expressions of interest received via the **Covid-19 Accelerated Recruitment Portal**. Reaffirmation of interest was sought by emailing candidates, in mid June, with c.3745 indicating their wish to remain in the process. These have been forwarded to Boards for their prioritisation. A helpful FAQ page has been set up to allow updated information to be shared with candidates.

3.7.2 In a similar way to the provision of potential candidates for **Test & Protect** roles, support is being provided to the Scottish Ambulance Service which is understood to be taking responsibility for national testing from end August and, therefore, potentially interested in suitable candidates initially applying via CARP. Scottish Government has been advised on the learnings from the CARP initiative in preparation for a potential

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[4] https://intranet.nes.scot.nhs.uk/news/the-turas-learn-homepage-has-changed/

future wave. Similarly, learning workshops on student nurse deployment are being initiated given the complexities surrounding employment, as opposed, to placement of trainees. Clusters of universities, representatives of the Boards providing placements/employment to them, members of NES NMAHP and Workforce will participate.

3.7.3 Work also continues on recovery and renewal with the **Covid-19 Staff Survey** providing key information on staff experiences during lockdown and preferences for working arrangements going forward. A response rate of 70% was achieved with a good response rate across all Directorates. Work is taking place, in partnership, to follow up on survey findings, for example, conducting further lines of enquiry into key aspects. This will provide a sound basis for redesigning work arrangements, managing premises and, otherwise, supporting re-mobilisation.

3.7.4 Notwithstanding the focus on CARP, some HR staff have returned to support '**business as usual',** given the need to ensure processes are in place to support key processes and programmes, including the placement and employment of doctors.

3.7.5 The number of NES staff currently redeployed to support **Covid-19 Accelerated Recruitment Portal (CARP)** activity is 81 (33 full-time; 48 part-time). This is a reduction from c.170 at the peak of activity. Redeployment at around the current level is intended to be continued to ensure completion of processing of portal applicants as soon as practicable. Staff working arrangements, informed by staff input, and developed in partnership, will be an important consideration within recovery planning.

3.8 Psychology

3.8.1 In **clinical psychology placements** have been redesigned to support remote and digital delivery of supervised clinical practice to meet regulatory and professional standards. The trainee recruitment processes were also revised and conducted remotely.

3.8.2 Arrangements for clinical placements have been adjusted to include remote working and digital delivery. We have continued to work to improve and adjust training delivery to take account of the constraints of the pandemic on the clinical service and the impact on the lives of learners.

3.8.3 The revised recruitment for the **doctoral programmes** is almost complete with trainees to commence in October as planned. The revised recruitment plans for other trainees due to start in early 2021 are in the early planning phases. Consultations with stakeholders are planned to ensure we remain closely aligned with their needs and the realities of clinical service delivery across Scotland.

3.8.4 The design, development, curation and collation of evidence-based psycho-social mental health and wellbeing learning **resources for Turas Covid-19 learning platform** is ongoing. All underpinned by **Psychological First Aid (PFA)** with several PFA resources that were made available in a range of formats. The Turas Covid-19 learning platform includes;

- Resources to support individual health and social care staff members including apps for sleep, stress, resilience etc.
- Resources for staff working with specific populations (Developed - children and young people, autism, learning disability, dementia, long term conditions) (To be developed - care experienced, abuse survivors, prisoners).

- Resources to support staff in their roles as leaders and managers in promoting the mental health and wellbeing of the workforce.

3.8.5 There has been ongoing collaboration to develop plans for local, regional and national mental health and wellbeing services for health and social care staff. Online parenting support resources have been launched and learning materials responding to people experiencing mental distress and crisis have been contextualised for COVID-19.

3.9 Planning

3.9.1 We are working through our **Facilities Recovery Plan** to ensure all NES sites are COVID 19 compliant in terms of the health and safety. To date we have reviewed the staff survey findings to inform our approach, installed screens and 'Sani-stations' throughout buildings, cleared workstations to achieve 'Clear Desk' status and commenced development of 'COVID 19 Smarter Working Facilities Guidance'. We have yet to decide a date when our offices will be reopened and although most sites remain accessible to staff, the default position – in line with the SG phased recovery framework - remains to work at home if you can.

3.10 Finance

3.10.1 Finance will continue to work with directorates to identify the financial implications of remobilisation work across the organisation, and report on the overall impact on the NES financial plan in line with Scottish Government directions and timescales. This will include the identification of additional costs and reduced spend in-year; and the financial implications for future years where work has been delayed.

4. Conclusions

4.1 The learning environment in which we work will face the likelihood of a continuing enforced reduction in clinical capacity, a back-log of urgent and scheduled care, and will be delivering care in new ways, and will be looking at new skills that we may be asked to support.

4.2 As we seek to remobilise our core education and training activity – albeit greatly modified for the current restrictions which remain in place – it will be clear that we are highly dependent on the extent to which partner organisations (NHS Boards, Universities, Royal Colleges and others), can resume their normal activity.

4.3 In many cases, there remains substantial uncertainty about the extent of resumption of activity, and the extent to which learners can be accommodated and supported in the clinical environment, leading consequential uncertainty over our own activity.

4.4 Just as the clinical service has a backlog of activity to manage, we will need to manage a significant number of learners and trainees whose progression has been affected, and who need to 'catch-up'.

4.5 We will also be substantially affected by decisions taken by UK Regulators, yet to be advised, and by the UK-wide position. Excellent co-operation across the 4 UK statutory education and training bodies has been a feature of the phase 1 response.

4.6   We will also require to maintain a number of elements of our 'Covid-response' activity, particularly in the Digital and workforce domains, and will require to identify and put in place the resources to support this.

4.7   Lastly, we will need to maintain a degree of contingency planning for a second wave. Many of the responses which were possible in March/April (eg early deployment of undergraduates and new graduates) will not be open to us in the autumn/winter period. Similarly, the further 'suspension' of much postgraduate training activity, and training rotations, whilst possible, would have increasingly severe and undesirable consequences for learners affected, and for future trained workforce supply.

4.8   NES's COVID-19: Remobilisation: Next Phase of The Health & Social Care Response, will outline our plan in response to the letter received from Christine McLaughlin, Scottish Government (Appendix 3). The next phase plan will set out how we can Re-mobilize, Recover and Re-design, with a whole system focus in mind. The recovery and remobilisation will not be a process of 'resuming business as usual'. We will be living and working within constraints imposed by the coronavirus for some considerable time.

4.9   The **NES Extended Executive Team has been meeting on a daily basis throughout the working week** to manage the organisational response – and it would not be possible to stand this down at this time, although we anticipate that we will shortly be able to reduce the frequency of meetings to 3/week. Our operating environment continues to be very fluid, and very fast-moving. It remains necessary to consider issues arising and to take strategic decisions at pace – since our last update, 50 SG letters have issued requiring consideration and in many cases a prompt response on behalf of the organisation.

List of Appendices

Appendix 1 – NES Executive Team COVID-19 – Record of Decisions and Discussion

Appendix 2 – SG Letter to NHS Territorial Boards Chief Executives – 3 July 2020

Appendix 3 – Letter to NHS National Boards Chief Executives - 14 July 2020

NES Executive Team COVID-19 – Record of Decisions: July Board meeting

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

This document was first submitted to the Board meeting on 28 May. Decisions that have been added since the May Board meeting are shaded in green. Text shaded orange indicate updates to an existing decision.

Attendees:

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

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1. Decisions relating to Governance & Accountability					
Date	**Decision Number (ET Ref)**	**Area**	**Decision Taken**	**Owner**	**Conclusion/Further Notes**
16/03/20	1 (ET 4)	NES Board	Chair & Chief Executive agreed that all Board/Committee meetings will be held remotely using Microsoft TEAMS until further notice.	DSI	**Complete** 26 March Board minutes formally note this decision. **Approach to be reviewed July 2020**
17/03/20	2 (ET 7)	NES Board	Chair proposed that Digital, Educational & Research Governance and Finance & Performance Management Committees will be stood down during COVID-19	NES Board Chair	**Complete** Chair emailed NES Board on 17/03 – decision confirmed to Board at meeting on 26/03 and included in the Board minute.

1. Decisions relating to Governance & Accountability					
Date	Decision Number (ET Ref)	Area	Decision Taken	Owner	Conclusion/Further Notes
			pandemic. NES Board, Audit and Staff Governance Committees will continue to meet remotely.		This core-governance arrangement will be reviewed July/August
27/03/20	3 (ET 30)	Planning	Year-end performance report to be produced as normal, however DC noted that performance measurement against the AOP for 20/21 is suspended until further notice.	DC	Year end (Q4) performance report submitted to the 28 May 2020 NES Board meeting. 20/21 performance reporting against AOP currently 'paused' based on the letter from SG (John Connaghan) dated 08/04. No further SG guidance received as at 02/07/20
03/04/20	4 (ET 54)	Finance	A [SG] decision has been taken to extend the deadline for the 2019/20 Annual Accounts where required.	AMcC /JS	**Complete.** 2019/20 Annual Accounts presented to the Board on 25 June 2020.
06/04/20	5 (ET 56)	NES Board / SG Letter	Response issued to Richard McCallum (SG) regarding Board Governance arrangements during COVID-19.	NES Board Chair	**Complete**. Response issued by Della Thomas on 06/04/20
09/04/20	6 (ET 69)	All Extended ET	DSI noted that the ET will need to consider 'return to Business as Usual' (BAU) once COVID-19 is over. A paper will need to be developed, with recruitment being one of the key areas.	DSI/All ET	**Work In Progress** Need to align with SG Response / Recovery / Renewal approach. First phase Mobilisation Plan (to end of July 2020) submitted on 25 May. Next phase Mobilisation Plan (to March 2021) to be submitted to SG by 7 August 2020
16/04/20	7 (ET 110)	All Extended ET	COVID-19 risks – It was agreed that all directorates will provide their top 2 risks in relation to COVID-19. These risks will help to support discussion of risks at 30 April Audit Committee.	ALL	**Complete**. COVID-19 directorate Risk Annex created and submitted to 30 April Audit Committee and 28 May Board meetings.
16/04/20	8 (ET 111)	PCG – PFM	All NES sites to undergo Fire Risk Assessments (FSA) during end April/beginning of May to ensure legal	DC	**Complete**. All NES site Fire Risk Assessments completed by end of May 2020.

1. Decisions relating to Governance & Accountability					
Date	Decision Number (ET Ref)	Area	Decision Taken	Owner	Conclusion/Further Notes
			compliance. PFM team working with contacts as NES sites to arrange these.		
17/04/20	9 (ET 115)	Planning	Property Transaction NDS - a business case will be produced for new premises for NDS as planned, this will be submitted to the ET and then the June Board for approval. The impact of the lockdown on the commercial property market is not yet known.	DC	July 2020 update – all NES property transactions are now on hold until further notice. Space will be made available at NES Westport (Edinburgh) office for NDS colleagues in the meantime.
20/04/20	10 (ET 127)	Planning	DC has started to receive queries about revising current year OP planning targets and access to the MiTracker system. DC has recommended on the basis of the information received in John Connaghan's letter of 8th April 'pausing the current year AOP process' letter that the focus will be on establishing a year-end (Q4) performance report for 2019/20 'pausing' 2020/21 performance reporting until it's clear what is happening with the AOP.	DC	**On Hold** Communication sent on 20 April to NES planning/performance colleagues to 'pause' 2020/21 performance reporting. July 2020 update – awaiting further guidance from SG regarding 2020/21 performance reporting.
20/04/20	11 (ET 128)	Planning	Discussion on changes on return to BAU. Workplace arrangements as yet unknown but possible mix of home and office. Extra PPE may be required. Information on this phase will be added to the May Board paper if available. Health Protection and Health facilities may produce guidance on a 'new normal' for facilities and offices.	DC	**Work in Progress.** How the physical facilities are adapted for return to the workplace (RTW) is just part of the process and a national HFS framework guidance is being prepared by NSS. We will follow that national guidance. RTW will be complex and will require a whole systems approach where behaviours, support and clear messaging will be important. Engagement with staff and staff side involvement will be critical. **Update** July 2020 - NES Facilities Recovery Team created to oversee preparations across

	1. Decisions relating to Governance & Accountability				
Date	Decision Number (ET Ref)	Area	Decision Taken	Owner	Conclusion/Further Notes
					all NES sites in advance of staff returning to work in office locations.
20/04/20	12 (ET 129)	Planning	ET agreed that the COVID-19 decision log and Risk register should be submitted to the 30 April Audit Committee.	AMcC and CEO Office	**Complete** – papers issued to Audit Committee.
27/04/20	13 (ET 157)	All	Directorates are starting to consider how to implement business as usual practices. Medical, Nursing, Pharmacy and Dental are in early discussions. DSI asked that information on resuming normal business be included in their summaries which will feed into the Board Paper – NES Response to COVID-19.	ALL	**Complete**. COVID-19 Response paper prepared for May 2020 Board, and subsequent request from SG for phase 1 mobilisation plan by 25 May.
28/04/20	14 (ET 170)	P&CR	ET agreed that it would be best to postpone the Staff Conference which is due to be held on 23rd September.	DC	**Complete**. Comms to directorate staff conference reps issued via Yammer and email on 29/04. Venue waived the cancellation fee.
29/04/20	15 (ET 176)	Planning	DC confirmed Planning will produce the performance information required for the Annual Accounts.	DC	**Complete**. Annual Accounts presented to the Board on 25 June 2020.
01/06/20	115 (ET 274)	Professional Directorates	KW in touch with Chair of Educational & Research Governance Committee (ERGC) regarding ERGC and COVID-19 implications for learners/students. Agreement that ERGC workshop will be delivered in July 2020.	KW	**Complete** Workshop took place 20/07/20.
02/06/20	117 (ET 290)	Digital/Workforce	CARP – Chair of the Staff Governance Committee asked for formal CARP update in relation to future plans and supporting CARP alongside a return to 'Business as Usual'. ET agreed a paper would be presented at the Board development session on 25 June 2020.	CW /TAD / AMcC/MMcE	**Complete** – paper presented on 25 June 2020.

2. Decisions relating to NES Staff					
Date	Decision Number	Area	Decision Taken	Owner	Conclusion/Further Notes
11/03/20	16 (ET 2)	All-staff Comms	COVID-19 update sent setting out comms/contingency planning processes	JMacE	**Complete** Comms Issued to all staff on 11/03
16/03/20	17 (ET 5)	All-staff Comms	NES adopted a general policy of postponing all non-urgent business such as meetings, conferences and developmental training (unless they are COVID-19 related)	JMacE	**Complete** Comms issued to all staff on 16/03 – end date of July 2020 (subject to future review).
17/03/20	18 (ET 6)	All-staff Comms	NES Comms issued to staff that 'to the maximum extent possible staff will be supported to work from home'	JMacE	**Complete** Comms issued to all staff on 17/03 **NB -** We can evaluate through the staff tracker app on Turas – approx. 95%.
02/04/20	19 (ET 50)	NES Staff	ET agreed that staff should normally be encouraged to take their annual leave/upcoming Public Holidays.	All ET	**Complete**. Comms through acting Chief Executive to all staff.
09/04/20	20 (ET 72)	Workforce	Parental Leave – ET supported revised SG position regarding parental leave during COVID-19. Staff can now take 4 weeks paid parental leave during COVID-19. Previously only 2 weeks of 4-week entitlement could be taken in a single year.	MM	**Complete**. FAQs on intranet updated to reflect this.
10/04/20	21 (ET 86)	Workforce	Working hours – many colleagues have been working overtime, including weekends and it is important to be mindful of staff health and wellbeing and ensuring over time does not breach regulations.	ALL	**Complete**. FAQs developed and published on intranet.
14/04/20	22 (ET 101)	Psychology / Communications	There was a discussion around getting the right message across to NES staff regarding wellbeing and it was agreed that Sandra Ferguson (Psychology) would liaise with John MacEachen (JMacE) to include the Psychological first-aid message and TURAS resources in next week's CEO briefing to all staff.	SF, JMacE	**Complete**. CEO message issued on 20/04/20

2. Decisions relating to NES Staff					
Date	Decision Number	Area	Decision Taken	Owner	Conclusion/Further Notes
29/04/20	23 (ET 171)	All	DSI reminded the extended ET that it is important to take some downtime and deputies would be welcome at these meetings. CE office to confirm and update list.	CEO OFFICE ALL	**Complete** List updated on 05/05/2020
30/04/20	24 (ET 191)	All NES Staff	DC advised of increased queries from staff regarding home-working experiences and provision of equipment (ergonomic chairs etc). ET acknowledged importance of supporting staff and agreed current home-working policy (for contracted home-workers) is not sufficient to cover working during COVID-19. ET agreed HR should review and issue updated policy to NES staff, including reimbursement of any equipment purchases.	DC/MM/ AMcC	**Complete**. Revised homeworking policy developed and approved by ET for issue. Homeworking Support Team also in place led by Workforce.
30/03/20	25 (ET 32)	Clinical Staff	Return of clinical staff in NES to service - DSI confirmed that it is important that NES retains clinical skills and knowledge. Once the portal is fully up and running and Workforce is adequately supported this can be reviewed. DSI confirmed that if staff in NES had a skill that is required, then it would be delegated to an ET member to agree at directorate level.	RP/DF/KW/ GH	**Complete**. Information was included in the letter that was sent to Malcom Wright (Scottish Government) on 7 April 2020
07/05/20	105 (ET 223a)	All NES Staff	Email issued to all staff regarding COVID-19 testing process for NES staff and households	DF/JMacE	**Complete** – email issued.
07/05/20	107 (ET 223e)	All NES Staff	COVID-19 Wellbeing survey issued to all NES staff – collaboration between Medicine (Patient Safety & Improvement) and Workforce directorates.	JA/TAD	**Complete** – survey issued 1 June - closing date June 15th.
07/05/20	108 (ET 223f)	All NES Staff	ET agreed that NES Homeworking Policy should be updated in light of COVID-19	DC/TAD	**Complete** – comms to staff issued on 22/05/20

2. Decisions relating to NES Staff					
Date	Decision Number	Area	Decision Taken	Owner	Conclusion/Further Notes
19/05/20	110 (ET 250)	Planning & Corporate Resources / All NES Staff	NES Facilities Recovery Team created to oversee preparations across all NES sites in advance of staff returning to work in office locations	DC	**Complete** and workforce representative provided.
02/06/20	116 (ET 289)	All NES Staff	ET webinar delivered to staff – 200+ staff joined. Agreement that session will be repeated in future.	JMacE	**Complete** – session recorded and published on the intranet.
08/06/20	118 (ET 303)	PCR	NES Facilities Recovery Team – staff toolkit to be developed offering site-specific guidance on safely entering and using NES buildings	DC	**Work In progress.** Guidance development work started on 10th June through the Facilities Recovery Team.

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3. Decisions relating to Education and Training					
Date	Decision Number	Area	Decision Taken	Owner	Conclusion/Further Notes
10/03/20	26 (ET 1)	Medicine	4 Nations position issued - guidance to trainees regarding the potential impact of COVID-19 on medical education and training.	RP	**Complete** Position Statement circulated widely in Scotland.
19/03/20	27 (ET 11)	Medicine	4 Nations position – guiding principles for redeployment	RP	**Complete**.
19/03/20	28 (ET 12)	Medicine	4 Nations position – Rotations paused (most take place in April)	RP	**Complete**.
19/03/20	29 (ET 13)	Medicine	4 Nations position – Revised ARCP process issued: light-touch, all by VC	RP	**Complete**. Further detailed guidance subsequently developed and circulated
19/03/20	30 (ET 14)	Medicine	4 Nations/Academy/GMC position – statement re Recruitment has been issued – Round 1 complete, round 2 will not be by face-to-face interviews but will use self-assessment submission.	RP	**Complete**. Concern from some Anaesthetic colleagues but agreed through UK Medical and Dental Recruitment & Selection Programme Board (MDRS).

3. Decisions relating to Education and Training					
Date	Decision Number	Area	Decision Taken	Owner	Conclusion/Further Notes
19/03/20	31 (ET 15)	Psychology	Trainee placement rotations paused (like Medicine, changes take place in April)	JT	**Complete** Psychology training has continued with adjustments to placement arrangements to take account of Covid-19.
19/03/20	32 (ET 16)	Dental	4 Nations position – statement issued on Dental education and training (similar to Medicine)	DF	**Complete**. Issued on 19/03
19/03/20	33 (ET 17)	Dental	Recruitment – paused	DF	**Complete** on 19/03. MDRS task and finish group established chaired by D Felix
19/03/20	34 (ET 18)	Dental	Rotations happened as normal at the beginning of March. Next rotations not until September/October.	DF	**Closed**.
25/03/20	35 (ET 23)	Medicine	Staff testing - Trainees employed by NES but working in a placement board will be advised that testing will be completed by the placement board.	RP	**Complete**. NES developed testing arrangements in April 2020 – paper submitted to ET on 14 April.
27/03/20	36 (ET 28)	Pharmacy	Pre-reg pharmacist trainees have their GPhC exams cancelled for both June/Sept, anticipated to take place Feb 2021. Plans are that the current trainees will be put onto a `provisional register` with restricted duties, which has potential issues for pharmacist workforce in Scotland and perhaps an additional supportive role from NES. NES national Pre-reg recruitment planned for Sept 2020 (2021-22 trainees) not going ahead, however working with HEE to agree and purchase their online SJTs to test applicants and rank applications for 2021 starters. Process to be agreed with stakeholders.	AW	**Complete** Joint statement from NES/HEE/HEIW released.
27/03/20	37 (ET 29)	Dental	DF asked to chair task and finish group under the auspices of MDRS to agree recruitment processes across the four nations. The principal aim is to reduce the amount of time involved from clinical staff both from the point of	DF	**Complete**. See decision 17 for update

Date	Decision Number	Area	Decision Taken	Owner	Conclusion/Further Notes
			view of trainees and senior clinical staff who may be involved in the recruitment process.		
27/03/20	38 (ET 33)	Healthcare Science	Final year biomedical science students are to be deployed into service. They will join HCPC Temporary Register	RF	SG has liaised with universities; "pass" list sent to HCPC (Health & Care Professions Council)
31/03/20	39 (ET 38)	Medicine	GP Trainee Progression - exit exams have been postponed for now. NES will continue to fill training programme as best as possible.	RP	**Complete** Discussion and involvement with SG regarding numbers to include in R1R recruitment. RCGP developed a revised exam and initial results for Scottish trainees have been very encouraging. It is anticipated that the vast majority of final year GP trainees will gain their CCT as expected in August 2020. Recruitment for new GP training posts has been very encouraging (97% fill rate after R1 +R1R).
31/03/20	40 (ET 40)	Psychology	Recruitment agreed in stripped back form for trainees. Placement agreements shaping up including with NHS24 as mini placement, trying to avoid double running - aim to get trainees out as normal.	JT	**Complete** Recruitment undertaken remotely in April and May for September and October intakes. Placement adaptations agreed. Majority of trainees expected to complete on original schedule. NHS 24 declined psychology support via mini placements.
01/04/20	41 (ET 42)	Medicine	4 Nations position - approach agreed for FY medical students joining the workforce. Boards hoping the students can be ready to start work w/c 13th April. A co-ordinating group has been created to oversee this process. The students will go onto TURAS under a single training programme for the whole of Scotland.	RP	**Complete** Steering Group chaired by Clare McKenzie established with representation from Foundation School, DMEs and Medical Schools. Final deployed numbers available later in cycle. FiY1s started being deployed from w/c 20/4/20 and to 572 were placed. Deployment

3. Decisions relating to Education and Training					
Date	Decision Number	Area	Decision Taken	Owner	Conclusion/Further Notes
					finished in mid-July and these trainees will start their FY1 posts in early August. A report on the learning from the FiY1 experience has been produced.
01/04/20	42 (ET 44)	Medicine	Trainee progression - potentially 100+ GP trainees will require an extension to training. RP will clarify estimated financial impact.	RP	**Complete** Numbers have since been reduced and alternative arrangements being made for exit exams. Numbers potentially requiring training extension should be greatly reduced. Numbers have since been reduced to 86. Discussions started with RCGP, GMC and 4 Nations to see if a revised exam can be developed to allow GPSTs to complete training this August. Revised exam is now underway and to date 37/40 Scottish trainees have passed.
02/04/20	43 (ET 47)	Pharmacy	Pharmacy Schools Council statement - Pharmacy students not able to join COVID-19 response until May due to completion of exams. Key staff seconded (2WTE) to Louise Jordan Hospital	AW	**Closed**.
03/04/20	44 (ET 52)	Healthcare Science	Sept 2020 clinical scientist trainee recruitment to take place virtually. NES support to enable this offered to training schemes	RF	**Work in Progress** 2020 intake progressing well. Almost complete (by end July) up to 1500 applicants (double last time) / 125 interviews – 21 training places.
03/04/20	45 (ET 53)	Optometry	Universities have suspended trainee practice visits and it is unclear how students will be able to start in September due to practiced based learning	KM/LR	**Work in Progress** As at 21/05/20 practice visits are still suspended. Current trainees are still required

3. Decisions relating to Education and Training

Date	Decision Number	Area	Decision Taken	Owner	Conclusion/Further Notes
					to complete a final OSCE after passing stages 1 and 2. Those due to enter the pre-registration scheme may be delayed but will still have the same length of time to complete.
07/04/20	46 (ET 61)	Medicine	4 Nations position – recruitment position agreed	RP	**Complete**. Comms issued 07/04
07/04/20	47 (ET 63)	Healthcare Science	4 Nations position – how HCS staff can be deployed	RF	**Complete.** Paper agreed and circulated.
09/04/20	48 (ET 68)	Healthcare Science	Induction guide for clinical scientist final stage trainees' admission to HCPC Temporary Register. Liaison with 4-country partners.		**Complete** Draft guide cleared by STAC and published
10/04/20	49 (ET 89)	Medical	A travel policy for travelling trainees has been agreed with SG. Trainees should be free to travel to and from their accommodation during placement and their primary home.	RP	**Complete**. Well received by trainees and BMA SJDC
10/04/20	50 (ET 90)	Medical	The ARCP Trainees annual review process is being considered on a 4 Nation basis that will include agreed derogation from the Gold guide – A 4 Nation Position Statement is being prepared	RP	**Complete**. 4 Nation Statement on "Progression of Trainees at ARCP" published on 21/4/20
14/04/20	51 (ET 98)	Medical	Guidance is close to completion for the ARCP process during Covid-19. This has been a 4-nation agreement and involved modifying the process to make it clinician light, pragmatic and has introduced a new ARCP outcome code which takes into account the current situation.	RP	**Complete**. Guidance published on 21/4/20
16/04/20	52 (ET 107)	Dental	Dental recruitment plans agreed on four nation basis. Applications for Dental Core Training Posts will be ranked by a Situational Judgement Test. Applications for Dental Specialty training posts will be by self-assessment and validation of evidence. (No face to face interviews)	DF	**Complete.** Good engagement from recruitment teams across the four nations. Significant reduction in time required from senior clinical staff. UK wide recruitment to Dental Core Training and Dental Specialty

3. Decisions relating to Education and Training					
Date	Decision Number	Area	Decision Taken	Owner	Conclusion/Further Notes
					Training posts completed. Feedback questionnaire circulated as part of the evaluation process.
22/04/20	53a (ET 142)	Medical	ET agreed to support the slow re-introduction of education and training where the is capacity with a focus on online delivery. RP will take to DME's and MD's this week for further agreement and then will share the plan with SG.	RP	**Complete** Principle of gradually restarting education & training activity supported by DMEs and MDs. SG also informed. Update - Letter issued by CMO to Boards requiring reinstatement of rotations, and letter issued by SG (Director of Planning) 3/7/2020 requiring Boards to set out plans for remobilisation of workplace based learning.
24/04/20	53b (ET 148)	Medical	Discussions have taken place with the DMEs (Directors of Medical Education) on re-engaging future educational delivery in a slow and controlled way via speciality and geography. This approach is supported by Medical Directors.	RP	**Complete** Update in 53a refers.
24/04/20	53c (ET 149)	Medical	RP noted that Territorial Health Boards support August rotations.	RP	**Complete**. Planning for August rotations continues as normal. Position statement added to Deanery website on 21/05/20. Update in 53a refers.
27/04/20	54a (ET 151)	Medical	There was a key meeting with Royal College of General Practice, GMC and SEBs last Friday. One of the issues discussed was the progression of GP trainees. It was now expected that a modified format of the MRCGP exit exam would allow those trainees approaching CCT to complete on schedule or shortly thereafter.	RP	**Complete** New format of MRCGP exam being developed that should allow GPST3s to gain CCT by August. Exam now underway and 37/40 Scottish trainees have now passed.

3. Decisions relating to Education and Training

Date	Decision Number	Area	Decision Taken	Owner	Conclusion/Further Notes
28/04/20	54b (ET 167)	Finance/Medicine	SG have agreed to fund CCT dates for a 6-month extension.	JS	Assumption reduced by 50% to £925k. Timeframes currently being agreed alongside estimates of numbers requiring extension. No GP extensions anticipated as exams will take place online.
29/04/20	55 (ET 175)	Pharmacy	Paper taken to Directors of Pharmacy (DoPs)) on 29th April with outline plan and options for the PRPS recruitment this year due to COVID19. Final decision from DoPs on 11th May and dependent on access to Situational Judgement Tests (SJTs) through HEE for Oriel recruitment.	AW	**Complete** – now agreed. 18th May 2020.
06/05/20	56 (ET 212)	NMAHP	Recommence Future Nurse and Midwife Programme Board on 12th May to review impact of covid 19 on pre-registration nursing & midwifery programme changes and commence discussions/ planning for new academic year.	KW	**Complete**
6/05/20	57 (ET 213)	NMAHP	NHS boards have been asked for information on their priorities for education and their intention to release staff to undertake commissioned education programmes	KW	**Complete**
12/05/20	58	NMAHP	NMC made decision to not open the Temporary Register for Final Year Students following extensive discussion with stakeholders on 7/5/20.	KW	**Complete**
13/05/20	109 (ET 225)	NMAHP / Medicine	The Exec Team agreed to support the use of the NHSS Louisa Jordan facility as a clinical skills centre.	KW / RP	**Complete** – this work will be taken forward by Prof Jean Ker (CS MEN)
26/05/20	113 (ET 266)	Medical	There may be some delayed starts for Foundation Training in August e.g. due to travel restrictions or awaiting delayed graduation from Medical School – estimates indicate this will affect 10-20 doctors in	RP	**Ongoing** – RP in consultation with SG colleagues and will keep AMcC/JS informed. Awaiting further information from UKPFO

3. Decisions relating to Education and Training

Date	Decision Number	Area	Decision Taken	Owner	Conclusion/Further Notes
			Scotland. However, there may also be an oversupply into Foundation Training this year.		regarding delayed start numbers and potential oversupply for August. Finalised costs for revised RCGP exam confirmed – total cost of £500K of which NES will be responsible for £45K using Barnett calculations.
29/05/20	114 (ET 273)	Finance	SG have not yet confirmed 2020/21 NES Budget, therefore directorate budget letters are unable to be issued. ET in agreement that Finance will issue guidance in relation to 2020/21 budget management approach.	AMcC/JS	**Work In Progress** Budget management guidance was developed and approved however this was superseded by the remobilisation planning announcements. Finance Business Partners are working closely with directorates to develop revised financial plans for August 2020 to March 2021.
08/06/20	119 (ET313)	Comms – Events	In response to query from JMAcE, ET confirmed that no face-to-face conferences/events will be held in 2020. Events will be delivered virtually as required	JMacE/All	**Complete**

4. Decisions relating to new COVID-19 organisational priorities

Date	Decision Number	Area	Decision Taken	Owner	Conclusion/Further Notes
23/03/20	59 (ET 19)	Digital / Workforce	COVID-19 Accelerated Recruitment Portal NES commissioned by SG to develop online portal to support recruitment and onboarding of returners/undergraduate students to assist with COVID-	CW/MM	**Work in Progress**. 24 March report of H&S Committee confirms NES as contracted employer for returners and joiners to service.

4. Decisions relating to new COVID-19 organisational priorities					
Date	Decision Number	Area	Decision Taken	Owner	Conclusion/Further Notes
			19 response – NES Digital and Workforce to deliver - Turas People to be used as part of the process.		NES will adopt same Lead Employer model that exists for medical trainees employed by NES. **This was later amended after agreement with SG that Boards were better placed to be the employers. Individuals placed in roles outside NHSS but affiliated were employed by NES.**
23/03/20	60 (ET 20)	NDS	NDS working on three areas as part of COVID-19 response – this work is agreed SG: • GGC and Lothian on messaging results to patients. • Care plan with local authorities • Working Shielding approach - ID of most vulnerable people.	GH	**Work in Progress** Shielding SMS service in place and operating effectively; ACP in development with HIS and for deployment in early June. Messaging integrations delivered and in place.
27/03/20	61 (ET 26)	Digital	NHS Workforce Status App – went live 27 March	CW	**Complete** Full roll out to NHS Boards was not progressed, it was not considered to be a priority by territorial boards.
27/03/20	62 (ET 31)	NMAHP	Nursing, midwifery and AHP students cleared to go out into the service and contribute to COVID-19 response.	KW	**Complete** All NMAHP students out on paid placement or permanent employment. SG agree to no further deployment from 1st July. All students being processed with 3rd year nursing students commencing W/B 06/04
27/03/20	63 (ET 32)	Workforce	Internal redeployment – ET agreed that redeployment is agreed at directorate level, as teams/directorate leads know who available and what skills is are.	MM RP/DF/KW/GH	Directorate lists being maintained, supports reporting for finance and HR processes (e.g. issuing any secondment arrangements)

4. Decisions relating to new COVID-19 organisational priorities					
Date	Decision Number	Area	Decision Taken	Owner	Conclusion/Further Notes
			Redeployment of clinical staff – ET agreed this should be discussed by directorates with Territorial Boards, who can identify priorities.		
28/03/20	64 (ET 34)	Digital	COVID-19 Accelerated Recruitment Portal (CARP) went live	CW	**Complete**. BCEs informed by SLR. Cabinet Secretary formally announced on 30/03
30/03/20	65 (ET 37)	Dental	Scottish Dental Clinical Effectiveness Programme (SDCEP) has published guidance "Management of Acute Dental Problems During the COVID-19 Pandemic" which is of relevance to dentists as well as other healthcare professions including medicine and pharmacy.	DF	**Complete**. Guidance issued and received well by the profession in Scotland and further afield.
01/04/20	66 (ET 45)	Finance	NES staff who go to work in service will remain on the NES payroll and SG will be charged as part of the Covid-19 bill.	AMcC	**Ongoing**. Recording mechanisms in place.
02/04/20	67 (ET 49)	Finance	SG Finance now requiring weekly updates regarding impact of COVID-19 – NES would require estimated £74million additional funding to cover all returners and students joining NHSS and the related impact on TGs	AMcC/ JS	**Work in Progress** Additional funding required is now less given that NES will only employ Interim FY1's and those student nurse/midwives deployed in non-NHS placements (confirmed in DL (2020/6). The amount of additional costs at this stage also includes the potential impact of double-running costs for Medical and Pharmacy trainees. As at 22/07/20 estimated requirement is £10.4m
05/04/20	68 (ET 55)	Planning	DSI agreed that 2CQ (Glasgow) could be used by staff involved in the NHS Louisa Jordan hospital at the SEC in Glasgow.	DC	**Complete**. Formal request sent to DSI on 02/04

4. Decisions relating to new COVID-19 organisational priorities					
Date	Decision Number	Area	Decision Taken	Owner	Conclusion/Further Notes
06/04/20	69 (ET 58)	Finance	Change of position - Formal agreement that NES will not be the single employer for all returners/students, it will now be a mixed economy.	AMcC	**Complete**. (confirmed in DL (2020/6). NES can support the issue of offer letters and contracts where Boards have requested this. NES can also support the generation of data for Board payroll processing.
07/04/20	70 (ET 62)	Dental	CDO is writing to all General Dental Practitioners encouraging them and other dental practice team members to volunteer via the portal. This has the potential to reach 10,000 staff once other dental team members (dental nurses, dental admin staff) are included.	DF	**Complete** – letter issued.
09/04/20	71 (ET 66)	NMAHP	AHPs - Decision taken that final year students will apply via the portal to become registrants. Yrs 1/2/3 will become HCSWs and assist where appropriate.	KW	Final years students using portal 08/04. Discussions on-going for 3rd Years. Years 1&2 continuing on programme.
09/04/20	72 (ET 70)	Workforce / Digital	CARP – Comms to be issued to 10K+ applicants advising them that their applications will be processed in due course and thanking them for their patience.	CW	**Ongoing.** CW agreed with SG that there would be regular comms to applicants to keep them updated, particularly in relation to the demand and timescales for coming through the portal. CW meeting with Grant Hughes from SG. Approximately 3745 reaffirmed interest on whom NES has been asked to carry out Pre-Employment Checks (PECs) by SG. Prioritisation will be as agreed with Boards (or SG in the case of an over-riding category of need).

4. Decisions relating to new COVID-19 organisational priorities					
Date	Decision Number	Area	Decision Taken	Owner	Conclusion/Further Notes
10/04/20	73 (ET 75)	Digital	Equipment loan to Disclosure Scotland – NES agreed to loan laptops to Disclosure Scotland so their staff can increase capacity in processing PVG checks. Maintaining asset registers for audit purposes is very important.	CW	**Complete.** X11 Laptops were provided to Disclosure Scotland. This was in addition to the agreement to loan NHS Lothian 50 laptops to enable staff to work remotely to process additional new staff.
10/04/20	74 (ET 82)	NMAHP	Year 3 AHPs - a decision has been made that year 3 AHP's will also be registered through the recruitment Portal, a process is being worked on for those AHP's who have already started to arrange placements with Boards as health care support workers.	KW	**Complete** On-going discussions with HEIs and Scot Govt re 3rd Year Student AHPs. This group will have finished their programme for the academic year and do not require placements. HEIs have advised students to make themselves available as part of HCSW workforce. Awaiting Scot Govt Guidance for AHP student paper as at 21/4/2020. Final guidance published by SG on 21/05/20.
10/04/20	75 (ET 85)	Workforce	Returner Pathways – QI team are going to help to define the different student and returner pathways (including induction information, who the employer will be, start dates etc), they will be in touch with Directorates from next week to conduct interviews. Data will be compiled on a single spreadsheet on SharePoint. An update will be submitted to the ET in due course.	MM	**Complete** and shared in ET Meeting papers 27/4.
10/04/20	76 (ET 87)	Healthcare Science	Final year bio-medical students – will be coming through the NES Portal and employed by Boards. RF will liaise with KW as similar arrangements are in place for AHPs. Clinical scientist trainees are already employed by Boards.	RF	**Complete** Induction guide drafted and circulated by SG

4. Decisions relating to new COVID-19 organisational priorities					
Date	Decision Number	Area	Decision Taken	Owner	Conclusion/Further Notes
12/04/20	77 (ET 91)	Pharmacy	NES Pharmacy guidance to NHS Board Pharmacy leads re NES Portal recruitment for Pharmacy.	AW	**Complete** Portal entry now suspended, with an exception for pharmacy graduates.
13/04/20	78 (ET 94)	Dental	CDO wrote to all Dentists last week encouraging them to volunteer. If interested they have been directed to note this through the portal. It was agreed that the Directors of Dentistry will make contacts in the NHS Boards who can provide them with details on interest shown from Dentists and dental team members	DF	**Complete** Portal entry now suspended.
13/04/20	79 (ET 97)	Digital	NES Digital supporting the MS Teams roll out across Scotland.	CW	**Complete** with ongoing collaboration as required.
14/04/20	80 (ET 100)	Medical	The ET supported the recommendations in Adam Hill's testing paper, • NES will align with government backed testing centres rather than through NES sites. • NES will triage the enquiries and organise the appointments. • NES need SG agreement to include business critical staff in the testing. • NES advise against providing 50 NES staff as testers. After some small amendments, the paper will be escalated and shared with SG.	AH, RP	**Complete**. Paper submitted to SG. Note that the position has since changed in line with policy development.
15/04/20	81 (ET 105)	Pharmacy	Pharmacy Staff seconded to NHS24 (from 16/4) – 0.9WTE	AW	**Complete.** Pharmacy staff returned from NHS24 25/05/20

			4. Decisions relating to new COVID-19 organisational priorities		
Date	**Decision Number**	**Area**	**Decision Taken**	**Owner**	**Conclusion/Further Notes**
15/04/20	82 (ET 106)	Pharmacy	Joint statement from NES/HEE/HEIW and Scottish statement re pharmacy student recruitment from May into NES recruitment portal	AW	**Complete**. Joint statement issued w/c 18 May.
16/04/20	83 (ET 109)	Workforce	SG have asked that the Organisational Development, Leadership & Learning (ODLL) team accelerate the Executive Coaching offer that is managed by NES. Necessary funds will be made available for this. The initiative will support leaders to focus on staff mental health and wellbeing during COVID-19.	Tom Power/ ODLL	**Complete**. Over 400 applied in first offer. Discussions underway with SG to fund coaching for wellbeing for a further 12 months.
17/04/20	84 (ET 112)	Workforce	CARP : It was agreed that a standard set of responses will be developed to record why some staff will not be taken on by Boards. MM will liaise with colleagues to produce this.	MM	**Complete.** CLO advice received and shared with Deputy HRDs.
17/04/20	85 (ET 113)	Medical	Interim FY1 Drs graduation – 150 Edinburgh trainees have been inducted for deployment across Lothian, Borders and Fife. Trainees in the West will be inducted next week, likewise with Dundee, and Grampian will graduate today.	JA	**Complete**. FiY1s deployed throughout all regions of Scotland from w/c 20/04/20.
17/04/20	86 (ET 117)	Comms	Social media has gone out regarding shielding, an updated to NES staff regarding expenses will go out this afternoon. A video from DSI to staff will go out on Monday highlighting mental health & wellbeing, planning for the new normal.	JMacE	**Complete.** Video Issued on 19/04
17/04/02	87 (ET 120)	Psychology	SG are commissioning a website with resources for staff regarding mental health and wellbeing across the workforce. NES colleagues will work to ensure relevant	JT	**Work in Progress** 20/4/20 NES continuing to identify resources for different community health and care sector groups.

4. Decisions relating to new COVID-19 organisational priorities					
Date	Decision Number	Area	Decision Taken	Owner	Conclusion/Further Notes
			links to Turas are made and promote access to Turas site to Health & Care staff.		Update July 2020 – Scottish Government sponsored website named 'Promis' launched including mutual signposting links with NES Covid-19 resources on Turas platform.
20/04/20	88 (ET 124)	Digital	CW confirmed that the reporting dashboard that will be submitted to the SG will contain a comprehensive set of data notes, that will catalogue what the data means. SG will be asked what it is the need to know. Michele co-ordinates Grant Hughes office and will be asked The confirmed decision from this discussion was that a weekly message from NES will be submitted via the CEO Office. CW will confirm what day of the week that this will be needed, likely a Friday. Probably will link in with the ministerial updates.	CW and CEO Office	**Complete** – dashboard now live and well received by SG colleagues.
20/04/20	89 (ET 123)	Digital and NDS	Extra resources may be required. Suggest approaches to IT staff who have been furloughed and may volunteer to help. AH is pulling together a proposal, which will consider how staff could be onboarded and security issues.	GH	**Closed** In practice for a range of reasons related to the industry this did not move forward.
23/04/20	90 (ET 145)	Digital	Position agreed with SSSC regarding CARP updates for social care placements	CW	**Closed** Weekly update reports sent regarding social care placements. No further action required.
23/04/20	91a (ET 146)	Workforce	Letter sent to SG regarding risks associated with placing students/returners in non-NHS placements. Hazel Craik at CLO has contributed to content of this letter.	MM	**Complete.** Letter sent to SG May 2020.

4. Decisions relating to new COVID-19 organisational priorities					
Date	Decision Number	Area	Decision Taken	Owner	Conclusion/Further Notes
27/04/20	91b (ET 154)	Finance / NMAHP	SG issued guidance confirming that nursing students will remain on student placement terms until they are fully employed.	AMcC/KW	**Complete** This mitigated the risk to NES in relation to the completion of all pre-employment checks set out in HDL 2020/10 prior to student nurses commencing employment.
30/04/20	92 (ET 186)	NMAHP	KW joined CMO Clinical & Professional Advisory Group – Care Homes	KW	**Ongoing** Twice weekly meetings of key stakeholder. Producing guidance for care homes. Meetings became weekly from 25/02/20. Guidance for care home visiting published 25/06/20.
01/05/20	93 (ET 192)	Medical	UK FPO recruitment route to be paused, in line with pausing of the CARP.	RP	**Complete**. Following approval by SG, UKFPO were asked to switch off further allocation of provisionally registered doctors to Scotland
04/05/20	94 (ET 197)	Dental	SDCEP has been commissioned by four CDOs to undertake a rapid review of international recovery plans to inform policy making decisions on re-establishing dental services. Report expected later in week.	DF	**Complete**. Report was delivered to CDOs on 7th May 2020.
05/05/20	95		Letter sent to all medical Royal Colleges on behalf of the CEs of all 4 statutory education bodies regarding flexibility in approaches to training progression.	DSI	**Complete**
05/05/20	103 (ET 201)	Workforce / NMAHP	Framework for non-NHS placements agreed with Central Legal Office	MMcE / KW	**Complete.** Contract, secondment and MoU agreed and issued by Workforce/NMAHP. Directors of Nursing and Workforce have reviewed and agreed the framework.
06/05/20	104 (ET 214)	NMAHP	NMAHP are providing educational contribution to two SG multi-organisation groups – the Clinical and Professional	KW	**On-going** process. General guidance for Care Homes was produced and published 15/05. Developing

4. Decisions relating to new COVID-19 organisational priorities					
Date	Decision Number	Area	Decision Taken	Owner	Conclusion/Further Notes
			Advisory Group for Care Homes and the Care Home Leads Group		guidance on visiting in care homes currently 28/05. Guidance on visiting for care homes published 25/6. Concentrating on rehab now.
07/05/20	106 (ET 223c)	Digital	CARP to be used to capture expression of interest for SG Contact Tracing service.	CW	**Complete** – Public Health Scotland/NSS responsible for contact tracing applicant processing.
25/05/20	112 (ET 265c)	Dental	SDCEP produced Practice Recovery Toolkit for use in Scotland.	DF	**Complete** – toolkit published on 25 May 2020.
03/06/20	117 (ET 291)	NMAHP	ET agreed that risk regarding NES employment of student nurses should be added to COVID-19 risk annex	KW	**Complete –** ET approved risk at ET meeting on 8 June 2020. Risk added to COVID-19 risk annex.
05/06/20	118 (ET 302)	Workforce / Digital	CARP – direction from SG to process employment check on remainder of CARP applicants. ET considered additional resource options and approved internal NES employees (subject to return to BAU) alongside external agency staff.	TAD / CW	**Complete**

5. Letters/communications received from/with Scottish Government - actions taken					
Date	Decision Number	Area	Decision Taken	Owner	Conclusion/Further Notes
11/03/20	96 (ET 8)	SG Letter	Letter from John Connaghan received regarding NHS Board Mobilisation Plans in response to COVID-19. NES response created and submitted to SG.	DC	**Complete** Submitted to SG - 18/03/2020
13/03/16	97 (ET 10)	SG Letter	Letter from Malcolm Wright to NHS Special Boards regarding their actions in response to COVID-19. Extended ET contributed to this response and response submitted to SG.	DSI/ET	**Complete** Response submitted 19/03 and further updated and sent on 07/04/2020.
23/03/20	98 (ET 22)	CE Comms	DSI to write to BCEs regarding contribution to COVID-19 response	DSI	**Complete**. Letter issued 25/03/20
07/04/20	99 (ET 60)	SG Letter	Updated response issued to SG sponsor team regarding suspended/newly created work – original response sent on 19 March	All ET	**Complete**. Original letter received from MRW Office on 13 March.
09/04/20	100 (ET 73)	Planning / SG Letter	Letter received from John Connaghan at SG regarding the 2020/21 stating that the AOP will form a 'baseline' for a NES 'Recovery Plan' to be created later. In addition, Scottish Government have not agreed the proposals laid out in the 20/21 AOP and they are 'pausing discussions on these matters'.	DC	**Closed** Letter discussed at ET on 14 April (alongside Finance letter received on 20 March). SG have since advised that submitted AOPs are set aside, and will be replaced by Phase 2 re-mobilisation plans due 7 August 2020.
20/04/20	101 (ET 130)	SG Letter	Letter received from John Connaghan at SG regarding an Enhanced System of Assurance for Care Homes. Whilst the letter focused primarily on actions for Territorial Health Boards, there is an opportunity for NES to provide educational resources in this area.	DSI/KW	**Complete** Response sent on 23 April offering NES support to provide educational resources as required. KW contact details provided.
14/05/20	111	SG Letter	Letter received from John Connaghan at SG requesting that first phase Board Mobilisation Plans are sent to SG by Monday 14 May.	DSI / All	**Complete** – NES Mobilisation Plan sent to SG by required deadline.
17/05/20	102	SG Letter	Correspondence from Cabinet Secretary varying the role of the Executive Nurse Director regarding the multi-professional oversight of care homes, making them	KW	Letter received 17/05/20

5. Letters/communications received from/with Scottish Government - actions taken					
Date	**Decision Number**	**Area**	**Decision Taken**	**Owner**	**Conclusion/Further Notes**
			accountable for the provision of; nursing leadership, support and guidance within the care home and care at home sector.		

Glossary:

NES – NHS Education for Scotland

SG – Scottish Government

ET – Executive Team

CARP – COVID-19 Accelerated Recruitment Portal

PPE – Personal Protective Equipment

HEE – Health Education England

HEIW – Health Education and Improvement Wales

DG Health and Social Care
Director of Planning

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To: NHS Territorial Board Chief Executives
 cc   NHS Territorial Board Chairs
        NHS National Board Chief Executives/Chairs
        IJB Chief Officers
        LA Chief Executives, COSLA

Dear Colleagues

COVID-19: RE-MOBILISATION: NEXT PHASE OF THE HEALTH & SOCIAL CARE RESPONSE

I am writing to you to commission the next iteration of Re-mobilisation Plans, building upon the previous commission requested by John Connaghan on 14 May, to cover the period from August 2020 until March 2021.

I would like to acknowledge up front the scale of what has been planned and achieved in this first phase of re-mobilisation. This next iteration of planning is designed to build on that achievement as we continue the journey of Re-mobilisation, Recovery and Re-design, with whole system focus.

The achievements of the last few months have been underpinned by a clear and common purpose and that is something we are very keen to maintain. In that spirit, this letter sets out our ask of you, alongside the planning assumptions which should form the basis of your response. I also invite you to set out what you will need from the Scottish Government in order to be able to effectively deliver your plans, to help us structure our response to those plans.

With a critical focus on the public health agenda going forward, there is a need to ensure that the next phase of re-mobilisation places safety alongside delivery and financial sustainability as the three core pillars of the re-mobilisation process and that this is reflected in the Re-mobilisation Plans.

Plans should be developed and submitted in partnership with the IJB(s) in your area and should continue to be informed by the clinical prioritisation of services and national guidance/policy frameworks, including those relating to Test and Protect and PPE, which are so critical to safeguarding both staff and patients alike. The key messages in the initial commissioning letter of 14 May remain valid as we plan ahead and this letter should be read alongside it, not least in relation to: the necessity of enabling more people to have more of their care in a person centred manner, at home or in the community; ensuring quality and safety in all that we do; and engaging with all key stakeholders.

The remainder of this letter provides further context for the areas that should be reflected within this next iteration of your plan.

Response to the Re-mobilise, Recover, Re-design Framework

The Re-mobilise, Recover, Re-design: The Framework for NHS Scotland, (Framework) published on 31 May sets out three core tasks over the first 100 days:

- Moving to deliver as many of its normal services as possible, as safely as possible;
- Ensuring we have the capacity that is necessary to deal with the continuing presence of Covid-19; and

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- Preparing the health and care services for the winter season, including replenishing stockpiles and readying services.

Your plan should reflect these aims as well as looking onwards through the winter period and into next year. This includes providing full details of your plans for winter 2020/21, ensuring sufficient capacity and resource is in place to respond to specific winter pressures while dealing with a potential second wave of COVID-19 and also planning for EU Exit.

Building on your work to date, your plan should be built around the seven principles set out in the Framework and should confirm how you intend to achieve the eight objectives held in it. Also in line with the Framework you are asked to plan for the following:

1. **Surge capacity** for Covid-19 patients is maintained to ensure capacity/ resilience in the system to respond to any future rise in cases;
2. **Patient and staff safety** are ensured by appropriate streaming of Covid/non-Covid-19 pathways (plus continuing systems of staff support & wellbeing across health and care);
3. **We retain and build our public health capacity** to provide a robust, sustainable service including delivery of all components of Test and Protect, taking account of new developments as they emerge;
4. **Strict infection prevention and control** measures remain in place;
5. **Covid-19 screening and testing** policies are fully and consistently implemented in line with national guidance, with Boards obliged to flag any risks to implementation;
6. **Inter-dependencies** are factored in including workforce, transport, training and development;
7. **High quality care** is delivered **including patient experience** and person-centred approaches to care;
8. **New and effective ways of working** are maintained and built upon – avoiding reversion to previous working practices; subject to extant guidance on appropriate public engagement and participation, as set out in the Cabinet Secretary's associated letter to Board Chairs of 25 June;
9. **The impact of physical distancing** measures across the health and care sector on **capacity** is continually assessed.

You will be well aware of the requirement to protect our core capacity to respond to the continuing impacts and any potential resurgence of the virus, while also continuing to **safely and incrementally** restore services as you move towards recovery. Plans should continue to cover all measures being taken in relation to Covid-19 including the level of agility built in and ability to respond at speed, as well as any innovations which have been incorporated into routine practice over past months.

Your plan should set out how you will:
- Manage the backlog of planned care (to minimise harm);
- Ensure unmet demand is managed and ensure safety e.g. referrals and community based services;
- Manage the Covid-19 and non Covid-19 unscheduled care demand, recognising that ED attendances and acute hospital admissions are increasing; sustaining new, effective methods of delivery, and developing the principle of moving to a scheduled care model for urgent care; and
- Increase the focus on whole system working further through the recovery period and as we consider future opportunities to accelerate transformation and re-design of the system.

While some additional information will be sought later in the year, this next iteration of your plan should set out how you will respond, on a whole system basis, to the complex and interdependent challenges which are likely to face the health and care system over the winter period. This task will require clinically driven and locally tailored approaches to risk assessment and mitigation encompassing increased levels of demand with more complex and acute presentations, Influenza, Norovirus,

inclement weather, coupled with the need for robust staff and public Influenza vaccination programmes; backlog management and capacity restrictions amongst other challenges.

I recognise that work will already have begun on responding to these issues and would expect to see included in your plans information on the high level planning assumptions underpinning your proposed approach to winter as well as more concrete plans for maintaining effective service delivery.

Moving forward innovation, will continue to be vital in making best use of the full resources of Health Boards and IJBs nationwide, embedding mutual aid and partnership working. You should seek to fully utilise the support of National Boards, particularly NHS24, SAS, Golden Jubilee and the training and other opportunities offered by NHS Louisa Jordan, as well as continuing to work closely, via IJBs, with the third and independent sectors in respect to social care as well as local primary care providers. I expect your plans to set out in detail how you have engaged with these bodies (including other territorial Health Boards) and how you plan to work with them going forward.

Assessment of Risk and Plans for Mitigation

In framing your plan to March 2021 it is important to recognise and respond to the range of challenging, complex and interdependent risks which are likely to face the health and care system and I would ask that your plan sets out the actions being taken to mitigate these risks, including:

- The continued requirement to and consequences of responding to Covid-19;
- Unscheduled care attendances and admissions returning to pre-Covid levels;
- The exigencies of winter, including the risks of Influenza;
- The backlog of patients requiring care and treatment as well as previously unidentified pent up demand;
- Sub optimal productivity, including the impacts of continued physical distancing and IPC strategies;
- Health inequalities, and the need to ensure access to critical health services for vulnerable groups; and
- Staff exhaustion and trauma, related to the demands of the Covid-19 response to date.

Renewal

The Framework includes three renewal objectives to support reform:
1. Engage the people of Scotland to agree the basis of our future health and social care system;
2. Embed innovations, digital approaches and further integration; and
3. Ensure the health and social care support system is focused on reducing health inequalities.

Your plan should highlight any local work planned that will support the delivery of these objectives.

Health Inequalities

The pandemic has exposed and exacerbated deep-rooted health and social inequalities. Reducing health inequalities is a key part of our renewal work and it would be helpful to set out how your plan supports this objective and strengthens local community engagement, through a clear statement of the short to medium term priorities including those that specifically address the issues raised in John Connaghan's recent letter to Boards about race equality.

We will continue to work closely with analytical partners across the Scottish Government, NRS, PHS and the NHS to consider how we can better understand the impact of Covid-19 on the people of Scotland, especially given the emerging evidence around disproportionate impacts of Covid-19 on ethnic minority communities and those living in more deprived areas.

Public Health Workforce and Planning

The public health workforce has been central to Scotland's response to Covid-19 and has been critical to meeting the first WHO condition for moving out of lockdown; "that there is a sustained containment of community transition." Continued investment and support for public health is essential to ensuring we meet the second condition ie "sufficient health system and public health capacities are in place".

Plans should address the capacity and resilience of public health services in responding to the current actual or potential new significant threats to public health. They should provide an overview of current health protection and health improvement priorities, provision and preparedness. Public health research, data and intelligence are key to managing the Covid-19 response and Boards should be working closely with Public Health Scotland to inform service planning and public health interventions.

Clinical Priorities

The clinical priorities set out in the letter of 14 May from John Connaghan remain valid, and I expect that you will now be able to provide more detail about the "how and when" of your progression towards a wider range of services being restored. In structuring your description of that restoration process, you will wish to take account of the whole system model of Clinical Priorities set out in the Framework which identifies headings related to Primary Care, Emergency Care, Urgent Care, Planned Care, Community Care and Social Care - with Maternity, Paediatric and Mental Health Services threaded thought all of these elements, all under pinned by appropriate testing and screening.

Evidence is already emerging about the physical and mental health impacts on the population as a result of Covid-19. Your plans should include an outline of how rehabilitation services will be remobilised and should include the provision of services for those affected by Covid-19. This should cover both community and hospital settings making use of both digital technology and more traditional face-to face services.

Primary, Community and Social Care

Planning in line with the 'Route map to recovery' is well underway to fully restore primary and wider community services in a safe and proportionate way. Given the majority of patients are managed in primary and community care settings, the plans to strengthen the primary care response needs to be at the forefront of those mobilisation plans, particularly in the management of and access to urgent care, both in and out of hours.

As lockdown measures ease, NHS dental services are following a phased route map; widening access and enabling practices to open and community optometry practices, which will be crucial in supporting the remobilisation of hospital eye services, are resuming face-to-face emergency and essential eye care. As routine eye care services resume, referral pathways need to be clear to ensure that patients with ocular pathology are managed in the most appropriate setting. The roll out of NHS Near Me will help in continuing to support optometry patients access these and other community care services in a safe, timely and person centred way.

Practices in both optometry and dentistry, as well as general practice and community pharmacy sectors will need continued Board support as they move forward in increasing service provision, particularly with regard to accessing advice and information to support risk assessment for staff.

The launch of the national pharmacy first service at the end of July will enable patients to access a wide range of enhanced minor ailment support provided by community pharmacists. GP practices and wider MDT's should work together with community pharmacy colleagues in their Cluster to support and enable shared learning and approaches to local pathways which best meet the needs of their local populations. As secondary care services open up to elective work this will increase the workload on both community nursing and AHP services. The capacity released by the cancellation of

elective surgery has enabled community nurses to support care homes during this outbreak. However, careful consideration of community based resources will now be required to ensure that this support can continue as part of the recovery process alongside the delivery of a wider range of vital services in the community – services which will be particularly important for vulnerable adults and children.

AHPs have also continued to provide essential community services, including in Care Homes, for example urgent podiatry care. All AHP services are now expected to open up for non-urgent care and your plans should set out how this will be rolled out across your Board area with a blended approach of in person and virtual care.

In order to remain open and to provide a full range of general medical services such as managing complex undifferentiated urgent care and long term conditions, it will be important to ensure Covid-19 care pathways are managed in separate streams. GP Practices need to remain Covid-free by continuing to sustain and make use of Covid Hubs. The Community Hubs and Assessment Centres need to continue to support General Practice and the whole system by triaging Covid-19 cases away from practices and A&E where clinically appropriate and safe to do so. In conjunction with the work being established under the auspices of the Strategic Group for redesigning Urgent Care I would encourage Boards to highlight within their local plans any opportunities to apply the learning from the Covid Hub pathway to support whole system management of other urgent care pathways.

Health and Social Care Partnerships will need to work closely with GP subcommittees and with other local contractor committees to consider wider-system support in managing pressures. This may include consideration of new ways of delivering existing programmes such as seasonal flu vaccinations as capacity is impacted by the need to manage backlogs as well as the increased time required by the adoption of enhanced infection control measures critical to safe screening services.

The essential role of Care Homes and Care at Home Services should also be clearly acknowledged in your plans, both as essential elements in themselves of a whole system approach to the provision of health and social care for the entire population but also with regard to their critical contribution to a sustainable model of acute care provision. These services will continue to require your support and input as we move towards recovery and your plans should indicate how this will be delivered.

Again, we would stress that this is an opportunity to consider new ways of working as part of a wider, whole system approach, building on the experiences and learning from this pandemic. This should take into account the importance of well- functioning and active primary-secondary care interface groups, supporting service transformation.

Mental Health

It is anticipated that demand for mental health services will grow in the coming months as a direct response to the pandemic but also as a consequence of anticipated impacts of an economic downturn. Policy officials will continue to work with NHS Boards to model demand associated with the pandemic, as well as working to meet the need which existed previously. During the first phase response all urgent and emergency NHS Mental Health Services continued. As restrictions ease, increasing numbers of individuals will need to be treated, including through face to face contact in community health teams and in home visits. In this next phase we anticipate that NHS Boards and their partners will restart mental health services that have been paused, when it is safe to do so and we will look to see this described in the next iteration of plans. The plans should also reflect and build upon some of the innovative ways services have continued to be delivered during the response and set out how these will continue; including digital solutions and new models of service delivery such as Mental Health Wellbeing Hubs and Mental Health Assessment Units.

Acute Care

Within the acute sector, it has been an incredible achievement to quadruple Scotland's base ICU capacity and to make provision to repurpose 3000 beds as surge capacity to support the response to Covid-19. Boards should continue to maintain contingency plans, which should include an ability to double ICU capacity within one week and treble in two weeks, in extremis and as required.

The next iteration of your plan should set out how you will continue your work to date on the remobilisation of both Covid-19 and non Covid-19 acute care services. This should include how that progression will reflect the recently published [framework](#) for recovery of cancer surgery.

On urgent care, we acknowledge the engagement to date with all NHS Chief Executives and the Academy on the *Redesigning Urgent Care Programme* and recognise the need to meet short, medium and long term goals for immediate changes in unscheduled care attendances while still on an emergency footing. Your plan should indicate how you are developing safe and effective pathways of care in preparation for the winter period and developing sustainable solutions to deliver equitable and person centred pathways of care across the whole system for all unscheduled care. John Connaghan will be in contact under separate cover to provide further guidance on the next stages of this redesign process.

The need for rapid review and management of the backlog of patients waiting for planned care applies across the board, but will be particularly critical for urgent patients who have been paused for diagnostic endoscopy or radiology investigations. This backlog review process needs to be set within a context of active clinical prioritisation and a recognition of the impact of continuing use of PPE and enhanced IPC requirements on service and workforce capacity.

Supporting Delivery

You will be aware of the need to continue to comply with all applicable guidance and best practice, including those related to Covid-19 such as PPE and physical distancing. You have recently received, from the Chief Nursing Officer (dated 29 June), a summary of guidance relating to nosocomial infection which straddles the Covid-19 response and infection control generally. Your plan should clearly state how this guidance is being implemented, the impact it has on your ability to deliver services, and what steps you are taking to address any limitations arising from it. This should cover not just innovations in delivering the services but any alternatives being stepped up to provide an interim solution.

I have already mentioned the importance of digital innovation in improving service delivery and the patient experience; NHS Near Me has played a vital role in delivery of services, but is just one example. Use of digital options more generally to reduce unnecessary travel, such as remote patient monitoring, is actively encouraged and consideration should be given to things like online appointment bookings, approaches to home working for staff and the overall capacity of your digital teams to deliver innovation effectively.   I also encourage you to continue to explore and implement new models of care - many of which are now tried and tested through pilot work - where these offer opportunities to support service delivery, as well as relying on tried and tested approaches where that is most appropriate. The resources of the new Centre for Sustainable Delivery at the Golden Jubilee Hospital as well as Scottish Government's Digital Health and Care team stand ready to continue to support you on this.

I am aware Boards are looking to re-instate full governance arrangements to replace the lighter structures implemented to facilitate an agile national response to Covid-19. Richard McCallum will be writing to you shortly to offer some feedback on the updated governance plans that he received on 19 June. It is our intention, going forward, to implement a "Once for Scotland" governance model that will deliver a consistent, coherent and cohesive approach on governance across all Boards. This

work will be led by Richard McCallum as Co-Chair of the NHS Board Chairs' Corporate Governance Steering Group.

Ensuring Plans are Robust and Informed

Engagement and consultation with all of your partners and stakeholders continues to be a fundamental tool in your planning process for these next phase plans and the requirements set out in the letter of 14 May remain vital in this regard. The ability to successfully implement this next round of plans will rely to a significant degree on the extent to which they dovetail with local IJB planning on the commissioning of delegated services and your plans should therefore make clear where service delivery will be broadly consistent across your entire geographical area and where bespoke arrangements may be required to suit the circumstances of a specific IJB.

I have already referred in this letter to the need to ensure that both local and national resources are utilised to their maximum potential. Clearly this can only take place with full and detailed communication and co-operation and so your plans should clearly state what engagement has taken place with all stakeholders, and how that engagement has informed the preparation of your plans.

To support that communication process, I would invite you to describe in your plan the key learning points from your experiences over the last few months and how these are being taken forward as part of the remobilisation process. You may wish to consider the key things that went well, what you would do differently and what you would keep going, as part of a process of learning and improvement. There are also clear benefits in the sharing of ideas, and I would encourage you to share your draft plans with other Boards during the preparation phase.

Supporting the Workforce

Supporting staff wellbeing is critical and the welfare of the workforce is a fundamental interdependency that cuts across every aspect of re-mobilisation planning. The evidence base and learning from previous pandemics demonstrates clearly the need to provide on-going support to promote both physical and psychological wellbeing during this next re-mobilisation phase, and it is clear that you should also be looking to consolidate and embed systems of support for the longer term. I would ask that your plan sets out how these matters are being addressed in partnership and how and where support to the workforce has been actively considered. This should include the role of the Area Partnership Forum, Area Clinical Forum and Employee Director.

I would like to draw your particular attention to the on-going need to actively promote rest and recuperation and would expect your planning to address the need to ensure that departments and services are pro-actively supporting staff to take unused leave. Service planning should take an anticipatory approach to workforce demand as you simultaneously look to bring activity back on-line whilst also facilitating staff leave.

Service decisions taken now will have a longer-term impact on staff training, development and ultimately on workforce supply. As you will be acutely aware, there has been significant disruption to clinical placements for nursing, midwifery, the allied health professions and for undergraduate medics and junior doctors. There will be on-going challenges associated with recovering some of this lost time and with delivering new placement activity, as we move through the remobilisation process.

We are working at a national level, 4-country basis to explore alternatives wherever possible to ensure that staff in training can access placement time and demonstrate the competences required, including by means of alternative forms of assessment, to allow progress through training pathways. I would expect to see in your plans how the provision of clinical placement and training activity will be adequately prioritised to minimise the longer-term risk of a disruption of workforce supply.

Finance

Your response to this commission should also include an assessment of financial implications. Richard McCallum will work with NHS Directors of Finance and Integration Authority Chief Finance Officers to agree a template for completion to ensure consistency across the sector. So far, anticipated costs that relate to Boards' response to Covid-19 exceed the consequentials that have been confirmed by HM Treasury. It is absolutely critical that Boards are clear on what are genuine net additional costs and where there is scope for offsetting savings. Spend projections will be subject to ongoing review and scrutiny.

Financial assessments will be further developed in line with confirmation of baseline Covid-19 costs, with our approach as follows:

- 14th August – initial Quarter 1 returns and indicative full year financial forecasts;
- End August – recommencement of formal monthly financial performance reporting;
- Mid-September – finalisation of Quarter 1 Reviews and updated forecasts, followed by agreement of funding allocations.

Timescales

Please send the next iteration of your plan to me **by Friday 31 July,** copied to NHSAnnualOperatingPlans@gov.scot.

I will also be in contact with National Health Board Chief Executives separately to ensure coherence of plans to support this effort.

Should you have any questions on specific policy areas, please make contact directly with them or through the mailbox above.

To complement your plans, we will follow up on a core data set which we will ask you to complete to enable us to record and monitor progress with the remobilisation of services. This will be updated on a rolling quarterly basis, with the first submission to cover July to end September 2020.

Finally, I recognise that your planning will be contingent on certain assumptions on Covid-19 infection levels and that plans may have to change locally or nationally depending on developments. To that end the planning process to March 2021 will be an iterative process, and acknowledging that we remain on an emergency footing, I would expect to stay in regular dialogue with you throughout this process.

Yours sincerely

CHRISTINE MCLAUGHLIN
Director of Planning

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Director of Planning

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Scottish Government
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To: NHS National Board Chief Executives
cc   NHS National Board Chairs

14 July 2020

Dear Colleagues

COVID-19: RE-MOBILISATION: NEXT PHASE OF THE HEALTH & SOCIAL CARE RESPONSE

Following on from our helpful discussion on Friday 10 July, I am writing to you to commission the next iteration of your Re-mobilisation Plans, to cover the period from August 2020 until March 2021. This should build upon the work outlined in your existing plans to the end of July.

I would like to acknowledge up front the scale of what has been planned and achieved in this first phase of re-mobilisation. This further iteration of planning is designed to build on that achievement as we continue the journey of Re-mobilisation, Recovery and Re-design, with whole system focus.

As such, your plans should take account of all the relevant planning assumptions, principles and key clinical priorities set out in my letter of 3 July to the territorial Health Boards, also copied to you. Plans should set out how you will contribute to those aspects of re-mobilisation which are relevant to your Board and also reflect the work on priority areas being progressed as part of the coordinated and collective contribution through the National Boards' Collaboration.

I would invite you to set out how your work will support the delivery of priority services, the embedding of innovation and the optimisation of outcomes by territorial Boards. This should include a delineation of where you can see opportunities to make additional contributions or extend your role in the future. You should also make clear what you will need from the Scottish Government in order to be able to effectively deliver your plans as well as these wider ambitions.

Plans should continue to be informed by the clinical prioritisation of services and national guidance/policy frameworks, including those relating to Test and Protect and PPE, which are so critical to safeguarding both staff and patients alike.

In framing your plan to March 2021 it is important to recognise and respond to the range of challenging, complex and interdependent risks which are likely to face the health and care system over the coming months. I would ask that your plan acknowledges how these may impact on your services and sets out the actions being taken to mitigate these risks, including but not restricted to:

- The continued requirement to and consequences of responding to Covid-19;
- The exigencies of winter, including the risks of influenza;
- Sub optimal productivity, including the impacts of continued physical distancing and IPC strategies;
- Health inequalities, and the need to ensure access to critical health services for vulnerable groups; and
- Staff exhaustion and trauma, related to the demands of the Covid response to date.

Your response to this commission should also include an assessment of financial implications. Richard McCallum will work with NHS Directors of Finance to agree a template for completion to ensure consistency across the sector. So far, anticipated costs that relate to Boards' response to Covid-19 exceed the consequentials that have been confirmed by HM Treasury. It is absolutely critical that Boards are clear on what are genuine net additional costs and where there is scope for offsetting savings. Spend projections will be subject to ongoing review and scrutiny.

Financial assessments will be further developed in line with confirmation of baseline Covid costs, with our approach as follows:

- 14th August – initial Quarter 1 returns and indicative full year financial forecasts;
- End August – recommencement of formal monthly financial performance reporting;
- Mid-September – finalisation of Quarter 1 Reviews and updated forecasts, followed by agreement of funding allocations.

Timescales
Please send the next iteration of your plan to me **by Friday 7 August,** copied to NHSAnnualOperatingPlans@gov.scot and to your respective Sponsor Teams.

I would encourage you to liaise directly with your Sponsor Team within Scottish Government for any further clarification in relation to any specific requirements for particular services or anticipated outcomes.

Finally, I recognise that your planning will be contingent on certain assumptions on Covid-19 infection levels and that plans may have to change locally or nationally depending on developments. To that end the planning process to March 2021 will be an iterative process, and acknowledging that we remain on an emergency footing, I would expect to stay in regular dialogue with you throughout this process.

Yours sincerely

CHRISTINE MCLAUGHLIN
Director of Planning

NHS Education for Scotland

Board Paper

1.   Title of Paper

Implementing the NHS Board Standing Orders DL(2019)24

2.   Author(s) of Paper

Della Thomas, Board Secretary & Principal Lead Corporate Governance

3.   Purpose of Paper

3.1   The purpose of this paper is to:
   - Seek Board approval for new NES Standing Orders developed in line with the NHS Standing Orders DL(2019)24 (Appendix 1).
   - Update the Board on recommendations made by Audit Committee regarding the implementation of these new Standing Orders.
   - Invite the Board to agree a phased approach to action planning for associated corporate governance changes and seek Board approval for the development of an action plan for subsequent Board approval.

4.   Background

4.1   The NHS Board Standing Orders DL(2019)24 here form part of a programme of work associated with the NHS Scotland Blueprint for Good Governance issued through DL (2019) 02.

4.2   The Blueprint and associated work is in response to significant failures in governance across NHS organisations. The principle of robust governance is accepted worldwide. In Scotland this was highlighted recently as a priority by the Cabinet Secretary in the form of "active governance" as per the 26 March 2020 NES Board meeting. As such progressing the Blueprint Standards remains an on-going process.

4.2   NES began implementing the NHS Blueprint through a self-assessment process, a Board Development session and the production of a Blueprint Action Plan in 2019.

4.3   DL(2019)24 was issued on 13 December 2019, stating that 'the new model Standing Orders template should now be used by all health

bodies, replacing existing standing orders already in place'. This was issued to Board Secretaries for action with Board Chairs copied in.

4.4 Between December 2019 – 31 March 2020, NES has had a Board Secretary vacancy. The Board Chair allocated the implementation of the new NHS Standing Orders to the Board Secretary & Principal Lead Corporate Governance on appointment in April 2020. However, amidst the COVID-19 pandemic, the work has taken a longer period of time that it might otherwise have.

4.5 The draft NES Standing Orders and Appendix 2 "Implementing the NHS Board Standing Orders" were discussed at the 16 July Audit Committee meeting. Appendix 2 (the Audit Committee paper which has been included for Board information and assurance) highlights how the new NHS Board Standing Orders differ from the NES Standing Orders and current NES governance practice.

4.6 The current NES Standing Orders are included as Appendix 3 for information.

5. Key Issues

5.1 Most of the new NES Standing Orders are a replication of the NHS Standing Orders. The exceptions to this are in red text which denotes the changes/additions proposed to the Audit Committee which were discussed and accepted at the 16 July meeting and the blue text which reflects the additions the Audit Committee requested following discussion. These additions relate to paragraphs: 3.1 Vice Chair term period specified; 3.3 CEO nominated; 5.5 Quorum specified for NES; 5.21 public accessibility and response to rowdy behaviour detailed; section 9 – Committees, the list has been removed and 9.1d added.

5.2 The Audit Committee discussed the clarification around declaring conflicts of interest, noting that Board and Committee members will need to declare interests that conflict with particular items of business on a current agenda, regardless of whether or not these have previously been recorded in the register of interests log. The Committee discussed how Board members might determine if a conflict of interest was remote or not. It was proposed that if members were unsure, then this should be discussed with the Board Standards Officer (Board Secretary Principal Lead Corporate Governance) in advance of the meeting.

5.3 Audit Committee proposed that the next stages of implementing the new Standing Orders would benefit from an action plan with critical success factors. This action plan should be progressed pragmatically in light of the COVID-19 pandemic workload. This document would bring together the actions included in the last column of the paper entitled "Implementing the Standing Orders" (Appendix 2) and prioritise their progress.

5.4   Implications of adopting the new Standing Orders relate to:

- reviewing the Boards Standing Orders, the Standing Financial Instructions and the scheme of delegation as one package; Updating the NES Corporate Governance Handbook
- developing ToRs for all Committees; Updating the NES Board and Committee roles and responsibilities in line with the Blueprint
- developing standards for Board and Committee minutes, action logs and
- reviewing the format and guidance for Board and Committee covering papers, aligned to the version issued from the Blueprint Group.

5.5   It is proposed that the action plan will be prepared on behalf of the Board and agreed by the Board through correspondence.

5.6   The Audit Committee also recommended that before the final and approved version is published, a contents page should be added which should be interactive and hyperlinked to aid the navigation.

6.   Educational Implications

6.1   From a Board governance perspective, the Education and Research Governance Committee are currently suspended, as most of NES's usual education and training activity has been paused as a result of the pandemic. Professional directorates have been working with their equivalent colleagues in the 4 Statutory Bodies to agree positions on a 4-Nations basis with regard to future recruitment and education activity. It is anticipated that this disruption will be prolonged and part of the Extended Executive Team's future focus will be on the organisation's recovery and renewal plans as part of the strategic decision making (Gold Command) focus the Board have currently delegated to the Executive Team.

6.2   As the Board re-establishes its Board governance remit and Standing Committees re-commence, these Standing Orders will be very timely to support the Board in the next phases of governance.

7.   Financial Implications

7.1   The Board should note that there are only modest financial implications associated with this paper. This relates to the staff and Board member time that will be required to develop and then implement the associated action plan.

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

   8.1 A High Performing Organisation

9. **Impact on Quality Ambitions**

   9.1 Progressing Board governance in line with the NHS Corporate Governance Blueprint and implementing the NHS Board Standing Orders align to the six NHS Scotland Quality ambitions.

10. **Key Risks and Proposals to Mitigate the Risks**

    10.1 The key risk and mitigation measures are included in risk 12 of the NES COVID risks "Ability and Capacity to meet Board Governance Standards". The action relating to this risk is to "Review NES standing committees, management groups and planning/performance functions, considering the governance arrangements put in place for COVID-19, and re-start corporate governance with agreed changes where appropriate", and will be met through the implementation of the action plan proposed in this paper.

11. **Equality and Diversity**

    11.1 Equality and diversity remain a Board responsibility and are included within the influencing culture domain of the Boards role. This also embraces human rights.

12. **Communications Plan**

    12.1 Staff will be informed of NES's updated Standing Orders after the new NHS Standing Orders are approved by the NES Board.

    12.2 The new Standing Orders will be published on the NES corporate web site.

13. **Recommendations**

    The Board is invited to:

    - Approve the new NES Standing Orders (Appendix 1)
    - Agree to receive, for approval by correspondence, an implementation action plan which will include critical success factors as per the recommendation from the Audit Committee.

    DT
    July 2020

Appendix 1 NES Standing Orders: Revised in line with the NHS Model Standing Orders DL (2019) 24 and further to discussion at 16 July Audit Committee Meeting

**STANDING ORDERS FOR THE PROCEEDINGS
AND BUSINESS OF NHS EDUCATION FOR SCOTLAND (NES) NHS BOARD**

1   General

1.1   These Standing Orders for regulation of the conduct and proceedings of NHS Education for Scotland (NES) NHS Board, the common name for NHS Education Scotland Health Board, [the Board] and its Committees are made under the terms of The Health Boards (Membership and Procedure) (Scotland) Regulations 2001 (2001 No. 302), as amended up to and including The Health Boards (Membership and Procedure) (Scotland) Amendment Regulations 2016 (2016 No. 3).

The NHS Scotland Blueprint for Good Governance (issued through DL 2019) 02) has informed these Standing Orders.   The Blueprint describes the functions of the Board as:
* Setting the direction, clarifying priorities and defining expectations.
* Holding the executive to account and seeking assurance that the organisation is being effectively managed.
* Managing risks to the quality, delivery and sustainability of services.
* Engaging with stakeholders.
* Influencing the Board's and the organisation's culture.

Further information on the role of the Board, Board members, the Chair, Vice-Chair, and the Chief Executive is available on the NHS Scotland Board Development website (https://learn.nes.nhs.scot/17367/board-development)

1.2   The Scottish Ministers shall appoint the members of the Board. The Scottish Ministers shall also attend to any issues relating to the resignation and removal, suspension and disqualification of members in line with the above regulations. Any member of the Board may on reasonable cause shown be suspended from the Board or disqualified for taking part in any business of the Board in specified circumstances.

1.3   Any statutory provision, regulation or direction by Scottish Ministers, shall have precedence if they are in conflict with these Standing Orders.

1.4   Any one or more of these Standing Orders may be varied or revoked at a meeting of the Board by a majority of members present and voting, provided the notice for the meeting at which the proposal is to be considered clearly states the extent of the proposed repeal, addition or amendment. The Board will annually review its Standing Orders.

1.5 Any member of the Board may on reasonable cause shown be suspended from the Board or disqualified for taking part in any business of the Board in specified circumstances. The Scottish Ministers may by determination suspend a member from taking part in the business (including meetings) of the Board. Paragraph 5.4 sets out when the person presiding at a Board meeting may suspend a Board member for the remainder of a specific Board meeting. The Standards Commission for Scotland can apply sanctions if a Board member is found to have breached the Board Members' Code of Conduct, and those include suspension and disqualification. The regulations (see paragraph 1.1) also set out grounds for why a person may be disqualified from being a member of the Board.

Board Members – Ethical Conduct

1.6 Members have a personal responsibility to comply with the Code of Conduct for Members of NHS Education for Scotland. The Commissioner for Public Standards can investigate complaints about members who are alleged to have breached their Code of Conduct. The Board will have appointed a Standards Officer. This individual is responsible for carrying out the duties of that role, however he or she may delegate the carrying out of associated tasks to other members of staff. The Board's appointed Standards Officer shall ensure that the Board's Register of Interests is maintained. When a member needs to update or amend his or her entry in the Register, he or she must notify the Board's appointed Standards Officer of the need to change the entry within one month after the date the matter required to be registered.

1.7 The Board's appointed Standards Officer shall ensure the Register is available for public inspection at the principal offices of the Board at all reasonable times and will be included on the Board's website.

1.8 Members must always consider the relevance of any interests they may have to any business presented to the Board or one of its committees. Members must observe paragraphs 5.6 - 5.10 of these Standing Orders, and have regard to Section 5 of the Code of Conduct (Declaration of Interests).

1.9 In case of doubt as to whether any interest or matter should be declared, in the interests of transparency, members are advised to make a declaration.

1.10 Members shall make a declaration of any gifts or hospitality received in their capacity as a Board member. Such declarations shall be made to the Board's appointed Standards Officer who shall make them available for public inspection at all reasonable times at the principal offices of the Board and on the Board's website. The Register of Interests includes a section on gifts and hospitality. The Register may include the information on any such declarations, or cross-refer to where the information is published.

1.11 The Board Secretary and Principal Lead Corporate Governance shall provide a copy of these Standing Orders to all members of the Board on appointment. A copy shall also be held on the Board's website.

2 Chair

2.1 The Scottish Ministers shall appoint the Chair of the Board.

3 Vice-Chair

3.1 The Chair shall nominate a candidate or candidates for vice-chair to the Cabinet Secretary. The candidate(s) must be a non-executive member of the Board. A member who is an employee of a Board is disqualified from being Vice-Chair. The Cabinet Secretary will in turn determine who to appoint based on evidence of effective performance and evidence that the member has the skills, knowledge and experience needed for the position. Following the decision, the Board shall appoint the member as Vice-Chair. Any person so appointed shall, so long as he or she remains a member of the Board, continue in office for such a period as the Board may decide and will be reviewed by the Board every two years.

3.2 The Vice-Chair may at any time resign from that office by giving notice in writing to the Chair. The process to appoint a replacement Vice-Chair is the process described at paragraph 3.1.

3.3 Where the Chair has died, ceased to hold office, or is unable for a sustained period of time to perform his or her duties due to illness, absence from Scotland or for any other reason, then the Board's **Chief Executive and Accountable Officer** should refer this to the Scottish Government. The Cabinet Secretary will confirm which member may assume the role of interim chair in the period until the appointment of a new chair, or the return of the appointed chair. Where the Chair is absent for a short period due to leave (for whatever reason). the Vice-Chair shall assume the role of the Chair in the conduct of the business of the Board. In either of these circumstances references to the Chair shall, so long as there is no Chair able to perform the duties, be taken to include references to either the interim chair or the Vice-Chair. If the Vice-Chair has been appointed as the Interim Chair, then the process described at paragraph 3.1 will apply to replace the Vice-Chair.

4 Calling and Notice of Board Meetings

4.1 The Chair may call a meeting of the Board at any time and shall call a meeting when required to do so by the Board. The Board shall meet at least six times in the year and will annually approve a forward schedule of meeting dates.

4.2 The Chair will determine the final agenda for all Board meetings. The agenda may include an item for any other business, however this can only be for business which the Board is being informed of for awareness, rather than being asked to make a decision. No business shall be transacted at any meeting of the Board other than that specified in the notice of the meeting except on grounds of urgency.

4.3 Any member may propose an item of business to be included in the agenda of a future Board meeting by submitting a request to the Chair. If the Chair

elects to agree to the request, then the Chair may decide whether the item is to be considered at the Board meeting which immediately follows the receipt of the request, or a future Board meeting. The Chair will inform the member which meeting the item will be discussed. If any member has a specific legal duty or responsibility to discharge which requires that member to present a report to the Board, then that report will be included in the agenda.

4.4   In the event that the Chair decides not to include the item of business on the agenda of a Board meeting, then the Chair will inform the member in writing as to the reasons why.

4.5   A Board meeting may be called if one third of the whole number of members signs a requisition for that purpose. The requisition must specify the business proposed to be transacted.   The Chair is required to call a meeting within 7 days of receiving the requisition.   If the Chair does not do so, or simply refuses to call a meeting, those members who presented the requisition may call a meeting by signing an instruction to approve the notice calling the meeting provided that no business shall be transacted at the meeting other than that specified in the requisition.

4.6   Before each meeting of the Board, a notice of the meeting (in the form of an agenda), specifying the time, place and business proposed to be transacted at it and approved by the Chair, or by a member authorised by the Chair to approve on that person's behalf, shall be circulated to every member so as to be available to them at least four clear days before the meeting. The notice shall be distributed along with any papers for the meeting that are available at that point.

4.7   With regard to calculating clear days for the purpose of notice under 4.6 and 4.9, the period of notice excludes the day the notice is sent out and the day of the meeting itself. Additionally only working days (Monday to Friday) are to be used when calculating clear days; weekend days and public holidays should be excluded.

4.8   Lack of service of the notice on any member shall not affect the validity of a meeting.

4.9   Board meetings shall be held in public. A public notice of the time and place of the meeting shall be provided at least three clear days before the meeting is held.   The notice and the meeting papers shall also be placed on the Board's website. The meeting papers will include the minutes of committee meetings which the relevant committee has approved. The exception is that the meeting papers will not include the minutes of the Remuneration Committee. The Board may determine its own approach for committees to inform it of business which has been discussed in committee meetings for which the final minutes are not yet available.   For items of business which the Board will consider in private session (see paragraph 5.22), only the Board members will receive the meeting papers for those items, unless the person presiding agrees that others may receive them.

4.10 Any individual or group or organisation which wishes to make a deputation to the Board must make an application to the Chair's Office at least 21 working days before the date of the meeting at which the deputation wish to be received. The application will state the subject and the proposed action to be taken.

Any member may put any relevant question to the deputation, but will not express any opinion on the subject matter until the deputation has withdrawn. If the subject matter relates to an item of business on the agenda, no debate or discussion will take place until the item is considered in the order of business.

Any individual or group or organisation which wishes to submit a petition to the Board will deliver the petition to the Chair's Office at least 21 working days before the meeting at which the subject matter may be considered. The Chair will decide whether or not the petition will be discussed at the meeting.

5 Conduct of Meetings

Authority of the Person Presiding at a Board Meeting

5.1 The Chair shall preside at every meeting of the Board. The Vice-Chair shall preside if the Chair is absent. If both the Chair and Vice Chair are absent, the members present at the meeting shall choose a Board member who is not an employee of a Board to preside.

5.2 The duty of the person presiding at a meeting of the Board or one of its committees is to ensure that the Standing Orders or the committee's terms of reference are observed, to preserve order, to ensure fairness between members, and to determine all questions of order and competence. The ruling of the person presiding shall be final and shall not be open to question or discussion.

5.3 The person presiding may direct that the meeting can be conducted in any way that allows members to participate, regardless of where they are physically located, e.g. video-conferencing, teleconferencing. For the avoidance of doubt, those members using such facilities will be regarded as present at the meeting.

5.4 In the event that any member who disregards the authority of the person presiding, obstructs the meeting, or conducts himself/herself inappropriately the person presiding may suspend the member for the remainder of the meeting. If a person so suspended refuses to leave when required by the person presiding to do so, the person presiding will adjourn the meeting in line with paragraph 5.12. For paragraphs 5.5 to 5.20, reference to 'Chair' means the person who is presiding the meeting, as determined by paragraph 5.1.

Quorum

5.5 The Board will be deemed to meet only when there are present, and entitled to vote, a quorum of at least one third of the whole number of members, including at least two members who are not employees of a Board. National Education for Scotland has fourteen members of the Board. The quorum for National Education for Scotland will be five. This will translate as three non-executive Directors and two Executive Directors. The quorum for committees will be set out in their terms of reference, however it can never be less than two non-executive Board members.

5.6 In determining whether or not a quorum is present the Chair must consider the effect of any declared interests.

5.7 If a member, or an associate of the member, has any pecuniary or other interest, direct or indirect, in any contract, proposed contract or other matter under consideration by the Board or a committee, the member should declare that interest at the start of the meeting. This applies whether or not that interest is already recorded in the Board Members' Register of Interests. Following such a declaration, the member shall be excluded from the Board or committee meeting when the item is under consideration, and should not be counted as participating in that meeting for quorum or voting purposes.

5.8 Paragraph 5.7 will not apply where a member's, or an associate of their's, interest in any company, body or person is so remote or insignificant that it cannot reasonably be regarded as likely to affect any influence in the consideration or discussion of any question with respect to that contract or matter. In March 2015, the Standards Commission granted a dispensation to NHS Board members who are also voting members of integration joint boards. The effect is that those members do not need to declare as an interest that they are a member of an integration joint board when taking part in discussions of general health & social care issues. However members still have to declare other interests as required by Section 5 of the Board Members' Code of Conduct.

5.9 If a question arises at a Board meeting as to the right of a member to participate in the meeting (or part of the meeting) for voting or quorum purposes, the question may, before the conclusion of the meeting be referred to the Chair. The Chair's ruling in relation to any member other than the Chair is to be final and conclusive. If a question arises with regard to the participation of the Chair in the meeting (or part of the meeting) for voting or quorum purposes, the question is to be decided by the members at that meeting. For this latter purpose, the Chair is not to be counted for quorum or voting purposes.

5.10 Paragraphs 5.6-5.9 shall equally apply to members of any Board committees, whether or not they are also members of the Board, e.g. stakeholder representatives.

5.11 When a quorum is not present, the only actions that can be taken are to either adjourn to another time or abandon the meeting altogether and call another one. The quorum should be monitored throughout the conduct of the meeting in the event that a member leaves during a meeting, with no intention of returning. The Chair may set a time limit to permit the quorum to be achieved before electing to adjourn, abandon or bring a meeting that has started to a close.

Adjournment

5.12 If it is necessary or expedient to do so for any reason (including disorderly conduct or other misbehaviour at a meeting), a meeting may be adjourned to another day, time and place. A meeting of the Board, or of a committee of the Board, may be adjourned by the Chair until such day, time and place as the Chair may specify.

Business of the Meeting

The Agenda

5.13 If a member wishes to add an item of business which is not in the notice of the meeting, he or she must make a request to the Chair ideally in advance of the day of the meeting and certainly before the start of the meeting. The Chair will determine whether the matter is urgent and accordingly whether it may be discussed at the meeting.

5.14 The Chair may change the running order of items for discussion on the agenda at the meeting. Please also refer to paragraph 4.2.

Decision-Making

5.15 The Chair may invite the lead for any item to introduce the item before inviting contributions from members. Members should indicate to the Chair if they wish to contribute, and the Chair will invite all who do so to contribute in turn. Members are expected to question and challenge proposals constructively and carefully to reach and articulate a considered view on the suitability of proposals.

5.16 The Chair will consider the discussion, and whether or not a consensus has been reached. Where the Chair concludes that consensus has been reached, then the Chair will normally end the discussion of an item by inviting agreement to the outcomes from the discussion and the resulting decisions of the Board.

5.17 As part of the process of stating the resulting decisions of the Board, the Chair may propose an adaptation of what may have been recommended to the Board in the accompanying report, to reflect the outcome of the discussion.

5.18 The Board may reach consensus on an item of business without taking a formal vote, and this will be normally what happens where consensus has been reached.

5.19 Where the Chair concludes that there is not a consensus on the Board's position on the item and/ or what it wishes to do, then the Chair will put the decision to a vote.   If at least two Board members ask for a decision to be put to a vote, then the Chair will do so.   Before putting any decision to vote, the Chair will summarise the outcome of the discussion and the proposal(s) for the members to vote on.

5.20 Where a vote is taken, the decision shall be determined by a majority of votes of the members present and voting on the question. In the case of an equality of votes, the Chair shall have a second or casting vote. The Chair may determine the method for taking the vote, which may be by a show of hands, or by ballot, or any other method the Chair determines.

5.21 While the meeting is in public the Board may not exclude members of the public and the press (for the purpose of reporting the proceedings) from attending the meeting.   Board meetings will be made accessible, as appropriate, to enable this. The exception to this would be if any person in attendance was behaving inappropriately, disrespectfully or in an unruly manner and disruptive to Board proceedings. In such circumstances it would be the Chairs responsibility to invite a behaviour change or ask them to leave the meeting.

Board Meeting in Private Session

5.22 The Board may agree to meet in private in order to consider certain items of business. The Board may decide to meet in private on the following grounds:

- The Board is still in the process of developing proposals or its position on certain matters, and needs time for private deliberation.
- The business relates to the commercial interests of any person and confidentiality is required, e.g. when there is an ongoing tendering process or contract negotiation.
- The business necessarily involves reference to personal information, and requires to be discussed in private in order to uphold the Data Protection Principles.
- The Board is otherwise legally obliged to respect the confidentiality of the information being discussed.

5.23 The minutes of the meeting will reflect when the Board has resolved to meet in private.

Minutes

5.24 The names of members present at a meeting of the Board, or of a committee of the Board, shall be recorded in the minute of the meeting.   The names of other persons in attendance shall also be recorded.

5.25 The Board's Board Secretary Principal Lead Corporate Governance (or his/her authorised nominee) shall prepare the minutes of meetings of the Board and its committees. The Board or the committee shall review the draft minutes at the following meeting.   The person presiding at that meeting shall sign the approved minute.

Consent agenda technique

5.26 For Board meetings only, the Chair may propose within the notice of the meeting "items for approval" and "items for discussion".   The items for approval are not discussed at the meeting, but rather the members agree that the content and recommendations of the papers for such items are accepted, and that the minutes of the meeting should reflect this.   The Board must approve the proposal as to which items should be in the "items for approval" section of the agenda. Any member (for any reason) may request that any item or items be removed from the "items for approval" section. If such a request is received, the Chair shall either move the item to the "items for discussion" section, or remove it from the agenda altogether.

6   **Matters Reserved for the Board**

Introduction

6.1 The Scottish Government retains the authority to approve certain items of business. There are other items of the business which can only be approved at an NHS Board meeting, due to either Scottish Government directions or a Board decision in the interests of good governance practice.

6.2 This section summarises the matters reserved to the Board:

   a) Standing Orders
   b) The establishment and terms of reference of all its committees, and appointment of committee members
   c) Organisational Values
   d) The strategies for all the functions that it has planning responsibility for, subject to any provisions for major service change which require Ministerial approval.
   e) The Annual Operational Plan for submission to the Scottish Government for its approval. (Note: The Board should consider the draft for submission in private session. Once the Scottish Government has approved the Annual Operational Plan, the Board should receive it at a public Board meeting.)

f) Corporate objectives or corporate plans which have been created to implement its agreed strategies.

g) Risk Management Policy.

h) Financial plan for the forthcoming year, and the opening revenue and capital budgets.

i) Standing Financial Instructions and a Scheme of Delegation.

j) Annual accounts and report. (Note: This must be considered when the Board meets in private session. In order to respect Parliamentary Privilege, the Board cannot publish the annual accounts or any information drawn from it before the accounts are laid before the Scottish Parliament. Similarly the Board cannot publish the report of the external auditors of their annual accounts in this period.)

k) Any business case item that is beyond the scope of its delegated financial authority before it is presented to the Scottish Government for approval. The Board shall comply with the Scottish Capital Investment Manual.

l) The Board shall approve the content, format, and frequency of performance reporting to the Board.

m) The appointment of the Board's chief internal auditor. (Note: This applies either when the proposed chief internal auditor will be an employee of the Board, or when the chief internal auditor is engaged through a contract with an external provider. The audit committee should advise the Board on the appointment, and the Board may delegate to the audit committee oversight of the process which leads to a recommendation for appointment.)

6.3 The Board may be required by law or Scottish Government direction to approve certain items of business, e.g. the integration schemes for a local authority area.

6.4 The Board itself may resolve that other items of business be presented to it for approval.

6.5 Additional matters which may be reserved for the Board are:
- The contribution to Community Planning Partnerships through the associated improvement plans.
- Health & Safety Policy
- Arrangements for the approval of all other policies.
- The system for responding to any civil actions raised against the Board.
- The system for responding to any occasion where the Board is being investigated and / or prosecuted for a criminal or regulatory offence.

6.6 Within the above the Board may delegate some decision making to one or more executive Board members.

7   Delegation of Authority by the Board

7.1 Except for the Matters Reserved for the Board, the Board may delegate authority to act on its behalf to committees, individual Board members, or other Board employees. In practice this is achieved primarily through the Board's approval of the Standing Financial Instructions **<enter link to**

Board's SFIs> and the Scheme of Delegation **<enter link to Board's Scheme of Delegation>**.

7.2   The Board may delegate responsibility for certain matters to the Chair for action. In such circumstances, the Chair should inform the Board of any decision or action subsequently taken on these matters.

7.3   The Board and its officers must comply with the NHS Scotland Property Transactions Handbook, and this is cross-referenced in the Scheme of Delegation.

7.4   The Board may, from time to time, request reports on any matter or may decide to reserve any particular decision for itself.   The Board may withdraw any previous act of delegation to allow this.

8   Execution of Documents

8.1   Where a document requires to be authenticated under legislation or rule of law relating to the authentication of documents under the Law of Scotland, or where a document is otherwise required to be authenticated on behalf of the Board, it shall be signed by an executive member of the Board or any person duly authorised to sign under the Scheme of Delegation in accordance with the Requirements of Writing (Scotland) Act 1995. Before authenticating any document the person authenticating the document shall satisfy themselves that all necessary approvals in terms of the Board's procedures have been satisfied. A document executed by the Board in accordance with this paragraph shall be self-proving for the purposes of the Requirements of Writing (Scotland) Act 1995.

8.2   Scottish Ministers shall direct which officers of the Board can sign on their behalf in relation to the acquisition, management and disposal of land.

8.3   Any authorisation to sign documents granted to an officer of the Board shall terminate upon that person ceasing (for whatever reason) from being an employee of the Board, without further intimation or action by the Board.

9   Committees

9.1   Subject to any direction issued by Scottish Ministers, the Board shall appoint such committees (and sub-committees) as it thinks fit.   NHS Education for Scotland Board Development website identifies the committees which the Board must establish. (https://learn.nes.nhs.scot/17367/board-development)

9.1a   All of the standing committees shall consist of, or have a majority of, non-executive Board members.

9.1b   The quorum of a standing committee of the Board shall normally be two non-executive members.

9.1c   Each standing committee shall normally meet four times per year.

9.1d No expenditure shall be incurred by a committee without the consent of the Chief Executive and Accountable Officer.

9.2 The Board shall appoint the chairs of all committees. The Board shall approve the terms of reference and membership of the committees. The Board shall review these as and when required, and shall review the terms within 2 years of their approval if there has not been a review.

9.3 The Board shall appoint committee members to fill any vacancy in the membership as and when required. If a committee is required by regulation to be constituted with a particular membership, then the regulation must be followed

9.4 Provided there is no Scottish Government instruction to the contrary, any non-executive Board member may replace a Committee member who is also a non-executive Board member, if such a replacement is necessary to achieve the quorum of the committee.

9.5 The Board's Standing Orders relating to the calling and notice of Board meetings, conduct of meetings, and conduct of Board members shall also be applied to committee meetings where the committee's membership consist of or include all the Board members. Where the committee's members includes some of the Board's members, the committee's meetings shall not be held in public and the associated committee papers shall not be placed on the Board's website, unless the Board specifically elects otherwise.   Generally Board members who are not members of a committee may attend a committee meeting and have access to the meeting papers.   However if the committee elects to consider certain items as restricted business, then the meeting papers for those items will normally only be provided to members of that committee. The person presiding the committee meeting may agree to share the meeting papers for restricted business papers with others.

9.6 The Board shall approve a calendar of meeting dates for its committees. The committee chair may call a meeting any time, and shall call a meeting when requested to do so by the Board.

9.7 The Board may authorise committees to co-opt members for a period up to one year, subject to the approval of both the Board and the Accountable Officer. A committee may decide this is necessary to enhance the knowledge, skills and experience within its membership to address a particular element of the committee's business. A co-opted member is one who is not a member of NHS Education for Scotland NHS Board and is not to be counted when determining the committee's quorum.

NHS Education for Scotland
July 2020
DT

Appendix 2
Implementing the Board Standing Orders as presented to Audit Committee on 16th July 2020 for Board member information.

Detail of new Standing Order *required* to be implemented.	How are these new Standing Orders different to NES current Standing Orders and associated NES governance practice?	Action required to ensure compliance with new Standing Orders
Section 1 - General		
1.3 These Standing Orders for regulation of the conduct and proceedings of NHS Education for Scotland (NES) the common name for NHS Education Scotland NHS Board Health Board, [the Board] and its Committees are made under the terms of The Health Boards (Membership and Procedure) (Scotland) Regulations 2001 (2001 No. 302), as amended up to and including The Health Boards (Membership and Procedure) (Scotland) Amendment Regulations 2016 (2016 No. 3). The NHS Scotland Blueprint for Good Governance (issued through DL 2019) 02) has informed these Standing Orders. The Blueprint describes the functions of the Board as: • Setting the direction, clarifying priorities and defining expectations. • Holding the executive to account and seeking assurance that the	The new NHS Standing Orders set out the regulation and conduct of Board meetings. The Nolan principles which were listed in the NES Standing Orders, are no longer included in the new NHS Standing Orders. Ethical conduct is however outlined in the new NHS Standing Orders in sections 1.6 – 1.11 The Blueprint for Good Governance 'functions of the Board' have replaced the functions listed in the current NES Standing Orders. The functions of the Board are listed as the main Blueprint headings. In order to implement the Board functions, there are subsections under each of the five functions. These are detailed in Appendix 1.	**To Note:** No change. The Board Code of Conduct, (which is based on the Nolan principles) remains in place. This is a separate stand-alone document issued 2014. **Action:** Over time a change in the Board members taking forward "active governance", including the role of the Board in clarifying priorities, influencing organisational culture and holding to account as these areas are much more explicitly covered in the Blueprint. Active governance is an area of development emergent from lessons learnt by past governance failures of Staffs, Highland, Tayside. This is an area of current work for the Blueprint Group. The Board Chair is a

Detail of new Standing Order *required* to be implemented.	How are these new Standing Orders different to NES current Standing Orders and associated NES governance practice?	Action required to ensure compliance with new Standing Orders
organisation is being effectively managed. • Managing risks to the quality, delivery and sustainability of services. • Engaging with stakeholders. • Influencing the Board's and the organisation's culture. Further information on the role of the Board, Board members, the Chair, Vice-Chair, and the Chief Executive is available on: • the NHS Education for Scotland website https://learn.nes.nhs.scot/17367/board-development • The NHS Scotland website https://www.nhs.scot/	The NHS Standing Order Board functions cover additional areas when compared to the NES Board functions. The NHS functions are more specific about the Board's role in "holding to account" - including the agreeing and then monitoring of performance targets; identifying current and future risks, agreeing risk appetite and overseeing an effective risk management system that assesses level of risk, identifies mitigation and provides assurance that risk is being effectively treated, tolerated or eliminated. The role of the Board in developing NES organisational culture, values, and behaviours and leadership approaches is also more explicit in the NHS Standing Order functions.	member and will keep the Board appraised of any further requirements that result. **To Note:** Changes to the formatting of the corporate governance sections of the annual report and accounts. **To Note:** The Board has already begun to change the focus of the Board and Standing Committees towards recording, more overtly, the scrutiny role of non-executives. Standards for Board and Committee governance minutes will be developed over time. **To Note:** Changes in style of reporting for Standing Committee Annual Reports.

Detail of new Standing Order *required* to be implemented.	How are these new Standing Orders different to NES current Standing Orders and associated NES governance practice?	Action required to ensure compliance with new Standing Orders
	The Board roles and responsibilities are more explicit and additional to those outlined in the current NES Standing Orders. NES have published the NES Roles and Responsibilities of the Board here. The roles and responsibilities for the Chair, Vice Chair, Board Members, CEO, Executive Leadership Team and Board Secretary detailed in the NHS Corporate Governance Blueprint and section 4.7 extracted as Appendix 2 of this paper	**Action:** The NES document published in 2006, requires to be updated in line with the new Standing Orders and the Blueprint **Action:** Clarification for roles and responsibilities for NES Standing Committees in terms of Chair, Executive Lead, Board Secretary Principal Lead Corporate Governance and Committee members roles in line with the Blueprint and the NHS Board Standing Orders. **To Note:** Changes in the Vice Chair role already reflected in NES Board practice in line with the Blueprint. The Blueprint has made the Vice Chair role more explicit and the increased amount of time required to fulfil this, we have already followed this through in terms of remuneration for the NES Vice Chair. See outline

Detail of new Standing Order *required* to be implemented.	How are these new Standing Orders different to NES current Standing Orders and associated NES governance practice?	Action required to ensure compliance with new Standing Orders
		remit for Vice Chair in Appendix 2 of this paper. In addition, Chair spoke with Cab Sec for her approval prior to appointment of vice chair. **To Note:** Changes to Board Secretary role have been reflected in new Board Secretary Principal Lead Corporate Governance (referred to in this paper from now on as Board Secretary) Job Description in line with the Blueprint. **To Note:** Roles and responsibilities of the Board are now included on the NES Board development website on behalf of NHS Scotland and the NHS Scotland website.
1.4 The Scottish Ministers shall appoint the members of the Board. The Scottish Ministers shall also attend to any issues relating to the resignation and removal, suspension and disqualification of members in line with the above regulations. Any member of the Board may on reasonable cause shown be suspended from the Board or disqualified for taking part in any business of the Board in specified circumstances.	More explicit than current NES Standing Orders	**To Note:** The Board Secretary will support the Chair with the appointment process and any issues in relation to removal or suspension, should this arise.

Detail of new Standing Order *required* to be implemented.		How are these new Standing Orders different to NES current Standing Orders and associated NES governance practice?	Action required to ensure compliance with new Standing Orders
1.3	Any statutory provision, regulation or direction by Scottish Ministers, shall have precedence if they are in conflict with these Standing Orders.	More explicit than current NES Standing Orders	**To Note:** For inclusion
1.4	Any one or more of these Standing Orders may be varied or revoked at a meeting of the Board by a majority of members present and voting, provided the notice for the meeting at which the proposal is to be considered clearly states the extent of the proposed repeal, addition or amendment. The Board will annually review its Standing Orders.	A review period of every 3 years is currently in place in NES. Implementation of the new NHS Standing Orders would amend this to a one year review period.	**Action:** This requirement to review standing orders annually will be reflected in the development of the Annual Workplan for Audit Committee and the Board.
1.5	Any member of the Board may on reasonable cause shown be suspended from the Board or disqualified for taking part in any business of the Board in specified circumstances. The Scottish Ministers may by determination suspend a member from taking part in the business (including meetings) of the Board. Paragraph 5.4 sets out when the person presiding at a Board meeting may suspend a Board member for the remainder of a specific Board meeting. The Standards Commission for Scotland can apply sanctions if a Board member is found to have breached the Board	More detailed than current NES Standing Orders	**To Note:** For inclusion

Detail of new Standing Order *required* to be implemented.	How are these new Standing Orders different to NES current Standing Orders and associated NES governance practice?	Action required to ensure compliance with new Standing Orders
Members' Code of Conduct, and those include suspension and disqualification. The regulations (see paragraph 1.1) also set out grounds for why a person may be disqualified from being a member of the Board.		
Board Members – Ethical Conduct		
1.6 Members have a personal responsibility to comply with the Code of Conduct for Members of NHS Education for Scotland enter name of Board . The Commissioner for Public Standards can investigate complaints about members who are alleged to have breached their Code of Conduct. The Board will have appointed a Standards Officer. This individual is responsible for carrying out the duties of that role, however he or she may delegate the carrying out of associated tasks to other members of staff.	The current NES Standing Orders do not reflect the requirement to have appointed a Board Standards Officer.

The new NES Board Secretary Principal Lead was appointed 1 April 2020 and the job description aligned with the Blueprint Standards to include, "Providing advice and guidance to ensure the Board acts within its legal authority and statutory powers and that its Members comply with the Ethical Standards in Public Life (Scotland) Act (2000) and the Model Code of Conduct for Members of Devolved Public Bodies (2014)". | **To Note:** This is in place. This role is included in the new job description of the Board Secretary Principal Lead Corporate Governance.

Action: The RoI will be formally reviewed and published on an |

Detail of new Standing Order *required* to be implemented.	How are these new Standing Orders different to NES current Standing Orders and associated NES governance practice?	Action required to ensure compliance with new Standing Orders
The Board's appointed Standards Officer shall ensure that the Board's Register of Interests is maintained. When a member needs to update or amend his or her entry in the Register, he or she must notify the Board's appointed Standards Officer of the need to change the entry within one month after the date the matter required to be registered.	Current NES Standing Orders do not reflect the requirement to ensure the RoI is maintained in an on-going way.	annual basis and updated in an on-going way as and when members notify of any new or changed interests.
1.7 The Board's appointed Standards Officer shall ensure the Register is available for public inspection at the principal offices of the Board at all reasonable times and will be included on the Board's website.		**To Note:** This has already been actioned, the 2019/20 RoI has been published on the NES website
1.8 Members must always consider the relevance of any interests they may have to any business presented to the Board or one of its committees. Members must observe paragraphs 5.6 - 5.10 of these Standing		**To Note:** For inclusion

Detail of new Standing Order *required* to be implemented.		How are these new Standing Orders different to NES current Standing Orders and associated NES governance practice?	Action required to ensure compliance with new Standing Orders
	Orders, and have regard to Section 5 of the Code of Conduct (Declaration of Interests).		
1.9	In case of doubt as to whether any interest or matter should be declared, in the interests of transparency, members are advised to make a declaration.		**To Note:** For inclusion
1.10	Members shall make a declaration of any gifts or hospitality received in their capacity as a Board member. Such declarations shall be made to the Board's appointed Standards Officer who shall make them available for public inspection at all reasonable times at the principal offices of the Board and on the Board's website. The Register of Interests includes a section on gifts and hospitality. The Register may include the information on any such declarations, or cross-refer to where the information is published.	The NES 2018/19 Register of Interests published on the NES website did not include a section on gifts and hospitality.	**To Note:** The Register of Interests form has been revised and the 2019/20 RoI now published on the NES website, this includes the section on gifts and hospitality.
1.11	The Board's <mark>Board Secretary and Principal Lead Corporate Governance **enter officer title**</mark> shall provide a copy of these Standing Orders to all members of the Board on appointment. A copy shall also be held on the Board's website.	Currently the NES website does not have a link to the Board Standing Orders. They have been published as part of a set of past Board papers.	**Action:** A specific link to the Board Standing Orders will be created on the Board website

Detail of new Standing Order *required* to be implemented.	How are these new Standing Orders different to NES current Standing Orders and associated NES governance practice?	Action required to ensure compliance with new Standing Orders
Section 2 - Chair		
2.1 The Scottish Ministers shall appoint the Chair of the Board.		**To Note:** No change
Section 3 - Vice Chair		
3.1 The Chair shall nominate a candidate or candidates for vice-chair to the Cabinet Secretary. The candidate(s) must be a non-executive member of the Board. A member who is an employee of a Board is disqualified from being Vice-Chair. The Cabinet Secretary will in turn determine who to appoint based on evidence of effective performance and evidence that the member has the skills, knowledge and experience needed for the position.	The current Standing Orders do not reflect this requirement to nominate a candidate/candidates to the Cabinet Secretary.	**To Note:** This process was however followed for the appointment of the current NES Vice-Chair and will be formally adopted going forward.
Following the decision, the Board shall appoint the member as Vice-Chair. Any person so appointed shall, so long as he or she remains a member of the Board, continue in office for such a period as the Board may decide.	Current NES practice is to set the period for Vice -Chair appointment to be in line with the term of overall appointment term of the Vice-Chair to the Board	**Audit Committee view required.** The Board Secretary recommends that this is reviewed every 2 years by the Board.

Detail of new Standing Order *required* to be implemented.	How are these new Standing Orders different to NES current Standing Orders and associated NES governance practice?	Action required to ensure compliance with new Standing Orders
3.2 The Vice-Chair may at any time resign from that office by giving notice in writing to the Chair. The process to appoint a replacement Vice-Chair is the process described at paragraph 3.1.		**To Note:** For inclusion
3.3 Where the Chair has died, ceased to hold office, or is unable for a sustained period of time to perform his or her duties due to illness, absence from Scotland or for any other reason, then the Board's **enter officer title** should refer this to the Scottish Government. The Cabinet Secretary will confirm which member may assume the role of interim chair in the period until the appointment of a new chair, or the return of the appointed chair. Where the Chair is absent for a short period due to leave (for whatever reason). the Vice-Chair shall assume the role of the Chair in the conduct of the business of the Board. In either of these circumstances references to the Chair shall, so long as there is no Chair able to perform the duties, be taken to include references to either the interim chair or the	The current NES Standing Orders do not make provision for this	**Audit Committee view required**. - Officer title would either be the Chief Executive or Board Secretary

Detail of new Standing Order *required* to be implemented.	How are these new Standing Orders different to NES current Standing Orders and associated NES governance practice?	Action required to ensure compliance with new Standing Orders
Vice-Chair. If the Vice-Chair has been appointed as the Interim Chair, then the process described at paragraph 3.1 will apply to replace the Vice-Chair.		
Section 4 – Calling and Notice of Board Meetings		
4.1 The Chair may call a meeting of the Board at any time and shall call a meeting when required to do so by the Board. The Board shall meet at least <mark>six</mark> <mark>enter number</mark> times in the year and will annually approve a forward schedule of meeting dates.	The NES Standing Orders state that the CEO will call the meeting, agendas and papers for all ordinary meeting in section 4.4 "The Chief Executive shall cause notices and agendas for all ordinary meetings of the Board, together with any supporting papers to reach members not less than three clear working days before the date of the meeting" Frequency of meetings suggested as six times as per current NES SOs	**To Note:** Change in practice this is the role of the Chair and NES in practice have moved towards this. **Action:** Formally adopt this practice and approach **To Note:** No change in Board meeting frequency suggested
4.2 The Chair will determine the final agenda for all Board meetings. The agenda may include an item for any other business, however this can only be for business which the Board is being informed of for awareness, rather than being asked to make a decision. No	The NES Standing Orders state this as a role for the CEO	**To Note:** change in practice implemented

Detail of new Standing Order *required* to be implemented.	How are these new Standing Orders different to NES current Standing Orders and associated NES governance practice?	Action required to ensure compliance with new Standing Orders
business shall be transacted at any meeting of the Board other than that specified in the notice of the meeting except on grounds of urgency.		
4.3 Any member may propose an item of business to be included in the agenda of a future Board meeting by submitting a request to the Chair. If the Chair elects to agree to the request, then the Chair may decide whether the item is to be considered at the Board meeting which immediately follows the receipt of the request, or a future Board meeting. The Chair will inform the member which meeting the item will be discussed. If any member has a specific legal duty or responsibility to discharge which requires that member to present a report to the Board, then that report will be included in the agenda.	The NES Standing Orders state this as a role for the CEO as opposed to the Chair	**To Note:** Clarification in practice
4.4 In the event that the Chair decides not to include the item of business on the agenda of a Board meeting, then the Chair will inform the member in writing as to the reasons why.	Not included in NES Standing Orders	**To Note:** Clarification of Practice

Detail of new Standing Order *required* to be implemented.	How are these new Standing Orders different to NES current Standing Orders and associated NES governance practice?	Action required to ensure compliance with new Standing Orders
4.5 A Board meeting may be called if one third of the whole number of members signs a requisition for that purpose. The requisition must specify the business proposed to be transacted. The Chair is required to call a meeting within 7 days of receiving the requisition. If the Chair does not do so, or simply refuses to call a meeting, those members who presented the requisition may call a meeting by signing an instruction to approve the notice calling the meeting provided that no business shall be transacted at the meeting other than that specified in the requisition.	Item 4.3 and 4.5 of the NES Standing Orders state: "An extraordinary meeting of the Board may be convened at any time. The Chair shall, within fourteen days of receipt of a written request from three members, convene an extraordinary meeting of the Board. In each case, the business they desire to be considered should be clearly stated and must fall within the remit of the Board". . "The quorum of the Board shall be six members, of whom at least three shall be non-executive members".	**To Note:** Clarification of practice.
4.6 Before each meeting of the Board, a notice of the meeting (in the form of an agenda), specifying the time, place and business proposed to be transacted at it and approved by the Chair, or by a member authorised by the Chair to approve on that person's behalf, shall be circulated to every member so as to be available to them at <mark>least four **three** clear</mark>	Not included in the NES Standing Orders	**To Note:** The NES practice is to circulate agendas and papers to Board members a week before the meeting. As per the calculation in 4.7, if this excludes the day of the meeting and the day the papers are sent out and weekends and public holidays are not counted - then this

Detail of new Standing Order *required* to be implemented.	How are these new Standing Orders different to NES current Standing Orders and associated NES governance practice?	Action required to ensure compliance with new Standing Orders
<mark>working days before the meeting.</mark> The notice shall be distributed along with any papers for the meeting that are available at that point.		equates to **four** clear working days. The specific reference to **working** days has been added to 4.6 and the clear days changed from three to four in the NHS Standing Orders
4.7 With regard to calculating clear days for the purpose of notice under 4.6 and 4.9, the period of notice excludes the day the notice is sent out and the day of the meeting itself. Additionally, only working days (Monday to Friday) are to be used when calculating clear days; weekend days and public holidays should be excluded.	Not included in the NES Standing Orders	**To Note:** Clarification of practice, the Board Secretary has supported the Chair and CEO with a process for the implementation of this. The NES website was updated in April 2020 to include a notice of all 2020-21 Board meetings.
4.8 Lack of service of the notice on any member shall not affect the validity of a meeting.	Included in the NES Standing Orders	**To Note:** No change.
4.9 Board meetings shall be held in public. A public notice of the time and place of the meeting shall be provided at least three clear days before the meeting is held. The notice and the meeting papers shall also be placed on the Board's website. The meeting papers will include the minutes of committee meetings which the relevant committee has approved. The exception is that the meeting	The requirement to place a public notice of the meeting including papers is not included in the NES Standing Orders, nor the specification of **approved** Committee minutes	**To Note:** In place from May 2020 Board onwards

Detail of new Standing Order *required* to be implemented.	How are these new Standing Orders different to NES current Standing Orders and associated NES governance practice?	Action required to ensure compliance with new Standing Orders
papers will not include the minutes of the Remuneration Committee. The Board may determine its own approach for committees to inform it of business which has been discussed in committee meetings for which the final minutes are not yet available.	Not included in the NES Standing Orders	**To Note:** The NES Audit Committee has always complied with this practice as stipulated by the Audit Assurance Handbook. **To Note:** The Board Chair has introduced a very brief verbal update item from Committee Chairs at Board meetings from May 2020 onwards, for all Committee Chairs. This applies to Committee meetings that have taken place that do not have minutes that have been approved by that committee. The Committee Chair is invited to present any significant areas for whole Board awareness (if there are any)
For items of business which the Board will consider in	The NES current practice is that members of ET who are presenting papers at the Formal Private Board Meetings are in attendance and the Board Secretary or their representative and Head of Strategic Development Chair of	**To Note:** No change in current practice to attendance and receiving papers for Formal Private Board Meetings

15.

Detail of new Standing Order *required* to be implemented.	How are these new Standing Orders different to NES current Standing Orders and associated NES governance practice?	Action required to ensure compliance with new Standing Orders
private session (see paragraph 5.22), only the Board members will ==(remove word normally)== normally receive the meeting papers for those items, unless the person presiding agrees that others may receive them.	Chairs and Chief Executive's Office, are in regular attendance	
Section 5 – Conduct of Meetings		
Authority of the Person Presiding at a Board Meeting		
5.1 The Chair shall preside at every meeting of the Board. The Vice-Chair shall preside if the Chair is absent. If both the Chair and Vice Chair are absent, the members present at the meeting shall choose a Board member who is not an employee of a Board to preside.		**To Note:** No change
5.2 The duty of the person presiding at a meeting of the Board or one of its committees is to ensure that the Standing Orders or the committee's terms of reference are observed, to preserve order, to ensure fairness between members, and to determine all questions of order and competence. The ruling of the person presiding shall be final and shall not be open to question or discussion.		**To Note:** No change to key duties.

To Note: NES has Committee Remits not Terms of Reference (ToRs).
ToRs include reference to primary governance directives and are firmed under standardised key headings |

Detail of new Standing Order *required* to be implemented.	How are these new Standing Orders different to NES current Standing Orders and associated NES governance practice?	Action required to ensure compliance with new Standing Orders
5.3 The person presiding may direct that the meeting can be conducted in any way that allows members to participate, regardless of where they are physically located, e.g. video-conferencing, teleconferencing. For the avoidance of doubt, those members using such facilities will be regarded as present at the meeting.	Reference to the use of video and teleconference made in the NES Standing Orders the NHS Standing Orders are more explicit.	**To Note:** No change
5.4 In the event that any member who disregards the authority of the person presiding, obstructs the meeting, or conducts himself/herself inappropriately the person presiding may suspend the member for the remainder of the meeting. If a person so suspended refuses to leave when required by the person presiding to do so, the person presiding will adjourn the meeting in line with paragraph 5.12. For paragraphs 5.5 to 5.20, reference to 'Chair' means the person who is presiding the meeting, as determined by paragraph 5.1.	Not as much detail is included in the current NES Standing Orders	**To Note:** For inclusion
Quorum		
5.5 The Board will be deemed to meet only when there are present, and entitled to vote, a quorum of at least one third of the whole	The NES Standing Orders states the quorum as six members, of whom at least three shall be non-	**Audit Committee view required:** NES have 14 Board members this equates to a quorate of 4.6, rounding

Detail of new Standing Order *required* to be implemented.	How are these new Standing Orders different to NES current Standing Orders and associated NES governance practice?	Action required to ensure compliance with new Standing Orders
number of members, including at least two members who are not employees of a Board.	executive members. (3 non-executives and 3 executives).	that up to 5 will mean at least 2 members who are not employees of the Board (non-executive Directors) in theory the other 3 Board members could therefore be executive directors. Alternatively rounded 4.6 down to 4 would mean at least 2 members who are not employees of the Board (non-executive Directors).
The quorum for committees will be set out in their terms of reference, however it can never be less than two <mark>non-executive</mark> Board members.	NES Standing Committees do not have Terms of Reference that set out their quorum membership, therefore the quorum of all the NES Committees regardless of their size and makeup is two non-executive members.	**Action:** Note clarification that this is two **non-executive** members has been added to 5.5 the NHS Standing Orders for NES to adopt, whilst NES Committee Chairs develop ToRs for the Standing Committees and determine appropriate quorum for each Committee. **Action:** In accordance with the DL all Chairs will be required to develop ToRs and include the quorum

Detail of new Standing Order *required* to be implemented.	How are these new Standing Orders different to NES current Standing Orders and associated NES governance practice?	Action required to ensure compliance with new Standing Orders
5.6 In determining whether or not a quorum is present the Chair must consider the effect of any declared interests.	Additional detail in the NHS Standing Orders	**To Note:** For inclusion
5.7 If a member, or an associate of the member, has any pecuniary or other interest, direct or indirect, in any contract, proposed contract or other matter under consideration by the Board or a committee, the member should declare that interest at the start of the meeting. This applies whether or not that interest is already recorded in the Board Members' Register of Interests. Following such a declaration, the member shall be excluded from the Board or committee meeting when the item is under consideration, and should not be counted as participating in that meeting for quorum or voting purposes.	The NES Standing Orders do not make specific mention to whether or not that declaration is already recorded in the RoI. The NES Standing Orders state "At the start or during the course of a meeting, if a conflict of interest is declared the member shall withdraw and take no part in the relevant discussion or decision, or vote on any question relating to that matter. Such declarations of interest shall be recorded in the minutes of Board meetings".	**Action:** Revert to previous practice The NHS Standing Orders state the need to ask for declarations associated with agenda items in relation to that specific meeting, regardless of whether this has been declared as a standing declaration in the RoI or not. This would apply to Board and Committees.

Detail of new Standing Order *required* to be implemented.	How are these new Standing Orders different to NES current Standing Orders and associated NES governance practice?	Action required to ensure compliance with new Standing Orders
5.8 Paragraph 5.7 will not apply where a member's, or an associate of their's, interest in any company, body or person is so remote or insignificant that it cannot reasonably be regarded as likely to affect any influence in the consideration or discussion of any question with respect to that contract or matter. In March 2015, the Standards Commission granted a dispensation to NHS Board members who are also voting members of integration joint boards. The effect is that those members do not need to declare as an interest that they are a member of an integration joint board when taking part in discussions of general health & social care issues. However members still have to declare other interests as required by Section 5 of the Board Members' Code of Conduct.	Not included in current NES Standing Orders	**To Note:** This does not apply to NES, but we should maintain this in our Standing Orders in case at such a time in the future a member of an IJB did join the Board
5.9 If a question arises at a Board meeting as to the right of a member to participate in the meeting (or part of the meeting) for voting or quorum purposes, the question may, before the conclusion of the meeting be referred to the Chair. The Chair's ruling in relation to any member other than the Chair is to be final and conclusive. If a question arises with regard	Not included in current NES Standing Orders	**To Note:** For inclusion

Detail of new Standing Order *required* to be implemented.	How are these new Standing Orders different to NES current Standing Orders and associated NES governance practice?	Action required to ensure compliance with new Standing Orders
to the participation of the Chair in the meeting (or part of the meeting) for voting or quorum purposes, the question is to be decided by the members at that meeting. For this latter purpose, the Chair is not to be counted for quorum or voting purposes.		
5.10 Paragraphs 5.6-5.9 shall equally apply to members of any Board committees, whether or not they are also members of the Board, e.g. stakeholder representatives.	Not included in current NES Standing Orders	**Action:** Share the NES Standing Orders with Co-opted members of the Digital Committee once approved by Board
5.11 When a quorum is not present, the only actions that can be taken are to either adjourn to another time or abandon the meeting altogether and call another one. The quorum should be monitored throughout the conduct of the meeting in the event that a member leaves during a meeting, with no intention of returning. The Chair may set a time limit to permit the quorum to be achieved before electing to adjourn, abandon or bring a meeting that has started to a close.	Not included in current NES Standing Orders	**To Note:** This applies to the Board and the Committees.

Action: CEO and Board Services will keep a close eye on apologies and notify the Chair of any potential issues in relation to quorate as soon as is possible. |
| Adjournment | | |

Detail of new Standing Order *required* to be implemented.	How are these new Standing Orders different to NES current Standing Orders and associated NES governance practice?	Action required to ensure compliance with new Standing Orders
5.12 If it is necessary or expedient to do so for any reason (including disorderly conduct or other misbehaviour at a meeting), a meeting may be adjourned to another day, time and place. A meeting of the Board, or of a committee of the Board, may be adjourned by the Chair until such day, time and place as the Chair may specify.	The NES Standing Orders set out the procedure to follow for adjournment. "A motion for adjournment shall have precedence over all other motions and, if moved and seconded, shall be put to the meeting without discussion or amendment. If the motion is carried, the meeting shall be adjourned until the date and time, and at the venue specified in the motion. Unless the time and place are specified in the motion for adjournment, the adjournment shall be until the next ordinary meeting of the Board or relevant committee. Where a meeting is adjourned without a time for its resumption having been fixed, it shall be resumed at such other time as may be fixed by the Chair. When an adjourned meeting is resumed, the proceedings shall be	**Audit Committee view required:** Is 5.12 of the NHS Standing Orders adequate to follow and the decision for adjournment be made by the Chair and not through a motion?

Detail of new Standing Order *required* to be implemented.	How are these new Standing Orders different to NES current Standing Orders and associated NES governance practice?	Action required to ensure compliance with new Standing Orders
	commenced at the point at which they were interrupted by the adjournment. The Chair may adjourn any meeting of the Board if he/she is of the opinion that the conduct of the meeting cannot properly be conducted by reason of disorder. Such adjournment shall be signified by the Chair rising and quitting the Chair and shall be for one hour or such shorter period as may be specified by the Chair at that time". The difference is that the NES Standing Orders specify a motion for adjournment and the NHS Standing Orders state this is at the specification of the Chair	
Business of the Meeting *The Agenda*		
5.13 If a member wishes to add an item of business which is not in the notice of the	Included in NES Standing Orders	**To Note:** No change in practice

Detail of new Standing Order *required* to be implemented.	How are these new Standing Orders different to NES current Standing Orders and associated NES governance practice?	Action required to ensure compliance with new Standing Orders
meeting, he or she must make a request to the Chair ideally in advance of the day of the meeting and certainly before the start of the meeting. The Chair will determine whether the matter is urgent and accordingly whether it may be discussed at the meeting.		
5.14 The Chair may change the running order of items for discussion on the agenda at the meeting. Please also refer to paragraph 4.2.	This is included in the NES Standing Orders "The business shall be dealt with in the order specified in the agenda, unless the Board agrees otherwise".	**To Note:** No change. This practice is already followed by NES.
Decision-Making		
5.15 The Chair may invite the lead for any item to introduce the item before inviting contributions from members. Members should indicate to the Chair if they wish to contribute, and the Chair will invite all who do so to contribute in turn. Members are expected to question and challenge proposals constructively and carefully to reach an articulate and considered view on the suitability of proposals.	The NES Standing Orders do not make specific reference to the expectation to challenge constructively.	**To Note:** No Change Sections 5.15 – 5.20 are covered in the NES Standing Orders
5.16 The Chair will consider the discussion, and whether or not a consensus has been reached. Where the Chair concludes that		**To Note:** No change

Detail of new Standing Order *required* to be implemented.		How are these new Standing Orders different to NES current Standing Orders and associated NES governance practice?	Action required to ensure compliance with new Standing Orders
	consensus has been reached, then the Chair will normally end the discussion of an item by inviting agreement to the outcomes from the discussion and the resulting decisions of the Board.		
5.17	As part of the process of stating the resulting decisions of the Board, the Chair may propose an adaptation of what may have been recommended to the Board in the accompanying report, to reflect the outcome of the discussion.		**To Note:** No change
5.18	The Board may reach consensus on an item of business without taking a formal vote, and this will be normally what happens where consensus has been reached.		**To Note:** No change
5.19	Where the Chair concludes that there is not a consensus on the Board's position on the item and/ or what it wishes to do, then the Chair will put the decision to a vote. If at least two Board members ask for a decision to be put to a vote, then the Chair will do so. Before putting any decision to vote, the Chair will summarise the outcome of the discussion		**To Note:** No change

Detail of new Standing Order *required* to be implemented.	How are these new Standing Orders different to NES current Standing Orders and associated NES governance practice?	Action required to ensure compliance with new Standing Orders
and the proposal(s) for the members to vote on.		
5.20 Where a vote is taken, the decision shall be determined by a majority of votes of the members present and voting on the question. In the case of an equality of votes, the Chair shall have a second or casting vote. The Chair may determine the method for taking the vote, which may be by a show of hands, or by ballot, or any other method the Chair determines.		**To Note:** No change
5.21 While the meeting is in public the Board may not exclude members of the public and the press (for the purpose of reporting the proceedings) from attending the meeting. ==The exception in extreme crisis when public health protection is paramount (for example COVID-19 core governance arrangements)==		**To Note:** NES, like other NHS Boards has applied a different practice during COVID-19 **Audit Committee view required:** The Board Secretary advises adding the highlighted wording to section 5.21 of the NHS Board Standing Orders before being adopted by NES.
Board Meeting in Private Session		
5.22 The Board may agree to meet in private in order to consider certain items of business.	More detailed than the NES Standing Orders. The NES	**Action:** Note change in practice. The Board Chair as per sections 4.1-

Detail of new Standing Order *required* to be implemented.	How are these new Standing Orders different to NES current Standing Orders and associated NES governance practice?	Action required to ensure compliance with new Standing Orders
The Board may decide to meet in private on the following grounds: • The Board is still in the process of developing proposals or its position on certain matters, and needs time for private deliberation. • The business relates to the commercial interests of any person and confidentiality is required, e.g. when there is an ongoing tendering process or contract negotiation. • The business necessarily involves reference to personal information, and requires to be discussed in private in order to uphold the Data Protection Principles. • The Board is otherwise legally obliged to respect the confidentiality of the information being discussed.	Standing Orders specify it will be the CEO who determines private business items, with the consent of the Chair in the Press section	4.3 of the NHS Standing Orders shall be responsible for determining 5.22. (In practice this may well involve discussion with the CEO and/or the Board Secretary)
5.23 The minutes of the meeting will reflect when the Board has resolved to meet in private.	Not specified in the NES Standing Orders.	**To Note:** Change in practice is being implemented to distinguish between formal private and formal public meetings and mark all agendas, papers and minutes accurately and consistently

Detail of new Standing Order *required* to be implemented.	How are these new Standing Orders different to NES current Standing Orders and associated NES governance practice?	Action required to ensure compliance with new Standing Orders
Minutes		
5.24 The names of members present at a meeting of the Board, or of a committee of the Board, shall be recorded in the minute of the meeting. The names of other persons in attendance shall also be recorded.		**To Note:** No change
5.25 The Board's **Board Secretary and Principal Lead Corporate Governance enter officer title** (or his/her authorised nominee) shall prepare the minutes of meetings of the Board and its committees.	The nomination of a specific post-holder to prepare the minutes is not included in NES Standing Orders	**To Note:** A change in practice the Board Secretary now takes an overview and will set/implement administrative standards across Board and Committees for minutes, actions logs, paper format and consistency etc. The Board Secretary has delegated minutes of the Board and the Standing Committee to authorised nominees from within "CEO Board Services". This is done on behalf of the Chair
The Board or the committee shall review the draft minutes at the following meeting.	Change to NES Standing Orders which stated that copies of the minutes shall be sent to members prior to the next meeting at which the minutes are submitted for approval.	**To Note:** Clarification of practice: • Draft Board or Committee minutes prepared by Board Services/Board Secretary • Draft Board minute reviewed by both Board Chair and Chief Executive for accuracy of

Detail of new Standing Order *required* to be implemented.	How are these new Standing Orders different to NES current Standing Orders and associated NES governance practice?	Action required to ensure compliance with new Standing Orders
The person presiding at that meeting shall sign the approved minute.	Not included in NES Standing Orders	content, or draft Committee minute reviewed for accuracy of content by both the Committee Chair and the relevant executive lead. • Next version of draft Board minute appears at the next Board for approval or the next version of the draft Committee minutes appears at the next Committee meeting for approval and once approved is taken to the next public Board meeting for noting **To Note:** change in practice. **To Action:** Process for obtaining signed minutes will be required. Electronic signatures will be used due to COVID-19.
Section 6 – Matters Reserved for the Board <u>Introduction</u>		
6.1 The Scottish Government retains the authority to approve certain items of business. There are other items of the business which can only be approved at an NHS Board meeting, due to either Scottish	Not included in NES Standing Orders	**To Note:** Provides clarity and transparency in terms of the role of Scottish Government. For example the afore mentioned role the Cabinet Secretary has in approving the

Detail of new Standing Order *required* to be implemented.	How are these new Standing Orders different to NES current Standing Orders and associated NES governance practice?	Action required to ensure compliance with new Standing Orders
Government directions or a Board decision in the interests of good governance practice.		appointment of the Vice Chair of the Board.
6.2 This section summarises the matters reserved to the Board:	The NES Standing Orders does not include: c) Organisational Values; g.) Risk Management Policy and j.) Performance Reporting	**Action:** Review the Standing Committee remits and the scheme of delegation to ensure consistency with the revised Standing Orders.
n) Standing Orders	The NES Audit Committee Remit states in item d that Audit Committee will review changes to the SOs and SFIs; this would then be required to go through full Board for approval.	**To Note:** No change
o) The establishment and terms of reference of all its committees, and appointment of committee members	NES has Committee "Remits". There are no detailed Terms of Reference for any of the NES Standing Committees. Three Standing Committee "Remits" are currently published on the NES website (2018 Audit Committee and Education and Research Governance Committee and Remuneration committee) https://www.nes.scot.nhs.uk/about-us/the-board/committee-remits.aspx	**To Note:** Change in practice. Draft NHS Audit Committee ToRs have been developed by the Corporate Governance Blueprint Group and are available for consideration.

Detail of new Standing Order *required* to be implemented.	How are these new Standing Orders different to NES current Standing Orders and associated NES governance practice?	Action required to ensure compliance with new Standing Orders
p) Organisational Values	The NES Standing Orders does not include Organisational Values	**To Note:** Change will be required to incorporate
q) The strategies for all the functions that it has planning responsibility for, subject to any provisions for major service change which require Ministerial approval.	Included in NES Standing Orders	**To Note:** No change
r) The Annual Operational Plan for submission to the Scottish Government for its approval. (Note: The Board should consider the draft for submission in private session. Once the Scottish Government has approved the Annual Operational Plan, the Board should receive it at a public Board meeting.)	NES Standing Orders include the approval of the Annual Operational Plan but not the note that this should be a private session	**To Note:** This will be included in the Standing Orders and in practice this will be taken as a formal private meeting of the Board
s) Corporate objectives or corporate plans which have been created to implement its agreed strategies.	Included in NES Standing Orders	**To Note:** No change
	The Audit Committee remit includes review and recommendation of the	

Detail of new Standing Order *required* to be implemented.	How are these new Standing Orders different to NES current Standing Orders and associated NES governance practice?	Action required to ensure compliance with new Standing Orders
t) Risk Management Policy.	Risk Management Strategy to the Board for approval	**To Note:** No change in practice, now explicitly included in the Board Standing Orders
u) Financial plan for the forthcoming year, and the opening revenue and capital budgets.	Included in NES Standing Orders	**To Note:** No change
v) Standing Financial Instructions and a Scheme of Delegation.	Included in NES Standing Orders	**Action:** Identify the frequency the scheme of delegation should be reviewed and ensure it is consistent with the changes made to the Standing Orders.
w) Annual accounts and report. (Note: This must be considered when the Board meets in private session. In order to respect Parliamentary Privilege, the Board cannot publish the annual accounts or any information drawn from it before the accounts are laid before the Scottish Parliament. Similarly the Board cannot publish the report of the external auditors of their annual accounts in this period.)	The NES Standing Orders include the annual accounts and report but not the note pertaining to private session	**To Note:** NES have amended practice to hold the associated meetings in May and June in formal private session from 2020 onwards

Detail of new Standing Order *required* to be implemented.	How are these new Standing Orders different to NES current Standing Orders and associated NES governance practice?	Action required to ensure compliance with new Standing Orders
x) Any business case item that is beyond the scope of its delegated financial authority before it is presented to the Scottish Government for approval. The Board shall comply with the Scottish Capital Investment Manual.	This is included in the NES Standing Orders	**To Note:** No change
y) The Board shall approve the content, format, and frequency of performance reporting to the Board.	This is included in the NES Standing Orders	**To Note:** No change
z) The appointment of the Board's chief internal auditor. (Note: This applies either when the proposed chief internal auditor will be an employee of the Board, or when the chief internal auditor is engaged through a contract with an external provider. The audit committee should advise the Board on the appointment, and the Board may delegate to the audit committee oversight of the process which leads to a recommendation for appointment.)	The appointment of the Internal Auditor is included in the remit of the Audit Committee to advise on appointment and recommend to Board. Not included in the NES Standing Orders	**To Note:** Already a reserved matter for the Board. This is compliance with NES practice, but needs to be included in the Standing Orders.

Detail of new Standing Order *required* to be implemented.	How are these new Standing Orders different to NES current Standing Orders and associated NES governance practice?	Action required to ensure compliance with new Standing Orders
6.3　The Board may be required by law or Scottish Government direction to approve certain items of business, e.g. the integration schemes for a local authority area.	Not included in the NES Standing Orders	**To Note:** It is unlikely this will apply to NES but advise leaving this in in case such a requirement arose.
6.4　The Board itself may resolve that other items of business be presented to it for approval.	Not included in the NES Standing Orders	**To Note:** For inclusion
Section 7 – Delegation of Authority by the Board		
7.1　Except for the Matters Reserved for the Board, the Board may delegate authority to act on its behalf to committees, individual Board members, or other Board employees. In practice this is achieved primarily through the Board's approval of the Standing Financial Instructions <mark>**<enter link to Board's SFIs>**</mark> and the Scheme of Delegation <mark>**<enter link to Board's Scheme of Delegation>**</mark>.	The detailed scheme of delegation is not included in the in the NES Standing Orders. The NES SFIs contain the scheme of delegation. The NES standing Orders state: "Without prejudice to its overall authority, the Board delegates to its Chief Executive all matters not particularly reserved by the Board for its own decision and in particular the Chief Executive shall have overall responsibility for the effective management, commissioning and purchasing functions of the Board.	**To Note:** The Board Standing Orders, SFIs and Scheme of Delegation are three documents that as a group provide the context for the operation of the Board. Currently these are not reviewed as a complete package by the Board. The NES Standing Orders are currently reviewed every 3 years by the Board. The SFIs and scheme of delegation are reviewed annually by the Audit Committee and then the Board. **Action:** The whole package of 3 documents should be reviewed

Detail of new Standing Order *required* to be implemented.	How are these new Standing Orders different to NES current Standing Orders and associated NES governance practice?	Action required to ensure compliance with new Standing Orders
	The Board may delegate its responsibilities for the conduct of its business to committees, to individual directors, or to senior officers. The Board may also delegate the responsibility for certain matters to the Chair for her/his action. In such circumstances, the Chair's action should be homologated at the next ensuing ordinary meeting of the Board. The Board has a responsibility to prepare and submit corporate and financial plans in accordance with the requirements of the Scottish Government. The Board's Scheme of Delegation is to be found within the Standing Financial Instructions". SFIs, Board Scheme of Delegation or Board Standing Orders are not	annually as one corporate governance package. All three documents should be made available to Board members on their appointment. **Action:** Following the completion of the new Standing Orders, the SFIs and the scheme of delegation, links to the documents through the external Board page should be provided. **To Note:** Links to these documents can be incorporated into the design of the new Board webpage in due course or new hyperlinks created on the current Board webpage

Detail of new Standing Order *required* to be implemented.	How are these new Standing Orders different to NES current Standing Orders and associated NES governance practice?	Action required to ensure compliance with new Standing Orders
	published on website using direct links to the documents.	
7.2 The Board may delegate responsibility for certain matters to the Chair for action. In such circumstances, the Chair should inform the Board of any decision or action subsequently taken on these matters.	NES Board Standing Orders state: The Board may also delegate the responsibility for certain matters to the Chair for her/his action. In such circumstances, the Chair's action should be homologated at the next ensuing ordinary meeting of the Board.	**To Note:** This has been incorporated into NES Board practice. Action points for Chair are included in the Board Action list and reported back to Board accordingly.
7.3 The Board and its officers must comply with the NHS Scotland Property Transactions Handbook, and this is cross-referenced in the Scheme of Delegation.	Included in NES Standing Orders	**To Note:** Compliance is part of the Annual Audit Plan every year for NES.
7.4 The Board may, from time to time, request reports on any matter or may decide to reserve any particular decision for itself. The Board may withdraw any previous act of delegation to allow this.	Not included in NES Standing Orders	**To Note:** For inclusion
Section 8 – Execution of Documents		
8.1 Where a document requires to be authenticated under legislation or rule of law relating to the authentication of documents under the Law of Scotland, or where a document is otherwise required to be	Not included in NES Standing Orders Who can sign SLA's contracts etc is included in the SFI's.	**To Note:** For inclusion

Detail of new Standing Order *required* to be implemented.		How are these new Standing Orders different to NES current Standing Orders and associated NES governance practice?	Action required to ensure compliance with new Standing Orders
	authenticated on behalf of the Board, it shall be signed by an executive member of the Board or any person duly authorised to sign under the Scheme of Delegation in accordance with the Requirements of Writing (Scotland) Act 1995. Before authenticating any document the person authenticating the document shall satisfy themselves that all necessary approvals in terms of the Board's procedures have been satisfied. A document executed by the Board in accordance with this paragraph shall be self-proving for the purposes of the Requirements of Writing (Scotland) Act 1995.		
8.2	Scottish Ministers shall direct which officers of the Board can sign on their behalf in relation to the acquisition, management and disposal of land.	Not included in NES Standing Orders	**To Note:** Unlikely to be required by NES but it will be included.
8.3	Any authorisation to sign documents granted to an officer of the Board shall terminate upon that person ceasing (for whatever reason) from being an employee of the Board, without further intimation or action by the Board.	Not included in NES Standing Orders	**To Note:** For inclusion
Section 9 - Committees			

Detail of new Standing Order *required* to be implemented.	How are these new Standing Orders different to NES current Standing Orders and associated NES governance practice?	Action required to ensure compliance with new Standing Orders
9.1 Subject to any direction issued by Scottish Ministers, the Board shall appoint such committees (and sub-committees) as it thinks fit. NHS Scotland Board Development website will identify the committees which the Board must establish. (https://learn.nes.nhs.scot/17367/board-development) **Yellow highlight – added to NHS SO's** The Board has established the following six standing committees: - Audit Committee - Educational and Research Governance Committee - Finance and Performance Management Committee - Remuneration Committee (Sub-Committee of the Staff Governance Committee) - Staff Governance Committee - Digital Committee All of the standing committees shall consist of, or have a majority of, non-executive Board members.	The NHS Standing Orders do not go into any detail in relation to Standing Committee governance arrangements as this is included in the Terms of Reference for each Standing Committee. As NES does not have Terms of Reference, rather brief Committee "Remits". The NES Standing Orders state "No expenditure shall be incurred by a committee without the consent of the Chief Executive". This is not included in the NHS Standing Orders nor in the current drafts of NHS ToRs	**Action:** Addition to the NHS Standing Orders for the adoption of NES. The Board Secretary recommends that the yellow highlighted text added to 9.1 of the NHS Standing Orders is included for NES to adopt until such time as Standing Committee Terms of Reference evolve for NES, if this is the decision taken for progressing Board governance in line with the Blueprint **To Note:** The Audit committee handbook states that will require access to funding to cover the costs incurred in fulfilling its role. The funding should be sufficient to: meet any remuneration and working expenses of its members (where applicable);meet the relevant training

Detail of new Standing Order *required* to be implemented.	How are these new Standing Orders different to NES current Standing Orders and associated NES governance practice?	Action required to ensure compliance with new Standing Orders
<mark>The quorum of a standing committee of the Board shall normally be two non-executive members.</mark> <mark>Each standing committee shall normally meet four times per year.</mark>		needs of its members; provide specialist (external) advice or opinions when required; and (as agreed with the organisation) provide external review of the effectiveness **Audit Committee view required:** Should the existing sentence from the current NES Standing Orders be added to the new NES Standing Orders? "No expenditure shall be incurred by a committee without the consent of the Chief Executive".
	NES Standing Orders state that the minutes of Committees will be drawn up by the Executive Lead and be submitted for adoption by the appropriate standing committee at the first ordinary meeting of the standing committee held after the date of the meeting of the committee.	**To Note:** Practice for Committees will be in line with section 5.25 of the NHS Standing Orders Committee minutes will be drawn up on behalf of the Board Secretary • Draft Committee minutes prepared by Board Services/Board Secretary • Draft Committee minute reviewed for accuracy of content by both the Committee Chair and the relevant executive lead.

Detail of new Standing Order *required* to be implemented.	How are these new Standing Orders different to NES current Standing Orders and associated NES governance practice?	Action required to ensure compliance with new Standing Orders
		• Next version of the draft Committee minutes appears at the next Committee meeting for approval and once approved is taken to the next public Board meeting for noting
9.2 The Board shall appoint the chairs of all committees. The Board shall approve the terms of reference and membership of the committees. The Board shall review these as and when required, and shall review the terms within 2 years of their approval if there has not been a review.	As per NES Standing Orders Not included in NES Standing Orders, NES has Committee Remits, not Terms of Reference.	**To Note:** No change **To Note:** Change in practice. Standing Committee will be asked to develop the ToRs for their Committees and submit them to the Board for approval and these should be reviewed by the Committee on an annual basis. NES does not have a date for when the Board should review the Standing Committee Terms of Reference and membership of Committees. This will be a requirement to schedule into Board and Committee programmes of business.
9.3 The Board shall appoint committee members to fill any vacancy in the membership as and when required. If a committee is required by regulation to be constituted with a particular		**To Note:** No change

Detail of new Standing Order *required* to be implemented.	How are these new Standing Orders different to NES current Standing Orders and associated NES governance practice?	Action required to ensure compliance with new Standing Orders
membership, then the regulation must be followed		
9.4 Provided there is no Scottish Government instruction to the contrary, any non-executive Board member may replace a Committee member who is also a non-executive Board member, if such a replacement is necessary to achieve the quorum of the committee.	Not included in the NES Standing Orders	**To Note:** For inclusion
9.5 The Board's Standing Orders relating to the calling and notice of Board meetings, conduct of meetings, and conduct of Board members shall also be applied to committee meetings where the committee's membership consists of or includes all the Board members. Where the committee's members includes some of the Board's members, the committee's meetings shall not be held in public and the associated committee papers shall not be placed on the Board's website, unless the Board specifically elects otherwise. Generally Board members who are not members of a committee may attend a committee meeting and have access to the meeting papers.	There was some discussion in the system about this paragraph. As NES has only just moved to publishing Board papers in advance of meetings and we are amidst a COVID-19 crisis my recommendation is that the NES Board continues not to hold Committee meetings in public and not publish Committee papers.	**To Note:** To be included in the new Standing Orders. **For future decision:** The decision on Committees in private or public can be considered by the Board in more detail once the COVID-19 crisis is in abeyance and the Standing Committees re-established.

Detail of new Standing Order *required* to be implemented.	How are these new Standing Orders different to NES current Standing Orders and associated NES governance practice?	Action required to ensure compliance with new Standing Orders
However if the committee elects to consider certain items as restricted business, then the meeting papers for those items will normally only be provided to members of that committee. The person presiding the committee meeting may agree to share the meeting papers for restricted business papers with others.		
9.6 The Board shall approve a calendar of meeting dates for its committees. The committee chair may call a meeting any time, and shall call a meeting when requested to do so by the Board.	Not stated in NES Standing Orders but is NES practice	**To Note:** For inclusion
9.7 The Board may authorise committees to co-opt members for a period up to one year, subject to the approval of both the Board and the Accountable Officer. A committee may decide this is necessary to enhance the knowledge, skills and experience within its membership to address a particular element of the committee's business. A co-opted member is one who is not a member of NHS Education for Scotland **enter Board name** NHS Board and is not to be counted when determining the committee's quorum.	NES Standing Orders make provision for co-opting for a period not exceeding 3 years. NHS standing Orders state for a period of up to one year.	**To Note:** Change in practice: The review after the year and continuation of co-opted members should be for the approval of the Board and the Accountable Officer, where renumeration is a consideration.

Detail of new Standing Order *required* to be implemented.	How are these new Standing Orders different to NES current Standing Orders and associated NES governance practice?	Action required to ensure compliance with new Standing Orders

Appendix 3
Current NES Standing Orders
VERSION 6

NHS Education for Scotland

STANDING ORDERS AND INSTRUCTIONS
FOR THE

REGULATION OF THE BUSINESS OF THE BOARD

(IN ACCORDANCE WITH THE NHS EDUCATION FOR SCOTLAND ORDER

2006 No. 79)

FEBRUARY 2018

CONTENTS

NHS Education for Scotland

1. Constitution and Standing Orders

NHS Education for Scotland (NES) was constituted as a Special Health Board on 1st April 2002 under the terms of The NHS Education for Scotland Order 2002 (Scottish Statutory Instrument 2002 No. 103), as amended by The NHS Education for Scotland Order 2006 (Scottish Statutory Instrument 2006 No. 79).

2. Functions of the Board

The Board has key functions for which it is held accountable by the Scottish Government Health Directorates on behalf of the Scottish Ministers:

- To set strategic direction of the organisation within the overall policies and priorities of the Government and NHSScotland, define its annual and longer term objectives and agree plans to achieve them;

- To oversee the delivery of planned results by monitoring performance against objectives and ensuring corrective action is taken when necessary;

- To ensure that there is effective dialogue within the organisation and between the organisation and key stakeholders on its plans and performance and that these are responsive to stakeholders' needs

- To ensure effective financial stewardship through value for money, financial control and financial planning and strategy;

- To ensure that high standards of corporate governance and personal behaviour are maintained in the conduct of the business of the whole organisation; and

- To appoint, appraise and remunerate senior executives.

In fulfilling these functions the Board should:

- Specify its requirements in organising and presenting financial and other information succinctly and efficiently to ensure the Board can fully understand its responsibilities;

- Be clear what decisions and information are appropriate to the Board and draw up standing orders, a schedule of decisions reserved to the Board and standing financial instructions to reflect this;

- Establish performance and quality targets that maintain the effective use of resources and provide for money;

- Ensure that management arrangements are in place to enable responsibility to be clearly delegated to senior officers for the main programmes of action and for performances against programmes to be monitored and senior officers held to account;

- Establish committees, including audit and remuneration committees, on the basis of formally agreed terms of reference which set the membership of the committees, the limit to their powers, and the arrangements for reporting back to the Board; and

- Act within statutory, financial and other resource constraints.

3. Membership

The Board shall consist of a Chair and such members as are appointed by Scottish Ministers.

3.1 Chair of the Board

The Chair is responsible for leading the Board and for ensuring that it discharges successfully its overall responsibility for the organisation as a whole.

It is the Chair's role to:

- Provide leadership to the Board;

- Ensure that the Board acts as a team and enable all Board members to make a full contribution to the Board's affairs;

- Ensure that key and appropriate issues are discussed by the Board in a timely manner;

- Ensure that the Board has adequate support and is provided with all the necessary data on which to base informed decisions; and

- Advise the Cabinet Secretary for Health and Sport, through the Director-General Health and Social Care/Chief Executive of the NHS in Scotland, on the performance of non-executive directors.

3.2 Vice Chair

The Board shall appoint a non-executive member to be the Vice Chair. Any person so appointed shall hold office for such period as the Board may determine, not exceeding the term of office as a non-executive member.

3.3 Resignation and Removal

A member who wishes to resign his/her membership shall give written intimation of their resignation to Scottish Ministers and the Chair of the Board.

3.3.1 Where a member has not attended any meeting of the Board or of any committee of the Board for a period of six consecutive months, Scottish Ministers shall, unless satisfied that her/his absence was due to illness or other reasonable cause, declare that her/his seat on the Board has become vacant and that person shall cease to be a member.

3.4 Co-opted Members

3.4.1 NHS Education for Scotland may co-opt for any of the meetings of its committees and sub-committees, representatives of organisations having a special interest in a particular matter, or persons not being members of the Board who may serve the purpose of the Board.

3.4.2 Co-opted members shall not have voting rights and shall serve for a specified period of time, not exceeding 3 years, in the first instance.

3.5 Appointment of Additional Members to Board Committees

The procedure for making such appointments shall be as follows:

The proposed nomination of an additional member shall be considered by the relevant committee. The Chair of the relevant committee shall discuss the proposed appointment with both the Chair and the Chief Executive. Consequently, the Chair of the relevant committee shall submit a short paper to the Board seeking authorisation for the proposed appointment.

3.6 Observers

Observers from the Scottish Government shall be invited to attend ordinary meetings of the Board. Observers may participate in discussion if invited to do so by the Chair, but shall not have the right to vote. If requested to do so, they shall retire from the meeting. They must withdraw from the meeting while any issue concerning remuneration is being considered.

3.7 Members of Staff In Attendance

It shall be the right of the Chair to determine the members of staff of the Board, other than the executive members, who shall be in attendance, and the nature of their participation.

3.8 Suspension or Disqualification

A member may be suspended from or disqualified by the Chair from taking part in any business of the Board on reasonable cause being shown.

3.9 Directions by Scottish Ministers

The foregoing provisions relating to membership shall be subject to such orders and directions which may be given and/or changes made by Scottish Ministers from time to time.

4. Arrangements for Board Meetings

4.1 The Chair shall preside, or, in her/his absence, the Vice Chair. In the event of neither being present, the Board shall appoint a Chair, from the non-executive members present, to preside at that meeting.

4.2 Ordinary meetings of the Board shall be held on a regular basis, at a frequency agreed by the Board from time to time, with a minimum of six meetings per year.

4.3 An extraordinary meeting of the Board may be convened at any time. The Chair shall, within fourteen days of receipt of a written request from three members, convene an extraordinary meeting of the Board. In

each case, the business they desire to be considered should be clearly stated and must fall within the remit of the Board.

4.4 The Chief Executive shall cause notices and agendas for all ordinary meetings of the Board, together with any supporting papers to reach members not less than three clear working days before the date of the meeting. The business of the Board shall not be invalidated where any member fails to receive notification.

4.5 Requests for inclusion of any item on the agenda of meetings shall be sent to the Chief Executive so as to be received not less than fourteen days before the date of that meeting.

4.6 The quorum of the Board shall be six members, of whom at least three shall be non-executive members.

5. Order of Business

5.1 The business shall be dealt with in the order specified in the agenda, unless the Board agrees otherwise.

5.2 At ordinary meetings, the business shall be transacted as nearly as may be practical in the following order:-

5.2.1 The Chair shall open the meeting.

5.2.2 Apologies for absence shall be intimated.

5.2.3 Members shall declare any interests at the start of the meeting (or as the meeting progresses).

5.2.4 Names of members present (in person or via videoconferencing, Skype or telephone) shall be recorded. Where a member is not present for the whole of the meeting, this shall also be recorded.

5.2.5 The minutes of the previous ordinary meeting and any special or additional meetings shall be submitted for approval. Any amendments which are approved to previous minutes shall be duly recorded. The Chair shall subsequently sign the final approved minutes.

5.2.6 Any matter arising from previous meetings, and which requires to be progressed further at the current meeting.

5.2.7 Matters and business of which prior notice has been submitted to the Chief Executive for inclusion in the agenda.

5.2.8 Consideration of recommendations and reports of Committees and other items properly submitted.

5.2.9 Any other business of a competent and urgent nature raised by members of the Board.

6. Conduct of Business

    6.1 <u>Conduct and Accountability</u>

    6.1.1 The business of the Board will be conducted in accordance with the NHS Code of Conduct and Accountability for NHS Boards published by the Scottish Government Health Department. The principles underlying the Code are reflected in these Standing Orders.

6.1.2 The Scottish Government has identified the following nine key principles underpinning public life in Scotland. These incorporate the seven Nolan Principles and introduce two further principles (see *) .

*Public Service	Holders of public office have a duty to act in the interests of the public body of which they are a Board member and to act in accordance with the core tasks of the body.
Leadership	Holders of public office should promote and support these principles by leadership and example.
Selflessness	Holders of public office should take decisions solely in terms of the public interest. They should not do so in order to gain financial or other material benefits for themselves, their family, or other friends.
Integrity	Holders of public office should not place themselves under any financial or other obligation to outside individuals or organisations that might influence them in the performance of their official duties.
Objectivity	In carrying out public business, including making public appointments, awarding contracts, or recommending individuals for rewards and benefits, holders of public office should make choices on merit.
Honesty	Holders of public office have a duty to declare any private interests relating to their public duties and

		to take steps to resolve any conflicts arising in a way that protects the public interest.
	Accountability	Holders of public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office.
	*Respect	Holders of public office must respect fellow members of their public body and employees of the body and the role they play, treating them with courtesy at all times.
	Openness	Holders of public office should be as open as possible about all the decisions and actions that they take. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands.

6.1.3 All Board members are required, on appointment, to subscribe to the Code of Conduct and Accountability.

6.1.4 All staff should subscribe to the principles in the Code of Conduct and Chairs, Directors and their staff should be judged upon the way the Code is observed.

6.2 No business other than that specified on the agenda shall be conducted at any meeting, unless with the consent of the majority of members present.

6.3 Any member unable to attend a meeting of the Board may submit written comments on any item of the agenda, provided these are received no later than the day prior to the relevant meeting of the Board.   These comments shall be copied to members or read out in their entirety by the Chair.

6.4 The normal practice of the Board shall be to reach agreement by consensus. Following discussion of each item on the agenda, the Chair shall summarise the decision or other conclusion reached. If agreement cannot be reached by this means, then the following formal procedure shall be invoked:

6.4.1 Every motion or amendment shall be moved and seconded, and shall, if the Chair so requests, be given to her/him in written form, and shall be read out by the Chair before it is further discussed or put to the meeting.

6.4.2 Items raised by members (notice of motions) shall be in writing, signed by the member concerned, and shall be given or sent to the Chief Executive.

6.5 <u>Declaration of Interest</u>

6.5.1 At the start or during the course of a meeting, if a conflict of interest is declared the member shall withdraw and take no part in the relevant discussion or decision,

or vote on any question relating to that matter.   Such declarations of interest shall be recorded in the minutes of Board meetings.

6.5.2   At the discretion of the Chair, with the agreement of the Board, the requirement to withdraw or not to participate in the discussion may be waived.

6.6   Voting

Where the Board cannot reach a decision by consensus, the question shall be decided on a show of hands by a majority of members present and voting.   Any member can call for a division, in which case the names of members for and against, and those who abstained from voting, shall be recorded and entered in the minutes.   The Chair shall have a second or casting vote in the case of equality of votes.

6.7   If the Chair so rules, a ballot shall be taken of those Board members present at the meeting.

6.8   If a Board member so proposes, and if the proposal is seconded and supported by a simple majority, voting shall be by ballot.

6.9   The Chair shall decide upon any point of order or procedure, and her/his decision shall be final.

6.10   Closed Session

The Chair may propose, or may accept a member's proposal, that any item on the agenda be taken in closed session, and, if this proposal is agreed by the Board members present, those persons who are not members of the Board shall withdraw, unless invited by the Chair to remain.

6.11   Adjournment of Meetings

6.11.1 During any meeting of the Board, it shall be competent for a member, at any time, except in the course of a speech by another member, to move that the meeting be adjourned, but no motion for adjournment may be made within thirty minutes of a motion for adjournment having previously been rejected if the Board is still considering the same item of business.

6.11.2 A motion for adjournment shall have precedence over all other motions and, if moved and seconded, shall be put to the meeting without discussion or amendment.

6.11.3 If the motion is carried, the meeting shall be adjourned until the date and time, and at the venue specified in the motion. Unless the time and place are specified in the motion for adjournment, the adjournment shall be until the next ordinary meeting of the Board or relevant committee.

6.11.4 Where a meeting is adjourned without a time for its resumption having been fixed, it shall be resumed at such other time as may be fixed by the Chair.

6.11.5 When an adjourned meeting is resumed, the proceedings shall be commenced at the point at which they were interrupted by the adjournment.

6.11.6 The Chair may adjourn any meeting of the Board if he/she is of the opinion that the conduct of the meeting cannot properly be conducted by reason of disorder. Such adjournment shall be signified by the Chair rising and quitting the Chair and shall be for one hour or such shorter period as may be specified by the Chair at that time.

6.12 Duration of Meetings

6.12.1 Every meeting of the Board shall end not later than five hours after the time at which the Board commenced.

6.12.2 It shall, however, be competent, before the expiry of the time limit, for any member to move that the meeting be continued for such further period as deemed appropriate.

6.13 Questions

6.13.1 At any ordinary meeting of the Board, a member may put a question to the Chair or to the Chair of any standing committee relating to the functions of that committee, irrespective of whether the subject matter of the question relates to the business which would otherwise fall to be discussed at that meeting, provided that notice in writing of the question, duly signed, has been delivered to the Board Secretary (Board Services Manager), not later than ten working days before the meeting.

6.13.2 The original questioner may ask a supplementary question, limited to seeking clarity on an answer given.

6.13.3 No discussion shall be permitted on any question or answer which does not relate to an item of business otherwise falling to be considered at that meeting.

6.13.4 Questions of which notice has been given in terms of 6.13.1 above and the answers thereto, shall be recorded in the minutes of the meeting only if the questioner so requests, but any supplementary questions and answers thereto shall not be recorded.

6.14 Alteration or Revocation of Previous Decision

6.14.1 A decision shall not be altered or revoked within a period of six months from the date of such decision being taken.

6.14.2 Where the Chair rules that a material change of circumstances has occurred to such extent that it is appropriate for the issue to be

reconsidered, a decision may be altered or revoked within six months by a subsequent decision arising from:-

- A recommendation to that effect, by an executive member or other officer in a formal report; or

- A motion to that effect of which prior notice has been given in terms of notice of motions' requirements.

6.14.3 This Standing Order shall not apply to the ongoing progression or development of an issue on which a decision is required.

7. Press and Public

7.1 Business meetings of the Board shall be open to the press and public.

7.2 It shall be open to the Chief Executive, with the consent of the Chair, to show, on a separate agenda, any items which it is considered should be taken in closed session.

7.3 The Board shall reserve the right, at any time during a business meeting, to take an agenda item, or part of an item, in closed session.

7.4 Representatives of the press and members of the public admitted to meetings of the Board shall not be permitted to make use of photographic or recording apparatus of any kind.

7.5 Except as provided for above, no communications, pronouncements or information shall be made or released on behalf of or in the name of the Board and/or any of its committees to any person, other body or bodies, press or other media except by or through the Chair, Chief Executive or other officer authorised to so do by the Chief Executive.

8. Board Minutes

8.1 The minutes of the proceedings of each Board meeting shall be drawn up on behalf of the Chief Executive and kept as a permanent record. The names of members present shall be recorded in the minutes.

8.2 Where a member attends part of a meeting only, the minutes shall show, under the list of those attending, the items for which that member was present.

8.3 Copies of the minutes shall be sent to members prior to the next meeting at which the minutes are submitted for approval.

8.4 The minutes shall be submitted for approval at the following Board meeting and, subject to any agreed amendments, shall be signed by the Chair as a true record.

8.5 Approved minutes of Board meetings may be made available to interested parties, on request, at the discretion of the Chief Executive.

9. Committees of the Board

9.1 The Board has established the following five standing committees:

- Audit Committee
- Educational and Research Governance Committee
- Finance and Performance Management Committee
- Remuneration Committee (Sub-Committee of the Staff Governance Committee)
- Staff Governance Committee

9.2 All of the standing committees shall consist of, or have a majority of, non-executive Board members.

9.3 The remits of the standing committees are included as an Appendix to the Standing Orders.

9.4 The Board shall establish such other standing committees as it deems necessary.

9.5 The Board shall appoint or re-appoint the members of any committees constituted by the Board at its discretion.

9.6 Any vacancy which occurs on any of these committees may be filled by the Board at such future meeting of the Board as may be convenient, and the person appointed to the vacancy shall hold office for the remainder of the term of the person in whose place she/he was appointed.

9.7 When a vacancy on a committee requires to be filled, the Board Chair shall formulate a proposal for the Board's consideration, following consultation with the Chair of the committee concerned.

9.8 The Board shall appoint the Chairs of its committees.

9.9 Minutes of the proceedings of a meeting of a committee shall be drawn up by the Executive Leads and, whenever practical, be submitted for adoption by the appropriate standing committee at the first ordinary meeting of the standing committee held after the date of the meeting of the committee.

9.10 The Board may delegate aspects of its functions to its standing committees. Any delegation shall be specified clearly in the remit approved by the Board for the standing committee and may include the authority to appoint a sub-committee and to authorise Board officers to exercise specified responsibilities on behalf of the standing committee.

9.11 Notwithstanding any delegation of authority, the Board reserves the right to review and, if necessary, alter decisions made by its standing committees, in appropriate circumstances. A schedule of decisions reserved for the Board is included under Section 11 of these Standing Orders.

9.12 No expenditure shall be incurred by a committee without the consent of the Chief Executive.

9.13 The quorum of a standing committee of the Board shall normally be two non-executive members.

9.14 Each standing committee shall normally meet four times per year.

9.15 Orders relating to procedures for business of the Board shall apply, as appropriate, to committees of the Board.

10. Amendment or Suspension of Standing Orders

10.1 Any one or more of these Standing Orders may be suspended at any meeting of the Board, by the agreement of the Board, whether by consensus or by invoking formal voting procedures.

10.2 These Standing Orders may be amended at any time by a decision of the Board.

11. Schedule of Decisions Reserved for the Board

The Board shall reserve to itself decisions on all matters of and pertaining to its powers, responsibilities and functions and the making, application and execution of its policies, except where explicitly delegated, including:-

- Strategy, business plans and budgets
- Standing Orders
- Standing Financial Instructions
- The establishment of terms of reference and reporting arrangements for all sub-committees acting on behalf of the Board
  - Approval of Annual Report and Accounts
  - Financial and performance reporting arrangements

- The foregoing list shall not be held as exhaustive and may be altered or extended at any time as the Board may deem necessary.

12. Schemes of Delegation

12.1 Without prejudice to its overall authority, the Board delegates to its Chief Executive all matters not particularly reserved by the Board for its own decision and in particular the Chief Executive shall have overall responsibility for the effective management, commissioning and purchasing functions of the Board.

12.2 The Board may delegate its responsibilities for the conduct of its business to committees, to individual directors, or to senior officers.

12.3 The Board may also delegate the responsibility for certain matters to the Chair for her/his action. In such circumstances, the Chair's action should be homologated at the next ensuing ordinary meeting of the Board.

12.4 The Board has a responsibility to prepare and submit corporate and financial plans in accordance with the requirements of the Scottish Government.

12.5 The Board's Scheme of Delegation is to be found within the Standing Financial Instructions.

13. Exclusion from Delegations

There shall be excluded from any delegation:

- The incurring of expenditure for which no provision or insufficient provision has been made in the budget of NES;

- The dismissal of executive members of the Board, and other senior members of staff, where the filling of the posts concerned requires the involvement of non-executive members of the Board;

- The making, alteration and revocation of the Code of Corporate Governance;

- Any matter involving the determination of differences between committees.

14. Review of Standing Orders

The Board shall normally review its Standing Orders every three years, usually at the March meeting

NHS Education for Scotland
February 2018
DJF

NHS Education for Scotland

Board Paper

1.   Title of Paper

Caldicott Guardian 2019-2020 Annual Report

2.   Author(s) of Paper

Dr David Felix, Postgraduate Dental Dean, Caldicott Guardian

Tracey Gill, Senior Specialist Information Analyst – Information Governance & Security/DPO

3.   Purpose of Paper

To provide the Board with assurance around NES compliance with the Caldicott Principles.

4.   Key Issues

The risk of inappropriate disclosure of patient identifiable data has increased over 2019-2020 as result of the significant shift in NES's role and responsibilities regarding the processing of patient-identifiable data. This shift corresponded with the implementation of Turas Family Nurse Partnership (FNP) and the inception of the National Data Platform (NDP).

There continues to remain a risk in Dentistry, Medicine and Pharmacy around the use of e-Portfolios and video consultations. Postgraduate Deans, tutors and advisers continue to maintain high awareness of the risk, ensure "at risk" groups are kept aware of their obligations and employ new technology wherever possible to minimise the risk.

5.   Recommendation(s) for Decision

The Board is invited to note the content of the report.

Caldicott Guardian 2019-2020 Annual Report

Contents

Introduction:

1. *"The Caldicott Guardian plays a key operational role in ensuring that NHSScotland and partner organisations satisfy the highest practical standards for handling patient identifiable information."[1]*

2. The Caldicott Guardian acts as the 'conscience' of the organisation and has responsibility for reflecting patient's interests in the use of their data, ensuring that their information is shared appropriately and securely, and to advise on options for the lawful and ethical processing of patient-identifiable data.

3. 2019-2020 saw a significant shift in NES's role and responsibilities regarding the processing of patient-identifiable data. This Caldicott Guardian report will provide:
   - an outline of all new patient-identifiable data processing undertaken within NES in 2019-2020;
   - an outline of all patient-identifiable data processing in support of COVID-19;
   - overview of incidents and information breaches that involve patient-identifiable data;
   - review of activity across NES Directorates with regards to the management and processing of patient-identifiable data; and

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[1] [NHSScotland Caldicott Guardian's Principles into Practice](#)

New patient identifiable data processing – 2019-2020:

4.   For all new processing of patient-identifiable data, Directorates are required to complete the required Information Governance documentation before the system goes live. Two core assessments must be completed, a Data Protection Impact Assessment (DPIA) and a System Security Policy (SSP).

5.   The DPIA aims to identify and minimise any data protection risks associated with a project, and will:
- describe the nature, scope, context and purpose of the processing;
- assess necessity, proportionality and compliance measures;
- identify and assess risks to individuals; and
- identify any additional measures required to mitigate those risks.

6.   The SSP is designed to address technological risks, and to demonstrate that the appropriate technological security controls and measures are in place to ensure the safe and secure processing of patient-identifiable data.

7.   The appropriate Information Governance impact assessments have been completed for the following programmes of work detailed in this report.

8.   NES is identified as either a 'Data Controller' or a 'Data Processor' for each of the systems within this report.

> GDPR Article 4(7) defines an 'Data Controller' as *"...the natural or legal person, public authority, agency or other body which, along or jointly with others, determines the proposes and means of the processing of personal data…"*[2]

> A 'Data Processor' is defined as *"…a natural or legal person, public authority, agency or other body which processes personal data on behalf of the controller."*[3]

NES Digital Directorate:

Family Nurse Partnership:

9.   Turas FNP is designed to support the Family Nurse Partnership (FNP) programme in Scotland. FNP is an evidence-based, licensed programme designed to support young, first-time mothers and their children achieve positive health and social outcomes. FNP is now being delivered in 11 Territorial Health Board areas in Scotland.

10.   Family Nurses capture a broad range of data relating to clients and their children. This data is used to monitor the quality delivery of the programme and to ensure that it is

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[2] GDPR Article 4(7)

[3] GDPR Article 4(8)

being delivered in line with the FNP licensing stipulations. Demographic and social information about clients is captured when they enrol on the programme and updated at regular intervals as they progress. Data relating to clients' physical and mental well-being, alcohol and substance use habits is also captured at regular intervals. Finally, a range of information relating to infant birth, growth, development, health care and nutrition is captured after clients deliver their children. Turas FNP is designed to allow capture of these data directly *via* on-screen interfaces (or transposition from paper data forms). It allows allocation of clients to Family Nurses and provides a powerful reporting facility, embedded within the interface, that allows Family Nurses, Nurse Supervisors, Local Managers and National Users to receive data reports that are appropriate to their job role and geographic location.

11. NES is the data processor on behalf of Scottish Government and NHSScotland Health Boards. The responsibility for the clinical and care governance of the patients involved in the FNP programme sits with the relevant territorial Board.

12. Following the successful rollout of the system in NHS Scotland, NES Digital has been contracted by Public Health England on a commercial basis over the next 5 years to deliver a version of the system for use with the Family Nurse Partnership programme in NHS England. The system is under development and expected to go live in September 2020. NES acts as the data processor in this arrangement and all appropriate information governance considerations are being worked through with Public Health England and will be in place before the system goes live.

13. The clinical and care governance sits with Public Health England. NES has provided the Turas FNP information governance documentation to support their governance procedures and the completion of NHS England Information Governance Toolkit, which is a mandatory requirement within NHS England.

14. A Data Processing Agreement (DPA) will be put in place between NES and Public Health England. The DPA sets out the obligations of the data processor and defines the data to be processed, the duration of the processing, the nature and purpose of the processing to be undertaken.

15. The FNP England project board includes the FNP National Unit Director, the FNP National Unit Nurse Consultant and the project team includes representation from the FNP National Unit Clinical Quality Improvement team. The Clinical Quality Lead ensures that the clinical aspects of the system are covered in terms of data capture, workflow, data migration, training and reporting.

NES Digital Services (NDS):

ReSPECT:

16.   To enhance Anticipatory Care Planning across Scotland, NES Digital Services (NDS) have developed the ReSPECT application. This application is based on the Resuscitation Council UK's process and form. The application aims to digitise the information captured during a conversation between a patient and their family and their clinician (both in primary and secondary care) about the patient's wishes relating to future care. To fully support Anticipatory Care Planning – the up to date information captured during the ReSPECT conversation should be available across health and social care: within the hospital (for acute or emergency care), within the community health (within GP, hospice or social care), more broadly (from Out-Of-Hours GP cover, Scottish Ambulance Service, NHS24) and directly to the patient themselves.

17.   In the first phase of this programme NHS Forth Valley will be the only users of the system for patients within Forth Valley care. Forth Valley are the Data Controllers for the information contained within the ReSPECT system that relates to patients either resident or treated within the Forth Valley Board area. NES Digital Services will act as Data Processors on behalf of Forth Valley. NHS Forth Valley remain responsible for the clinical and care governance of the patients who have a ReSPECT form within the application.

18.   The clinical lead for ReSPECT, one of the NDS clinical leads trained in clinical safety, completed a clinical safety review in line with safety standard DCB0129. The standard covers clinical risk management for the manufacture* of health IT systems. Key risks were addressed prior to the application being made available. The clinical lead approved the changes made to mitigate the risks with the final clinical safety case report being approved by the NDS Director.

        *Manufacture means the development of an IT system.

        It is the responsibility of the deploying organisation to assess the clinical safety of the system prior to use. Refer to safety standard DCB0160 which covers the clinical risk management for the deployment of health IT systems.[4]

NDP Routing Service:

19.   This service facilitates the movement of information between NHS Scotland systems of record (clinical and administrative systems) on the SWAN network and digital service providers who offer applications located on the internet. The service allows

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[4] https://digital.nhs.uk/data-and-information/information-standards/information-standards-and-data-collections-including-extractions/publications-and-notifications/standards-and-collections/dcb0160-clinical-risk-management-its-application-in-the-deployment-and-use-of-health-it-systems

information to flow in both directions from NHS Scotland Health Boards to third party service providers and from third party service providers to NHS Scotland Health Boards. The routing service does not alter the information being transferred between the parties; it acts purely as a message router.

20. All data in transit is encrypted and the endpoints (the entry and exit points on the NDP) have been penetration tested by an independent accredited penetration testing organisation. The system security policy (SSP) for the NDP Routing Service contains details of the security controls.

21. A data protection impact assessment (DPIA) details the processing, data flows, individuals' rights and the privacy risks.

22. The overall technical solution involves collaboration between NHS Scotland Health Boards, NHS National Services Scotland (NSS) National Integration Hub, NES Digital Service (NDS) and the third-party service providers. This solution is used to support the modernisation of treatment and care practices using digital technology provided by third parties (*e.g.* virtual appointments, notification of clinical test results, providing information). The clinical and care governance remains with the territorial boards who decide to use third-party applications where messages are sent via the NDP Routing Service.

COVID-19 patient data processing activities:

23. The scope of this Caldicott Guardian report is for the year to 31 March 2020. However, it was considered appropriate to include a section on activities undertaken in response to the current Covid-19 pandemic. The information that follows in this section is for assurance and as a look forward to 2020-2021. A full report on these activities will be provided in next year's annual report.

NES Digital Directorate:

TURAS Clinical Assessment Tool:

24. As part of the Scotland response to the global coronavirus an SBAR-style COVID-19 assessment tool has been developed to be used across paramedic, emergency department, specialist assessment and treatment area, clinical assessment centre contexts to improve situational awareness, decision making, safety and handover.

25. The application allows clinical assessment data to be collected at the point of care, in real-time and in a structured format. Capturing the data in a structured way means it can provide immediate analytics to clinicians, clinical leaders and senior managers and can also be integrated with other systems very easily.

26. The application has been developed in a partnership between NES Digital, NHS GG&C, Day Six, NDS, DHI and SAS.

27. NES Digital were able to leverage existing capability, processes and technology *via* their Turas Platform to deliver the application quickly, securely and safely. Work started on the application on the 15th March and it is currently live in Community Assessment Centres and QEUH in NHS GG&C with approval in place to roll out to further hospital contexts. Trials have also taken place of a prototype "wireframe" version of the product in care home settings which allows the eventual functionality of the application to be tested inexpensively by the people who will use it.

28. NES is a data processor for the information processed within this application. An initial Rapid IG Assessment form has been augmented with the following processes and resulting documentation:
    - Full System Security Policy
    - Full system security penetration testing by a 3rd party to compliment NES Digital's internal security testing
    - Data Processing Agreement between NES and GGC
    - GGC and NES are in the process of completing DPIAs

29. The application was co-developed by a number of key clinical stakeholders:
    - David Lowe (Consultant in Emergency Medicine – GGC)
    - Andrew Winter (Consultant in Sexual Health & HIV Medicine & Joint Clinical Lead for e-Health – GGC)
    - John O'Dowd (Clinical Director & Consultant in Public Health Medicine – GGC)
    - Kevin Thomson (Consultant in Emergency Medicine & Retrieval – GGC)
    - Matthias Rohe (GP and Speciality Registrar in Public Health – GGC)
    - Stuart Sutton (Clinical Director – Renfrewshire H&SCP)

30. Throughout the development process the application was iteratively refined to reflect clinical feedback. During the pilot and live phases clinicians fed back on the usability of the application and its completeness to reflect (document) the clinical interaction. There continues to be a clinical oversight group that review change requests and prioritise future developments.

31. The clinical and care governance sits with the territorial board (GGC).

NES Digital Services (NDS):

Shielding for vulnerable citizens:

32. The Shielding SMS Service facilitates support to Scotland's most vulnerable citizens during the pandemic (Shielded Group circa 150k). The service allows two-way communication between service planners/providers and the Shielded population.

33. The service is not clinical. For those who register for the service, they:
    - can request, or stop, food deliveries
    - can request priority shopping deliveries
    - will receive informational messages
    - may be willing to take part in research to evaluate service provision and future needs.

34. The Shielded population has been identified by NSS with some additions from local authorities based on the groups defined by the SG. NES has not determined who should be part of this group; we only receive the cohort. Clinical responsibility rests with NSS and the organisations they have liaised with to determine who is in the shielded group.

35. NES hold the name, address and phone number for those in the Shielded population. There is no clinical or health data held within NES for this service. NES will know that people in this group meet the criteria to be in one of the groups but not which group they were identified in. The groups are:
    - Solid organ transplant recipients
    - People with specified cancers
    - People with severe respiratory conditions
    - People with rare diseases
    - People on immunosuppression therapies
    - People who are pregnant with underlying conditions
    - People who are receiving renal dialysis

36. NES shares personal data with Brakes, local authorities (x32) and supermarkets (x6) in order for them to provide their parts of the overall shielding service. The legal basis for NES to share this data with other organisations is GDPR articles 6.1(e) task carried out in the public interest and 6.1(d) protect the vital interests of a data subject. Data sharing agreements are in place covering the use of the shared data.

37. Section 5 of the Data Protection Impact Assessment (DPIA) contains full details of the information provided to notify those shielding of the data sharing involved.

38. Aggregate data has been used to monitor service levels and used by the Scottish Government to ensure public accountability.

39. This work is being undertaken in partnership with the Scottish Government and National Services Scotland (NSS). NSS created the list of shielded citizens. NES are data controllers for the information processed as part of the shielding support service.

Eyecare:

40. The Scottish Government's National Ophthalmology Workstream (NOW) recognises the need for an ophthalmology Electronic Patient Record (oEPR) to reform eyecare

services and to replace largely paper-based records. The electronic capture of clinical, audit and follow-up data are noted as vital to eliminating irreparable sight-loss by patients on waiting lists, and to facilitate greater shared care across the primary and secondary eyecare interface.

41.   During the COVID-19 pandemic Emergency Eyecare Treatment Centres were created, and this accelerated the need for an oEPR and the sharing of information between NHS Scotland ophthalmologists and community-based optometrists. The project is being implemented as two phases. Phase 2 is not COVID-19 related but relates to the original request before the pandemic.

42.   Phase 1: Rapid introduction of a shared patient record to support emergency eyecare during the COVID-19 pandemic – this was introduced using a standalone version of OpenEyes, a leading open source electronic patient record (EPR) for ophthalmology configured with an emergency pathway for the users. Phase 1 is live in NHS Grampian and Forth Valley. NES is the data processor on behalf of the Health Boards and Optometry practices. The Boards have data sharing agreements in place between themselves and local optometry practices.

43.   The clinical and care governance remains with the territorial boards and optometry practices who treat the patients.

44.   The clinical lead for Eyecare, who is the Scottish Government's clinical lead for the national project and is a consultant ophthalmic physician, completed a clinical safety review in line with safety standard DCB0129[5]. The standard covers clinical risk management for the manufacture of health IT systems. Key risks were addressed prior to the application being made available. The clinical lead approved the changes made to mitigate the risks with the final clinical safety case report being approved by the NDS Director.

45.   It is the responsibility of the deploying organisation to assess the clinical safety of the system prior to use. Refer to safety standard DCB0160[6] which covers the clinical risk management for the deployment of health IT systems.

46.   Phase 2: Will see the implementation of a comprehensive oEPR (across Scotland), involving full deployment of the OpenEyes product including integration with existing hospital and community-based IT systems. During Phase 2 NHS NSS Practitioner and Counter Fraud Service (P&CFS) Division will be provided with access to the data to allow for investigation of potentially fraudulent activity.

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[5] https://digital.nhs.uk/data-and-information/information-standards/information-standards-and-data-collections-including-extractions/publications-and-notifications/standards-and-collections/dcb0129-clinical-risk-management-its-application-in-the-manufacture-of-health-it-systems
[6] https://digital.nhs.uk/data-and-information/information-standards/information-standards-and-data-collections-including-extractions/publications-and-notifications/standards-and-collections/dcb0160-clinical-risk-management-its-application-in-the-deployment-and-use-of-health-it-systems

National COVID-19 test result notification and COVID-19 simple tracing tool:

47.   The COVID-19 National Notifications Service (NNS) provides an electronic means of notifying patients of National COVID-19 test results – both positive and negative. This removes the need for manual contact (for negative results) and frees capacity within the service. This allows more tests per day and to focus valuable resources on managing patients who test positive. This work is being undertaken in partnership with National Services Scotland (NSS) (ECOSS[7] and National Integration Hub) and StormID[8] (Lenus platform[9]).

48.   The NNS takes a copy of an existing virology results data feed from the ECOSS system and processes this through the NSS National Integration Hub, the NES National Digital Platform, and onwards to the internet-facing Storm Lenus platform.

49.   The StormID 'Lenus' health and care platform receives the Covid-19 results data and provides the notification service for patients. It includes a secure login service and business logic to process and notify test results to patients.

50.   External digital message services *via* Gov.UK Notify (UK Government Digital Service) – subcontractor to StormID Ltd. Within the NNS, the Notify service provides outbound SMS and email messages to patients advising them to log into the NNS to view their Covid-19 results.

51.   The Simple Tracing Tool (STT) extends the NNS architecture to include the ability for NHS Scotland staff conducting contract tracing telephone interviews to enter contact tracing information for those patients with positive results, and to view the submitted contacts and their relative priority level to enable targeted phone-based interviews to be arranged.

52.   The clinical and care governance remains with the territorial boards who use the NNS and STT applications.

Emergency Anticipatory Care Planning (eACP):

53.   Anticipatory Care Planning is about individual people thinking ahead about their care preferences should they become unwell and unable to express their wishes. It is about having conversations with people about what matters to them and helping them to make informed choices about how and where they want to be treated and supported. NDS are undertaking this work in collaboration with Healthcare Improvement Scotland (HIS).

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[7] ECOSS – Electronic Communication of Surveillance System which captures lab results from diagnostic and reference laboratories for analysis by Health Protection Scotland surveillance teams.
[8] StormID – a commercial organisation that designs, develops and delivers digital services.
[9] Lenus platform – an internet-based healthcare platform delivered by StormID

54.   The initial product is for a web application which allows healthcare professionals in Boards to record the outcomes of ACP conversations with individuals. The application is designed to enable the conversation, not just the capture the data. The data will be stored in the National Digital Platform (NDP). The Essential ACP guidance and template document provides help for the healthcare professional leading the conversation and the questions to ask. Once captured, the data will be shared with the citizen's general practitioner to enable information to be added to the Key Information Summary (KIS). This product will launch shortly. NES will be data processors on behalf of the NHSScotland Boards who deploy the eACP.

55.   The territorial boards remain responsible for the clinical and care governance of the patients who have an Essential ACP form within the application.

56.   The clinical lead for Essential ACP will complete a clinical safety review in line with safety standard DCB0129. The standard covers clinical risk management for the manufacture[10] of health IT systems. Key risks will be addressed prior to the application being made available.

57.   The clinical safety process covers:
•   Defining what is in scope for being assessed, for example, the whole application or only a single function
•   Identifying the potential hazards (i.e. the potential sources of harm to the individual) that the application could introduce
•   Assessing the likelihood of that harm occurring and the severity of the harm
•   Identifying the controls to be put in place to mitigate the potential harm occurring or its severity
•   Checking that the controls have been introduced and reviewing that they have not created further hazards.

58.   The clinical safety process is led by the clinical lead for Essential ACP. The clinical lead will discuss clinical safety, the potential hazards and controls with the designers and developers of the application. Where necessary, further clinical advice will be sought.

59.   The outcome of the process is a clinical safety case report. This report presents the evidence that clinical safety has been considered during its development and that the system does not pose an unacceptable level of risk of harm to patients.

60.   It is the responsibility of the deploying organisation to assess the clinical safety of the system prior to use.

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[10] Manufacture means the development of an IT system

Incidents involving patient identifiable data:

61.   A Personal Data Breach is defined as:

"…a breach of security leading to the accidental or unlawful destruction, loss, alteration, unauthorised disclosure of, or access to personal data transmitted, stored or otherwise processed"[11]

62.   Personal data breaches can include:
- access by an unauthorised third party;
- deliberate or accidental action (or inaction) by a data controller or data processor;
- sending personal data to an incorrect recipient;
- computing devices containing personal data being lost or stolen;
- alteration of personal data without permission; and
- loss of availability of personal data.

April 2019: Missing tablet

63.   As part of the requirement for funding for Independent Prescribing course fees, NES requests qualified pharmacists who have undertaken or are currently undertaking their Independent Prescribing qualification to submit consultations with patients as an assessment outcome measure of their consultation skills training. These assessments are video recorded and held on an encrypted password protected tablet.

64.   A Samsung Galaxy tablet owned by NES Pharmacy, had been collected by couriers for delivery to NES Pharmacy in Central Quay. The tablet held video recordings of a pharmacist and two patient medication review consultations for the purpose of training and development. The courier package containing the tablet was not received by NES Pharmacy.

65.   A full investigation was undertaken by the courier, and they were unable to confirm collection of the package containing the tablet and advised that they had exhausted their investigation procedures.

66.   On the understanding that the tablet was encrypted, and password protected, NES considered this to be a non-reportable data breach to the Information Commissioner's Office. This decision was based on Article 26 of the Data Protection Working Party Guidelines on personal data breach notification:

"…a confidentiality breach involving properly encrypted personal data may not need be notified to the supervisor authority. This is because such a breach is unlikely to pose a risk to individuals' rights and freedoms. This of course means that the individual would not need to be informed either as there is likely no high risk. However, it should be borne in mind that while notification may initially not be

[11]https://ico.org.uk

required if there is no likely risk to the rights and freedoms of individuals, this may change over time and the risk would have to be re-evaluated. For example, if the key is subsequently found to be compromised, or a vulnerability in the encryption software is exposed, then notification may still be required".[12]

December 2019: Disclosure of patient data

67.   Unredacted screenshot containing personal information relating to a child and their vaccination history was inadvertently used in three presentations between September 2018 and October 2019. Two of the presentations were uploaded to YouTube, and one shared via Twitter. The source of the personal information was identified to have come from a presentation given to NHS Scotland Chief Executives by another NHS Board. It was therefore assumed by NES staff to have been dummy or anonymised data.

68.   A notification of awareness was raised with the ICO in January 2020. A joint letter of notifying the guardians of the data subject of the data breach was issued by NES and National Services Scotland. To date no response to the notification has been received from the ICO.

December 2019: System configuration

69.   Live patient data was sent to a test system exposed to the Internet. This was caused by an error introduced as part of a system change to the NDP Routing Service.

70.   The incident was caused by a routing parameter, which tells the system where to send the message, being set to a test environment value instead of the production value.

71.   The incident involved a small number of messages which, once the error was corrected, were resent successfully. No patient harm was caused. This specific incident took under 30 minutes to resolve. No reporting to the ICO or the patient was required due to the small number of messages and that the error was resolved immediately. It was considered that there was no risk to the rights and freedoms of the patients whose data was involved.

72.   Article 33(1) of GDPR states that a personal data breach should be notified to the *"…supervisory authority competent in accordance with Article 55, unless the personal data breach is unlikely to result in a risk to the rights and freedoms of natural persons."[13]*

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[12] Article 29 Data Protection Working Party – Guidelines on Personal data breach notification under Regulation 2016/679
[13] GDPR Article 33 (Notification of a personal data breach to the supervisory authority)

73. Investigation into the cause of the incorrectly set parameter took place. The system setup made it difficult to review and validate the configuration. System changes were made to make it easier for a second person to review configuration values prior to release to the live environment. This mitigates against the situation happening again.

March 2020: Missing Tablet

74. A second incident of an iPad reported missing following collection by the couriers from a community pharmacy. The iPad contained three pharmacist consultations with patients. The iPad was similar to the April 2019 data breach, was encrypted, and the content could be remotely wiped if there was an attempt to log onto the iPad.

75. The courier advised that they had subcontracted the service to another courier company servicing the Highlands and Islands. Due to adverse weather the ferry companies were not operating, and then the COVID-19 pandemic had impacted on staffing, resulting in the iPad being lost within the system.

76. On the basis that the iPad was encrypted and remotely managed through the NES Mobile Device Management (MDM) system, it was determined that the breach was non-reportable to the ICO, based on the Article 26 of the Data Protection Working Party Guidelines on personal data breach notification, and as previously considered for the April 2019 incident.

77. Pharmacy will no longer distribute iPads for this purpose and are working with NES Digital Operations to explore alternative methods for pharmacists to submit consultations with patients as an assessment outcome measure of their consultation skills training.

Directorate Updates:

Function/Activity:	NES use of, exposure to, patient data	Controls	Planned Actions 2020/2021
All Disciplines – ePortfolios and Significant Event Analyses	Risk of inadvertent inclusion of PII within ePortfolio content, placement logs, case studies or similar.	Trainees and practitioners made aware of the requirement to exclude PII in ePortfolio content, placement logs, case studies or similar products for reflective practice. Trainers/Mentors raise incidents of inappropriate PII use with trainee. There are systems in place to check no PII is present prior to making of portfolios or peer review of SEAs.	Programme Leads will audit a sample of ePortfolio content for incidents of PII inclusion.
All Disciplines – Sessional and Seconded Clinical Staff in NES	There is no additional access to PII by sessional staff (access to shared files is restricted).	Management and use of patient data are governed by the Caldicott and Information Governance controls of relevant Health Board. Clinicians are subject to professional ethical codes including relevant patient confidentiality.	
All Disciplines – Trainees in Clinical Environments	Trainees in clinical environments are not employed NES.	**Psychology:** Trainees are given guidance centrally by the Programme before moving to the clinical environment including confidentiality, data protection, record keeping *etc*. Further guidance given within Board mandatory induction training. Governance is delivered through Board IG systems, further enhanced checks by the Programme with Clinical Supervisors on trainee adherence (recording of notes etc).	

	Trainees engaging in evaluation/research will seek advice directly from Board Caldicott Guardian for advice/direction on use of information.	
	Pharmacy: Pharmacy PRPS trainees as part of core training approaches are continually remined that any case study material brought from practice and discussed at tutorials must have all PII removed. Tutorial Facilitators undertake proactive screening for any PII.	**Pharmacy:** Continue to emphasise Caldicott requirements and Code of Conduct on Confidentiality processes as part of PRPS Trainee training pathway.
	Dental: Dental Care Professional (DCP) Trainees receive and induction in early stages of their career and when commencing pre-registration training which provides guidance on confidentiality of patient information and the standards of conduct, performance and ethics that govern the dental profession. Trainees must apply these principles to their work and training. An educational agreement is signed by the trainee, employer and Lead DCP Tutor during programme registration to confirm compliance to these professional requirements. For Dental Vocational Trainees an Educational MoU between NES and dental trainees (VDP and VDT) explicitly covers Caldicott guidelines and is signed by all trainees. The VT Trainer-trainee contract covers the trainee's responsibility	**Dental:** Continue to emphasise Caldicott requirements and Code of Conduct on Confidentiality processes as part of induction programmes.

		under Caldicott and is signed by both trainer and trainee. Dental core and specialty trainees follow the information governance policies of their employing or placement territorial health board. This is covered in the induction programme.	
Medicine – General Practice Training – Consultation Peer Review	Consultation peer review, with the educational emphasis on patient centred consulting, is an important part of teaching both for doctors in training and established doctors returning to NHS practice. It has been incorporated into both Scottish Prospective Educational Supervisor Course (SPESC) and is a component of the NES Returners to General Practice Scheme. Consultations are viewed in the surgery, but occasionally these files are taken to district training sessions or calibration meetings elsewhere. GP returners are required to submit 4 consultations to the National GP Peer Review process.	Following GMC guidance all patients who have their consultations recorded are informed and sign a consent form both pre and post consultation. They can ask the GP/GPST to delete their consultation at any time thereafter. The data files are encrypted and delivered for peer review by a trusted hand or sent by registered post. GPs use standard digital video recorders and transfer the information to their secure NHS computers for this purpose. The digital recording is then transferred to an encrypted memory stick. All GPs and GPSTs making digital files of their consultations are made aware that they are responsible for the security of these files. GP returners follow the same processes. Practice data protection policies are reviewed as part of practice approval on a 3-yearly basis.	Peer review of consultations remains an important part of training both for new trainers and for GP trainees. Audio and video consultations have become the norm during the pandemic and are set to continue. We expect therefore, that videos and audio consultations will be increasing. The RCGP is working with an IT company to develop a platform that allows recording of consultations directly onto the platform without the need for transporting encrypted sticks. The requirements of SPESC will also be reviewed to ensure good practice.
Pharmacy – Pharmacist Consultations with patients	Patient consultations are video recorded for review by Pharmacist Independent Prescribers during and following training. This is an	Recordings stored on an encrypted memory tablet, which is sent to any pharmacist wishing to submit. Tablet data then downloaded by NES staff to encrypted sticks. Encrypted sticks sent by	Continue to explore opportunities to reduce exposure to PII. Continue to improve processes and log any incidents of non-compliance to the

	important part of teaching for pharmacists who are training to be or are qualified prescribers with the educational emphasis on patient centred consulting. The number of submitted consultations is approximately 140 per annum. Caldicott requirements and Code of Conduct on Confidentiality are elements of the Pre-Registration Pharmacist Scheme (PRPS) Programme. In relation to relevant programmes (Vocational Training Foundation Programme for Pharmacists, Vocational Training Foundation Programme for Pharmacy Technicians and GPCP delivery) students and tutors are advised that any submissions, paper or electronic, do not include PII. Caldicott requirements and Code of Conduct on Confidentiality will be formally covered in trainee and tutor training.	registered post to Peer Reviewers. Patients sign a consent form (based on GMC guidance) pre and post consultation and are free to ask the pharmacist to delete their consultation at any time thereafter. NES Pharmacy has 3 members of staff who have responsibility within their job description for managing this service. All have received appropriate awareness training regarding their responsibilities pertaining to Caldicott confidentiality and security. System for logging incidents of non-compliance to the encrypted procedure. Pharmacy PRPS trainees are continually reminded that any case study material brought from practice and discussed at tutorials must have all PII removed. Tutorial facilitators undertake proactive screening for any PII.	consultation encrypted procedure (working closely with IG/digital teams).
NMAHP – Turas FNP	One member of NES Digital staff is the national system administrator for Turas FNP. This role allows them to view all patient records within the system. This is necessary to	1) There is a full audit database which records every instance of a record being created, edited, deleted and *viewed* by every system user. This database can be queried on demand.	The Associate Director for NES Digital will conduct 6-monthly reviews of who has access to the live database hosted by NES and interrogate the audit log for appropriate access by NES staff.

	support the resolution of helpdesk tickets and the addition of new nurses or delivery teams within the system. They also produce analytical reports in response to ad hoc information requests from NHS Boards delivering the programme. A very limited number (2) NES Digital staff developing the application or providing technical responses to the most complex helpdesk requests have access to the live database.	2) The system administrator role can only view patient records 3) All helpdesk tickets requiring technical staff to view or even make changes to patient records are logged as items on Microsoft Azure Devops – NES Digital's work tracking system. 4) All NES Digital staff interacting directly with patient data undertake annual IG training plus additional annual advanced IG training.	
Psychology – Psychology of Parenting Project (PoPP)	PII held on the PoPP database includes data on the children and families enrolled in the national programme. The data is required to assess impact and reach. Arrangements are in place between the NHS National Services Scotland, Public Health Scotland and NES regarding storage and use of PoPP data held in the PoPP Database. The data is owned by NES, and the database has been built and maintained by NSS.	PII can only be accessed via a password protected role-based user account. Relevant staff are aware of their responsibilities to maintain confidentiality and have completed all necessary IG/Security training.	Hosting of the PoPP database continues to be transitioned from NSS to NES. Once the transition has been completed, the PoPP database will be held solely within NES and will no longer require an arrangement with NSS. Continue to explore opportunities to reduce exposure to PII, including regular audits of staff with access to the database to ensure that it is still appropriate for them to retain access. Continue to review the PII captured on the database to explore options to reduce the amount of PII collected.
Psychology – Physical Health	Videos of staff interviewing patients are embedded within a suite of Psychological	Filming and consent procedures for both projects were fully approved by information Governance staff. The consent	

	Awareness Training for the Heart (PATH) and Building a Shared Understanding (BASU) e-learning modules.	forms are stored in the Restricted drive on the Physical Health Workstream SharePoint site, as per protocol. PII is not collected as part of Accessible Depression and Anxiety Psychological Therapies (ADAPT) project but there is a risk of staff forgetting to remove PII before sending anonymised data to NES. This risk is managed by section one of this report.	
Psychology – Multisystemic Therapy (MST)	A single member of staff employed by NES but works in partnership with MST UK & Ireland to provide consultation and quality assurance to MST teams. The staff member has access to PII via internet-based sharing systems administered and upheld by MST UK & Ireland, MST services or Local Authorities in which teams are imbedded. Has access to and stores limited PII on NES systems in the following ways: • Records team supervision sessions on a digital recorder and uploads using NES laptop to an MST UK administered website then deletes recording from devise and laptop. • Accesses clinical paperwork (limited PII) via internet-based	NES and MST UK&I have Information Sharing Protocols in place with Local Authorities implementing MST. MST data reports and clinical documents are accessed through a secure web portal administered and upheld by MST UK and MST Services. Consultation recordings are uploaded to a secure web portal and then immediately deleted from the device and NES laptop; files remain available in the recycle bin for 90 days then become unrecoverable. The use of MS Teams and Skype for business to support home working during Covid-19 restrictions has been agreed by all parties involved and is compliant with current local and National guidance. PII is shared only with the minimum required information. Staff member completes the mandatory 'Safe Information Handling' course annually. Regular contact with the NES Information Governance Manager takes place where any guidance is required in the processing of information requests.	Continue to explore opportunities to reduce exposure to PII and undertake a review of the current PII captured on any NES systems or software to explore options to reduce the amount of PII collected and where this is not possible how this can be stored securely and in compliance.

system administered and upheld by MST UK&I and then produces handwritten clinical notes and uploads to NES OneDrive for archiving.

- Develops and stores supervision development plans with staff identifiable information on OneDrive.

During Covid-19 restrictions, the staff member has been using MS Teams and Skype for Business to undertake weekly consultations with MST teams. These calls are recorded and then uploaded to the internet-based system administered and upheld by MST UK&I and immediately deleted from NES laptop.

| NES Digital Service (NDS) | NDS has several live applications which involve the processing of PII (ReSPECT, Eyecare, DDAS and Shielding service). NDS are also to become involved in supporting the Covid-19 National Notification Service, and Track and Tracy policy. | NDS are a Data Processor on behalf of health boards for all live projects, with the exception of the 'Shielding' work where NDS are a Data Controller. The Information Security Forum, DPO and SIRO are sighted and have approved all live projects; each has DPIAs, SSPs, DPAs and SLAs in place. NDS has a small compliance team who are responsible for information governance <u>and</u> adherence to other compliance requirements (e.g. EQIA completion, digital first service standards, clinical safety assessments, software as a medical devise, accessibility). The compliance team will lead NDS's input to the ISPF review later in 2020. All NDS staff undertake the NES mandatory IG training, and this supplemented by additional training provided by the NDP compliance team. | This year will see the NDP move from MS Azure cloud to AWS cloud. This will involve significant technical work and will require a new SSP to be developed and approved, and the new platform undergoing pen. testing. Existing products will be rolled out to additional boards and new products will be added to the NDP portfolio (cancer treatment summaries, genomics database, anticipatory care plans, endocrinology). |

NES Digital – Turas FNP England	Once in production, National System Administration for this system will be devolved to the FNP Programme Team in England where they will have a very limited number of administrators who can view all patient records within the system. This is necessary to support the resolution of helpdesk tickets and the addition of new nurses or delivery teams within the system. A very limited number (2) NES Digital staff developing the application or providing technical responses to the most complex helpdesk requests will have access to the live database. This will be on a just-in-time basis in response to a logged request from the FNP England Programme.	1) There will be a full audit database which records every instance of a record being created, edited, deleted and *viewed* by every system user. This database can be queried on demand. 2) The system administrator role can only view patient records 3) All helpdesk tickets requiring technical staff to view or even make changes to patient records will be logged as items on Microsoft Azure DevOps – NES Digital's work tracking system. 4) All NES Digital staff interacting directly with patient data undertake annual IG training plus additional annual advanced IG training.	The Associate Director for NES Digital in their role as System Owner will conduct 6-monthly reviews of who has access to the live database hosted by NES and interrogate the audit log for appropriate access by NES staff. Development activity in FY20/21 beyond go-live will include incremental improvements to the system based on customer feedback and requests as part of our contractual agreement.

NES Digital – Turas Clinical Assessment	NES Digital staff do not have access to patient data via the user interface of the application. A very limited number (2) NES Digital staff developing the application or providing technical responses to the most complex helpdesk requests have access to the live database.	1) There is a full audit database which records every instance of a record being created, edited, deleted and *viewed* by every system user. This database can be queried on demand. 2) The system administrator role can only view patient records 3) All helpdesk tickets requiring technical staff to view or even make changes to patient records are logged as items on Microsoft Azure Devops – NES Digital's work tracking system. 4) All NES Digital staff interacting directly with patient data undertake annual IG training plus additional annual advanced IG training.	The Associate Director for NES Digital in their role as System Owner will conduct 6-monthly reviews of who has access to the live database hosted by NES and interrogate the audit log for appropriate access by NES staff. Development activity in FY20/21 will include incremental improvements to the system based on customer feedback and requests along with potential expansion of the system into care home and other NHSS patient contexts.

NHS Education for Scotland (NES)

Board Paper

1.   Title of Paper

NES Corporate Risk Register, including COVID-19 Risks

2.   Author(s) of Paper

Audrey McColl, Director of Finance/Acting Deputy Chief Executive

3.   Purpose of Paper

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

4.   Key Items

4.1   The paper presents the NES Corporate Risk Register as at July 2020, which has been re-scored, where appropriate, to reflect the impact of the COVID-19 pandemic on *existing* risks. No updates have been made to the risks since the May Board and June Board Development session.

4.2   An annex detailing the *additional* key risks identified for the organisation as a result of the impact of, and the NES response to, the COVID-19 pandemic is included. Since the May Board, **Risks 7 & 11** have been updated to include additional actions and information relating to the COVID-19 Accelerated Recruitment Portal (CARP). A new **Risk 16** has also been added as a result of NES employing students via the CARP who have been deployed to work in non-NHS placements such as care homes.

- Risk 7 Workforce - Additional information has been added to Control 2, in relation to the number of NES staff redeployed to support the COVID-19 Accelerated Recruitment Portal (CARP). A new action has been added confirming that NES is seeking direction from Scottish Government regarding future communications with CARP applicants. This action has also been added to the overall CARP risk for Workforce/Digital/Finance (Risk 11).

- New Risk 16 – relating to NES's employment of students in non-NHS placements.

4.3   The current situation is developing at such a pace that these risk evaluations are at a point in time and will continue to evolve. In order to ensure regular

management review, the COVID-19 risk register will be a standing item at each formal Executive team meeting.

5.   Educational Implications

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

6.   Financial Implications

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

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

A High Performing Organisation

8.   Impact on Quality Ambitions

Not directly applicable to this paper.

9.   Key Risks and Proposals to Mitigate the Risks

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

10.   Equality and Diversity

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

11.   Communications Plan

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

12.   Recommendations

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

AMcC
July 2020

Risk No.	Description	Risk Owner (Lead Director)	I x L	Inherent Risk	I x L	Residual Risk	Mitigating measures	NES Risk Appetite	I x L	Residual Risk
				Current Period					Last Period	
Strategic Policy Risks										
R1	Pressures on the system result in education and training being considered as less important.	NES Executive Team (Stewart Irvine)	4 x 4	Primary 1	4 x 4	Primary 1	1. NES Board to advocate and promote the importance of education and training 2. Revised NES Strategic Plan clearly articulates the importance of education and training to a sustainable workforce. This has been well received. 3.The residual scoring of this risk remains as Primary 1 and now reflects the risk associated, across the professional groups, with the effective restart of educational professional programmes. Detailed measures are reflected in Risk 1 and 2 of the attached COVID register.		4 x 4	Primary 1
R2	Scottish Government budgetary decision results in an uplift for NES that is less than cost pressures which in turn could mean NES Board are unable to balance expenditure	NES Executive Team (Audrey McColl)	5 x 5	Primary 1	4 x 4	Primary 1	1. NES Board approves annual budget which includes measures required to reach a balanced position. Monthly management accounts show actual performance against budget projections ahead of year-end 2. Monthly management accounts are reviewed by Directors and the Director of Finance allowing mitigating action to be taken to manage any overspend/ underspend 3. Close working underway with SG to address the underlying deficit resulting from the expansion of TGs and uplifts that have been less than cost pressures in this area. SG have agreed to underwrite the in-year deficit position. 4. Although the expectation is that the training grade deficit will continue to be funded - the national cost of COVID is expected to exceed the consequentials available from UK Treasury therefore there is a possibility of budget reductions for 2020/21 especially in relation to non-recurrent funding.	**Open (Score Range 10-12)**	4 x 3	Primary 2
R3	Policy development UK-wide and within Scotland (including as a result of COVID-19 pandemic), may have negative impact on NES's capacity to support attraction, recruitment and retention of the workforce; potential future workforce supply; and training progression.	NES Executive Team (Stewart Irvine)	4 x 4	Primary 1	3 x 3	Contingency	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 4. The ability to agree decisions on a 4 nation basis has been key during the COVID response. The detail of these decisions is included in the COVID appendix.		3 x 3	Contingency
R4	Challenges that Boards and other organisations have in meeting demand for staffing result in a negative perception of NES's involvement in the attraction, recruitment and retention of the workforce	NES Executive Team (Stewart Irvine))	4 x 4	Primary 1	3 x 4	Primary 2	1. Maintain clarity in relation to NES's role and influence - recent example is presenting a paper on PGMET to Chief Executives. A further paper was discussed at a Management Steering Group in September 2019. 2. Work with Boards to ensure optimal deployment of staff		3 x 4	Primary 2
R5	Changes in the landscape of health and social care and pressures in the system result in a risk that NES is unable to manage constructive relationships with key partners	NES Executive Team (Stewart Irvine))	4 x 4	Primary 1	3 x 4	Primary 2	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 manage relationships with other Board/organisational Chairs - Chair's regular Newsletter now being issued to other Chairs.		3 x 4	Primary 2
R16	The UK fails to achieve a trade deal with the EU by the end of 2020 and this results in disruption to NHS services	NES Executive Team (Stewart Irvine)	4 X 5	Primary 1	3 x 5	Primary 1	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		3 x 5	Primary 1
R17	The National Digital Platform is not delivered in line with the Digital Health and Care Strategy.	NES Executive Team (Geoff Huggins)	4 X 4	Primary 2	4 X 3	Primary 2	1. Working with SG to agree an 'Interim Commision' to give clarity on expectations re deliverables and timelines 2. Continued engagement with key stakeholders, despite challenges 3. Moving governance arrangements from a sub-Committee to a Standing Committee		4 x 3	Primary 2

Risk No.	Description	Risk Owner (Lead Director)	Current Period				Mitigating measures	NES Risk Appetite	Last Period	
			I x L	Inherent Risk	I x L	Residual Risk			I x L	Residual Risk
Operational/Service Delivery Risks										
R6	In the face of new and existing demands, NES is unable to allocate resources to support priority activities in an agile and responsive manner	NES Executive Team (Stewart Irvine)	5 x 5	**Primary 1**	3 x 4	**Primary 2**	1. Joint Senior Leadership & Senior Operational Group meeting has taken place to discuss efficiencies plan 2. Continued focus on improving processes to release capacity - with plans to support this with QI coaching 3. At a Strategic Level argument to be made about requirement to invest in workforce organisation.		3 x 4	**Primary 2**
R7	Turnover in key roles leads to loss of expertise/corporate knowledge resulting in negative impact on performance	NES Executive Team (Stewart Irvine)	4 x 4	**Primary 1**	3 x 3	**Contingency**	1. Key roles and succession plans to be reviewed by the Executive Team 2. Executive Team reviewing approach to Talent Management linked to workforce planning	**Open (Score Range 10-12)**	3 x 3	**Contingency**
R8	Organisational or other changes lead to dissatisfaction and disengagement of staff	NES Executive Team (Stewart Irvine)	4 x 4	**Primary 1**	3 x 3	**Contingency**	1. Strong partnership working arrangements in place and maintained through regular contact with the Employee Director and via the Change Management Programme Board.		3 x 3	**Contingency**
R9	Major adverse incident impacting on business continuity	NES Executive Team (Christopher Wroath)	4 x 4	**Primary 1**	2 x 4	**Housekeeping**	1. Disaster Recovery Plan and Business Continuity Plans have been approved by the Executive Team 2. The plans have been tested in a desk top exercise and recommendations have been written up and considered by the ET		2 x 4	**Housekeeping**
Finance Risks										
R10	The complexity of the NES budget results in year-end underspend giving the impression that NES Is overfunded	NES Executive Team (Audrey McColl)	4 x 5	**Primary 1**	3 x 3	**Contingency**	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. For 2020/21 budget this assumes no material changes which impact the Scottish Budget (6 Feb) from the UK budget which will be released on 11 March. The budget will need to be reviewed when we have an approved Annual Operating Plan and the financial impact of COVID on the 2020/21 budget requirement is clearer.	**Averse (Score Range 1 - 3)**	3 x 3	**Contingency**
R11	NES is unable to identify in year savings required to balance budget and therefore has year-end overspend	NES Executive Team (Audrey McColl)	4 x 5	**Primary 1**	3 x 3	**Contingency**	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. For 2020/21 budget this assumes no material changes which impact the Scottish Budget (6 Feb) from the UK budget which will be released on 11 March. The budget will need to be reviewed when we have an approved Annual Operating Plan and the financial impact of COVID on the 2020/21 budget requirement is clearer.		3 x 3	**Contingency**

Risk No.	Description	Risk Owner (Lead Director)	I x L	Inherent Risk	I x L	Residual Risk	Mitigating measures	NES Risk Appetite	I x L	Residual Risk
				Current Period					Last Period	
Reputational/Credibility Risks										
R12	NES is not able to demonstrate the impact from the interventions that it has developed and delivered: Scottish Government guidance has required necessary reprioritisation of organisational activities in response to Covid-19.	NES Executive Team (Stewart Irvine)	4 x 5	Primary 1	3 x 4	Primary 2	1. Directorates have focused on contingency planning and arrangements for paused work. 2. UK based guidance from Statutory Education Bodies has informed education and training remediation responses. 3. Some core areas of education and training have been maintained/adapted to mitigate long-term impact to workforce supply. 4. Scottish Government guidance to NHS Boards will shape recovery phase requirements. 5. NES Recovery Plan will focus on three-phased approach: to prioritise delivery of critical activities in short-term; resume delivery in medium term; and consider improvements to business model in longer-term. 6. Annual Operational Plan, incorporating desire outcomes, will form baseline for organisational activities post-COVID-19. 7. Planning systems require all activities to include anticipated desired outcome 8. Desired outcome measured 9. Readiness to 'fail fast' rather than pursue initiatives that aren't working	Cautious (Score Range 4 - 9)	3 x 4	Primary 2
R13	NES does not deliver leading to a loss of reputation and confidence from stakeholders. Uncertainty in health and social care as a result of COVID-19 may lead to difficulties responding to service demands and needs.	NES Executive Team (Stewart Irvine)	4 x 5	Primary 1	3 x 3	Contingency	1. NES organisational activity has been refocused to support frontline services and implementation of the NES Local Mobilisation Plan (addendum to draft NES Annual Operational Plan). 2. Work has been undertaken with NHS Boards, statutory education bodies in the four nations, and professional regulators, to mitigate disruption and allow trainees/learners to progress where possible. 3. In consultation with statutory bodies across the four nations, recruitment procedures have been put into place to enable recruitment to operate effectively under current restrictions and support workforce supply chain. 4. Management of stakeholder expectations in relation to NES capability to deliver and support new systems developments. 5. Review of Operational Plan targets to identify and plan priorities in the recovery phase. 6. Ensure targets set are SMART and also have resources allocated to them to support delivery 7. Ensure Chief Executive, NES Directors, Board and standing committees have access to regular management reporting		3 x 2	Contingency
Accountability/Governance Risks										
R14	Failures in Board processes lead to corporate governance non-compliance and loss of credibility with Scottish Government e.g. failure to comply with statutory and/or other requirements, failures in financial/audit/staff governance/educational quality procedures	NES Executive Team (Donald Cameron)	5 x 5	Primary 1	2 x 2	Housekeeping	1. Standing committees responsible for each governance domain 2. Each committee provides annual report to Audit Committee 3. Comprehensive programme of internal audit 4. An Assurance framework has been developed in line with the 'Blue Print for Governance' and the Assurance and Audit Committee Handbook	Averse (Score Range 1 - 3)	2 x 2	Housekeeping
R15	NES has a breach of Information Governance requirements resulting in loss of data and/or negative publicity	NES Executive Team (Christopher Wroath)	4 x 5	Primary 1	4 x 2	Contingency	1. Statutory and relevant data security processes in place, with specific reference to the new General Data Protection Regulations. 2. Specific additional policies, procedures and practices being put in place to ensure robust security applies to the National Digital Platform.		4 x 2	Contingency

Risk No.	Description	Risk Owner (Lead Director)	I x L	Inherent Risk	I x L	Residual Risk	Mitigating measures	NES Risk Appetite	I x L	Residual Risk
				Current Period					**Last Period**	
R18	Impact to NES operations, staff and stakeholders as result of Coronavirus pandemic.	NES Executive Team (Stewart Irvine)	5 x 5	**Primary 1**	4 x 5	**Primary 1**	1. Immediate implementation of emergency planning arrangements including NES Business Continuity Plan, Mobilisation Plan and Communications Plan. On-going review, monitoring and update in response to UK and Scottish Government guidance and latest developments. 2. NES Resilience Co-ordinating Team in place and operational. 3. Strategic deployment and enablement of remote access technology to support meetings and decision-making; operational activities; and staff working from home 4. Reporting protocols agreed and implemented. 5. Dissemination and cascade of organisation-wide communications across key platforms.		4 x 5	**Primary 1**

Operational/Service Delivery Risks

Risk No.	Directorate	Risk Title	Cause	Effect	Inherent Priority I x L	Residual Priority I x L	Mitigation Measures (Controls/Actions)	NES Risk Appetite
1.	NES Clinical Directorates: • Medical • NMAHP • Dental • Pharmacy • Optometry • Healthcare Science • Psychology **Risk Owner (Lead Director):** Stewart Irvine	Interruption/delay /adverse impact to training programme delivery including Scottish Government mandated training	• Cancellation of required courses • Cancellation of required professional examinations • Reduced clinical experience and training capacity due to: cancellation of routine clinical activities; redeployment of trainees to different clinical duties; absence from work due to self-isolation or illness	• Disruption to training leading to delays in training progression • Slippage to recruitment and training plans • Financial implications as a result of extensions to training and support • Training capacity issues • Negative impact on service delivery • Potential future workforce supply issues/gaps • Uncertainty around non-recurrent funding	**Primary 1** **4 x 4**	**Contingency** **3 x 3**	**Medical: Cancellation of professional examinations** **Control**: Scottish Government funding secured for 6-month extension to training for 86 trainees unable to complete RCGP (Royal College of General Practitioners) examination. Four-nations and RCGP collaboration to develop an alternative method for completion of this examination via video recordings. Agreement reached on alternative examination to be held in July and a submission is being made to the GMC on 6 May 2020 for approval. Scotland Deanery will provide support for trainers and trainees on the alternative examination. **NMAHP**: **Delay to pre and post registration commissioned programmes (by NES or Scottish Government).** **Control**: Questionnaire issued to the Nurse Directors and Clinical Education Leads seeking their priorities and risks associated with delayed programmes. Following return of questionnaire, NMAHP will talk to CNOD (Chief Nursing Officer's Directorate) about priorities and funding availability. This early anticipation of issues should assist with forward planning to reduce effect of risk. **Denta**l: **Interruption to supply of workforce (especially Dental Vocational Trainees but also Core and Specialty and Dental Nurses).** **Control (1)** Vocational Training: Online resources have been identified/developed to provide alternatives to study day activities and requirements, as well as some aspects of evidence required for Satisfactory Completion. **Action (1)** Adjust existing students' training plans. **Action (2)** Review the teaching and assessment schedules. **Action (3)** Delay commencement of new Dental Care Professionals (DCP) programmes until further guidance provided. **Action (3)** Revise financial planning predictions in relation to the Modern Apprenticeship in Dental Nursing funding. **Action (4)** Confirm numbers of staff who are still in employment and require training when new programmes can commence. **Action: (5)** Adapt teaching and assessment approaches utilising online technologies in line with awarding bodies requirements. **Action (6)** Extension of training where necessary to allow trainees to pass examinations or gain required competences. **Action (7)** Continuation of recruitment processes, although some are being delayed. There will also be increased flexibility for Specialty training start dates. **Action: (8)** Trainee progress will be monitored through existing process and training network **Action (9)** The potential to deliver mandatory training online is being explored as is the ability to invigilate the Test of Knowledge assessment which must be passed within six weeks of attending the knowledge component. **Pharmacy: Potential workforce gaps and extended training support required for the 2019/20 200 PRPS (Pre-registration Pharmacist Scheme) trainees** **Control (1)** Continuing dialogue with General Pharmaceutical Council and relevant partners/stakeholders to influence direction and outcome. **Control (2)** Continuing to work with Finance colleagues and Scottish Government on the financial impact of all potential scenarios under review. Funding options request being submitted to Scottish Government by 22 May 2020. **Control (3)** Continuing to review communications from and with trainees and employers, particularly recognising the additional strain on the frontline service at this time. **Control (4)** Continuing to engage with a three-nation response to impact across the Pharmacy profession. **Cont'd over/**	**Open (Score Range 10 – 12)**

| 1. / Cont'd | NES Clinical Directorates:
• Medical
• NMAHP
• Dental
• Pharmacy
• Optometry
• Healthcare Science
• Psychology

Risk Owner (Lead Director):
Stewart Irvine | Interruption/delay /adverse impact to training programme delivery including Scottish Government mandated training | • Cancellation of required courses
• Cancellation of required professional examinations
• Reduced clinical experience and training capacity due to: cancellation of routine clinical activities; redeployment of trainees to different clinical duties; absence from work due to self-isolation or illness | • Disruption to training leading to delays in training progression
• Slippage to recruitment and training plans
• Financial implications as a result of extensions to training and support
• Training capacity issues
• Negative impact on service delivery
• Potential future workforce supply issues/gaps
• Uncertainty around non-recurrent funding | **Primary 1**
4 x 4 | **Contingency**
3 x 3 | **Pharmacy: Potential workforce issues due to alternative recruitment arrangements required for 2021/22 PRPS (Pre-registration Pharmacist Scheme)**
Control (1) Plan now agreed with the National Directors of Pharmacy (DoPs) Group and Community Pharmacy Scotland for the alternative PRPS recruitment this year due to COVID-19. Alternative to the traditional recruitment model has been agreed with access confirmed to Situational Judgement Tests (SJTs) through Health Education England for Oriel recruitment (online recruitment model) enabling NES Pharmacy/NES HR to run effective recruitment processes compliant with likely requirement for social distancing.
Control (2) Ongoing communication programme in place with employers, potential candidates, and relevant stakeholders.

Optometry: Service delivery impact due to reduction in training and support
Action (1) Sourcing/using as many online skills training materials as possible.
Action (2) Potential for implementation of socially distanced skills training with newly acquired Eyesi simulator: dependent on ability to set up equipment and gain access to hospital clinic, and lockdown restriction easing.
Action (3) Regular touching base with the team, and encouragement around lockdown protocols, to reduce risk to health.

Healthcare Science: Slippage to recruitment
Control: Measures being put in place to facilitate virtual recruitment selection for September 2020 Clinical Science trainee intake.

Healthcare Science: Slippage to Training Plans
Action: Discussions with training leads to be progressed.
Control: Financial implication for employment/SLA (Service Level Agreement) extensions **-** worst case scenario modelled and submitted to Finance.

Psychology: Interruption to Workforce Supply of Clinical and Applied Psychologists
Control (1) NES Psychology, Higher Education Institutes (HEIs) and Health Boards to meet twice weekly as part of wider Psychology Services meetings. Regular discussions to discuss COVID-19 impact on training placements.
Action (2) Adjustment made to training plans to take account of COVID-19. | **Open (Score Range 10 – 12)** |

Operational/Service Delivery Risks cont'd over/

Operational/ Service Delivery Risks (cont'd)

Risk No.	Directorate	Risk Title	Cause	Effect	Inherent Priority I x L	Residual Priority I x L	Mitigation Measures (Controls/Actions)	NES Risk Appetite
2.	NES Clinical Directorates: • Medical • Dental • Optometry • Psychology **Risk Owner (Lead Director)**: Stewart Irvine	Reduced capacity (human and financial) to deliver appropriate education and training once clinical services are re-established	• Significant backlog of clinical work • Service delivery may not resume in line with previous mode of delivery • Pressure to regain lost ground • Surge in clinical demand	• Reduced capacity to deliver upskilling for roles in certain areas to maintain and improve the quality of patient care • Methods of workplace education and training may need to be revised • Potential implications from adapting to online delivery • Training environment is compromised • Significant requirement to release clinical trainers to deliver mandatory training/courses and professional examinations to remediate critical missed elements required for training progression, including Certificate of Completion of Training (CCT)	**Primary 1** **4 x 4**	**Contingency** **3 x 3**	**Medical: Ability to deliver education and training due to backlog of clinical work** **Control (1)** Medical Directorate Executive Team (MDET) is in discussions with Health Board Directors of Medical Education (DMEs). **Control (2)** Regular discussions at UK level with all stakeholders including other Statutory Education Bodies, the GMC (General Medical Council), Royal Colleges and others, to address this risk. **Control (3)** A new Scotland Deanery COVID-19 risk survey is under development to assess impact on trainee experience. **Control (4)** Medical Directorate has commenced a wide-ranging Business Recovery Programme that will also tackle this risk in all its aspects. **Dental: Reduced Capacity to Deliver Upskilling of Existing Dental Workforce** **Action (1)** Prioritise the delivery of specific programmes depending on workforce demands and access to relevant practical cases required for assessment. **Action (2)** Adapt teaching and assessment approaches utilising online technologies in line with awarding bodies requirements. **Action (3)** Delivery of some CPD online, using tools such as GoTo Webinar, will enable access to key CPD topics by a large proportion of the dental team. **Action (4)** Keep under review Enhanced Practitioner for Domiciliary Care - training is currently suspended and will be unable to re-start until it is clear when access to care homes for mentoring is once again possible. This will also be dependent on the capacity of the Public Dental Service (PDS) to provide the PDS mentors. **Optometry: Inability to deliver NES Glaucoma Award Training (NESGAT) in 2020/21** **Action (1)** Discussions and proposals around moving to a remote supervision set up, which could be activated once patients return to clinics. **Action (2)** Extended deadlines for portfolio delivery. **Psychology: Training and education delivery compromised** **Action (1)** Adjust method of delivery to Digital webinars and virtual training environments. **Action (2)** Work closely with Board colleagues and offer flexible support to mitigate effect. **Action (3)** Through regular contact with stakeholders, ensure that our work is aligned with their priorities.	**Open (Score Range 10 – 12)**

Operational/ Service Delivery Risks (cont'd)								
Risk No.	Directorate	Risk Title	Cause	Effect	Inherent Priority I x L	Residual Priority I x L	Mitigation Measures (Controls/Actions)	NES Risk Appetite
3.	NES Digital	Impact on BAU (Business As Usual) delivery which has had to be prioritised and the workforce realigned to the immediate requirements to support COVID-19. **Risk Owner (Lead Director):** Christopher Wroath	• Scottish Government in combination with NHS Scotland determine new, amended or existing services which need to be developed and deployed in support of the wider COVID-19 response. These services require a significant proportion of the available resources within NES Digital effectively suspending or cancelling BAU services or delivery against agreed deadlines	• NHSS services are not deployed in a timely fashion causing detrimental effects to services and service users • Training programmes and outcomes are delivered on time to the detriment of the individual learner or the service expecting their completed outcome • Financial loss due to disrupted services and the need for remedial action • Reputational risk	**Primary 2** **4 x 3**	**Contingency** **4 x 2**	**Action (1)** Stakeholders of the agreed BAU outcomes communicated with to indicate the NES Digital resource reallocation and expected timeframes for the resumption of BAU developments and delivery**.** **Action Owners: Product Owners** **Action (2)** Assessment and interweaving of BAU functionality/service requirements into COVID-19 responses to reduce the time to delivery of BAU outcomes on resumption of services **Action Owners: Product Managers/ Digital Senior Team** **Action (3)** Accelerate (within quality limits) the development and deployment timetables of COVID-19 responses to more quickly end the redeployment of BAU resources**.** **Action Owners: Principle Leads Development/ Delivery**	**Open (Score Range 10 – 12)**
4.	NES Digital	Delivery and development of COVID-19 related work such as the requests upon Turas People and Turas Learn to support Scottish Government initiatives around returners to the workforce and redeployment of the workforce. **Risk Owner (Lead Director):** Christopher Wroath	• Rapid and fast changing requirements from the Scottish Government Workforce initiative to develop/redevelop Turas based applications (Trainee Programme Management, People, and Turas Data Intelligence (reporting) in support of the COVID-19 Rapid Recruitment Portal, initially for the employment of students and returners. • Associated outcomes (Test, Trace, Isolate, Support).	• COVID-19 Accelerated Recruitment Portal services not able to deliver to 'expectation' through misunderstanding of what the current systems landscape can deliver, poor communication of timetables and changing Scottish Government priorities • Significant data reconciliation required as organisations reuse inappropriate BAU data processes. Requirements for manual input, and redeployed staff unused to the systems, tasks and technology • Data breaches • Reputational risk	**Primary 2** **4 x 3**	**Contingency** **4 x 2**	**Action (1)** Daily communications with Scottish Government to manage expectations and check and cross check requirements, expected deliverables and timeframes. **Action Owner: Director NES Digital** **Action (2)** Daily meetings with key NES and external stakeholders to identify, discuss and co-author responses to Scottish Government, Board and COVID-19 Accelerated Recruitment Portal applicants' expectation. **Action Owner: Director NES Digital** **Action (3)** Co-ordinate NES staff across all Directorates to bring to bear increased, appropriate and targeted resources to increase available resource to assist timely delivery at expected quality. **Action Owner: Director NES Digital** **Action (4)** Introduce as much technology support as practicable in an iterative manner, to reduce/remove manual processes as understanding of them matures and time is allowed to develop and implement. **Action Owner: Associate Director, NES Digital**	

Operational/ Service Delivery Risks (cont'd)

Risk No.	Directorate	Risk Title	Cause	Effect	Inherent Priority I x L	Residual Priority I x L	Mitigation Measures (Controls/Actions)	NES Risk Appetite
5.	NES Digital Service (NDS)	National clinical data landscape is further fragmented by short-term COVID-19 digital solutions **Risk Owner (Lead Director):** Geoff Huggins	• Responsiveness to a complex and ever-changing health and social care landscape; serial development of short-term Minimum Viable Product digital solutions that are adopted to address the pandemic.	• Short term digital solutions further exacerbate the fragmentation of clinical data and make the objective of delivering national infrastructure more challenging, compromising ability of NDS to deliver agreed outputs. • Overall reduction in project impact.	**Primary 2** **3 x 4**	**House-keeping** **2 x 3**	**Control (1)** Through meetings with the Scottish Government and eHealth leads and by feeding into national policy work, continue to make the case for data integration and availability, with a view to the longer term, while understanding that there are some short-term requirements **Control (2)** Continual delivery monitoring to ensure emergency digital solutions are robust, with product lifespan agreed at initiation of project. e.g. will this be used post COVID-19?	
6.	NES Digital Service (NDS)	Digital product demand exceeds what the available resources can support **Risk Owner (Lead Director):** Geoff Huggins:	• Expectations and demands from external bodies in respect of new digital products exceed what the available NDS resources can support.	• NDS medium- and long-term business as usual work is impacted, resulting in delayed or absent platform roll-out. • Weakened external credibility	**Contingency** **3 x 3**	**House-keeping** **2 x 2**	**Action (1)** Develop short-term objectives for 2020/21 with clarity on required commitments to temporary COVID-19 projects and how this impacts longer-term work. **Action Due Date:** 31 May 2020 **Action Owners:** Geoff Huggins, Alistair Hann **Action (2)** Increase available resource, subject to agreement with Scottish Government. Recruitment of software engineers and product team continues, using a remote recruitment model developed by NES HR and NDS Principal Lead for Recruitment. This will increase capacity within the directorate on a long-term basis. **Action Due Date:** 30 June 2020 **Action Owners:** Geoff Huggins, Matthew Hill **Control (1)** NDS attend regular scheduled meetings with internal and external stakeholders (E-Health Leads, NDS Senior Management Team, NES Digital Standing Committee) to ensure continuous evaluation and reflection on short-term COVID-19 objectives.	**Open (Score Range 10 – 12)**
7.	Workforce	Failure to Recruit NES Staff and Trainees. Failure to Recruit Staff through the COVID-19 Accelerated Recruitment Portal (CARP) **Risk Owner (Lead Director):** Tracey-Ashworth-Davies	Due to a lack of resource and/or systems support leading to a failure to recruit: • Returners and students to the NHSS through COVID-19 Accelerated Recruitment Portal (CARP); • Trainees across NHSS through usual vocational training recruitment activity, and • NES staff through usual recruitment processes.	• For the trainees and CARP any failure to recruit will affect frontline service provision, impacting of patient care. • A failure to recruit vocational trainees will result in workforce supply issues. • The impact of the inability to recruit staff to NES would impact on delivery of the NES operational plan.	**Primary 1** **5 x 4**	**Primary 2** **3 x 4**	**Control (1)** The CARP has now been closed to new applicants due the excess supply of returners and students now in the system. The Boards' demand informs clearance of applicants. **Control (2)** Redeployment of NES staff, approx 170 staff (approx 100 WTE on average), redeployed in some measure to support CARP high volume processing. **Control (3)** Development of Turas platform to support CARP processing. **Control (4)** Directorate leads are linked to national discussions on trainee recruitment across all relevant professional groups, including the suite of national systems such as Oriel, and continue to work with HR in progressing vocational training recruitment for trainee groups in Scotland. **Control (5)** Establishment control processes refined to enable more fluid response to Directorate demand for recruitment activity for NES staff. **Cont'd Over/**	

							Mitigation Measures (Controls/Actions)	
							Control (6) Guidance on remote interviews developed and available to hiring managers, including support from HR. Jobtrain recruitment management system now embedded into NES recruitment processes. **Action (1)** NES is seeking direction from SG on communications with portal applicants to manage expectations.	

Finance Risks

Risk No.	Directorate	Risk Title	Cause	Effect	Inherent Priority I x L	Residual Priority I x L	Mitigation Measures (Controls/Actions)	NES Risk Appetite
8.	Finance	Payment of NES Staff and Suppliers **Risk Owner (Lead Director):** Audrey McColl	• Staff absence. • Requirement to work from home. • Increased fraud risk as business processes have been amended in response to the COVID-19 pandemic.	• Data not available in time to meet payroll deadlines – especially for new NES employees as a result of COVID-19 i.e. Interim FY1's and student nurses deployed in non-NHS placements. • Expenses not paid as the system needs to be accessed via the SWAN network. • Staff not available to approve business usual processes for suppliers (Purchase orders/Goods received notes/ Invoice matching) resulting in payments issued incorrectly or not issued on a timely basis.	**Primary 2** **4 x 3**	**Contingency** **3 x 2**	**Control (1.1)** Members of the Senior Finance team are involved in twice weekly Payroll Contingency meetings with NHS NSS payroll and NES Workforce colleagues. **Control (1.2)** NHS NSS payroll are represented on the daily COVID Accelerated Recruitment Portal meetings to stay informed of the requirements for onboarding students and returners to the NES payroll. This ensures that early discussion of issues which need to be resolved can take place, particularly regarding student nurses and Interim Foundation Year 1 trainee doctors. **Control (1.3)**: NES staff have been identified to support NHS NSS if required. They will need access to the various systems and training from NHS NSS along with clear guidance and procedure notes. **Control (1.4)** Where a payroll deadline cannot be achieved a process is in place to enable an advance of salary to be made into the individuals bank account. **Control (2):** A supplementary process has been agreed for the submission and approval of expenses where access to the SWAN network is not possible. **Control (3.1)** Fraud alerts are being circulated to relevant staff. **Control (3.2)** The same level of rigor to the controls are being applied before any supplier bank details are accepted and amended. **Control (3.3)** NES Finance are now also verifying supplier details with Directorates and the Procurement Team to ensure Bank details are legitimate and from a trustworthy source. **Control (3.4)** All directorate staff have been provided with SWAN VPN access to support working from home and social distancing. **Control (3.5)** The frequency of cheque payment runs has been reduced to limit the requirement to attend the office. **Control (3.6)** Suppliers have been contacted and requested to email invoices. **Control (3.7)** A member of staff is going into the office once a week to collect post and scan invoices. **Control (3.8)** Currently there are three members on each of the teams. The service can temporarily function with one staff member for a short period of time. **Control (3.9)** Before the period of Lockdown, procedure notes were refreshed and adapted to suit remote working to ensure teams have the necessary resources available to them. This will enable staff from other areas to be deployed into the payment function. **Control (3.10)** System authority levels have been amended to enable more flexibility in the number of authorisers and their authority levels. The required amendments to the SFI's have been approved.	**Averse (Score Range 1 -3)**

Finance Risks (cont'd)

Risk No.	Directorate	Risk Title	Cause	Effect	Inherent Priority I x L	Residual Priority I x L	Mitigation Measures (Controls/Actions)	NES Risk Appetite
9. /9. Cont'd)	Finance Finance	Maintenance of Financial Governance / Internal Control Mechanisms. **Risk Owner (Lead Director):** Audrey McColl Maintenance of Financial Governance / Internal Control Mechanisms. **Risk Owner (Lead Director):** Audrey McColl	• The interim Governance arrangements in place do not enable appropriate oversight of the Financial position • Business as usual control mechanisms are ineffective. • Staff absence	• Effective scrutiny and assurance will be compromised • Regular reporting and monitoring is impacted reducing the effectiveness of the internal control environment and Scottish Government reporting requirements. **Cont'd over/** • It is not possible to produce a set of annual accounts which is a statutory requirement.	**Primary 2** **4 x 3**	**Contingency** **3 x 2**	**Control (1)** Although the Finance and Performance Management Committee is presently stood down any financial monitoring papers have been routed through the Audit Committee and the full NES Board. **Control (2)** The regular NES Executive team meeting once every 2 weeks continues in addition to the daily incident management meetings. This longer meeting enables a focus on key operational issues to continue – including Financial decision-making and review of the current financial position. **Control (3)** NES staff attend all weekly Corporate Finance Network and Director of Finance meetings to ensure that we are aware of the latest requirements from SG in terms of weekly reporting and Annual Accounts. **Control (4)** Standing Financial Instructions and desktop procedures have been reviewed and amended, where appropriate, to enable robust control measures in the current home working environment. Changes to the SFI's have been endorsed by the Audit Committee. **Control (5)** We have met with External Audit to agree a revised approach to the field work required for the audit of the annual accounts. **Control (6)** Where required, Board committees have agreed to review the Annual Reports of committees remotely to enable the necessary assurance processes to be carried out in the development of the Governance Statement. **Control (7)** As we are not currently experiencing a high staff absence level we have continued to work in line with the existing annual accounts timetable so that, if this risk does materialise, we will still be well within the 3 month potential extension which has been agreed by SG.	**Averse (Score Range 1 -3)**

Cont'd over/ Reputational/Credibility Risks

Reputational/Credibility Risks								
Risk No.	**Directorate**	**Risk Title**	**Cause**	**Effect**	**Inherent Priority I x L**	**Residual Priority I x L**	**Mitigation Measures (Controls/Actions)**	**NES Risk Appetite**
10.	NES Clinical Directorates: NMAHP	Unable to respond to demands and needs of the service **Risk Owner (Lead Director)**: Karen Wilson	Uncertainty in health and social care during the recovery phase from COVID-19.	• Potential negative effect on forward planning and ability to respond to, as yet, unknown demands/workload and potential broader impact on the health and wellbeing of staff due to the uncertainty for staff over a prolonged period of time. • Lack of clarity in relation to future activity and workload and this may impact on visibility and perceived relevance of our work.	**Contingency 3 x 3**	**Contingency 3 x 3**	**NMAHP: Ability to respond to service demands and needs** **Control (1)** Strong links with Scottish Government to minimise uncertainty. **Control (2)** Reviewing remobilisation plans from Boards/Regions to understand plans and priorities. **Control (3):** Ensuring strong networking with professional bodies, regulators and Scottish Government, Boards, and partners such as Scottish Funding Council, Scottish Social Services Council, etc. **Control (4)** Good communication internally and externally. **Control (5)** NMAHP have started a COVID-19 debrief process which will continue and will reduce uncertainty and assist with flexibility and agility of response. **Control (6)** NES Health and Wellbeing work for staff to reduce effect of uncertainty. **Control (7)** Listening Service from Spiritual Care Service in NMAHP for staff.	**Cautious (Score Range 4 - 9)**
11.	Workforce/ Digital/ Finance	COVID-19 Accelerated Recruitment Portal **Risk Owner (Lead Director):** Tracey Ashworth-Davies / Christopher Wroath/ Audrey McColl/ Karen Wilson	• The development of the Portal was at the request of Scottish Government and required to be available in a week. • The initial ask was that all successful applicants would be employed, paid and deployed by NES across Health and Social Care. • The pace of changing requirements/decisions meant that not all stakeholders were aware of the extent to which this initial ask had moved, nor of the processes involved in deploying medical and nursing students, creating unrealistic expectations.	• Perception that NES is not processing applicants via the COVID portal for deployment in NHSS in a timely way. • Perception that NES is not providing data to support Boards payroll for Nursing students in a timely way.	**Primary 1 4 x 4**	**Primary 2 3 x 4**	**Control (1)** Regular meetings with Scottish Government to ensure common understanding of requirements as they developed/were amended. **Control (2)** Daily MS Teams meetings with Stakeholders as the Portal developed to provide the opportunity to ask questions. **Control (3)** Work with Scottish Government to develop the communications which were issued to ensure greater clarity of understanding. **Control (4)** Development of agreed reporting mechanisms so that progress and demand from Boards was visible. **Control (5)** Regular meetings with Universities to obtain data on where students had been placed. **Control (6)** Data reconciliation between what the nursing students themselves had provided via the portal/ data held by Boards and data provided by Universities to establish where students had been placed. **Control (7)** twice weekly meetings with payroll leads in Boards to agree the data required by Boards to support their local payroll processes. **Control (8)** Agreement from Scottish Government that all students placed on or after 27 April would remain 'on placement' until all pre-employment checks has been completed and would then transition to employment. **Action (1)** NES to take instruction from Scottish Government on communications to CARP applicants.	**Cautious (Score Range 4 - 9)**

Accountability/Governance Risks

Risk No.	Directorate	Risk Title	Cause	Effect	Inherent Priority I x L	Residual Priority I x L	Mitigation Measures (Controls/Actions)	NES Risk Appetite
12.	Planning and Corporate Resources	Ability and Capacity to meet Board Governance Standards **Risk Owner (Lead Director)**: Donald Cameron	• The agreed interim governance approach may fail to provide sufficient oversight of the business of the Board and effective scrutiny and assurance will be compromised. • Acting Chief Executive and his team come under increasing pressure to meet governance requirements when they are required to manage the NES response to the public health emergency. • Health and wellbeing of staff and board members if NES continues to hold face to face meetings. • Suspension of some governance processes and committees. • Meetings held without key stakeholders and public involvement.	• NES as an organisation fails to meet some governance standards	**Contingency 4 x 2**	**House-keeping 2 x 2**	**Control (1)** The NES Board, Staff Governance and Audit committees will continue to meet and ensure the smooth running of board business and scrutiny of decision making during the COVID-19 pandemic **Control (2)** The NES Executive Team will continue to meet formally every two weeks and have enacted the **COVID-19: NES Contingency Plan** which includes a NES Executive Team (Extended) (meeting daily) and NES Internal Coordinating Group: COVID–19 (always on-call) using MS Teams for communication, incident management and decision making - all recorded and reported to the NES Board. **Control (3)** We have submitted a **NES Local Mobilisation Plan** and reported our temporary governance arrangements to Scottish Government - all planning and corporate governance arrangements that have been paused have been done so on the basis of letters from Scottish Government or advice from the responsible organisation. **Action (1)** Review NES standing committees, management groups and planning/performance functions, considering the governance arrangements put in place for COVID-19, and re-start corporate governance with agreed changes where appropriate. **Action Due Date:** TBC **Action Owners**: Della Thomas and Karen Howe	**Averse Score Range (1 – 3)**
13.	Planning and Corporate Resources	Current NES properties and facilities will not be fit for purpose in the 'post COVID-19' world in terms of training, meeting and office space **Risk Owner (Lead Director)**: Donald Cameron	• NES will be unable to provide training, meeting and office facilities which comply with the requirements (still to be formulated) of a post COVID-19 world.	• Ability to deliver NES activities, in line with our current modes of business delivery and workplace utilisation, is compromised.	**Primary 1 4 x 5**	**House-keeping 2 x 3**	**Control (1)** The ability to work remotely using cloud-based systems and communications technology is already in place **Control (2)** The ability to reconfigure NES facilities in line with new guidance while NES staff continue to work remotely **Action (1)** Engage professional space design support and design the new NDS space to meet new/emerging 'post COVID-19' national guidance/policy for meetings and office space and apply these approaches to other NES sites. **Action Due Date**: TBC **Action Owner**: Nicola Todd **Action (2)** Compile common standards for all NES sites in line with 'post COVID-19' national guidance/policy and for locally managed sites, PFM will support their reconfiguration as required working with local facilities management colleagues in dental and medical. **Action Due Date**: TBC **Action Owner**: various – PFM, local site Facilities Managers (Medicine and Dentistry) and staff side.	**Averse (Score Range 1 – 3)**

Accountability/Governance Risks (cont'd)								
Risk No.	Directorate	Risk Title	Cause	Effect	Inherent Priority I x L	Residual Priority I x L	Mitigation Measures (Controls/Actions)	NES Risk Appetite
14.	Workforce Directorate	The implementation of COVID-19 health protection measures could result in an unintended adverse impact on staff health and wellbeing **Risk Owner (Lead Director):** Tracey Ashworth-Davies	• Sustained home working as result of COVID-19 pandemic mitigation measures	• Staff feel disconnected and/or isolated from organisation and workplace. • Health and safety issues as a result of lack of suitable equipment/space or ergonomic workstation set-up.	**Primary 2** **4 x 3**	**Contingency** **3 x 2**	**Control (1.1)** Regular communications from the Chief Executive are posted on the intranet. Regular corporate communications issued to all NES staff and a series of FAQs developed. **Control (1.2)** Guidance issued to managers on the importance of keeping touch and regular virtual team and individual check-ins. Strong partnership links have been maintained to inform these communications. **Control (1.3)** Monthly management matters e-newsletters now issued weekly to support managers to mitigate staff health and well-being challenges. **Control (1.4)** Guidance and training resources on using Microsoft Teams and remote working are available on Turas Learn. **Control (1.5)** The NES Healthy Working Lives Strategy Group promotes a focus on health and wellbeing in the current context. **Control (2.1)** The Executive Team, through the Internal Coordinating Group, are supportive of staff health and wellbeing, and implementing reasonable adjustments in the home working environment, by taking steps to provide staff with the required or appropriate computing equipment, other elements of digital infrastructure (phones, access, etc) and also making available for their home workstations, customised chairs or other equipment previously purchased for them. Update of homeworking policy underway to take account of the current context. **Control (2.2)** Support is available from Health and Safety Adviser including workstation ergonomics self-assessment support. **Control (2.3)** Agile Working Health and Safety module available as part of staff essential learning. **Control (2.4)** Staff retain the option to work in the office as their key workplace. (excluding Edinburgh University Bayes Centre).	**Averse Score Range (1 – 3)**
15.	Workforce Directorate	Failure to comply with legislative and statutory requirements **Risk Owner (Lead Director):** Tracey Ashworth-Davies	• Failure to comply with legislative and statutory requirements these include employment legislation, Equality & Diversity legislation and Health & Safety reporting.	• NES pre employment checking of Covid19 Accelerated Recruitment Portal (CARP) students and returners is not completed to the required standard to ensure staff and patient safety. • NES staff placed in danger due to NES failure to comply with and fulfil health and safety obligations. • Employment Tribunal claims where NES has failed to fulfil employment obligations or is found to have discriminated against an employee. • Inadequate staff governance and reporting. **Cont'd over/**	**Primary 2** **4 x 3**	**Contingency** **3 x 3**	**Control (1)** DL 2020/10 sets out the agreed pre employment checking standards for CARP applicants. Additional resource deployed to workforce to deal with high volume of applicants requiring clearance, with business processes, standard operating procedures and training in place. **Control (2)** Ensuring robust health and safety arrangements are in place for all NES employees, including those who work in placement organisations. **Control (3)** Continued access to sufficient HR expertise to support Directorates in any employee relations cases. **Control (4)** Maintenance of data across systems including eESS, SSTS and Turas to inform reporting and performance dashboard. **Control (5)** Ensuring compliance with Staff Governance Standard for NES employees across all settings: Well Informed: via regular Corporate, Directorate and line manager led communications, including Hub and intranet sites. Appropriately trained and developed: ensuring induction, essential learning and development activity continues to be managed through usual processes including PDP&R activity. Updating materials to reflect new working arrangements. Involved in decisions which affect them: continued strong working in partnership. Ensuring Directors and line managers have regular two-way communication across teams. Staff survey to collate feedback from staff on impact of Covid19 on work life. Dignity and respect: promotion of NES values across all communications. HR support to any formal and informal grievance or dignity at work issues. **Cont'd over/**	

Accountability/Governance Risks (cont'd)								
Risk No.	**Directorate**	**Risk Title**	**Cause**	**Effect**	**Inherent Priority I x L**	**Residual Priority I x L**	**Mitigation Measures (Controls/Actions)**	**NES Risk Appetite**
/15. Cont'd	Workforce Directorate	Failure to comply with legislative and statutory requirements **Risk Owner (Lead Director):** Tracey Ashworth-Davies	•	• Failure to deliver the Directorate's operational plan. •	**Primary 2 4 x 3**	**Contingency 3 x 3**	Health, safety and wellbeing: updated policies to reflect new working arrangements, including refreshed risk assessments. Clear statements on responsibilities (employee, line manager, employer, placement). Healthy Working Lives Strategy Group Campaigns. **Control (6)** Manage any compliance risk, by publishing a brief report by the statutory date of 30 April 2021 which describes equality progress; equality outcomes; workforce KPIs; workforce data statistics, including occupational segregation analysis; overview of existing equal pay statement, and plans for equality outcomes and equal pay statement review in the following year. **Control (7)** Regular review and updating of progress against the operational plan, flagging any areas not being progressed for a further risk assessment.	**Averse (Score Range 1 - 3)**
16	NMAPH/ Workforce	Students employed by NES, deployed to non-NHS placement such as care homes, where the rate of COVID-19 is higher than the general population. **Risk Owner (Lead Director):** Karen Wilson/Tracey Ashworth-Davies	• Potential lack of PPE and/or incorrect use of PPE. • Infection control (current knowledge of COVID-19 related control – staff *and* students). • Psychological health and wellbeing of students. • Staffing levels in placement areas falling below normal standards/requirements. • Identified that some non-NHS placements are not covered by Care Home Education Facilitators (CHEFs) therefore arrangements need to be put in place with the Practice Educator network. • BAME – risk and guidance	• NES has minimal control in the employment relationship and if tested, for example, in an employment tribunal claim, it could be found that the purported employment arrangement is a sham and the employer is deemed to be the care home. As a result, care homes may be reluctant to agree to the terms of the Placement Agreement. • NES could be found to be the employer of the students but given the lack of operational control in relation to the employee, it is deemed to be an Employment Business. In the development of the arrangements between NES, the employee and the non-NHS placement, NES has tried to comply with the associated regulations for an Employment Business as far as possible, however if this was challenged NES would be found to be in breach of those requirements and there could be a fine imposed. • NES is employing these staff on a fixed term basis, although they may not all be required for the duration of the full fixed term, creating a financial risk. **Cont'd over/**	**Primary 1 5 x 4**	**Primary 2 3 x 4**	**Control (1)** Legal: • Contract of employment – with NES/Student and identified NES Line Manager. • Secondment Agreement – with NES/Student/Placement Area • Placement Agreement – with NES/placement area **Control (2)** Educational audit, including Health & Safety risk assessment. **Control (3)** Infection Control: essential learning must be undertaken by students in relation to COVID-19 specific infection control measures. **Control (4)** HEI support for students **Control (5)** Support from NES Care Home Education Facilitator (CHEF) network **Action (1)** NES to support the CHEF network	

Accountability/Governance Risks (cont'd)

Risk No.	Directorate	Risk Title	Cause	Effect	Inherent Priority I x L	Residual Priority I x L	Mitigation Measures (Controls/Actions)	NES Risk Appetite
/16. Cont'd	NMAPH/ Workforce	Students employed by NES, deployed to non-NHS placement such as care homes, where the rate of COVID-19 is higher than the general population. **Risk Owner (Lead Director):** Karen Wilson/Tracey Ashworth-Davies		• As the employer, NES is responsible for the health and safety of its employees; including there being safe systems of work, and provision of effective PPE. Although non-NHS bodies to whom the NES staff are deployed to work, may agree to fulfil these responsibilities, as if they were the employer, and to indemnify NES in the event of there being a claim by a member of NES staff, or against NES/its staff member, this does not absolve NES of responsibility and potential liability. In the event of very serious failure, there may be a criminal as well as civil liability.	**Primary 1 5 x 4**	**Primary 2 3 x 4**		**Averse (Score Range 1 - 3)**

NHS Education for Scotland

Board Paper Summary

1.   **Title of Paper**

        Finance Report as at 30th June 2020.

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

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

3.   **Purpose of Paper**

        The purpose of this paper is to;
        a) present the financial results for the first 3 months of the year to 30th June 2020 and
           to indicate the current forecast outturn as at 31st March 2021.

        b) Update members on the anticipated costs of the NES response to the COVID-19
           pandemic.

4.   **Key Items**

        4.1   We are currently forecasting a year end overspend of £1.5m. This is made up of a £1.8m
                overspend in Medical Training Grades offset by a £0.3m underspend across the rest of NES.

        4.2   In reporting the NES financial position, we separate Medical Training Grades salaries
                (MTGS) from other areas of the NES budget. This is to identify the estimated amount of
                additional in-year funding required to address the historic recurrent funding gap on MTGS
                which is underwritten by the Scottish Government. The forecast deficit on Medical Training
                grades has reduced from £2.47m, when the 2020/21 budget was set and reported to the
                Board, to £1.8m as detailed in section 4 of the main report.

        4.3   The Annual Operating Plans and associated financial plans submitted to Scottish
                Government (SG) in March 2020 were not approved for any NHS Scotland Board. The
                baseline budgets presented within this paper reflect those approved by the Board and
                submitted to SG in March, until there is a formal agreement of our revised funding position
                which is currently expected to be in September. We have also included an additional
                anticipated allocation to reflect the current forecast net financial impact of COVID.

        4.4   It is accepted that NES financial planning for 2020/21 will be an iterative process as we
                assimilate the anticipated costs of the remobilisation plan and the potential impact of a
                second wave of COVID.

4.5   The current estimate of the cost of the NES response to COVID-19 is £10.4m (Table 4.) which is net of savings relating to activities no longer expected to take place. Work is ongoing across directorates to determine the full cost impact of COVID-19 and this cost estimate may change as directorate plans and Scottish Government requests for further work are reviewed.

4.6   Board members will be aware that Scottish Government confirmed that the additional National Boards saving of £1.5m allocated to NES in 2019/20 will remain allocated against the NES budget until agreement is reached by the National Boards on how it should be correctly allocated. Within the current financial plan, it has been assumed that the full £1.5m will be brought back into our recurrent baseline. However, recognising the risk that NES may be asked for a further contribution the Board, in March 20, approved an additional contribution of £1m on a non-recurrent basis, which is reflected within provisions.

5.   Educational Implications

The funding provided to NES by Scottish Government underpins and supports all of our education and training activity.

6.   Financial Implications

NES has three financial targets which need to be met on an annual basis. This report focuses on the requirement to meet the Revenue Resource Limit (RRL). The current financial forecast is break-even dependent on finalisation of our Remobilisation Plan and the receipt of funding from Scottish Government to cover the historic recurrent funding deficit in the Medical Training Grade Salaries.

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

A High Performing Organisation

8.   Impact on Quality Ambitions

Delivering a break-even outturn will ensure that NES meets its Quality Ambitions.

9.   Key Risks and Proposals to Mitigate the Risks

The key Risks to the final finance position are reported in Section 5.

10.   Equality and Diversity

We currently anticipate a balanced financial position by the year end. The recommendations within the report will not create any equality and diversity risks.

11.   Communications Plan

We are in regular communication with the Policy and Finance teams at Scottish Government. No further external communication plan is required.

12.   Recommendations

Board members are invited to note the information contained in this report.

NES
July 2020
AMc /JS/ LT

Finance Report as at 30ᵗʰ June 2020

1. Funding Overview

1.1 As reported to the Board on 26th March 2020 we are anticipating recurrent baseline funding of £463.3m in this financial year. However, due to the impact of COVID-19 Annual Operating Plans and Financial plans submitted to SG in March were not signed off and instead boards are required to submit re-mobilisation plans (by 31ˢᵗ July for Territorial Boards and 7ᵗʰ August for National Boards) along with the associated financial information to SG. It is expected that our remobilisation plan will be reviewed by mid-September, and if agreed, allocations will then be released. An initial allocation to cover actual expenditure in April and May will be made in July. Our budgets are likely to continue to move throughout the year as planning assumptions change.

1.2 As detailed in Table 1, £71.3m of Scottish Government Non- recurring and Earmarked allocations are currently anticipated and have been built into directorates budgets. However, there are also a significant amount of allocations where, although we still expect funding from SG, we do not yet have formal confirmation and therefore cannot include them. As plans and outcomes are finalised with SG departments these amounts will be recognised in our budgets.

1.3 An anticipated allocation of £10.4m in relation to activity undertaken as part of the NES response to COVID-19 is included within the £71.3m (see table 4).

1.4 At this stage in the financial year we have not included an anticipated allocation for the in-year impact of the historic recurrent funding gap on medical training grades which is underwritten by Scottish Government. This is due to the volatility of the factors influencing medical training grade costs, meaning that this gap will vary throughout the financial year. There are regular update meetings with SG Finance and, as in 2019/20, a final reconciliation will take place at the end of the year to determine the value of the funding required. As detailed in section 4 the estimate of the additional funding which will be required has reduced from £2.47m when the budget was set, to £1.76m following an update to the forecast assumptions used.

1.5 Board members will be aware that Scottish Government confirmed that the additional National Boards saving of £1.5m allocated to NES in 2019/20 will remain allocated against the NES budget until agreement is reached by the National Boards on how it should be correctly allocated. Within the current financial plan, it has been assumed that the full £1.5m will be brought back into our recurrent baseline. However, recognising the risk that NES may be asked for a further contribution the Board, in March 20, approved an additional contribution of £1m on a non-recurrent basis in 2020/21, which is reflected within provisions.

Table 1: Total Anticipated Revenue Funding

Area	Recurrent	Earmarked	Non Recurrent	Total	Total split by: Received	Total split by: Outstanding
Baseline budget	452,901	0	0	452,901	452,901	0
National Boards	1,500	0	0	1,500	0	1,500
Inflation @2% of Budget	8,925	0	0	8,925	8,838	87
Original budget	**463,326**	**0**	**0**	**463,326**	**461,739**	**1,587**
COVID-19			10,357	10,357	0	10,357
NES Digital Service	0	3,846	0	3,846	0	3,846
Aberdeen Dental School	0	3,113	0	3,113	0	3,113
Dental Outreach	0	300	0	300	0	300
Speciality Training Expansion posts	0	0	8,581	8,581	0	8,581
ACT - Additional Cost of Teaching for undergraduates	0	0	4,595	4,595	0	4,595
MEP - Medical Education Package funding gap	0	0	7,543	7,543	0	7,543
Improving Surgical Training (IST) & Improving Medical Training (IMT) Funding	0	0	680	680	0	680
Psychology Trauma Funding	0	0	258	258	0	258
Psychology CAMHS – Child & Adolescent Mental Health Service	0	0	5,178	5,178	0	5,178
Psychology Mental Health	0	0	7,670	7,670	0	7,670
Pharmacy AEIPC (Achieving Excellence in Pharmaceutical Care) & ACT	0	423	3,004	3,427	0	3,427
Pharmacy PRPS – Pre-registration Pharmacy Scheme	0	5,801	0	5,801	0	5,801
Other Pharmacy	0	419	728	1,147	0	1,147
GP Nurses Funding - Primary Care	0	0	902	902	0	902
GP Bursary - Primary Care	0	0	2,400	2,400	0	2,400
Other Primary Care Fund	0	0	2,100	2,100	0	2,100
Project LIFT	0	0	383	383	383	0
Digital Pharmpress	0	0	0	0	0	0
Outcome Framework-CNOD Bundle	0	0	81	81	0	81
Other allocations (under £300k)	291	1,155	1,781	3,227	206	3,021
Total Revenue Allocation	**463,617**	**15,057**	**56,241**	**534,915**	**462,328**	**72,587**

All figures are in £000's

2. Summary Financial Position

2.1   As shown in table 2 below we are currently forecasting a year end overspend of £1.5m. This is made up of a £1.8m overspend in Medical Training Grades offset by a £0.3m underspend across the rest of NES. The Medical Training Grade overspend will be funded in full by SG at the year-end leaving a balanced position. Net Spend, after savings from suspended activity, of £10.4m is forecast in relation to the response to COVID-19, it has been assumed that this will be funded in full by the Scottish Government.

2.2   The outturn reflected in this report includes the anticipated financial implications of the COVID-19 response by directorate. As agreed, across NHS boards, this does not include baseline staff costs where existing members of staff have had their activities redirected to support the COVID response. Further detail on individual Directorate COVID spend and significant non-COVID variances is provided in Sections 3 and 4.

Table 2: Corporate Summary Financial Position

MONTHLY REPORTING FOR JUNE 2020				Period 03				
	Year to Date			Full Year				
Directorate	**Current Budget**	**Outturn**	**Variance**	**Current Budget**	**Outturn**	**Variance**		**COVID spend included**
Training Programme Management - MTGS	65,190	65,254	(64)	272,124	273,887	(1,763)		0
NES - Non MTGS	56,165	60,804	(4,639)	262,791	262,510	281		(10,357)
TOTAL NES	**121,355**	**126,058**	**(4,703)**	**534,915**	**536,397**	**(1,482)**		**(10,357)**
Current Value of SG allocation required to address historic MTG funding gap				1,763	0	1,763		
Forecast Year end Total NES	**121,355**	**126,058**	**(4,703)**	**536,678**	**536,397**	**281**		**(10,357)**

All figures are in £000's

* All costs and savings related to the COVID-19 response are included within the YTD and outturn forecast figures as appropriate. A corresponding budget entry has also been included within the full year budget meaning there is no impact on each directorate's outturn as a result.

** All COVID costs relating to Medical Trainee Salaries are reflected within Nes Non-MTGS in order to separate the COVID-19 impact from the underlying gap for Medical Training Grades.

2. NES – Excluding Medical Training Grade salaries

3.1 Table 3 details the Financial position of NES (excluding Medical Training Grades) by Directorate. The financial impact of COVID-19 is also noted. Table 4 then breaks down the COVID impact between increased costs and anticipated savings as well as showing the cost incurred to date. Significant costs, savings and variances for both COVID and non COVID related budgets are explained at a directorate level in paragraphs 3.3 to 3.18.

3.2 Of the £14.7m gross costs incurred in relation to COVID-19 £11.3m of these relate to the employment of additional front-line staff in territorial health boards and other health and social care settings as requested by SG; including additional Medical Trainees, Medical undergraduate students, and Student Nurses.

Table 3: Information by Directorate

MONTHLY REPORTING FOR JUNE 2020				Period 03				
	Year to Date			Full Year				
Directorate	Current Budget	Outturn	Variance	Current Budget	Outturn	Variance		COVID impact included
Quality Management	19,604	19,621	(16)	89,445	89,432	13		53
Strategic Planning and Directorate Support	1,800	1,456	344	6,034	5,953	80		277
Training Programme Management Excl Training Grades	3,665	7,351	(3,686)	26,088	26,028	60		(7,400)
Professional Development	1,549	1,289	260	6,678	6,522	156		816
Pharmacy	2,207	2,201	6	13,043	13,080	(37)		(126)
Medical Total	**28,825**	**31,917**	**(3,092)**	**141,287**	**141,015**	**272**		**(6,380)**
Dental	11,113	10,930	183	45,857	45,237	620		686
NMAHP	1,550	2,679	(1,129)	13,532	13,630	(98)		(2,459)
Psychology	6,200	6,147	52	25,791	25,833	(42)		9
Healthcare Sciences	753	713	39	2,951	2,979	(29)		27
Optometry	287	278	9	1,167	1,171	(4)		24
NDS	780	832	(52)	3,726	3,977	(250)		(410)
Digital	2,800	3,437	(638)	12,546	13,001	(456)		(1,200)
Workforce	1,325	1,429	(104)	5,706	5,700	6		(383)
Finance	623	548	74	2,596	2,608	(12)		(5)
Planning & Corporate Resources	1,555	1,542	14	6,496	6,533	(37)		(138)
Net Provisions	355	351	4	1,137	826	311		(128)
NES Total (exc MTGS)	**56,165**	**60,804**	**(4,639)**	**262,791**	**262,510**	**281**		**(10,357)**

All figures are in £000's
* All costs and savings related to the COVID-19 response are included within the YTD and outturn forecast figures as appropriate. A corresponding budget entry has also been included within the full year budget meaning there is no impact on each directorate's forecast variance as a result of these figures.

Table 4: COVID-19 Costs and savings by Directorate

Directorate	COVID Impact YTD	Full Year Forecast		
		COVID Costs	COVID Savings	Total COVID
Quality Management	21	0	53	53
Strategic Planning and Directorate Support	206	0	277	277
Training Programme Management Excl Training Grades	(3,824)	(8,403)	1,003	(7,400)
Professional Development	119	(202)	1,017	816
Pharmacy	(19)	(208)	82	(126)
Medical Total	**(3,497)**	**(8,813)**	**2,433**	**(6,380)**
Dental	28	(697)	1,384	686
NMAHP	(1,161)	(2,699)	240	(2,459)
Psychology	16	(102)	111	9
Healthcare Sciences	16	(22)	49	27
Optometry	0	0	24	24
NDS	(148)	(410)	0	(410)
Digital	(505)	(1,200)	0	(1,200)
Workforce	(220)	(499)	116	(383)
Finance	(8)	(10)	5	(5)
Planning & Corporate Resources	(19)	(165)	27	(138)
Net Provisions	(58)	(128)	0	(128)
NES Total (revenue)	**(5,555)**	**(14,745)**	**4,388**	**(10,357)**

All figures are in £000's
Additional costs are shown red and in brackets, savings shown in black

3.3 The total year to date overspend of £4.6m (table 3) is made up of a £5.5m (table 4) overspend relating to COVID due to costs incurred where we have yet to receive the funding from SG offset by a £0.9m underspend mainly due to timing differences.

Medical

3.4 Medical has a non COVID related forecast underspend of £272k, this arises from pay costs, the majority of which is because new posts have been filled at a lower pay rate than anticipated.

3.5 The majority of the total NES COVID-19 response costs are contained within Medical. The net impact reported here is an £11 million which comprises £13.4m in costs for the additional measures put in place, offset by a reduction in forecast spend of £2.4m for activity which will no longer take place, or will be significantly reduced over the year.

The most significant additional measures and costs included are in relation to:

   a) 575 Interim FY1 Trainees employed by NES and placed in boards until mid-July - £5,783k
   b) 95 Out of Programme (OOP) Trainees returning to service posts for 4 months - £1,651k

c) 35 CCT extensions for a period of 6 months recognising some hospital-based trainees will now take longer to meet examination and competency requirements - £926k

These have been offset by some previously anticipated spend now unlikely to go ahead which includes:

a) 11 wte GP Fellowships not being recruited for the academic year 20/21, and the reduction in funding required for 20 Paediatric Fellows from Sept to Mar - £779k
b) Reduced Study leave costs in year of - £599k. this is likely to have a knock-on effect in 2021/22
c) Reduced travel and expenses being incurred across the directorate - £267k
d) the cancellation of the Annual Multi Professional Education Conference (excluding venue costs)- £180k

3.6 There are several areas in Medical where the actions required and the true impact of COVID is still being worked through and costed, this includes training events, overseas levy income, and study leave. The financial impacts of these will be detailed in future reports as appropriate.

Dental

3.7 Within Dental there is a non COVID related forecast year-end underspend of £620k which has arisen due to 16WTE fewer trainees April-July, 13WTE fewer Dental therapist and vocational trainees Aug-March than anticipated (£540k) and lower than anticipated pay costs across the directorate (£81k) due to fewer employees in the pension scheme; and posts being filled on lower scale points than budgeted.

3.8 The overall COVID impact is a £686k reduction in anticipated spend. Within this, additional costs of £697k are being offset by an underspend of £1384k.

The cost pressures include;
a) £405k of reduced income across CPD and the modern apprenticeship scheme. A further £95k of reduced income in provisions where '20%' of all income generated is allocated as a contribution to overheads.
b) £113k for the purchase of 169 'Phantom Heads' (1 per training practice) to allow VT trainees to gain some simulated clinical skills experience whilst they are unable to undertake normal placements.
c) £54k overtime costs associated with those staff deployed to assist with the COVID Accelerated Recruitment Portal (CARP) and a new fixed term post to support the directorate with work relating to the Dental Workforce.
d) £126k to extend 5 vocational trainees by c5 months to allow for the achievement of satisfactory completion.

These have been offset by reductions in costs which include;
a) £729k due to a 1-month delay in starting the 2020/21 cohort for Dental Therapist and Vocational Training
b) £497k reduced activity, travel and recruitment across the directorate. The largest areas include reduced study leave payments £58k, CPD £162k, Vocational Training support £45k, SQA fees £24k and cancelled recruitment event £22k. Also reflected in the £102k due to delayed appointments to STR posts relating to roles using Aerosol Generating Procedures

NMAHP

3.9 NMAHP is forecasting to incur COVID-19 costs of £2.7m. This is due to the Scottish Government request that NES employ all the student nurses who have been placed in a non-NHS setting which accounts for costs of £2.6m. Other smaller costs include additional staffing to support the Louisa Jordan Hospital £19k, overtime £12k, development of resources in response to COVID-19 £18k and the potential rescheduling of events and activities delayed from 2019/20, £22k. These costs have been partly offset by savings from delayed start dates to the AHP fellowship programme, currently estimated to be £145k and delays in Family Nurse Partnership roles starting £31k and travel savings of £53k.

3. 10 The directorate continue to work with Scottish Government to finalise the outcomes and funding of the CNOD 'Bundle'. The directorate is now incurring costs for 3 additional Practice Education Leads (PELs) to be employed to support the students in the Paramedic Programme who are in non SAS placements, this accounts for £73k of the non Covid overspend within NMAHP. Support for students in SAS placements is already in place. A further £23k is due to increased staff training costs within the directorate.

NDS

3.11 In response to COVID, NDS have redirected resource to help improve the emergency eyecare response available during COVID-19 via an emergency pathway for optometrists to work remotely and access/share health records (£65k). NDS has also run the messaging service for the 100,000 citizens shielding across Scotland. The costs of this SMS text programme are anticipated to be around £345k for the year which have been included in the COVID-19 costs.

3.12 There is a non COVID overspend of £250k within NDS as it is expected that the Ophthalmology work underway will be funded by Scottish Government, but not yet formally confirmed via the allocation process. Discussions continue with SG to agree the detail of the NDS commission and the associated budget for 20/21.

Digital

3.13 Digital are forecasting a non-COVID overspend of £461k due largely to contractor costs (£379k) being incurred in relation to the Data Group where no allocation from SG has been reflected in the budget as discussions on the final funding to be received from SG are ongoing. The remaining £82k is mainly due to pay costs of £58k - including maternity cover (£20k) and secondment related costs (£33k).

3.14 Digital are forecasting significant costs in relation to COVID, these include £958k of developer costs and overtime for Q1 and Q2. This includes development work on the Accelerated Recruitment portal, the Turas Clinical Assessment tool and the development and hosting of COVID-19 related educational and induction resources. Discussions are underway with SG regarding their requirements and the associated funding for Q3 and Q4. Additional licences, cloud storage and hardware costs are included in the forecast and make up the remaining COVID spend.

Workforce

3.15 Workforce are forecasting COVID related costs of £499k. This includes the costs of;
- Occupational Health returners employed to support the completion of the Occupational Health assessments required as part of the pre employment checks for portal applicants (£186k).
- wellbeing coaching for NHS staff - £62k above the allocation received.
- completion of Pre-employment checks for the remaining applicants in the Accelerated Recruitment Portal as requested by SG - £224k.
- Kenexa (vacancy management system) licence extension as the planned replacement was delayed due to COVID - £23k
- £10k in legal fees relating to matters of employment.

These are offset by savings of £116k as the number of training activities offered at this time have been reduced; and changes have been made to the way Project Lift is delivered which has realised a saving of £74k.

Planning & Corporate Resources

3.16 An initial estimate of £150k has been included for the potential work required to NES office accommodation to facilitate a return to office-based working. However, this cannot be confirmed until more detailed guidance is issued.

Provisions

3.17 The provisions budget is made up of funding held on behalf of the whole of NES. This includes the Depreciation charge (£1.2m); the budget to be contributed non recurrently to the national board savings (£1m); the apprenticeship levy (£0.3m); funding held to cover our Fixed term contract liability for digital contractors whilst budgets are agreed with Scottish Government (£0.6m); funding for staff on redeployment (£0.1m); and several small budgets totalling £0.1m. These are offset by the following credit budgets which anticipate income and savings from within directorates: Vacancy lag recovery target (£1.8m); Procurement savings £0.3m; and 20% top-slicing of Income budgets (£0.3m).

3.18 A negative impact of £128k is expected in Provisions due to COVID-19. The Apprenticeship levy is forecast to increase by £32k as it is directly related to the NES pay bill which has increased due to the employment of the additional students and returners in Medical, NMAHP and Workforce. A cost of £96k is shown as the 20% income top-slice will reduce in line with reduced Dental Income.

4   Medical Training Grades Salary Costs

Medical Training Grade Salaries – Budget

4.1   When the budget for 2020/21 was set it was expected that £2.47m of additional in-year funding would be required to address the impact of the historic recurrent funding Gap within Medical Training Grades.

Table 5: Medical training Grades, opening budget position

Medical Training Grade Salaries	Recurring	Non Recurring	Total
Total available funding	261,963		261,963
Baseline Recurring Budget Required	275,235		275,235
Cost Pressures		9,597	9,597
Historic funding Pressure	**(13,272)**	**(9,597)**	**(22,869)**
Non recurrent Recycling			
Hospital less than full time savings incurred across FY1, FY2 and Core/ST.		6,939	6,939
GP Practice ST1 & St3 vacancy savings		7,651	7,651
Hospital Core/ST vacancy savings i.e. vacancies paid at lower rate		2,678	2,678
OOP Savings now paid at lower rate		649	649
Total Non recurring recycling of funding	**0**	**17,917**	**17,917**
Medical Training Grade total	**(13,272)**	**8,320**	**(4,952)**
Non Medical TG budget available	2,149	331	2,481
Remaining Gap to be underwritten by SG			**2,471**

4.2   The training grade budget is impacted by a complex combination of factors which are subject to change on a regular basis. These factors include how and where posts are filled, the hours trainees work, how many trainees take maternity/sickness leave, how many trainees will require remedial training and when the trainees find permanent posts at the end of their training. The assumptions made for each of these during Operational Planning can change throughout the year and particularly around August and February when trainees join and rotate through their training programmes. Section 4 details the current Training Grade forecast.

4.3   Following the February 2020 rotations, a review of the assumptions used to calculate those figures was carried out based on information from the February rotations, the trend of CCT extensions in Q4 2019/20 and the latest forecasts of the impact of the August 2020 rotations. This reduced the anticipated funding gap from £2.47m to £1.76m as at June 2020 and is detailed in Table 6 below.

Table 6: Current estimated funding gap

Medical Training Grades	£000s
Opening Funding Gap	**2,471**
Reduction in Paid GP100 Hospital Posts based on current numbers	(778)
Change in TG Recycling	72
3 x Forensic Posts funded through fellowship budget	(156)
Increased cost of 1 BBT trainee in GP Practice post	72
Other*	82
Revised Requirement for additional funding @ June 2020	**1,763**

All figures are in £000's

* *"Other" line relates to a range of small variances the most notable being a £92k increase within GPST3 mainly due to higher pay than anticipated. There are a range of other over and underspends of less than £40k each which net off against this.*

5   Risks to forecast Position

The risks to the year-end financial position result from the following:

Financial Planning

5.1   Due to the impact of COVID-19 Annual Operating Plans and Financial plans submitted to SG in March were not signed off and instead Territorial boards are required to submit re-mobilisation plans (by 31st July) and National Boards by 7th August along with the associated financial information to SG. It is expected that our remobilisation plan will be reviewed by mid-September, and if agreed, allocations will then be released. An initial allocation to cover actual expenditure in April and May will be made in July. Considering this continuing uncertainty, we will work closely with directorate colleagues and SG to ensure that we are able to incorporate any changes in planning assumptions at the earliest opportunity. However, there is a risk that anticipated budgets are reduced.

Medical Training Grades Baseline Funding Gap

5.2   The in-year impact of the historic recurrent gap in Medical Training Grades will move throughout the year as the cost drivers are out with NES' control. Recognising this, it was agreed that whilst we will update Scottish Government on a regular basis as to the expected amount of funding required, a single drawdown figure will be agreed at year-end.

Vacancy Lag Recovery

5.3   We have an anticipated vacancy lag recovery of £1.8m. This is less than the actual figure for 2019/20 as the Workforce Directorate plan to implement measures, approved by the Staff Governance Committee, to reduce the length of time it takes to employ a member of staff following their acceptance of a position. If £1.8m is not achieved it will create a budget pressure.

Medical Pay Award

5.4   Within our budgets we had assumed a 2.5% Pay award for all staff on a medical or dental pay scale, this includes trainees. The actual pay award has been announced at 2.8% for all Medical and Dental staff. Due to the timing of the announcement, this has not been reflected in our figures, however, the impact of this small increase is unlikely to be significant on the NES Core staff. The increase to Medical Training grades of circa £800k will impact on the level of funding required from SG as noted above in Section 4. We will discuss with SG what funding may be available for Dental Trainees

COVID-19 Financial Implications

5.5   The anticipated costs of COVID-19 are regularly updated and submitted to Scottish Government. Due to the rapidly changing environment surrounding the pandemic, the ask of NES is continuously changing and it is therefore likely these costs will continue to move as we progress through the year.

5.6   As detailed throughout the paper the estimated net costs of COVID-19 are around £10.4m. We know that the Scottish Government is facing significant financial pressure however it was confirmed on 15th June that SG are 'content in principle with spending decisions taken and documented'. Whilst we anticipate these costs will be met in full it remains a risk that we do not receive all the funding anticipated or we incur costs in excess of the budget provided.

NDS Funding

5.7   Discussions with Scottish Government to agree the final commission for NDS during 2020-21, have been delayed due to COVID-19 priorities taking precedence. We have reflected a full-year budget for NDS based on the submission made to SG in March, uplifted for the COVID costs. There is a risk that the final funding agreed may not match the assumption. We will work with SG colleagues to resolve this as soon as possible.

6.   Recommendation for Decision

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

NES
July 2020
AMc/JS/ LT

NHS Education for Scotland

FINANCE AND PERFORMANCE MANAGEMENT COMMITTEE

Unconfirmed Minutes of the Finance and Performance Management Committee meeting held on Wednesday 19 February 2020 at Westport, Edinburgh.

Present:	David Garbutt, NES Chair, FPMC Chair Liz Ford, Employee Director Douglas Hutchens, Non-Executive Director (via VC link)
In attendance:	Donald Cameron, Director Planning and Corporate Resources/Lead Officer Audrey McColl, Director of Finance/Lead Officer Stewart Irvine, Acting Chief Executive Janice Sinclair, Head of Service, Finance Kenny McLean, Head of Procurement, Finance Lizzie Turner, Principle Lead, Finance Nicola Todd, Principle Lead, Properties and Facilities Management Lynnette Grieve, Manager, PCR Jenn Allison, Senior Officer, PCR

1.   Chair's welcome and introduction

David Garbutt welcomed everyone to the meeting, particularly Liz Ford who was attending the Finance and Performance Committee for the last time before stepping down as Employee Director at the end of March 2020.

David thanked Liz for the work she has done on behalf of the Finance and Performance Management Committee and noted that she has consistently represented the best interests of NES staff and provided sound advice to the Committee regarding staff matters. The Committee wished Liz well for the future.

David also welcomed Lynnette Grieve to the Committee, who was attending for the first time and will be taking up the post of Employee Director from April. The Committee welcomed Lynnette to the Finance and Performance Management Committee.

2.   Apologies for absence

Apologies were received from Jean Ford, Non-Executive Director.

3.   Minutes of the previous meeting held on 21 Nov 2019   (NES/FPM/19/39)

The minutes of the previous meeting were approved as a correct record.

4.   Action list from previous meeting held on 21 Nov 2019   (NES/FPM/19/40)

Members noted that all the action points had been completed or were in hand, following agreed minor correction.

5.   Matters arising from the minutes

There were no matters arising.

6.   Declarations of Interests

There were no declarations of interest.

Business Matters

7.   Finance Report   (NES/FPM/20/02)

Janice Sinclair introduced a paper presenting the financial results for the first ten months to 31st January 2020 and to indicate the anticipated forecast outturn as at 31 March 2020.

- The current anticipated final NES budget for 2019/20 is £502.5m. This is a reduction of £3.5m due to an additional £1.5m of non-recurrent contribution towards the National Boards savings, finalised allocation adjustments of £0.8m, agreement to return non-recurrent funding of £0.7m to Scottish Government, and a request to carry forward £490k in relation to transformation projects.

- The Medical Training Grades financials have been separated from the rest of NES to simplify presentation of the financial position. When the 2019/20 budget was set it was expected that the amount required in 2019/20 to fund the Medical Training Grade deficit would be £4.9m. The current underlying Medical Training Grades deficit is £2.6m.

- An agreement is in place with the Scottish Government regarding the historic recurrent funding deficit in Medical Training Grades to be addressed on a non-recurrent basis in the current financial year with a view to securing additional recurrent funding in future years.

- The current year end forecast outturn is an overspend of £2.1m. This arises from a reduced funding requirement from Scottish Government for Medical Training Grades of £2.21m after £0.4m held in provision has been applied, this is further reduced by an underspend in the balance of the NES budget of £0.1m. This funding will be received from Scottish Government as agreed.

- A member commented that there appears to be more movements to the NES financials compared to previous years, highlighting the increased challenges and complexities to work within the budget provided.

- It was noted that in year funding can sometimes be allocated late in the year, which can impact on the likelihood of completing agreed work. NES management have raised this with colleagues at Scottish Government.

- A member raised a concern that NES will be expected to contribute more to the National Board savings target, given that NES have contributed an additional

- £1.5m non-recurrently in addition to the £2.5m recurrent saving made from the 2018/19 budget.
- Audrey McColl explained that recurrent savings of £11m have already been delivered by the National Boards. The balance of £4m has been delivered across the national Boards on a non-recurrent basis for 2019/20 and therefore this £4m will have to be carried forward into 2020/21 until a recurrent solution is agreed. There is an expectation from SG that these savings will be delivered. After discussion it was agreed that £1m could be offered on a non-recurrent basis for 2020/21 at this stage.

- A member raised a query regarding the £180k for a training mannequin based in Forth Valley hospital. Stewart Irvine explained that NES supports two training simulation centres in hospitals in Scotland and that the mannequin will be located in Forth Valley simulation centre in support of undergraduate medical education.

- A member raised a query regarding the Digital overspend of £363k. Janice Sinclair explained that this is mainly due to additional approved spend of £525k for the purchase of IT hardware and an additional purchase of a back catalogue of journals (£60k) from the Royal College of Nursing (that were previously removed as an efficiency saving as part of the 2019/20 budget process). This overspend has been offset from other areas of the NES budget.

- Stewart Irvine noted two areas of concern that could affect NES budget going forward: there is a growing challenge for Boards to release staff from services to take part in training and education; and the increasing challenge to recruit to certain roles within NES which could have an impact on the recruitment lag.

The Committee noted the Finance Report and the increased contribution to the National Board savings target contained within the figures. The Committee were satisfied that sufficient controls are in place to manage the NES financial position, however noted the increased complexity involved in managing the NES budget. The Committee thanked Finance colleagues for their work towards balancing the NES budget.

8.   Performance Management Report   (NES/FPM/20/03)

Donald Cameron presented a paper which provided the committee with an overview of NES's performance against the targets set out in the NES Operational Plan for the 3rd quarter of the reporting year 2019/20.

- Out of 562 targets, 496 have been rated green, 46 amber and 20 red. 111 have been ranked as priority targets. Of the 111 priority targets, 95 are green, 10 amber and 6 red.

- Donald Cameron explained that it is usual that more targets are rated red towards the end of the year, particularly when in year funding is received late, is reduced or becomes unavailable, which result in the deliverables becoming reduced or unachievable.

- Colleagues in Planning and Corporate Governance are looking at the possibility of introducing additional colours alongside the red and amber rated targets, which

will help identify to members which targets have been rated red or amber due to elements out of their control, such as reduced or late received funding.

- A member raised a query regarding a red rated target regarding Data security which has been rated red due to exceeding the target date. Donald Cameron noted he will provide an update from Digital colleagues regarding this target.   **Action: DC**

- A member raised a query regarding if there could be checks in place to help identify red and amber targets at an earlier date. Donald explained that as well as the impact of external funding being stopped, reduced or allocated later than expected, it is also normal that it becomes more apparent towards the end of the year what is and what is not fully achievable.

The Committee noted the report and link to the performance dashboard and were assured that sufficient controls are in place to manage the performance of NES.

9.   Draft Operational Plan and Financial Plan

a) 2020-21 Draft Annual Operational (AOP) Plan and Digital Plan   (NES/FPM/20/04)

Donald Cameron presented the draft Annual Operational Plan (AOP) and draft Digital Plan for financial year 2020/19.

- The AOP guidance was received at the end of November 2019 and NES submitted a draft to the Scottish Government on 13th December 2019. In addition, a letter was received from Caroline Lamb, Director of Digital Reform, Scottish Government, requesting a more detailed Digital Health and Care Plan and NES submitted a draft at the end of January 2020.

- The NES Board and Scottish Government provided feedback on the draft AOP and a final draft was submitted to Scottish Government on 14th February along with the supporting draft Digital Plan. Feedback from the draft Digital Plan has not yet been received. Final versions of both documents will go to the NES Board on 26th March 2020.   **Action: DC**

- The AOP is supported by a detailed Operational Plan, which is aligned with the five key areas of strategic focus and outcomes within the NES strategy for 2019-24. The finalised Operational Plan will be submitted to the Finance and Performance Management Committee in May for information.   **Action: DC**

- The NES Operational Plan will work on a three-year planning cycle which identifies priorities for the forthcoming year and outlines plans for years two and three. Targets will form the basis of performance management during 2020/21.

- Members noted that much of the work in relation to National Digital Services (NDS) is subject to funding and discussed the strategic risks in relation to this.

- Members commented that the AOP is an excellent document highlighting the breadth and quality of work ongoing in NES. One member felt that more emphasis could be made on the impact NES has on NHSS services. Donald Cameron noted that the strategic outcomes reflect the impact NES has on the wider Health and

Care service in Scotland and will ensure to liaise with members of the Finance and Performance Management Committee to review wording in relation to this prior to submission of the AOP for 2021/22. **Action: DC**

The Committee noted and were satisfied with the draft Annual Operational Plan (AOP) and Digital Plan for 2020/21.

b) 2020-21 Draft Financial Budget Update (NES/FPM/20/05)

Lizzie Turner provided the Committee with an update on the development of the draft baseline Budget for 2020/21.

- The Scottish Government has confirmed NES's 2020/21 baseline recurring funding at £461.5m, which is £2m less than the budget assumed in earlier drafts of the NES budget.

- The majority of the £2m difference is due to confirmation that the National Board saving target of £1.5m will remain allocated against the NES budget. Within the numbers presented it has been assumed that NES will contribute £1m to the National Board savings target which will be funded by vacancy lag savings on a recurrent basis and the remaining £0.5m will be met by other National Boards. After discussion it was agreed that this contribution should be proposed on a non-recurrent basis initially to allow other Boards to develop plans to increase their recurrent contribution. The remaining £0.5m is based on 2% inflation uplift to the total baseline recurrent NES budget instead of specifically funding pay inflation.

- The general inflation uplift has disproportionately impacted on the Medical Training Grade budget increasing the deficit in this area. This is offset by an increased level of funding from the rest of NES.

- As part of the agreement with Scottish Government to underwrite the deficit on Medical Training Grades until a more sustainable funding model had been put in place, it was agreed that NES endeavour to reduce the amount of additional funding required for Medical Training Grades. NES have identified savings of £2.5m in the draft budget for 2020/21, which could contribute to reducing the training grade deficit to £2.5m, which would be underwritten by Scottish Government.

- Pay awards for Medical and Dental staff have yet to be agreed however an assumption of 2.5% have been set out in the NES budget.

The Committee noted the draft Budget and recognised that there is still a high level of uncertainty in relation to some cost pressures.

10. Procurement Reports

a) Procurement Update Report (NES/FPM/20/06)

Kenny McLean presented the paper which provided the Committee with an update on the procurement activity which has taken place during the third quarter of 2019/20.

- The overall commitment which Procurement could directly influence for the third quarter of 2019/20 was just over £5.7m (of which £3.8m was placed via SLA's to other boards and training grades). NES high value contracts accounted for £1.9m of this order placement and the balance committed via NHS National Procurement and Scottish Government frameworks and pre-existing contract and call off agreements. In the third quarter, cumulative savings of £878k were identified.

- Scottish Government have requested NES Digital Services (NDS) support implementation of an ophthalmology Electronic Patient Record system to replace a largely paper-based records. ToukanLabs have been contracted to produce a version of their OpenEyes software for roll out in early 2021.

- The Dental Directorate has become aware of an increasing difficulty in sourcing sufficient patients for dental training and teaching. In order to alleviate this situation, NES has procured three Nissin Simodont Dental Trainers (simulation equipment), due for delivery in March.

- Kenny McLean informed the Committee that the recent corona virus outbreak could lead to delays to the supply chain for items such computer hardware.

- A member raised a query regarding Procurement arrangements during and after the Brexit transition period. Kenny McLean gave assurance to the Committee that Procurement activity during the transition period will remain the same as the EU Procurement arrangements and added that it is likely that Procurement arrangements will remain largely unchanged after the transition period.

- Final bids for the National Cloud Procurement for National Digital Services (NDS) are being evaluated and a decision is expected week beginning Monday 17th February 2020.

The Committee noted and were satisfied with current and planned procurement activity.

b) Procurement Duty Annual Report   (NES/FPMC/20/07)

Kenny McLean presented the paper which provided the committee with an update on governance and delivery of the equalities and diversity actions relating to the Procurement Duty.

- In accordance with the Procurement Reform (Scotland) Act 2014, the procurement team maintain a robust set of processes which are designed to support fair and consistent procurement practice and enable measurement of overall compliance and NES's use of these processes.

- Requirements are embedded and linked to the Inclusive Education and Learning Policy and NES's accessibility standards in tenders

- The Suppliers Sustainability Code of Conduct is published on the NES Internet to support NES's Equality and Diversity aims.

- The Committee noted that all companies contracted to provided services to NES offices, such as cleaning and catering, pay their staff the living wage.

The Committee noted and were satisfied with the progress taking place to deliver the procurement duty.

11. Sustainability and Climate Change Performance Report (NES/FPM/20/08)

Donald Cameron and Nicola Todd presented the report which updated the Committee on NES's progress towards improving sustainability in relation to procurement, travel and facilities.

- NES are currently required to submit two reports on an annual basis, commissioned by Scottish Government, in relation to Sustainability and Climate Change. It has recently been announced that these two reports will be combined to form one annual return.

- The report contains information from financial year 2018/19. A report detailing sustainability progress in financial year 2019/20 will be submitted to the November committee meeting, which will be the first of an annual report submitted to the Committee every November going forward.

- The sustainable procurement policy, supported by the sustainability code of conduct, is in place to ensure that procurement activity complies with appropriate legislation, such as the United Nations Global Compact for Responsible Business Practice.

- When the Glasgow and Edinburgh catering contracts were re-tendered, NES requested details of their recycling commitments and strongly encouraged them to consider paying the Living Wage which they are both now committed to doing.

- There was a 15% reduction in the numbers of journeys taken in 18/19 compared to 17/18, however rail costs have slightly increased as there has been an increase in the cost of the average journey from £20 - £24. Overnight accommodation has increased in 18/19 from 17/18, however costs have decreased.

- Reduction of Multi-Functional Devices (MFDs) at 2CQ and Westport has resulted in a reduction of printing, amounting to £20.5k savings over 5 years. Recycling increased in 18-19, however there has been an increase in landfill waste at 2CQ, which could be attributed to an increase in staff numbers.

- A member asked if the number of virtual meetings could be captured for inclusion in future reports, as this could help to illustrate the extent of the reduction of travel.
  Action: NT
- The Committee agreed that the report should be submitted to the Senior Leadership Management Team and Senior Operational Leadership Group for information.
  Action: JA

The Committee noted and were satisfied with NES's progress towards improved sustainability performance and noted that an annual report will be submitted to the November Finance and Performance Management Committee.

12. Priority Improvement Project Progress Report (NES/FPM/20/09)

Donald Cameron introduced a paper providing an update on the activities undertaken by and supported by the OPIP team.

- The main areas of work for the OPIP team continue to focus on cross-organisational projects identified by NES as priorities: SMARTER working; Properties; Unified Communications; Continuing Professional Development; Dental Outreach; and Training Programme Management.

- The Committee noted that projects are at different stages and therefore further details will be confirmed as the projects continue.

- A member raised a query regarding figures in relation to the Inverness accommodation project and Donald Cameron assured the Committee that under the Properties policies, NES is required to review contracts and explore alternative options as contracts approach a lease break. Costs potential refurbishment and potential savings to rental costs will be established when full feasibility study has been produced.

The Committee noted the ongoing performance improvement developments taking place in NES.

13. South East Payroll Consortium Business Case   (NES/FPM/20/10)

Audrey McColl presented the report which informed the Committee of the Business Case for the Single Employer, Multiple Site model for Payroll services within the South East Payroll Consortium.

- The South East Payroll Consortium is made up of seven Boards: NHS Fife, NHS Forth Valley, NHS Lothian, National Services Scotland (NSS), Healthcare Improvement Scotland (HIS), NHS Education for Scotland (NES) and the Scottish Ambulance Service (SAS). Public Health Scotland will join the Consortium on the 1st April 2020. The shared payroll services will reduce five payroll services into one.

- NSS and NHS Lothian both bid to become the 'Single Employer' and NSS was identified as the preferred 'Single Employer' by an Independent Panel on 10th January. This will be followed by a period of consultation and approval by Boards, with the outcome that payroll staff will be TUPE transferred to NSS.

- NES currently outsources its payroll to NSS therefore this will have no effect to NES staff.

The Committee endorsed the outcome of the Business Case on behalf of the NES Board given that NES's payroll is already processed by NSS.

14. NES Risk Register Primary 1 Report   (NES/FPM/19/11)

Audrey McColl introduced the annual report to present inherent primary 1 risks which have been identified as relevant to the Finance and Performance Management Committee.

The Committee noted and were satisfied with the report and were assured that adequate actions and controls are in place to mitigate risks relevant to the Finance and Performance Management Committee.

Items for information

15. Internal Audit Reports

Two internal audit reports were received by the committee for information.

a) <u>Review of NES Digital Services (NDS)</u>
The Committee noted and were content with this report. Audrey McColl noted that this report will also go the Digital Committee.

b) <u>Review of Financial Control Framework</u>
The Committee noted and were content with this report. Stewart Irvine noted that this was an extremely positive report.

16. External Audit Draft Plan 19/20

The Committee noted the External Audit Draft Plan for the 19-20 financial accounts and noted that the materiality has been calculated £10.34m (2% of gross expenditure based on 2019/20 budget), with performance materiality set at 75% of overall materiality. This has remained at the level previously adopted and is based on auditors' experience of auditing NES over the previous three years.

15. Any Other Business

No other business was raised for discussion.

16. Date of Next Meeting

The date of the next meeting is Wednesday 20th May at 10:45 and will take place in Westport, Room 8.

NES
Feb 2020
JA/dc/amc

NHS Education for Scotland

EDUCATIONAL & RESEARCH GOVERNANCE COMMITTEE

Unconfirmed minutes of the thirty-eighth meeting of the Educational & Research Governance Committee held on Thursday 20 February 2020 at Westport 102, Edinburgh

Present: Mr Douglas Hutchens (Chair)
                 Dr Doreen Steele
                 Ms Sandra Walker
                 Ms Vicki Nairn (by videoconference)

In attendance: Professor Stewart Irvine, Acting Chief Executive
                 Ms Karen Wilson, Director, Nursing, Midwifery & AHPs/
                                                        Executive Lead
                 Professor Alastair McLellan, Postgraduate Dean
                 Professor Adam Hill, Postgraduate Dean
                 Mr Duncan Pollock, General Manager (Quality)
                 Ms Jill Murray, Senior Quality Improvement Manager
                 Mr Rob Coward, Principal Educator/Executive Secretary
                 Mr Chris Duffy, Senior Admin Officer, Board Services

1. Welcome and introductions

Douglas Hutchens welcomed everyone to the meeting, including Chris Duffy who was attending his first E&RGC meeting.

2. Apologies for absence

Apologies were noted from Mr David Garbutt, NES Chair.

3. Notification of any other business

There were no notifications of any other business.

4. Declaration of interests

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

5. Minutes of the Educational & Research Governance Committee (NES(E&RGC)20/01)

The Committee reviewed the unconfirmed minutes of the E&RGC meeting held on 12 December 2019 and confirmed them as an accurate record.

6. Action status report (NES(E&RGC)20/03)

The Committee reviewed the report on the status of actions agreed at previous meetings. It was noted that several actions had been completed and should be removed from the report. There were also outstanding actions of which most were not yet due. Members noted action items marked as 'ongoing' and it was agreed these would be deleted when the Committee is confident that the agreed changes had been adopted as standard practice.

Members focussed on the wording of Action 3.2 from 12/12/2019 and put forward some amendments. RC will make the necessary changes.

Action: RC

The work on report cover papers was recognised, and it was noted that they were more fit for purpose at this committee. It was suggested however that further work was needed to ensure a consistent approach to the completion of cover sheets.

7. Educational & Research Governance Lead's report (NES(E&RGC)20/05)

The Committee considered the Educational & Research Governance Lead Officer's report, which provided information on new products and services, good practice and emerging issues relating to NES's education and research activities. Members commented that the report provided a helpful overview of the breadth of work NES covers in different staff groups and directorates. The report can also be used as a source of good practice

Commenting on the Turas Learn update, members noted that the update was brief and requested a more substantial update for the next meeting.

Action: RC/AT

8. Educational & Research Governance Executive Group minutes (NES(E&RGC)20/05)

The E&RGC received and noted the unconfirmed minutes of the Educational & Research Governance Executive Group (ERGEG) held on 28 January 2020 for information. Three programmes of work were presented at ERGEG Antimicrobial Resistance Health Care Associated Infections programme, Adults with Incapacity for Dentists programme and the Pharmacy Educational Governance Review. Assurance was provided to the committee and no concerns were raised.

An Educational Governance risk profiling exercise will take place across all directorates, an update will be brought to the next committee. Members noted that the exercise will be useful and requested that their appreciation for the work undertaken by ERGEG should be fed back.   **Action: RC**

9. Medical Training Quality Management GMC On-line Deans Report (ODR) (NES(E&RGC)20/06)

Alastair McLellan presented a report on the Medical Deanery's Management of the quality of postgraduate training in Scotland. The report summarised data from different sources to provide a detailed overview of education and training quality and the associated quality management processes. He presented the report in three sections as follows:

- Item 09 – An update on the deanery process for interacting with the General Medical Council's (GMC's) Online Dean's Report with an overview of current items, delivered by Jill Murray
- Item 10 – A summary of the 2019 GMC National Trainee Survey triage process, delivered by Adam Hill.
- Item 11 – A detailed briefing on the current Enhanced Monitoring situation in Medical training quality management, delivered by Alastair McLellan.

Following the presentation of the online dean's report members enquired how items were closed on the report, Jill Murray confirmed that NES recommend the closure and contact the GMC directly, the GMC then confirm the item has been closed. It was also noted that there were what appears a larger number of items closed in 2018, this was due to an extensive streamlining process of the report which took place in 2018. Further to this, the number of visits is increasing and there is a member of NES staff on the GMC's ODR User Group.

Members enquired if the Health Boards are engaged with this Quality Management work and asked who is responsible for using this evidence across the boards. Alastair McLellan confirmed that the Taskforce for Improving the Quality of Medical Education (TIQME) was introduced in 2014 where the Quality Management processes have been showcased as good practice. This taskforce has attendance from Medical Directors and Directors of Medical Education from all Health Boards and Quality Management has been revisited twice.

10. Medical Training Quality Management GMC Triage Process (NES(E&RGC)20/07)

Following the presentation on the GMC Triage Process it was noted that NES was already committed to visiting all sites highlighted through the GMC triage process. This underlined the accuracy of NES's quality management processes. Members of the committee asked who the visit feedback is shared with, the quality team confirmed that the visit report is published online. Previous visit reports and further Quality Management information can be found on the Scotland Deanery website,

https://scotlanddeanery.nhs.scot/quality/ . It was also confirmed that although survey data and visit reports are in the public domain, the GMC triage list is not.

11. Medical Training Quality Management GMC Enhanced Monitoring in Scotland (NES(E&RGC)20/08)

Professor McLellan introduced the data on the Enhanced Monitoring cases in Scotland, which comprised six cases (down from eight the previous year). In a response to a question regarding trainees in enhanced monitoring posts missing training opportunities, Professor McLellan reassured the committee that this is picked up at the Annual Review of Competency Progression (ARCP) process. At the ARCP, any gaps in training are identified and can be targeted appropriately.

A further question was raised regarding the educational governance of Enhanced Monitoring posts. It was confirmed that the governance of training sits with the Health boards, immediate feedback is given to Site Leads, Directors of Medical Education and the Heads of Service. The GMC commended NES in 2017 for their Quality Management systems and processes. The Quality team continue to work with the GMC to get better at analysing the data.

E&RGC members confirmed their assurance in the quality management of postgraduate medical training and acknowledged the significant amount of evidence provided regarding the quality improvement journey. Professor McLellan and his colleagues were congratulated for their work.

12. Medical Training Quality Annual report (NES(E&RGC)20/09)

The Committee noted the Medical Training Quality Annual Report which was presented by Duncan Pollock. A section on the training year in numbers helped to summarise the vast amount of work that has taken place in the last year. It was noted that the GMC are taking a new approach to Quality Assurance and will come to NES meetings/visits as observers to gain assurance. The GMC will then produce a draft annual summary. The E&RGC found the report very helpful in providing a rounded assurance. Committee members would like to continue to receive detail of the new GMC Quality Assurance process and requested the GMC draft summary to come to the committee when available.

Action: RC/AMcL

13. GMC Workforce Survey (NES(E&RGC)20/10)

The Committee received and noted the report on the 2019 GMC registrant survey. The Committee would like to continue to receive updates when these are available.

Action: RC

14. NES Volunteering Policy and Handbook (NES(E&RGC)20/11)

NES are currently in the process of applying for re-accreditation in the award of Investors in Volunteering (IiV) status and the E&RGC are asked to approve the updated NES Volunteering Policy and Handbook. Members of the committee agreed the following amendments:

- Clarify the mileage allowance for reimbursement of volunteers' car use expenses
- Indicate that NES's Whistleblowing Policy applies to volunteers
- Add in a link to NES's work experience policy
- Include a document review date in the Document Information
- Include a reference to the Investing in Volunteers Advisory Group

Action: RC

The E&RGC further resolved that the Volunteering Policy should be referred to the Staff Governance Committee for information and comment, and the NES Board for final ratification.

Action: RC

15. Educational Governance case study (NES(E&RGC)20/12)

The Committee noted an Educational Governance case study based on the NES Pharmacy team's Over-The-Counter Consultations education programme. E&RGC members noted the positive educational response to an identified service quality issue.

16. Items for inclusion in the E&RGC risk registers

No risks were identified.

17. Items for inclusion in the E&RGC annual report

The committee identified the following for inclusion in the E&RGC annual report:

- The excellence of Quality Management work in providing the GMC with assurance on postgraduate medical education
- The clear link between the Quality Management of postgraduate medical education and public services in Scotland.

18. Date and time of next meeting

The next meeting of the E&RGC will be held on Thursday 14 May 2020 at 10.15 a.m. at the 2 Central Quay Office, Glasgow.

CD/RC/   February 2020

NHS Education for Scotland

DIGITAL COMMITTEE

Unconfirmed minutes of the first meeting of the Digital Committee held on Monday 2 March 2020 at Westport 102, Edinburgh

Present: Mr David Garbutt (Chair)
                 Mr Douglas Hutchens
                 Mr Angus McCann
                 Ms Vicki Nairn (by videoconference)
                 Mr Donald Wilson, Director of Information and Digital Technology, NHS Lanarkshire
                 Dr Paul Leonard, Clinical Lead for Digital, NHS Lothian
                 Dr Lorna Ramsay, Medical Director, NHS National Services Scotland
                 Mr Alan Aitken, Policy Manager, Health and Social Care, COSLA

In attendance: Professor Stewart Irvine, Acting Chief Executive
                 Dr David Felix, NES Caldicott Guardian
                 Ms Audrey McColl, Director of Finance and Deputy Chief Executive
                 Mr Christopher Wroath, Director of Digital
                 Mr Geoff Huggins, Director of NDS
                 Ms Gemma Diamond, Audit Director, Audit Scotland
                 Mr Colin Brown, Head of Strategic Development, Chair's Office
                 Mr Chris Duffy, Senior Admin Officer, Board Services

1. Welcome and Introductions

David Garbutt welcomed everyone to the first meeting of the Digital Committee.

2. Apologies for Absence

Apologies were noted from Ms Dorothy Wright, Director of Workforce.

3. Notification of Any Other Business

There were no notifications of any other business.

4. Declaration of Interests

Dr Lorna Ramsay declared her position as Chair of The Public Benefit and Privacy Panel for Health and Social Care.

5. Membership and Remit (NES(DC)20/02)

Members of the Committee were informed that if they were unable to attend a meeting in the future, the Committee would welcome a deputy providing that person

could speak on behalf of the organisation they work for. One amendment was suggested for the Remit to ensure that the Committee can assure itself of the appropriateness of the strategic approach being progressed for digital in NES. The Remit was then accepted by the Committee.

Action: CD/CB

6. Draft Minutes and Actions of the Final Digital Sub Committee (NES(DC)20/03)

The minutes of the final meeting of the Digital Sub Committee were approved following two amendments suggested by those who were present at that meeting. On page 1 under chair's update bullet point 1 the text "he would" was added to make the sentence clearer. On page 4 bullet point 3 the point will be re-drafted and separated into 2 points for clarity. The first point is "when bringing information to the Committee it needs to be framed for the purposes of governance and assurance, with important technical concepts and details presented and explained in a way which is accessible to Committee members who do not have specialist technical knowledge. This is necessary to ensure the Committee can properly exercise its scrutiny function". The second point is "the Digital Sub Committee also considered the nature and importance of partnership working. This included looking at the nature of partnerships; scale; how and why NES/NDS is engaged with various partners together with looking at the engagement processes for and assessing the impact of working with NHS Boards. The Committee indicated its willingness to ensure the new Digital Committee could help support and develop partnership arrangements".

Action: CD

The outstanding actions from the final Digital Sub Committee were provided to the Chair for review in advance of this meeting as part of the handover process. It was noted that a number of actions were now complete or in hand and would be rolled forward to the new Digital Committee as necessary. In relation to an action regarding workplan and presentation it was noted that work has been ongoing to integrate NDS planning into the Annual Operating Plan procedures fully in accordance with NES corporate planning arrangements. It takes account of recent discussions with Scottish Government regarding the NDS commission.

Action: AudMcC, GH

7. Matters Arising

There were no matters arising from the minutes.

8. Planning Future Business – For Discussion (NES(DC)20/04)

Following consideration of the paper the Committee agreed that its approach and the format of information provided should ensure the discharge of its assurance and scrutiny functions in accordance with the remit. The model contained on page 6 of the Blueprint for Good Governance document was recommended as an appropriate basis for such an approach. In particular, it clearly acknowledges the importance of how a Board approaches the achievement of its strategic aims and objectives as well as its focus on performance and outcomes. The Committee will develop what it considers to be an appropriate level of risk appetite in this context. It was agreed that a proposal for an assurance framework to underpin the Committee's work would be developed and brought back for further consideration.

Action: Chair and AudMcC

8.1 Approach to Governance (Audit Scotland)

Building on the discussion set out at 8 above, Gemma Diamond from Audit Scotland delivered a presentation on "Principles for a Digital Future" with a focus on clear leadership, active governance and risk. It was noted that digital in the public sector, and health in particular, will be prominent in Audit Scotland's forward work programme for 2020/21 and is receiving considerable attention from the Public Audit and Post Legislative Scrutiny (PAPLS) Committee in the Scottish Parliament. PAPLS has recognised the importance of all public sector organisations having regard to the Audit Scotland guidance to ensure an approach to governance for digital which is evidence based and applies existing lessons and good practice from other organisations into NES. There was some consideration of the use of Agile methodology and the implications for governance. The Director of NES Digital referred the Committee to 'The NES Agile Handbook – Delivering Public Governance in an Agile Environment'. It was agreed this will be circulated to the Committee and given further consideration at a future meeting. It was also discussed that the NES Board should have a good working understanding of Agile and consider associated governance issues.

In this context the Committee highlighted the following:

- the importance of scrutiny and assurance with regard to the strategic direction for digital within NES and alignment to national priorities and policy direction – principally through the Annual Operating Plan process and the related digital component
- seeking structured feedback from a range of external organisations and interests to provide validation of the approaches being adopted by NES – potentially using examples from other organisations
- understanding the implications of national level governance arrangements for digital as they relate to NES

- the importance of stakeholder engagement (noting the point above concerning validation)
- the Committee agreed to invite Audit Scotland back to future meetings

Action: CD/CB

8.2 Scottish Government Annual Operating Plan Guidance

The NES Annual Operating Plan (AOP) has been submitted to the Scottish Government. A response is awaited. As noted, all NHS Boards were required to submit an additional detailed digital plan as part of the 2020/21 approach to AOPs. The plan will come back to the Committee when signed-off by Scottish Government and will go to the NES Board. It is expected that a synopsis of the digital elements of all 22 NHS Board plans will be available to the Committee in due course.

Action: CD

8.3 Approach to Planning Future Business

This item was covered under the discussions at Item 8.1.

8.4 Development Plan for the Digital Committee

The following items were noted for consideration as part of a future development plan for the Committee:

- clinical safety and assurance
- cyber security
- Scottish Government policy and strategy
- strategic working
- potential visits to and engagement with other relevant other bodies for e.g. NHS X

All Committee members were invited to provide suggestions for the development plan.

Action: All

9. Lead Officer's Report (NES(DC)20/05)

The Lead Officer's report provided updates on the 2019/20 financial position for both NDS and NES Digital, the progress in securing an agreed commission from Scottish Government in relation to the activity to be undertaken by NDS and the Cloud Procurement undertaken by NDS. The Committee discussed further the Cloud

procurement and the rollout of ReSPECT in Forth Valley due to go live on 4th March In response to questions about clinical safety and assurance, The NDS Director noted the extent of governance and compliance arrangements for ReSPECT.

10. Internal Audit Review of NDS (NES(DC)20/06)

The Internal audit review of NDS was shared with the Committee for information. The report notes a number of governance issues within NES, including the establishment of the Digital Committee which was considered to be a positive development. Actions from the review have been fed into the Committee action tracker and with linkage across to the Audit Committee as appropriate.

11. Any Other Business

Four key points were made under any other business;

- the Committee would like to be engaged with NDS work going live
- it was noted that NES has recently become an authorised user of data in the NHS and the Chair referred to consideration being given to amendments to the NES Establishment Order with regard to data sharing
- David Bates will be visiting the Bayes Centre on the 19th March and members of the Committee are very welcome to attend
- as the Committee moves forward it will have the ability to utilise additional expertise as necessary to assist with a particular area of work

12. Date and time of next meeting

The next meeting of the Digital Committee will be held on Monday 1st June 2020 at 1:00 p.m. in Room 4, 102 Westport, Edinburgh, EH3 9DN.

AUDIT COMMITTEE

Minutes of the seventy-third meeting of the Audit Committee held on Thursday 30 April 2020 via Microsoft Teams.

Present:	Doreen Steele (Chair)
	Sandra Walker
	Linda Dunion
	Anne Currie
In attendance:	Stewart Irvine, Acting Chief Executive
	Audrey McColl, Director of Finance
	Janice Sinclair, Head of Finance
	Paul McGinty, KPMG
	James Lucas, KPMG
	Clare Connor, KPMG
	Joanne Brown, Grant Thornton
	David Garbutt, Board Chair
	Christopher Wroath, Director of Digital
	Rob Coward, Principle Educator
	Gillian Mawdsley, Non-Executive
	Della Thomas, Board Secretary Principalle Lead
	Jenn Allison, Committee Administrator

1. Welcome and introductions

The Chair of the Audit Committee welcomed everyone to the meeting, particularly Gillian Mawdsley and Della Thomas who had joined the meeting to observe. Gillian Mawdsley joined the NES Board as Whistle Blowing Non-Executive in March and Della Thomas joined NES in April as Board Secretary Principal Lead Corporate Governance in Planning and Corporate Resources.

2. Apologies for absence

Apologies were received from Monica Halcro, Senior Manager, Finance.

3. Declarations of interest

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

4. Any other business

There was no other business raised for discussion.

5.   Minutes of the Audit Committee, 16 January 2020   (NES/AUD/20/08)

The minutes of the Audit Committee 16 January 2020 were approved as a correct record.

6.   Action list of the Audit Committee, 16 January 2020 (NES/AUD/20/09)

Members noted that the actions from the previous meeting were complete or in hand and the following was noted:

- Annual Accounts sessions for Non-Executives have been cancelled due to the COVID19 pandemic, however Members requested that an alternative workshop is provided by Finance colleagues via Teams.   **Action: JS**

7.   Matters arising

There were no matters arising from the previous minutes.

8.   Impact of COVID response on NES Governance arrangement

a) Governance arrangements   (NES/AUD/20/13)

Audrey McColl introduced the report which updated the Committee on the changes in Governance arrangements which have been required as a result of the NES response to the COVID-19 pandemic.

- To enable realignment of NES resource to support the response to COVID-19, several of the NES standing committees have been stood down, as agreed by the NES Board on 26th March. The Audit Committee and The Staff Governance Committee remain in place to enable robust governance to be maintained. Any urgent papers from the Educational and Research Governance Committee, the Finance and Performance Management Committee and the Digital Committee will be routed through the Audit Committee. The Audit Committee remit has been updated to reflect this.

- Members noted that annual reports of stood down committees will be prepared and agreed by committee members by email before being submitted to the Audit Committee in June.

- NES initiated its Business Continuity and Contingency plans on the 10th March 2020. The NES Executive Team (Extended) meet daily on Microsoft Teams, tracking actions and making key decisions in relation to the NES response to the COVID-19 pandemic. The Operational Incident Management Team, which is made up of local Emergency Contacts from the BCP and co-led by the

Director of Digital and Director of Planning and Corporate Resources, report to the Executive Team (ET).

- An addendum has been added to the NES Standing Financial Instructions to amend some delegated authority limits to ensure that bottlenecks do not occur in key business processes. These will be kept under review.

- The draft Audit Committee workplan for 2020/21 will be presented to the Audit Committee in June, however it was highlighted to the committee that a degree of flexibility will be required in the creation workplan, which could be subject to change.

- The Audit Committee agreed;
  - the amendments to the Audit Committee Remit
  - the proposed Addendum to the NES Standing Financial Instructions for approval by the Board at the May 2020 meeting and
  - noted that the Audit Committee 2020/21 workplan may be subject to change.

b) Record of decisions made at ET (NES/AUD/20/14)

Audrey McColl introduced a paper updating the Audit Committee on the mechanism in place 'the COVID-19 decision log' to ensure that decisions taken by the NES Extended Executive Team during the COVID-19 pandemic are recorded in an appropriate audit trail. The paper under review covered the period from 11 March – 20 April 2020.

An updated version of the Decisions Log will form part of a COVID-19 update paper that will be submitted to the Board meeting on 28 May.

- A member commented that this helps to succinctly log decisions and indicates the amount of work being undertaking in NES to support the pandemic as well as demonstrate that there is clear communication to the organisation. The member noted the decision to encourage staff to take annual leave and asked that this is monitored for staff wellbeing. This will be raised with the Staff Governance Committee (SGC) for monitoring. **Action: SGC**

- Another member also noted the importance of staff wellbeing and given many staff are working overtime asked what is being done to ensure workforce regulations are not being breached. Stewart Irvine assured the committee that a guidance for managers to support the wellbeing of staff has been produced and circulated.

- A member raised a query regarding the safety of NES staff who would be working in Care Homes as it has been recognised that this is a high-risk area. Audrey McColl explained that these are student Nurses who would normally be on a clinical placement but who, during the pandemic, will be employed by NES. Although now employees, these students will continue to have access to mentors and Care Home Practice Education Facilitators and are only working in facilities which are approved training practices. Any student, with any issues in relation to PPE would raise this with the Care Home and NES.

- A member raised a query regarding the financial impact of those students and trainees who have come through the COVID-19 Accelerated Recruitment Portal (CARP) and will be employed by NES and the 3-month extensions of Digital contractors. Audrey McColl assured members that an agreement is in place with Scottish Government that any employment of staff in relation to the CARP will be underwritten. Audrey added that regular financial reports are submitted to Scottish Government which highlight increased costs due to COVID-19 related work as well as areas of work that have been stood down, which may be able to offset some of the additional costs. The impact of the COVID-19 pandemic will affect the 2020/21 budget and this is regularly reported to Scottish Government.

- The Audit Committee noted the Decision Log and noted that information regarding conclusion of decisions will be populated prior to submission to the May Board meeting.

9. Internal Audit Reports

a) Review of Cyber Security Arrangements

Paul McGinty introduced the report which reviewed NES's cyber and information security risk management arrangements.

- The report found that expected controls and arrangements were not fully established or in place in a number of areas and that NES has significant work complete in order to achieve compliance with ISO27001.

- 14 recommendations for improvement have been identified, 5 High, 7 Moderate and 2 Low Risk. Recommendations included: establishing a security monitoring tool; improving compliance tracking; establishing user entitlement reviews and tightening joiners/leavers process; improving incident management documentation; tightening arrangements for visitor access; establishing a strategy for replacement hardware and software and a structured plan for penetration testing.

- Christopher Wroath informed the Committee that management accept the general outcome of the audit and gave members assurance that the technological environment in place to protect NES from cyber threat is robust. Christopher emphasised that the majority of recommendations are in relation to the application of procedural checks. He also noted that Digital continue to experience resourcing issues due a competitive Digital job market.

- Christopher added that NES had previously considered implementing a security monitoring tool, however following discussions with Scottish Government, it had been agreed that this should be implemented on a National basis and National Services Scotland (NSS) have been tasked with this. Members requested that information in the report is updated with this information.
  Action: CW/PMcG

- A member asked for clarification regarding GDPR training for staff. Christopher assured the committee that training was provided when GDPR came into effect and although not part of the essential training suite, GDPR training is available to staff who require it. In addition, a new training module will be released later this year. Members requested that the Management Response is updated to include this information.   **Action: CW/PMcG**

- The committee noted that NES Information Security Forum will work to triangulate Internal Audit Recommendations, and work required to prepare for both the Security of Network and Information Systems Regulation Audits (covered under item 14) and ISO27001 Audit.

The Audit Committee noted the report and the assurance provided.

b)   Review of Corporate Governance / Good Practice

Paul McGinty introduced the report which reviewed progress made by NES in addressing the recommendations made in the Blueprint for Good Governance framework document.

- The report found that the NES Board has taken a structured and responsive approach to the Blueprint requirements and has completed all of the initial tasks required by the Scottish Government Health Directorate in line with the timeframes.

- 3 Low risk recommendations have been identified regarding: updating action plans with more detail; hold the Board development session on 'Our Way'; recording of minutes and actions points of Scottish Government sponsor meetings. Stewart Irvine informed the committee that records of actions points will be taken by NES colleagues for information, as no formal minutes are taken by Scottish Government at these meetings.

- The Board action plan arising from the Blueprint for Good Governance was provided as Appendix 1 to the report. A member raised a query regarding the timelines for action 1 – accelerate the review of the NES communication strategy and of the planned stakeholders survey. Audrey McColl noted that discussions will take place regarding timelines with Head of Communications, John MacEachen. An update will be provided as part of the follow up report in the June committee. **Action: JMcE**

The Audit Committee noted the report and the assurance provided.

c)   Status Update and Follow up summary 2019/20 Q4

Paul McGinty introduced the report which provided the Audit Committee with an update on progress against the Internal Audit planned reviews and assurance that during Q4 2019/20 internal audit recommendations have been implemented satisfactorily or are in progress.

- The report highlighted that Internal Audit are on track with the number of completed, in progress and planned Audits according to the 2019/20 internal audit plan.

- There are 2 audit reports due at the next Audit Committee in June; Property Transaction Monitoring and Lead Employer Programme. The internal audit global risk assessment has been impacted by the resource requirements for NES of the response to COVID-19 and may not be concluded in time for submission to the June committee meeting.

- Of the 15 actions outstanding, 6 have been confirmed as closed during the fourth quarter of 2019/20 resulting in 9 open outstanding actions, 8 of which are overdue. 3 of the outstanding actions relate to audits from 16/17 and 17/18. 16 new actions have been added to the tracker from the reports submitted to the April committee.

The Audit Committee noted the report and were aware that NES continues to make good progress in implementing outstanding audit recommendations and noted the planned Audits.

d)   Draft KPMG Internal Audit Plan 2020/21

Paul McGinty introduced the draft internal audit 2020/21 plan for review and discussion and noted that a final version of the plan will be submitted to the Audit Committee for approval in June 2020.

- KPMG have developed a plan which requires 90 audit days and will focus on the core elements of NES business from high level strategic planning to

operational support. Audits will include a follow up review of NES Digital Service as requested by the Audit Committee.

- The Audit Committee agreed that it is important Internal Audit maintain a focus on NES core activity, however agreed that a flexible approach should be taken by Internal Audit and noted that areas of focus and timescales could be subject to change, in light of the ongoing NES response to the COVID-19 pandemic.

The Audit Committee noted and were satisfied with the draft internal audit plan for financial year 2020/21 and noted that a degree of flexibility would be taken by Internal Auditors.

e) KPMG Charter

Paul McGinty introduced the KMPG Charter which formalises responsibilities and obligations of the Internal Auditors. The Audit Committee noted the KPMG Charter.

10. External Audit Reports

a) External Audit 2019/20 Progress Report

Joanne Brown introduced the report which provided the Audit Committee with an update on the progress of the 2019/20 External Audit plan, as at April 2020.

- External Audit were able to progress work in line with the plan during January and February however the plan has been slightly amended to take account of the NES COIVID-19 response from March 2020.

- The position regarding the financial risk of COVID-19 will be reflected in the financial statements for 2019/20 however, it is expected that the most significant impact will be in the 2020/21 financial year. No additional financial risks to NES have been identified in terms of the Annual Accounts for financial year 2019/20.

- Although an extension to timelines for completion of the Annual Accounts is possible due to the COVID-19 pandemic response, the external auditors and the NES team have agreed to continue to work to the existing timescales for completion of the NES 2019/20 Annual Accounts, whilst recognising that this may have to change if staff become unavailable or third party service audit reports are not complete.

The Audit Committee noted the report and were satisfied with the progress made against this External Audit plan.

11. Assurance Framework   (NES/AUD/20/15)

Audrey McColl introduced the paper which as agreed at the January Committee will be a standing item on the NES Audit Committee agenda to ensure the Assurance Framework remains a living document.

- Changes requested by members at the January meeting have been incorporated. Members noted that progress against the plan may slip due to pressures in relation to the COVID-19 pandemic.

- A member raised a query regarding status of the action to conduct a risk profiling exercise with the Educational and Research Governance Committee and Audrey McColl assured members that this will take place as part of the risk maturity assessment with the internal auditors.

- A member raised a query regarding cyber security and where this was covered in the Assurance Framework. Audrey McColl assured members that this is part of the Information Management section but agreed to review the terminology used to provide more clarity. **Action: RC/CW**

The Audit Committee noted the updated Assurance Framework and associated Action Plan.

12.   Counter Fraud Update   (NES/AUD/20/16)

Janice Sinclair presented the report which updated the Audit Committee on activities underway in NES aimed at supporting the Strategy to Combat Financial Crime in NHS Scotland. It was noted the paper was a shortened version, due to pressure on the Organisation in response to the COVID-19 pandemic.

- The review of the Gifts and Hospitality Registers have revealed one new declaration.

- The NFI review process for 2018/19 is largely complete with 2 data matches out of a total 803 remaining under review. Extensions have been granted in response to the COVID-19 pandemic.

- Finance colleagues are working with Communications and Information Security colleagues to explore the possibility of hosting a repository for counter fraud advice which will be accessible on the NES Intranet.

- An update was provided on 2 open cases which have been reported to Counter Fraud Services (CFS).

The Audit Committee noted the report and progress of actions and the 2 CFS quarterly reports attached for information.

13. Annual Accounts Update

a) Review of Accounting Policies   (NES/AUD/20/17)

Janice Sinclair presented a paper to inform the committee of minor changes to the annual accounts format and to seek approval for the accounting policies.

- The main change to the policies is an update on IFRS 16 – Accounting for Leases. HM Treasury has announced that that this standard has been deferred for a year in response to the COVID-19 pandemic and is to be effective from 01 April 2021.

- Although the standard in relation to leases has been deferred to April 2020, the accounting policies narrative has been updated with reference to revised dates.

  A query was raised regarding the annual leave accrual for 2019/20 and the impact on next year's budget. Janice Sinclair assured the committee that we already have an existing provision for Annual leave not taken within the year and that it is only the additional cost which will impact on the 2019/20 Annual Accounts. Given the timing of the pandemic most of the cost impact will fall into the 2020/21 financial year.
  The Audit Committee approved the accounting policies for 2019/20, subject to a final review in June 2020.

b) Annual Losses report   (NES/AUD/20/18)

Janice Sinclair presented the report which provided information on the losses and special payments incurred for the financial year 2019/20. All losses and special payments incurred by Boards are required to be summarised and reported to Scottish Government as part of the Annual Accounts reporting requirements.

- Any individual loss above the delegated authority level would need approval by Scottish Government and where this applies, we are in discussion with Scottish Government to obtain the required approval.

- There has been an increase in losses from 2018/19 mainly due to the cancellation of planned events due to the impact of COVID-19.

- The total value of the losses reported on the return is £344k, of which £146k has been already been recovered, with a further £50k expected to be

recovered in 2020/21 financial year. Of the remaining £148k expected to be irrecoverable, £129k relates to COVID-19.

- Of the £129k COVID related losses, the largest element is £79k of venue fees for the cancelled Annual Medical Conference due to be held on 30th April to 01st May. A Member queried why this could not be recovered, as the event was cancelled due to Government restrictions and therefore out with NES' control. The committee agreed that this should be raised with the Central Legal Office **Action: JS**

- There were 58 payroll related overpayments which totalled £148k. This represents 0.02% of the total value of all net salary payments issued in the year. £98k has already been recovered with the expectation that the remaining £50k will be recovered in 2020/21.

- A member raised a query regarding preventative measures to stop over payment of salaries in future. Janice Sinclair assured the committee that controls are in place to prevent this, however the risk cannot be completely eliminated. The majority of overpayments are related to changes to junior doctors' circumstances which have not been reported to NES by the placement Board. Finance colleagues are working with Boards to ensure processes to inform NES of changes are followed.

The Audit Committee noted the losses and special payments for 2019/20.

14.   Security of Network and Information Systems (NIS) Regulation Audits
(NES/AUD/20/19)

Christopher Wroath introduced the papers which updated the committee regarding the Network and Information Systems (NIS) Regulation Audit.

- The Network and Information Systems (NIS) Regulation at Scottish Government has for the first time identified NES as falling under the NIS regulations. This is due to NES' new responsibilities in processing patient identifiable information.

- A letter of 06th February from NIS SG Health Competent Authority to the NES Chief Executive identified October 2020 for the formal NIS audits of NES' policies and procedures managing security risks, defending systems against cyber-attack, detecting cyber security events, and minimising the impact of cyber security incidents. However, a letter has since been received from Scottish Government advising that all audits have been suspended until further notice.

- The NES Information Security Forum are working to prepare for this Audit and the group will continue to triangulate Internal Audit Recommendations, and work required to prepare for both the Security of Network and Information Systems Regulation Audits (covered under item 9a) and ISO27001 Audit.

- A member requested an update on the status of actions recorded at the NES Information Security Forum in February and Christopher noted that he will ensure an updated action log is forwarded to the Audit Committee members for information. **Action: CW**

The Audit Committee noted the plans to prepare for the NIS Audits and noted that audits have currently been paused due to the COVID-19 pandemic.

15. Inherent Primary 1 Risks Summary Report (NES/AUD/20/20)

Rob Coward introduced the report, which presented the inherent Primary 1 risks and noted where they have been reviewed by the respective sub-committees of the Board for 2019/20. This provides the Audit Committee with assurance that, where possible in the current circumstances, each standing committee has reviewed the risks pertaining to their remit to ensure that the controls detailed as reducing the inherent risk level to the residual risk level are appropriate.

- It was noted that risks relating to the Staff Governance Committee have not yet been reviewed by members, however these will be distributed to the committee for their information. **Action: RC**

- A member raised a query regarding progress of the confirmation of funding for NES Digital Services (NDS) from Scottish Government. Audrey McColl informed the Audit Committee that discussion regarding commissioning NDS have been delayed due to the pandemic, however assured members that these discussions will be followed up as soon as possible with Scottish Government.

- It was also noted that the format of these reports may change following the Internal Audit global risk maturity assessment.

The Audit Committee noted and were satisfied with the report.

16. Impact of COVD-19 on the NES Risk Register (NES/AUD/20/21)

Audrey McColl introduced the paper to inform the Audit Committee of initial thinking regarding organisational and directorate risks as a result of the COVID-19 pandemic.

- It was agreed at the NES Board meeting on 26th March that the Audit Committee should consider organisational and directorate risks in further detail. The Committee noted that this is a work in progress and members agreed that the COVID-19 risk register should be updated and further

reviewed by the Board at the Board meeting on 28th May, as an appendix to the Corporate Risk Register.

- The committee noted that the Board had discussed 6 risks to be incorporated to the risk register, Audrey McColl will incorporate these risks to the register and send out to the Audit Committee for further comment via email, prior to submission to the Board meeting on 28th May. **Action: AMcC**

The Audit Committee noted the information provided in the Corporate risk register and information relating to Directorate risks.

17.   Update on 2019/20 Financial Position   (NES/AUD/20/22)

Janice Sinclair introduced the paper presenting the initial financial outturn for the 2019/20 financial year end, which is still *subject to final confirmation* as part of the external audit process. The paper also outlined the changes to financial governance arrangements implemented by NES and those required by the Scottish Government during the COVID-19 pandemic.

- The committee received this report on behalf of the Finance and Performance Management Committee.

- The anticipated financial outturn is an underspend of £240k which is less than 0.08% of the overall revenue budget.

- The in-year impact of COVID-19 is included in these figures. No additional funding has been requested from Scottish Government to cover the COVID-19 response in financial year 2019/20.

- The key financial impacts for NES in relation to the COVID-19 response have arisen from: cancellation of events/planned activity; increase in costs associated with IT equipment to enable home working; the decision that NES will be employing additional staff being recruited through the Accelerated Recruitment Portal (incl. Interim FY1 doctors, occupational health staff and student nurses in non-NHS placements); bringing back into service Medical Trainees currently seconded out in a non-clinical setting; and double running of Medical Trainees until rotations and CCT exams are completed at a later date.

- Scottish Government have given an extension of 3 months to complete the Annual Accounts, however as discussed under item 10a, NES and the External Auditors continue to work to previously agreed timescales of completion.

- The Annual Operational Plan for 2020/21 is currently on hold as Boards focus on their mobilisation plans. Boards have been asked by Scottish Government to review planned work and identify costs savings from work that has been halted due to the pandemic. It is expected that the 2020/21 budget will change in response to the pandemic.

- A briefing from Scottish Government dated 7th April detailed the Financial Governance arrangements for Board mobilisation plans in response to the COVID-19 pandemic. It included details of a spend threshold, above which boards would be expected to gain prior approval for expenditure from Scottish Government. For NES, any decision costing more than £250k would require prior approval. It has been confirmed that this does not include National activities instructed by Scottish Government such as the development of the Accelerated Recruitment Portal and the cost of the staff recruited.

- To support financial governance, forecast COVID-19 related costs are submitted to the Scottish Government on a weekly basis and NES Finance staff attend weekly meetings of the Corporate Finance Network and the Directors of Finance. Internally, the Finance Heads of Service, Covid Accelerated Recruitment Portal team and NES Extended Executive Team all meet on a daily basis.

The Audit Committee noted the draft financial results for 2019/20. Members thanked the Finance team for their work in managing the year-end outturn position and noted the changes to the financial governance arrangements in place in NES and Scottish Government in relation to the COVId-19 pandemic.

18.   Date and time of next meeting

The next meeting of the Audit Committee will be held on Thursday 11th June via Teams and the Audit Committee agreed a new start time of 09:15.   **Action: JA**

NES
April 2020
JA/AMcC

NHS Education for Scotland   **NES/20/84**
Agenda item 11e

NHS Education for Scotland (NES)

Board Paper

1.   Title of Paper

2019/20 Annual Report of the NES Board

2.   Author(s) of Paper

Professor Stewart Irvine, Acting Chief Executive

3.   Purpose of Paper

This is the 2019/20 Annual Report of the Board.

The Board approved this report at a meeting held in private session on 25 June 2020 without any changes. The paper has been submitted to the July public Board meeting for noting.

4.   Key Issues

a.   The NES Board met a total of nine times in formal session. Seven of these sessions were in public and four in private session. The Board met four times in workshop session during the course of the financial year. During 2019/20 the Board dealt with on-going governance items from its Standing Committees, strategic items relevant to the developing context of NHS Scotland and received a number of reports and updates on key workstreams.

b.   The Board also set aside time to consider its own development requirements as detailed in section 5.9 and listed in Appendix 1.

c.   Board corporate governance arrangements were reviewed against the NHS Scotland Health Boards and Special Health Boards Blueprint for Good Governance DL(2019)02.

d.   There were changes to the membership of the Board in 2019/20, which are noted in section 2.

e.   The Board approved the creation of a Digital Sub-Committee in September 2019 and, following review, approved the replacement of this sub-committee with a new Standing Committee in March 2020, noted in sections 4 and 5.

f.   The Board responded to the COVID-19 pandemic by agreeing to hold the March 2020 Public Board meeting and all subsequent Public Board meetings remotely via Microsoft TEAMS until further notice. The Board approved the COVID-19 core governance arrangements. The Board agreed to continue to meet as scheduled, and that the Audit Committee and Staff Governance Committee would also meet via Microsoft TEAMS.

All other Standing Committees and Development Sessions would be stood down until further notice.

5.   Recommendations

The Board are asked to note the 2019/2020 Annual Report of the NES Board.

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July 2020</div>

NHS Education for Scotland
Annual Report of the Board 2019/20

1   Introduction

1.1   This document represents the report of the Board of NHS Education for Scotland for the period 1st April 2019 to 31st March 2020. The report is intended to provide the Board with an opportunity to reflect on and document its performance during the year.

2   Membership and Meetings

2.1   The Board met seven times in formal public session and four times in formal private session during the period 01/04/19 to 31/03/20. The dates of meetings and attendance of members are as shown in the Appendix 1.

2.2   In accordance with the Ethical Standards in Public Life etc (Scotland) Act 2000 (Register of Interests) Regulations 2003, the Model Code of Conduct for Members of Devolved Public Bodies, Scottish Government, February 2014 and the NES Board Member Code of Conduct 2014, the Board published all members register of interests for 2019 - 2020 on the NES corporate website.

2.3   The Board has 'Declaration of Interests' as a standing item on its agenda and records any interests declared in its minutes. The Board is satisfied that all its non-executive members are independent as required by the UK Corporate Governance Code (July 2018) The Board notes that some of its non-executive members may be members of the NHSS Pension Scheme, but given the nature of this scheme, the Board does not believe this to impact on the independence of those members.

2.4   Changes to the membership of the Board during 2019/20:

- Andrew Tannahill completed his term of office as a non-executive Director on 30th April 2019.

- Jean Ford and Vicki Nairn were appointed to the Board as non-executive Directors on 01st May 2019.

- Gillian Mawdsley was appointed to the Board as a non-executive Whistleblowing Director on 01st February 2020.

- Liz Ford retired from her role as Employee Director on 31st March 2020.

3   Administration and Communication

3.1   The Board is satisfied with the quality of the information that it receives for its meetings and with the administration of meetings, with the majority of papers being available to Board members one week in advance of the meeting.

3.2   Papers for Board meetings are available online via Microsoft Office 365, SharePoint and AdminControl, providing Board members with additional options on how they receive and review their papers. For the 2019/20 period

all Board members received their papers electronically meaning that no papers were required to be provided in hard copy.

3.3 The agenda, minutes and papers of all public Board meetings were available to staff and to the public on the NES corporate website, after the meeting. Minutes of meetings are posted on the Corporate Hub once they have been approved by the Board.

3.4 Due to the COVID-19 emergency and public health protection measures, the 26 March 2020 meeting did not take place in public. A virtual meeting was held using Microsoft TEAMS.

4 Discharge of the Functions of the Board

4.1 The functions of the Board are set out in the Standing Orders and may be discharged directly by the Board alone or by delegation to one of the Board's standing governance committees, which report back to the Board. The table overleaf sets out how the Board believes it has effectively discharged its functions during 2019/20 and the impact that it has achieved. More information about the business that the Board has transacted is contained at Section 5.

Function	Discharge	Impact
To set the strategic direction of the organisation within the overall policies and priorities of the Government and NHS Scotland, define its annual and longer-term objectives and agree plans to achieve them.	The Board approved the new five-year Strategy at the end of the previous financial year.	This document is a key point of reference setting the direction of our business and driving important aspects of governance such as operational planning, performance and risk management. It articulates the ambition of NES to have a greater role in developing and supporting a sustainable workforce. The Board agreed the requirement for new Comms Strategy.
	The Board also agreed the 2019/20 Annual Operational Plan (AOP) at the end of the previous financial year. The AOP represents NES's agreement with the Scottish Government on the work we will undertake over 2019/20 and the subsequent two years.	The 2019-20 AOP supports the Cabinet Secretary's priorities on waiting times, mental health and health and social care integration and maintains our focus on providing the right numbers of trained staff in the right place at the right time. The AOP is aligned with our new strategy for 2019-24 which continues to extend our core business into areas that improve the attractiveness of healthcare careers and recruitment and retention. It describes our ambition to enhance the training and employment experience supported by digital innovation and a step change in the quality of data available.
	The AOP focuses on a range of education and training and priority workforce and digital activities which require effective partnership working to deliver. It supports the national board collaborative and regional planning, the *Health and Social Care Delivery Plan (2016*) and key national priorities around shifting the balance of care, waiting times, mental health and health and social care integration	During 2019/20 NES has continued to progress with the delivery of many areas of work that we believe will help to develop a more sustainable workforce for the future. These include: Lead Employer arrangements for Doctors and Dentists in Training; the development of a supply side workforce data platform; the

Function	Discharge	Impact
		agreement that NES should become the provider of national workforce statistics and the further development of applications on the Turas platform to support the workforce across health and social care. During 2019/20 (February 2020) NES extended its' Lead Employer programme by becoming the Lead Employer for National Programme Trainees in NHSS. These developments have been commissioned by Scottish Government and welcomed by the service and by the Scottish Government. Considering NES's increased digital role across the NHS in Scotland, through both the development of the National Digital Platform (NDS) and the use of the Turas Platform (NES Digital Service) in September 2019 the Board endorsed a proposal to establish a Digital Committee as a sixth Standing Committee of the Board. This committee replaces the previous Digital Sub-Committee and demonstrates that governance and assurance arrangements are robust and engage with national level governance. The Committee were regularly updated on the implementation arrangements for the Digital Health and Care Strategy.
	The Board approved proposed changes to the NES Standing Financial Instructions (SFI) at the April 2019 Board meeting.	The Board approved the updated changes in responsibility for tasks and changes in Business'

Function	Discharge	Impact
		Processes including an increase in the scheme of delegated financial authority.
To oversee the delivery of planned results by monitoring performance against objectives and ensuring corrective action is taken when necessary	The Audit Committee has a pivotal role in overseeing all corporate process and results. The Audit Committee acts with the authority requiring that actions are followed up until complete. All Standing Committees have a role on behalf of the Board to oversee performance and ensure corrective action. The Finance and Performance Management Committee of the Board provides detailed scrutiny of performance reports, and the Board receives quarterly summaries. In addition, the Board received a number of substantive and more detailed updates covering NES activity in response to key policies and priorities as outlined at Section 5.	The Board had full sight of delivery against plans and was able to direct corrective action. The Board were also kept well informed of matters across the substantial range of NES's delivery areas.
To ensure that there is effective dialogue within the organisation and between the organisation and key stakeholders on its plans and performance and that these are responsive to stakeholders' needs	The Board received a regular update on communications and any key strategic aspects of business as part of the Chief Executive's and Chair's report at every meeting. The Board also receive updates on strategic issues covered through the Standing Committees	The development of some key areas of work such as the workforce data platform, Lead employer arrangements, the development of the NES Strategic Plan and the development of the National Boards Collaborative Plan has helped to foster very much closer working relationships between NES and Territorial, and National Boards; key stakeholder and partners.

Function	Discharge	Impact
To ensure effective financial stewardship through value for money, financial control and financial planning and strategy	The Board considered the most up-to-date Finance Report at seven of its meetings. The Board also received updates on the anticipated financial position of NES and plans to deliver additional efficiencies and savings through its Finance and Performance Management Committee. The Board received assurances from its Audit Committee in relation to the full system of internal controls and the Board's counter fraud processes.

Board members attended an Accounts Workshop which provided assurances relating to the processes for developing the budget.

Through its Finance and Performance Management Committee the Board also oversaw the development of a budget for 2020/21 and formally approved the budget in March 2020, with the caveat that the financial implications of COVID19 are not yet known. | The Board exercised, and was able to demonstrate, effective financial stewardship through the work of the Finance and Performance Management and Audit Committees and through its own oversight of regular reports of the financial position against budget and through its own consideration and sign off on annual budget papers; and through the reports which it receives from Internal and External Audit.

The Board oversaw the achievement of a small, underspend position for 2018/19 with all financial targets being met. During the 2019/20 period the Board reviewed financial reports throughout the financial year and oversaw the projected end of year outline. |
| To ensure that high standards of corporate governance and personal behaviour are maintained in the conduct of the business of the whole organisation | The Board receives assurances from the Audit Committee, and in particular the programme of Internal Audit, in relation to its corporate governance processes. The Audit Committee also receives and scrutinises the annual reports from each of the other standing committees (Educational & Research Governance, Finance & Performance Management, Staff Governance, Remuneration Committee and | The Board considers organisational culture and behaviours in an on-going way as part of the review against the Sturrock Report and the NES "Our Way Principles"

The Board directly considered matters such as Equality and Diversity and Caldicott Guardian reporting. |

Function	Discharge	Impact
	the recently established Digital Committee and former NES Digital Sub Committee. The Board also receives assurance from the Staff Governance Committee and the minutes of the Partnership Forum in relation to the maintenance of high standards of corporate governance and personal behaviour. During the year the Board considered the Annual Report of its Caldicott Guardian. The Board conducted a Self-Assessment and Action Plan to evaluate their current governance arrangements as per NHS Scotland Health Boards and Special Health Boards Blue Print for Good Governance DL(2019)02. From this an Assurance Framework has been developed.	The development of the Assurance Framework provides the Board with a concise map of the sources of assurance which it has across all domains of governance. This also helped to identify some areas where additional assurance would be of value and these will be taken forwards during 2020/21. The Board has examined corporate risk at each meeting.
	Responding to COVID-19 pandemic	The Board took action at the March 2020 meeting to agree the COVID-19 core governance arrangements and identify strategic COVID-19 risks. The Board agreed that: the Executive Team have strategic command and primacy for real time decisions; the Board would continue to meet using Microsoft TEAMS; Audit Committee and Staff Governance Committee would continue to meet as scheduled; Remuneration Committee would meet as per requirement; the remaining Committees of

Function	Discharge	Impact
		Digital, Finance and Performance Management and Education and Research Governance would be suspended; the Board Chair would meet weekly with the Chief Executive and Accountable Officer; the Board Chair would attend weekly meetings of the extended NES Executive Team, and subsequently meet with non-executive Directors and the Chair would hold regular Committee Chairs meetings via TEAMS.
To appoint, appraise and remunerate senior executives.	The Board relies on its Remuneration Committee for detailed examination of the arrangements for the appointment of senior executives and for annual consideration of the objectives set for those senior executives and the review of performance against those objectives. The Board received a summary report of the meeting of the Remuneration Committee.	The Remuneration Committee annual report to the Staff Governance Committee and the Audit Committee, demonstrate that the Remuneration Committee has discharged this responsibility effectively on behalf of the Board.

5   Business Transacted During the 2019/20 Year

5.1   The Board agendas are structured to cover governance items and strategic items. In addition, the Board receives a written report from the Chief Executive and a verbal report from the Chair at every formal meeting. These provide a general update for the Board and cover developments or issues which have arisen during the last period.

5.2   The Board also receives a copy of the current Corporate Risk Register (more details in section 6 of this report)

5.3   The Board met formally in public session on seven occasions during 2019/20.

5.4   Within the Governance section of its agenda, the Board received and considered Finance Reports at seven of the meetings. The Board received regular minutes from its governance committees: The Audit Committee; the Staff Governance Committee; the Educational and Research Governance Committee; the Finance and Performance Management Committee; and the Digital Committee. The Board also received a quarterly report covering the performance of the organisation against key targets and deliverables.

5.5   The Board received regular updates on the progress of works within the NES Digital Service (NDS) and NES Digital Directorate. This was through updates in the Chief Executive's Report, Minutes from the NES Digital Sub-committee and Digital Committee and updates from Geoff Huggins, Director, NDS and Christopher Wroath, Director, Digital.

5.6   During the year the Board considered major strategic items including:

- Cultural issues related to allegations of bullying and harassment in NHS Highland: independent review report: Sturrock (2019) and the Scottish Government and NES Responses

- Protecting Scotland's Future: The Government's Programme for Scotland (2019-2020)

- NHS Scotland Health Boards and Special Health Boards Blue Print for Good Governance DL(2019)02

- National Health & Social Care Workforce Plan for Scotland (2019)

5.7   The Board considered a number of items concerning activities, plans and strategies that support NES's overall Strategic Framework and achievement of our key strategic outcomes. These included:

- From September 2019 onwards, the Board received updates on NES's contribution to the Cabinet Secretary's priorities: Mental Health, Waiting Times Improvement (Access) and Health and Social Care Integration.
- NES Digital Service (NDS) Updates
- Official Statistics Function for the NHS Workforce
- Progress against Strategic Outcomes
- Medical Recruitment
- Medical Trainee Progression Outturn
- Medical Revalidation

- Report of the Caldicott Guardian
- NES Digital: Supporting the NHS Scotland Workforce
- Scotland's Paramedic integrated National Education Programmes
- Programme for Government
- Corporate Parenting
- Whistleblowing
- Dental Recruitment
- Dental Trainee Progression Outturn
- Procurement Update
- Operational Planning, Annual Operational Plan and Financial Plan
- Response to COVID-19 pandemic

5.8 The Board met formally in private session on four occasions during 2019/20. The business conducted at the Private meetings was to receive:
- February 2020: Updates on the financial outlook and key budget issues in advance of and in preparation for receiving and approving the Annual Operating Plan and associated Budget for 2020/21
- April 2019: NES/SAS controlled business case for Scotland's Paramedic Integrated National Education Programme
- September 2019: Business Justification Case for 12-month extension to the lease within Bayes Centre, University of Edinburgh
- March 2020: Annual Operational Plan 2020/21 for approval in advance of submission to Scottish Government and discuss COVID-19

5.9 The Board met four times for development sessions. The development sessions topics are selected by Board members in consultation and collaboration with the wider Executive Team, ensuring that the topics chosen offer breadth and depth of knowledge and understanding in what the Board needs to fulfil its function. The following areas were covered:

- **April 2019**
  The areas of focus included: Good Governance Self-Assessment; draft NES Assurance Framework (which is considered to be an evolving document); reflection on last few years of NES achievements; Workforce Data Platform demonstration; NES Workforce presentation.

- **August 2019**
  Developments in NMAHP were presented and discussed, as well as the Draft Communication plan to support the NES 2019-2024 Strategy.

- **November 2019**
  Presentations regarding digital developments were given from NES colleagues and external stakeholders, which helped to add context to the work of NDS: Local Government Digital development; eHealth; moving from Skyscanner to Health and Care.

- **February 2020**
  Workforce development for Medicine, NHMAHP and Dental in UK context was discussed.

5.10 In addition to the development sessions, training opportunities that were available throughout the year were provided in a report at each meeting. This detailed forthcoming training opportunities and any upcoming NES events.

5.11 The development sessions provided the Board with the opportunity to discuss changes and challenges in the external environment, with reference to national and regional developments.

5.12 In all meetings of the Board, both in formal and development sessions, Non-Executive members of the Board, drawing on their own experiences, provided constructive challenge and support to plans being developed by the Executive Directors.

5.13 The performance of Executive Directors is reviewed on a six-monthly basis by the Chief Executive against objectives that are agreed annually. Both the objectives and the annual performance appraisal results are considered by the Remuneration Committee.

5.14 The performance of Non-Executive Directors is reviewed by the Chair. The performance of the Chair is reviewed by the Director General Health and Social Care/Chief Executive of NHSScotland.

6 Risk Management

6.1 The NES Board maintained an overview of the main issues that impacted on the operating environment and the risks to the achievement of organisational objectives through considering the corporate risk register, at 6 of its formal meetings.

6.2 During 2019/20 the focus continued to be on the strategic, operational, financial and governance risks. For the majority of the financial year, the main risks that were highlighted were around budget constraints, and in particular the increasing pressure to deliver more with fewer resources. The risk register reflected the context in which NES operates and delivers its core education and training function and reflected the challenges that were evident in recruiting and retaining workforce in a number of key areas.

6.3 At the Board meeting of 26 March 2020, new strategic risks in relation to the COVID-19 pandemic were highlighted and mitigating measures were identified.

7 Development of the Board as a Whole

7.1 The Board noted papers providing details of upcoming training and development events for Board members, together with details of opportunities for members to gain a deeper understanding of NES's business, at five Board meetings. It was noted at the March 2020 meeting that upcoming training and development conferences and events would be paused in light of the COVID-19 pandemic. Board members could participate in any training and development using remote access as appropriate.

7.2 The NHS Scotland Health Boards and Special Health Boards Blue Print for Good Governance DL(2019)02 was published in February 2019. The Blueprint emphasised the importance of good corporate governance and introduced a new corporate governance blueprint for all NHS Boards. It details how adopting this approach will help NHS Boards improve their corporate governance system and deliver a consistent and transparent governance approach. The NES Board conducted a Self-

Assessment. This was discussed, and an Action Plan drafted as part of the Board Away-Day on 24th -25th April 2019. The Self-Assessment and Action Plan was submitted to Scottish Government on 30th April. The Board received an update to progress of the Action Plan at the October 2019 Board meeting.

7.3 The NES Assurance Framework was reviewed by the Board at its meeting in June 2019 and approved by the Board in March 2020. The Framework sets out the sources of assurance against each of the information systems by the Scottish Government's Blueprint for Good Governance and the Audit and Assurance Committee Handbook.

8   Conclusion and Recommendation

8.1 The Board is satisfied that it has adequately discharged its remit from 1 April 2019 to 31st March 2020.

NES Public Board Meetings	29-05-19	27-06-19	25-07-19	26-09-19	31-10-19	30-01-20	26-03-20	Total
NES Board Members								
David Garbutt	N	Y	Y	Y	Y	Y	Y	6/7
Anne Currie	Y	Y	Y	Y	Y	Y	Y	7/7
Linda Dunion	Y	Y	Y	Y	Y	Y	Y	7/7
Jean Ford	Y	Y	Y	Y	Y	Y	Y	7/7
Liz Ford	Y	Y	Y	Y	Y	N	N	5/7
Douglas Hutchens	Y	Y	Y	Y	Y	Y	Y	7/7
Stewart Irvine	Y	Y	Y	N	Y	Y	Y	6/7
Caroline Lamb	Y	Y	Y	Y	Y	X	X	5/5
Gillian Mawdsley	X	X	X	X	X	X	Y	1/1
Audrey McColl	Y	Y	N	Y	Y	Y	Y	6/7
Vicki Nairn	N	N	Y	Y	Y	Y	Y	5/7
Rowan Parks	X	X	X	X	X	Y	Y	2/2
Doreen Steele	Y	Y	Y	Y	Y	Y	Y	7/7
Sandra Walker	Y	Y	Y	Y	Y	Y	Y	7/7
Karen Wilson	Y	N	N	Y	Y	Y	Y	5/7
In Attendance								
Donald Cameron	Y	Y	Y	Y	Y	Y	Y	7/7
David Felix	Y	Y	Y	Y	Y	Y	Y	7/7
David Ferguson	Y	Y	Y	Y	Y	X	X	5/5
Geoff Huggins	Y	N	Y	Y	N	Y	Y	5/7
Alison Shiell	X	X	X	X	X	Y	Y	2/2
Dorothy Wright	Y	N	N	Y	Y	Y	N	4/7
Christopher Wroath	Y	N	Y	Y	N	Y	Y	5/7

NES Private Board Meetings	24-04-19	26-09-19	27-02-20	26-03-20	Total
NES Board Members					
David Garbutt	Y	N	Y	Y	3/4
Anne Currie	Y	Y	Y	Y	4/4
Linda Dunion	Y	Y	Y	Y	4/4
Jean Ford	N	Y	Y	Y	3/4
Liz Ford	N	Y	Y	N	2/4
Douglas Hutchens	Y	Y	Y	Y	4/4
Stewart Irvine	Y	N	Y	Y	3/4
Caroline Lamb	Y	Y	X	X	2/2
Gillian Mawdsley	X	X	N	Y	1/2
Audrey McColl	Y	Y	Y	Y	4/4
Vicki Nairn	X	Y	Y	Y	3/3
Rowan Parks	X	X	Y	Y	2/2
Doreen Steele	Y	Y	Y	Y	4/4
Andrew Tannahill	Y	X	X	X	1/1
Sandra Walker	Y	Y	Y	Y	4/4
Karen Wilson	Y	Y	Y	Y	4/4
In Attendance					
Colin Brown	N	N	N	Y	1/4
Donald Cameron	Y	Y	N	Y	3/4
David Felix	Y	N	Y	N	2/4
David Ferguson	Y	Y	X	X	2/2
Geoff Huggins	N	N	Y	N	1/4
Alison Shiell	N	N	Y	Y	2/4
Dorothy Wright	Y	N	Y	N	2/4
Christopher Wroath	Y	N	Y	N	2/4

Key:
Y = Present
N = Apologies
X = Not appointed at that time, retired from appointment or not in role.

NES Board Development Sessions	24/25-04-19	29-08-19	28-11-19	27-02-20	Total
NES Board Members					
David Garbutt	Y	Y	Y	Y	4/4
Anne Currie	Y	N	Y	Y	3/4
Linda Dunion	Y	Y	N	Y	3/4
Jean Ford	X	N	Y	Y	2/3
Liz Ford	N	N	Y	Y	2/4
Douglas Hutchens	Y	N	Y	Y	3/4
Stewart Irvine	Y	Y	Y	Y	4/4
Caroline Lamb	Y	Y	Y	X	3/3
Gillian Mawdsley	X	X	X	N	0/1
Audrey McColl	Y	Y	Y	Y	4/4
Vicki Nairn	X	Y	Y	Y	3/3
Rowan Parks	X	X	X	Y	1/1
Doreen Steele	Y	Y	Y	Y	4/4
Andrew Tannahill	Y	X	X	X	1/1
Sandra Walker	Y	Y	Y	Y	4/4
Karen Wilson	Y	Y	Y	Y	4/4
In Attendance					
Donald Cameron	Y	Y	Y	N	3/4
David Felix	Y	Y	Y	Y	4/4
David Ferguson	Y	Y	Y	X	3/3
Geoff Huggins	X	Y	Y	Y	3/3
Alison Shiell	X	X	X	Y	1/1
Dorothy Wright	Y	Y	Y	Y	4/4
Christopher Wroath	Y	N	Y	Y	3/4

Key:
Y = Present
N = Apologies
X = Not appointed at that time, retired from appointment or not in role.

NHS Education for Scotland (NES)

Board Paper

1.   **Title of Paper**

        NES Phase 1 Covid-19 Remobilisation Plan.

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

        Professor Stewart Irvine, Acting Chief Executive

3.   **Purpose of Paper**

        This paper is the Phase 1 Mobilisation Plan (for the period May – 31 July 2020) which NES submitted to Scottish Government on 25th May 2020, and which was shared with Board members during the Board workshop on 25th June.

        The plan has been submitted to this Board meeting for noting to allow it to sit as part of the formal record of the Board.

4.   **Key Issues**

        John Connaghan (Interim Chief Executive, NHS Scotland), issued a letter on 14 May 2020 asking all NHS Scotland Boards to submit their Phase 1 Mobilisation Plans to Scottish Government by 25 May 2020.

        The plan sets out NES's Phase 1 response, whilst also recognising critical dependencies in delivery.

5.   **Recommendations**

        The Board are asked to **note** the Mobilisation Plan (May – 31 July 2020).

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July 2020

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COVID-19: MOBILISATION PLANS:
NEXT PHASE OF THE NHS RESPONSE

25 May 2020

Contents

NHS Education for Scotland

COVID-19: MOBILISATION PLANS: NEXT PHASE OF THE NHS RESPONSE

1. Context and Key Messages

1.1 During the phase 1 response, much routine NES business was paused, in part reflecting the changed clinical activity upon which it depends, and in part to free NES staff, learners and other resources to support the patient-facing service response.

1.2 During phase 1, substantial amounts of work have been undertaken with partners in Boards, Universities, Royal Colleges, Regulators and the other devolved nations to mitigate to the maximum extent possible the impact of the pandemic on our training pipelines and workforce supply. However, perturbation of workforce supply is inevitable.

1.3 This plan sets out our current thinking on our next phase response. However, it is important to recognise the critical dependencies:

- Much of our activity - particularly in postgraduate education across the professions - is founded on workplace learning, and the recovery of this activity will depend on the pace, shape and scale of the recovery of clinical services, and on commissioned activity in HEIs.
- Similarly, our workforce supply pipelines in many areas depend on undergraduate activity in the university sector, which is also subject to as yet unconfirmed disruption.

1.5 Much of our activity is subject to professional regulatory oversight (for example in the approval of curricula, training programmes and placements) and to curricula or standards which operate across the UK. It will be essential, therefore, that NES continues work in partnership with many stakeholders (NHS Boards, Universities, Royal Colleges, Regulators) to refine this plan as it evolves.

1.6 As part of our COVID 19 response NES has undertaken a number of new areas of work. In addition to the provision of educational resources, we have (for example) developed and delivered the COVID 19 Accelerated Recruitment Portal, and the SMS Shielding service. The standing-down of areas of NES normal activity has enabled large numbers of staff to be internally re-deployed in support of these activities – and

the recovery of the full range of 'normal business' will be impacted by the extent to which these COVID response activities require to be sustained, and for how long.

1.7 It has long been a key principle that education and training needs to follow and support service. We recognise that there have been several significant changes in service delivery during the first phase response – many of which will be sustained and may require that we develop new education and training support.

1.8 Noting that we have been asked to submit a plan to the end of July, we would note that the academic / training year begins in August.

1.9 Lastly, we acknowledge that recurrent waves of coronavirus infection are possible, and our forward planning will need to allow for the same rapid response that we have managed in phase 1.

2. Medicine

Activities Paused

2.1 During the phase 1 response, much routine NES business was paused, in part reflecting the changed clinical activity upon which it depends, and in part to free NES staff, learners and other resources to support the patient-facing service response.

2.2 With the clear aim of supporting frontline services, NES either cancelled or suspended all non-urgent activity to allow more time for direct clinical care. This meant cancelling the 2020 Scottish Medical Education Conference, numerous standing education and training committees and a wide range of other teaching, training and educational activity, as well as suspending all trainee rotations, regulatory visits and face-to-face recruitment processes.

2.3 This allowed the return to service of the equivalent of 9 WTE Hospital Consultants and 7 WTE GPs to Health Boards across Scotland. In addition, over 100 doctors in training, who were out of programme for various reasons e.g. research or taking part in leadership programmes, also returned to clinical service. Medicine was also able to facilitate some seconded staff (3 Advanced Practitioner Grade Nurses and one Senior Dietician) being able to return to clinical activity.

Response Activity

2.4 The response of NES to the COVID-19 pandemic has been comprehensive across a wide range of activity and responsibilities. This has included:

a. Development of educational material and practical support for the service related to management of patients with COVID-19.

b. Greatly enhanced communication with trainee doctors, trainers and other stakeholders.

c. More frequent Directorate meetings, including involvement of Health Board Directors of Medical Education to facilitate agile decision-making and appropriate prioritisation.

d. Redeployment of staff and trainees to aid service COVID-19 activity.

e. Pausing of all training rotations to minimise disruption to clinical services, and support redeployment.

f. Supported the deployment of over 500 new medical graduates into interim FY1 service posts.

g. Commencement of business continuity and recovery planning.

Maintenance Activity

2.5 Much of the activity and arrangements that have been put in place during our response phase will **need to continue** into the next phase of our work.

2.6 Facilitating trainee progression is a primary objective for NES, and therefore mitigating any impediments that could potentially impact on future workforce supply and delivery of services. Much of this work has had to be done on a four-nation basis and required frequent and lengthy meetings with the Medical Directors of the other Statutory Education Bodies in England, Wales and Northern Ireland. The four keys strands to this critical area were to ensure appropriate arrangements for:

a. Annual Reviews of Competency Progression (ARCPs) for doctors in training.

b. Agreement and liaison with Medical Royal Colleges around curriculum derogations.

c. Future assessments and examinations.

d. Recruitment of doctors to training programmes.

2.7 **Annual Reviews of Competency Progression for doctors in training**: At an early stage NES, with the other national Statutory Education Bodies, agreed that the annual ARCP cycle should be maintained where possible this summer. Several complex and detailed changes to the ARCP process, with the agreement of the General Medical Council, Trainee bodies and others, have now been put in place.

2.8 **Agreement and liaison with Medical Royal Colleges around curriculum derogations**: Important derogations around curriculum requirements have been agreed with the four Statutory Educations Bodies and the GMC to allow trainees to progress in training.

2.9 **Future assessments and examinations**: As all face-to-face Royal College and Faculty examinations have been cancelled during the pandemic, agreement has now been reached by the four national Statutory Education Bodies, the General Medical Council, and certain Royal Colleges to introduce an alternative approach to delivery of examinations to allow trainees to progress to award of a Certificate of Completion of Training (CCT). For example, the Royal College of General Practitioners are introducing an examination that will require online submission of video recordings undertaken remotely to replace a clinical skills assessment that previously required travel to the College in London for a face-to-face examination. This should now facilitate 86 GP trainees in Scotland to complete this required assessment before the end of their training programme this August. Other medical Royal Colleges and the GMC are actively considering contingency arrangements for their various examinations.

2.10 **Recruitment of doctors to training programmes**: NES has closely participated in discussions, decisions and activity to ensure that trainee recruitment was able to proceed so that trainees could be appointed to training programmes and be available to start work in August 2020. This has been achieved through streamlining the recruitment processes and use of self-assessment tools. Fill rates across each of the 3 recruitment rounds are being monitored and at present appear to be comparing favourably to 2019 fill rates.

Plans for Resuming Activity

2.11 NES is taking a structured approach to recovery, seeking to review what will resume as before, what might resume but be different, and how temporary measures put in place to deal with the circumstances, should now be unwound. The complexities and detail of the work that needs to be done, and the expertise to do it will rest with each of the NES Medical Directorate's four workstreams. The emphasis in each workstream will be different – some workstreams will have a lot to remediate immediately with others needing to plan for critical events in the future. A coherent Directorate-wide programmed approach is being adopted, drawing on the principles of current best practice in project management and good governance, that will support close working

and reporting to NES Corporate departments. The table below summarises NES Medical responses and planning to date:

	Paused or altered activity	Planned response
1	The 2020 Scottish Medical Education Conference (SMEC)	SMEC has been rescheduled for 2021.
2	All Trainee rotations – doctors in training will 'stand-still' in their current placement	Trainee rotations will resume in August 2020.
3	All Trainee work-based assessments – normally undertaken by senior clinicians	Workplace based assessment activity will resume in August 2020 assuming clinical staff have capacity to do this.
4	All medical education regulatory visits (GMC) to hospital sites and GP Practices	Early consideration now being given to the Scotland Deanery's Quality Management system and site visits on behalf of the GMC. Use of remote conferencing technology now under review. Implementation of the GMCs new Quality Assurance process remains on track. Full consultation with Health Board Directors of Medical Education will take place.
5	NES contribution to 'Sharing Intelligence on Health and Social Care' group	This group continues to meet with fewer participants. Meetings are more frequent. To be reviewed in line with emerging position.
6	All Specialty Training Boards (STBs)	Alternative arrangements have been put in place to ensure regular contact between LDDS, Chairs of STBs and others. STB meetings will not resume until administrative capacity has improved within NES.
7	All Specialty Training Committees	STCs remain in abeyance. Meetings will not resume until administrative capacity has recovered within NES.
8	All formal teaching and training of doctors in training and trained doctors	Formal training will resume in August 2020 subject to local capacity. Trainers have been asked to consider developing online educational tools to replace face-to-face activity where possible and necessary.
9	The 2020 run of the GMC National Training Survey	It is expected that a modified GMC survey may run in the coming months.
10	All 2020 runs of the Scottish Trainee Survey	The STS will not run in this training year, apart from specific groups. A Scotland-wide survey on the impact of COVID-19 on training is planned for June/July 2020.
11	NES-led Workforce development as part of the Chief Medical Officer for Scotland Taskforce for the improvement of healthcare and forensic medical services for people who have experienced rape or sexual assault	A funding bid has gone into Scottish Government for continuation of these important courses. We await the outcome.
12	Staff and Associate Specialist Doctor Development Board	The SAS team have continued work with fortnightly webinars to support SAS doctors. The PD leads will now start work on how to recommence virtual meetings in the near future.
13	NES-led development of a GMC-regulated Credential in Rural and Remote Hospitals	This remains paused. The recruitment of an Associate PG Dean for Rural & Remote Medicine is taking place in June 2020.
14	We have worked with the other 4 nations to agree an amended process for this year's recruitment to training programmes that will mean virtually no senior clinician time will be required to facilitate recruitment, meaning significantly more senior clinical time will be available to the service	This work has concluded, with self-assessment tools used for posts commencing August 2020. Discussions are underway at a UK level on proposed planning for recruitment to posts commencing in February and August 2021, with recognition that there is real opportunity to restructure and redesign how recruitment could be delivered going forward.
15	All Quality Improvement events and developmental training	Work in the Quality workstream has restarted in a slow and measured way, subject to staff availability.

	Paused or altered activity	Planned response
16	All Medical Appraiser training courses	Appraiser training courses were already under review prior to COVID-19 to ensure they were fit for purpose. This review will now also focus on how much of training can be delivered via virtual training platforms. Courses will commence again as soon as it is practical.
17	All Medical Appraisal related meetings and conferences	All meetings of these groups were cancelled. Lead appraiser meetings are due to begin with a view to looking at how and when medical appraisal can begin again.
18	General Practice Nursing Programme	GP Nursing team have continued to provide educational webinars for our colleagues in primary care. They have begun work into looking at how delivery of courses can be undertaken virtually for the new cohort.
19	Practice Managers VTS and Supervisory Management Programme	Practice Manager webinars have also been held. The team have begun work on how to deliver parts of this course virtually.
20	CPD Connect education for General Practice including Practice Based Small Group Learning	The work around PBSGL was halted during the pandemic. It has been agreed that the team will start work cautiously and virtually, looking at some priority development areas. They are conscious of not wanting to take clinicians away from the frontline.

2.12 In addition to the above, a formal **Business Recovery Plan** has been instigated. The plan will be overseen by a Business Recovery Steering Group (BRSG) and supported by a dedicated Project Manager, now identified from our current staff. Work will be owned and taken forward by smaller working groups within each of the four workstreams, plus another for NES Pharmacy. The BRSG and workstream groups will address the task in three main phases namely:

a. What needs to be done to allow some critical processes and procedures to return to the current 'BAU' model from the beginning of August 2020 (The Mission Critical Phase).

b. What needs to be done to remediate COVID19 changes from August 2020 and for the subsequent 12 months (The Recovery Phase).

c. What could be done to encourage different, more efficient, more effective and more financially responsible ways of working in the light of the COVID-19 experience, thereby defining a new 'BAU' model in the medium to longer term. (The Development Phase) Noting that we have been asked to submit a plan to the end of July, we would note that the academic/training year begins in August.

2.13 In the first two phases (**Mission Critical** and **Recovery**) each workstream will consider:

a. Critical actions and sequencing.

b. Resources; staffing/workforce and finances.

c. Timescales.

d. Individual ownership.

e. Liaison with UK partner organisations where a process is 4 nation.

f. Liaison with other stakeholders including Territorial Health Boards, GMC, BMA, Colleges, SG, trainees, trainers (including TPDs, APGDs, STB Chairs).

g. Accountability to the NES Board.

h. Communications.

i. Risk management.

2.14 In the third phase (**Development**), each workstream also will consider:

a. What new ways of working worked well?

b. What new ways of working did not work well?

c. Educational reform.
   o How can NES drive innovation in education delivery?
   o How can NES change the 'product of our education and training processes' (will need to be supported by the Scottish Government policy on changed service delivery) ?
   o What new models of working across health & social care will need to be considered ?

d. Use of technology.
   o For NES business.
   o For education delivery and assessment.
   o For recruitment.

e. Resource implications of change.
   o Staffing/workforce.
   o Finances (especially costs savings and efficiencies) .
   o Need for fixed office space.

Key Dependencies

2.15 NES and its medical objectives are very dependent on the situation within, and decisions and actions of:

a. NHS Boards.

b. Universities.

      c.   UK Medical Royal Colleges.

2.16 **NHS Boards**: Medical education and training is predominantly workplace based and embedded in Scotland's Health Boards and GP Practices. The resumption of training is totally dependent on a resumption of 'normal' clinical activity across a wide range of clinical and laboratory specialties with training currently on hold to facilitate the NHS response to the COVID-19 pandemic. Therefore, many trainees have been prevented from gaining necessary competencies e.g. in the craft (mainly surgical) specialties where little or no elective surgery has been undertaken for the past two to three months. Therefore, the way in which services are resumed will have a major impact on training and possibly on future workforce availability. The possibility of a second and third wave of admissions due to coronavirus is a major risk and close liaison with Health Boards will be required in order to plan effectively and mitigate any impacts on training. Careful consideration will need to be given to the training opportunities available and possible consequences of Health Board planning and decision making together with any emerging situations that may arise.

2.17 **Universities**: University Medical Schools facilitated the early graduation of Final Year Medical Students to allow them to contribute to the NHS response to the Pandemic. Subsequently, universities are currently considering how to resume normal clinical education activity in hospital and General Practice sites. Similar to postgraduate education and as outlined above, it is still unclear how much and what type of undergraduate teaching capacity will be available in Health Boards. Again, this will have an impact on future workforce availability.

2.18 **UK Royal Colleges**: All Medical Royal Colleges paused professional examinations at the start of the period of lockdown. Many of these examinations are required to allow trainees to complete training, achieve CCT and become available for recruitment to consultant and GP posts. Several Colleges have already started to make plans to resume examination activity, albeit in some cases, in a modified way. There will be a UK-wide need for Health Boards to release enough numbers of examiners to participate in these examinations at a time when the service is trying to resume normal clinical activity – this could be a challenge. Careful consideration and close co-operation will be needed to mitigate any impact on service or training.

Risks of Workforce Supply Shortfall

2.19   There is a recognised and longstanding undersupply into postgraduate medical training. Although there has been a modest expansion of undergraduate medical school places in recent years, it is still anticipated that the undersupply of Scottish domiciled graduates will persist without further expansion of undergraduate numbers.

2.20   The current COVID-19 pandemic will have a small effect in the short-term resulting in reduced output of CCT holders in August 2020 who will require a short extension of their training to achieve their required competencies.

2.21   We anticipate that there will be a modest medium-term impact with reduced output from training programmes over the next few years, due to significant numbers of trainees who will take longer to achieve their competencies due to the current pause in them achieving competencies and other mandatory requirements now and over the coming months, due to reduced clinical activity, the pausing of all educational courses and events, redeployment of doctors in training to clinical areas out with their usual practice and cancellation of professional examinations. It is very probable that many trainees will not be able to "catch up" with these missed requirements and this will result in a lengthening of their training, resulting in a reduction of CCT output over the next few years.

2.22   In the longer-term, it would be anticipated that NHS Scotland will reconfigure some clinical services and that clinical activity will be delivered in a different way. This will likely impact on medical workforce requirements and on the skill mix of those required to deliver the service. NES will need to understand the NHS Scotland workforce requirements so that it can adequately and appropriately advise Scottish Government regarding training establishment numbers and modifications to curricular requirements.

Primary Care and Mental Health

2.23   A key challenge for primary care is increasing capacity so that we can train staff for the next phase of the GP Contract. The pilot work for this was put on hold during the pandemic but when it is safe to do so, we will resume work on this. Educational capacity will also be impacted by the proposed increase in undergraduate teaching in primary care from the current 9% to 25% of the curriculum.

2.24 GP recruitment has been a challenge in some parts of Scotland, however, there are encouraging signs of an increase in the numbers of applicants for GP training. Our courses for prospective trainers will need a full review in the face of this pandemic as much of the content may need to be delivered virtually for the foreseeable future. This is a good opportunity to look at content and value.

2.25 There was a danger this year that a substantial number of GPSTs would not be able to obtain their CCT due to the cancellation of RCGP examinations. Collaborative work between the 4 nations, RCGP, GMC and trainee groups has facilitated progress, with plans for the exam being conducted using recorded consultations, so mitigating much of the anticipated shortfall in CCT output.

2.26 We had started a review of GP training prior to the pandemic. This remains on hold but will be given fresh impetus to look at alternative and virtual methods of delivery. Changes to the curriculum may result from changes in the skill set needed by doctors in primary care, as a result of new models of service delivery which were put into place during the pandemic being sustained. This will require work with all 4 nations, the RCGP and the GMC, but hopefully will lead to courses which are fit for 21st century GP training.

2.27 Recruitment into core Psychiatry has been a challenge in some regions of Scotland. Initiatives such as 'Choose Psychiatry' will recover and should help in this regard. Training challenges in some Health Boards remain. The causes are multi-factorial, but Consultant vacancies are one of the key components of this problem. This remains a cause for concern, exacerbated by the anticipated demand for mental health services as the health service and the nation recovers from the initial effects of the pandemic.

Conclusion

2.28 NES is already well advanced in planning for how it will remobilise staff and workstream activity. A Business Recovery Steering Group has been established and will project manage the process of restarting activity within each workstream to align with staff availability and capacity. The priority will be to facilitate trainee progression within appropriately quality managed training programmes.

3. Pharmacy

Activities Paused

3.1 The paused activities for NES Pharmacy were:

a.	Pharmacy Education Conference (part of Medical Education Conference) 2020.
b.	Professional Development training events scheduled in our Spring Programme (except for the NHS Pharmacy First Scotland Service training which has switched from face to face to online training).
c.	Training events and support relating to Pharmacy Additional Cost of Teaching (ACTp) workstream.
d.	Training events and support relating to Pharmacist VT Foundation programme – some essential support will remain.
e.	Training events and support relating to Pharmacy Technician VT Foundation programme – some essential support will remain.
f.	Training events and support relating to General Practice Clinical Pharmacist programme (including Pharmacy Technicians).
g.	Training events and support relating to Expert Professional Practice Pharmacy programmes.
h.	All Foundation and Advanced Pharmacy Leadership training.
i.	Pre-registration/ACT premises approval visits - temporary blanket approval agreed with GPhC.
j.	Contribution to National UK development of Foundation Pharmacist, Foundation Pharmacy Technician and Consultant Pharmacist programmes.
k.	Recruitment of Scottish Pharmacy Clinical Leadership Fellows (post August 2020).
l.	All pharmacist clinical assessment skills and consultation skills training courses.

Response Activity

3.2 **Pre-Registration Pharmacist Scheme (PRPS) Trainees**: GPhC `Provisional Registrants` from August 2020 – Due to the cancellation of the GPhC Assessment for the current cohort of PRPS trainees 2019-20 (200 trainees), NES may have to continue to support both the trainees and supervisors for up to 8 months including preparation for a potential online GPhC registration assessment. Awaiting decision from GPhC at end of May and will then require discussions with SG regarding financial support for this cohort of trainees on the GPhC `provisional register'. Recruitment in Autumn 2020 for PRPS trainees for 2021-22 – New online assessment process required utilising SJT as a contingency plan after cancelling three days for face to face assessment centre.

3.3 **Professional Development**: Development and ongoing maintenance of online resources to support pharmacy staff in line with COVID. Including support for returner,

students and redeployed staff. Linking to education prepared by NES Psychology to support resilience on pharmacy staff, CSMEN to support COVID related patient care and safety, and national education from UKCPA. Training of NES/NHS staff (within pharmacy and other professions) on use of online technologies to amend delivery of work (use of GoToWebinars/Meetings, MS Teams, etc), e.g. a short notice webinar to support NHS Pharmacy First Service webinar, supporting CPD Connect to establish the use of webinars for their service. Communications to pharmacy professionals adapted to support COVID response. Increased support required for those returning to practice.

3.4 **Pharmacist Independent Prescribing and Clinical Skills**: Development and ongoing maintenance of online resources to support pharmacy staff in line with COVID. Communications to pharmacy professionals adapted to support COVID response, particularly relating to IP, consultation and clinical assessment skills and General Practice Clinical Pharmacists (GPCP).

3.5 **Pharmacy ACT**: Postponement of National Coordination – implementation of COVID-19 contingency student pharmacist Experiential Learning (EL) timeline for 2020/2021 and potential reconfiguration of planned EL in line with this. Facilitation of the deployment of student pharmacists being employed through the national COVID 19 recruitment portal and development of COVID-19 student support resources.

3.6 **Foundation**: Adaptation of full Foundation Training and Advanced EPP Training including the use of online training/meetings including assessment processes to ensure that pharmacists in training progress and complete their training. Adapted the delivery to an online programme (peer support sessions, induction sessions, leadership sessions) with online 'visits' following appraisal and the regular updating of FAQs and online information thus ensuring the continued Quality Management of the programme.

3.7 **Pharmacy Technicians**: Development of COVID-19 resources for pharmacy technicians and pharmacy support staff being redeployed or returning to practice.

3.8 **Cross Workstream**: Pharmacy staff redeployed across services (including groups to lead the set-up of the Pharmacy for Louisa Jordan Hospital, working within NHS 24 and delivering front line services in health boards) as well as supporting the NES HR onboarding processes.

Maintenance Activity

3.9 Pre-Registration Pharmacy Scheme (PRPS):

a. PRPS Educational Programme for 19/20 – remaining training days, mock assessment, First Aid and tutor training were delivered online for trainees.

b. PRPS Trainee, tutor and employer support for 2019/20– pastoral care and online support delivered virtually by NES team.

3.10   Professional Development:

a. Support NES Pharmacy and other professions in the redesign of education in light of social distancing restrictions. Working with key groups (CPD transformation group to establish shared learning).

b. Communications to pharmacy professionals adapted to support COVID response, including tailored communication to students, trainees and those returning to practice.

3.11   Pharmacy Independent Prescribing and Clinical Skills:

a. Independent Prescribing - Extensions for portfolio submissions and rearranged/altered period of learning in practice, processing and planning applications in response to timelines.

b. Clinical Skills – redesigned course content in response to cancellation of face to face training sessions.

c. Consultation Skills – with existing programme pauses all to be reviewed.

d. GPCP – delivery and content of training (including bootcamps) and assessments to be reviewed and moved online.

e. Teach and Treat (T+T) – delivery approach to support learning in practice within specialist clinical areas (in particular Common Clinical Conditions for community pharmacists) being revised.

3.12   Pharmacy Additional Cost of Teaching (ACT):

a. Revised EL stakeholder engagement pathways being developed.

b. Finance activity for yearend processes being reviewed.

3.13   Foundation:

a. Online assessment processes and support for assessors.

b. Online peer support sessions for Foundation pharmacists and tutors.

c. Appraisal process moved to being online.

d. Communication updated (website and FAQs).

3.14   Pharmacy Technicians:

   a. Pre-registration trainee pharmacy technicians Support provided to SQA and
       Colleges to ensure pre-registration trainee pharmacy technician workforce
       completes their training by end of June 2020 and there are no delays in
       registering with GPhC.
   b. VT Foundation Programme for Pharmacy Technicians - Virtual induction and
       peer review sessions delivered to ensure continuity of training.

Plans for Resuming Activity

3.15   **GPhC Provisional Registrants cohort 2020**: Delivery of support for approximately
        200 trainees and supervisors in this 'Delayed COVID 19 cohort' between August and
        December 2020 to ensure they join the workforce in January – March 2021.These
        trainees who will be on a `provisional register` were meant to join the pharmacist
        workforce in August 2020, but were delayed due to COVID 19.

3.16   **PRPS Trainee Cohort 2020-21**: Delivery of a full PRPS training programme and
        quality management processes virtually for the full training year to ensure the
        continuation of pipeline of 200-240 pharmacists entering the workforce in August 2021.

3.17   **Recruitment of PRPS Trainee Cohort 2021-22**: Achieving recruitment to target 200-
        240 PRPS posts for this cohort using virtual recruitment processes in 2020 to ensure
        the continuation of pipeline of 200-240 pharmacists entering the workforce in August
        2022.

3.18   **Professional Development**: Transfer all Professional Development activities to digital
        format to support Scottish Government priorities (e.g. the roll out of NHS Pharmacy
        First Scotland Service and use of NHS Near Me) through online education. Supporting
        Pharmacy teams to utilise digital technologies to work/deliver education in new ways.
        Enhance interprofessional learning through digital technology and supporting
        returners, students and redeployed staff in response to COVID (now and in future
        waves).

3.19   **Pharmacist Independent Prescribing and Clinical Skills**: To support the increased
        input of community pharmacist prescribers in the management of Common Clinical
        Conditions by working with the 2 Schools of Pharmacy to increase the number of
        pharmacist independent prescribing places and access to appropriate clinical skills

training in 2020/21 and 2021/22. This will also require us to roll out Teach and Treat for Common Clinical Conditions to more Health Boards in NHS Scotland and utilise NHS Near Me technology. Key strands of work are as follows:

a. Pharmacist Independent Prescribing – Determine funding, capacity and plan for 2020/2021 and 2021/22 delivery to increase number of pharmacist prescribers.

b. Clinical and consultation skills – planning with Dundee Clinical Skills Collaborative to review content and resume delivery of clinical and consultation skill courses.

c. Teach and Treat – Review ongoing operational plans with individual health board leads. Priority will be roll out of T+T CCC within community pharmacy to support NHS Scotland Pharmacy First service delivery.

d. General Practice Clinical Pharmacists –Planning and moving to online delivery of Bootcamp courses. Portfolio assessment viva voce via video/Teams.

3.20 **Additional Cost of Teaching (ACT):** Undertake ACT financial modelling and planning for delivery of student pharmacist experiential learning (EL) for 2020-21 to include COVID 19 adjustments required across the NHS Service to continue to enhance the quality and quantity of EL. Develop and deliver EL Facilitator Support training for 2020-21 virtually using digital technology and resume quality management processes.

3.21 **Foundation**: Resume support for new and existing Foundation and Advanced EPP from training through to assessment. Develop and deliver training, peer sessions and assessment using Digital technologies to enable completion of programme. Roll out Foundation training to Community Pharmacists.

3.22 **VT Foundation Programme for Pharmacy Technicians**: Investigate the use of Microsoft Teams/Go to Meeting/Webinars for delivery of future induction, peer review, tutor workshops and bite size education sessions including assessment processes. Resume peer review sessions for all VT trainees via Teams/Go to Meetings as a priority as seconded Programme officers return to NES.

3.23 **General Practice (GP) pharmacy technicians (Bootcamps)**: Investigate provision of education in different formats e.g. e learning, peer review and virtual presentations in conjunction with GPCP programme, maximising the primary care workforce to meet future healthcare demands. Develop online training for pharmacy technicians and

pharmacy support staff to support the roll out of serial prescribing across NHS Scotland.

3.24 **Development of a national pre-registration trainee pharmacy technician scheme**: SLWG to be set up to scope the requirements of a national pre-registration trainee pharmacy technician scheme in terms of quality management systems, funding, infrastructure, HR/recruitment to ensure a highly skilled workforce.

3.25 **Pharmacy Business and Administrative Support**: Key strands of work are as follows:

  a. Finance modelling and revised Operational Planning is ongoing for all workstreams (working closely with NES Finance).
  b. A new flexible response is being developed within the Business/Admin team to response to the new ways of working across all work strands with particular focus on delivery of education via online/digital solutions.
  c. Review of the return of the Scottish Pharmacy Clinical Leadership Fellows roles is being explored with Scottish Government and NES L&D Team (in line with Medical and Dental Fellows).

Key Dependencies

3.26 There are several key dependencies cutting across the work of the Pharmacy Team, these include:

  a. Health Boards in Scotland and Directors of Pharmacy
  b. Community Pharmacy Scotland
  c. GPhC
  d. Royal Pharmaceutical Society
  e. Primary Care Community Pharmacy Leads
  f. Universities (including Strathclyde, Robert Gordon, Dundee)
  g. Dundee Clinical Skills Collaborative (DCSC)
  h. SQA
  i. Colleges
  j. National Pharmacy Technician Group Scotland (NPTGS)
  k. Association of Pharmacy Technicians (APTUK)
  l. Training providers, Employers of Trainees and providers of EL
  m. Educational Leads in Health Boards

n.   Quality Improvement in Pharmacy Practice Collaborative

Risks of Workforce Supply Shortfall

3.27 **Pre-Registration Pharmacy Scheme (PRPS):**

   a.   Provisional Register Arrangements in 2020 – Typically 200 trainees join the pharmacy workforce in Scotland from August 2020. With the provisional register there is a high risk they cannot take traditional workforce roles and therefore pipeline affected.

   b.   20/21 Trainees may decide to take a break after completion of training and not join the provisional register – this will affect number of pharmacist workforce for the period August-December 2020.

   c.   Funding for provisional registrants – NES require funding to support additional cohort in 20/21 and if bid submitted to SG is refused then limited support available.

   d.   Recruitment for 2020 – risk of a decrease in number of candidates applying to Scotland to fill PRPS posts – RUK students may be less likely to apply. SG still to confirm additional funding for the 40 additional places to come in 2020 which was announced in the Health and Social Care Plan December 2019.

3.28 **Professional Development**:

   a.   Consider ongoing support for pharmacy professionals returning, or recently returned, to practice (small number of professionals).

3.29 **Pharmacy Independent Prescribing and Clinical Skills**:

   a.   Delays to IP programme: timescale longer to supply qualified IPs into workforce.

   b.   T+T Common Clinical Conditions: ability to train and deliver within health boards to support CP contract.

   c.   Educational and Clinical Supervisors ability to support as they try to return to business as usual and potential backlog of work.

3.30 **Pharmacy Additional Cost of Teaching (ACT):**

   a.   Reduced exposure to all pharmacy settings may affect future workforce.

   b.   Disruption to EL experiences may impact the competence and confidence of the graduate entering the workforce.

3.31 **Foundation**: Lack of Foundation pharmacists completing training will lead to a lack of pharmacists at a more senior advanced level.

Primary Care and Mental Health

3.32 New services / ways of working in primary care will guide some of the professional development workstream's focus. This will include support for the new NHS Pharmacy First Scotland Service, NHS Near Me for pharmacy consultations and Serial prescribing.

3.33 The focus on increased numbers of pharmacist prescribers particularly for Community Pharmacy to deal with Common Clinical Conditions being treated by frontline practitioners in community pharmacy as well as those in GP practices should have an important impact on the delivery of primary care services. Foundation pharmacists train in Primary care setting for some of their training. Need to support via Near Me initiative to ensure they can complete their training and gain key skills (consultation, clinical assessment)

3.34 Mental Health - Developing 4 key e-learning modules planned for 2020-21 are focussed on Mental Health topics (anxiety, depression, schizophrenia, bipolar). They remain a priority and will include collaboration from NES Psychology.

4. NMAHP

Activities Paused

4.1 NMAHP provides education support and resources for a number of different groups including registered and non-registered staff across health and social care workforce. During phase 1 all non COVID-19 related work was initially paused. This included broad areas related to:

   a. Recruitment to internal posts and external practice education posts, career resources and commissioning of education.
   b. Scottish Infection, Prevention and Control Education Pathway and elements of health protection network activities.
   c. Health care support worker development and board engagement.

d. Post-registration education to support service transformation – community and primary care nursing, and advanced practice NMAHP.

e. Stand-down of some national groups aligned to routine activity.

f. Development work on the quality management of practice learning system and online learning resources for the preparation of practice supervisors and assessors.

4.2 Some 'business as usual' has continued, aligned to national priorities including immunisation programme and undergraduate education programmes for paramedics. The pause of some of this work has impacted on over 1000 continuing post-registration students, many of whom had planned to complete their studies and attain their qualifications in September 2020, suspended new starts and delayed recruitment processes.

Response Activity

4.3 New activity in relation to the Covid-19 response mainly focuses on website content development, stakeholder engagement, the preparation and delivery of Covid-19 specific digital education materials and supporting role development and education linked to service transformation. Activity summarised below:

a. COVID education materials creation and updates, including infection, prevention and control, care home swabbing, contact tracing and nosocomial Covid-19 screening. Facilitation of event for senior executives on the 'healthcare-built environment'.

b. Priority focus on social care workforce in partnership with SSSC and others.

c. Maintenance, review and availability of online resources for COVID midwifery and obstetrics and emergency management of children and young people' modules were made available quickly as a PDF resource and require further development for e-learning.

d. Informed level mental health improvement and suicide prevention animations for staff supporting children and young people. Case vignettes and workshop notes will be developed to support the roll out of the animations initially to the health and social care workforce but thereafter across the wider public sector.

e. In anticipation of increased demand for mental health and suicide prevention training post lockdown, considering what resources and formats could potentially provide alternatives to current licenced programmes and reviewing what additional learning resources are required in light of COVID 19.

f. Upskilling digital skills for staff to enable new ways of working and facilitate development and provision of technology enhanced resources.

g. Healthcare support worker development with SSSC, care inspectorate and COSLA of TURAS learn page and newsletter.

h. NES employing students until 30.9.20 who have opted into care home and non-NHS placements thus needed to ensure governance related to all aspects of the student experience. Role of care home education facilitators enhanced in the support of both students and care home mentors and managers.

Maintenance Activity

4.4 Performance management review of pre-registration nursing and midwifery programmes will continue but will be 'light touch' to reduce the burden of reporting on HEIs and NHS Board partners. Programme completion data (record of all students undertaking registerable qualifications in Nursing or Midwifery at HEIs) which NES uses to register newly qualified nurses and midwives with the Nursing and Midwifery Council (NMC) will be closely monitored to better inform nursing and midwifery workforce capacity.

4.5 The use of digital technology is being tested to enable programmes such as family nurse partnership education and Scottish Multi-professional Maternity Development Programme (SMMDP) to continue with adaptations. This will be further informed by NHS Board mobilisation plans, specifically relating to developments in digital technology.

4.6 We will be resuming joint work with Scottish Government on Midwifery education and workforce review remotely including all key stakeholders.

4.7 Promoting Effective Immunisation Practice – now to be developed for health care support workers and the expansion of national flu programme.

Plans for Resuming Activity

4.8 Examples of work we will be resuming, recognising the requirement for 'at distance' delivery/learning formats as follows:

a. Priority focus on **social care workforce** in partnership with SSSC and others. Through membership of SG clinical and professional advisory group for care homes and care homes leads group we can response quickly to emerging

education priorities, examples are deterioration and clinical skills for care homes and working with HPS to support care home on bespoke video on 'swabbing'. We will also be producing resource on infection, prevention and control for care home trainers as webinars so these can be accessed at anytime from anywhere.

b. **Values-based reflective practice**, community chaplaincy listening and Scottish patient related outcome measure for spiritual care activity.

c. Joint commission with HIS to address **openness in learning** – streamlining critical incident reporting, patient feedback and complaints, significant event analysis, care inspectorate reports and HIS improvement and quality reporting.

d. Identify key priorities required to support frontline **care home and care at home** staff and produce range of short accessible dementia and palliative care learning resources required for staff to support people with dementia, families and careers to have best quality of life possible.

e. **Transforming roles - Education programmes**, for which NMAHP manages the funding or service level agreements or commissions were paused at the end of March 2020 due the Covid-19 pandemic but is hoped these will resume. These include: PG Diploma Advanced Nursing Practice (ANP); PG Diploma District Nursing; Diploma Operating Department Practitioner, Nurse Endoscopy; New Graduate Diploma in Integrated Community Nursing, School Nursing, Non-medical Prescribing, Return to Practice (Nursing and Midwifery), Advanced Clinical Assessment/Decision-making. Plan to have sign-off of national process of developing specific knowledge, skills and behaviour for AHP roles. Recommencement of the NES General Practice Nurse Programme to enable the 53 GPN trainees currently employed within the NMAHP scheme to complete their training and NES CPD Connect provision for GPNs to continue develop the GPN role whilst Transforming roles funding is available.

f. **Healthcare support worker** – exploring restart of networks via TEAMs, masterclasses.

g. Joint work with Scottish Government on **midwifery education and workforce** review and development of midwifery career and education framework. Core mandatory training for midwives and obstetricians will recommence using new digital approaches for more remote areas. Other programmes will be made available as requested by boards.

h. Contingency plans in place for **family nurse partnership** education and Scottish **multiprofessional maternity development programme**, these focus on indicative plans for cancellations and adjustments to planned activities.

i. Continuation of design of new curriculum and course modules to support academic pathway for 'health and social care' chaplain, and development of national delivery plan for spiritual care and chaplaincy in Scotland.

j. Webinars on 'near me', Microsoft teams and supervision delivered with over 4000 attendees. All recorded and uploaded on AHP learning site on TURAS. Increasing demand for provision of webinars and topics emerging workforce and planned programme being developed.

k. Recommence Digital Health and Care Leadership Programme delivered by NES.

Key Dependencies

4.9 **Universities** where these are key providers of commissioned activity, or suppliers of recruits to training, **Clinical service** – any obvious areas where we already know reductions/shifts in activity will be a constraint or opportunity? Much of our work is in partnership working HEIs, NHs Boards, Scottish government, social care and care homes, and other organisations, examples below:

a. Values-based reflective practice, community chaplaincy.

b. Undergraduate Performance monitoring is dependent on capacity of HEI providers and NHS Boards.

c. Across post-registration we have universities who are key providers of commissioned activity and NHS Boards who are suppliers of workforce to training.

d. Clinical service – any obvious areas where we already know reductions/shifts in activity could be a constraint or opportunity to supporting all learners.

e. Work more closely with CSMEN and others to develop guidance for 'social distancing' when delivering face to face clinical skills.

Risks of Workforce Supply Shortfall

4.10 Priorities for learning are not fully established and are dependent on NHS Board mobilisation plans. Undergraduate programmes are key to workforce supply and any deferment or potential delay in student recruitment and progression could impact on

recruitment to workforce 'At distance' learning has limitations, specifically for clinical skills and preparing students for practice placements. New paramedic undergraduate programme will increase demands on practice placement.

4.11 NES NMAHP staff still on redeployment – potential increase in workload when paused work recommences alongside ongoing Covid activity, Plan for return of these staff requires consideration.

4.12 Our response from Boards regarding continuing post-graduate students and recruitment to new programmes has not indicated any obvious constraints but rather risks to service if programmes do not go ahead. HEIs appear to be prepared to recommence programmes for continuing students. Four new programmes due to commence in September 2020 or January 2021 are currently going through HEI/NMC approval processes.

4.13 Shielded students will require non-covid placements and service ability to respond may impact on the registration of students and ability to join workforce.

4.14 Health care support workers may have been redeployed or affected by new ways of working and have limited access to support for learning. Anticipate potential increased in recruitment.

4.15 Chaplaincy workforce demographics show a shortfall and delays to academic programmes will have significant effect on supply.

5. Psychology

Activities Paused

5.1 Routine trainee placement visits and assessments were reduced/format revised and face to face training across all the following areas have been paused:

Doctorate in Clinical Psychology	MSc Applied Psychology for Children and Young People	MSc Psychological Therapies in Primary Care
Child and Adolescent Psychotherapists in Training	Stage 2 Trainee Health Psychology	Cognitive Behavioural Therapy
Family Based Therapy	Interpersonal Therapy	Psychological Interventions and Therapies in Adult Mental Health
Early Years and Children's Mental Health and Wellbeing	Training in Psychological Skills – Paediatrics	Psychology of Parenting and Infant Mental Health

Clinical Practice	Workforce	Long Term Conditions
Health Improvement	Dementia	Supervision
Trauma	Learning Disabilities	Perinatal Mental Health
Suicide Prevention	CAMHS Workforce	Mental Health Workforce

5.2 Some planned areas of expansion (e.g. learning Disability) that were at advanced stages of discussion with Scottish Government have been postponed. The start dates of a number of longer multi professional Psychological Therapy trainings (e.g. Cognitive Behavioural Therapy) have been pushed forward.

Response Activity

5.3 The response of NES Psychology to the COVID-19 pandemic has been comprehensive across a wide range of activity and responsibilities. This has included:

a. Redesign of clinical placements to support remote and digital delivery of supervised clinical practice to meet regulatory and professional standards.

b. Addition of mini placements to increase flexibility in meeting competence requirements.

c. Trainee recruitment processes revised and conducted remotely.

d. Design, development, curation and collation of evidence-based psycho-social mental health and wellbeing learning resources for TURAS Covid-19 learning platform as below. All underpinned by Psychological First Aid (PFA) with several PFA resources made available in a range of formats.

  o Resources to support individual health and social care staff members including apps for sleep, stress, resilience etc

  o Resources for staff working with specific populations (Developed - children and young people, autism, learning disability, dementia, long term conditions) (To be developed - care experienced, abuse survivors, prisoners)

e. Resources to support staff in their roles as leaders and managers in promoting the mental health and wellbeing of the workforce

f. Collaboration with Scottish Government and NHS Board colleagues and other partners in the development of plans for local, regional and national mental health and wellbeing services for health and social care staff (e.g. advising on education and training, workforce supply issues, providing data and analysis,

literature reviews, collating views, producing documents, organising, chairing and hosting online meetings)

g. NES Mental Health Learning Disability Dementia internal network meetings held to share information and collaborate across workstreams.

h. Launch of online parenting support resources.

i. Learning materials responding to people experiencing mental distress and crisis contextualised for COVID-19.

j. Major ongoing work in adapting learning programmes and resources for online/digital/remote delivery across all areas of work.

Maintenance Activity

5.4 Psychology maintenance activity includes:

a. Guidance for trainees and supervisors to support adjusted arrangements for clinical placements, including remote working and digital delivery.

b. Additional supervisor training and support.

c. Major ongoing work across all areas in continuing to improve and adjust training delivery to take account of the constraints of the pandemic on the clinical service and the impact on the lives of learners. (e.g. liaising closely with services though our networks to make sure we understand the changing needs, developing podcasts, webinars, protocols for virtual supervision, eLearning modules, providing regular newsletters and uptakes to stakeholders).

Plans for Resuming Activity

5.5 Psychology plans cover:

a. Revised recruitment for the doctoral programmes almost complete - trainees to commence in October as planned. Revised recruitment plans for other trainees due to start in early 2021 are in early planning phases.

b. In all areas consultations with stakeholders are planned to ensure we remain as closely aligned as possible with their needs and the realities of clinical service delivery across Scotland.

Doctorate in Clinical Psychology	MSc Applied Psychology for Children and Young People	MSc Psychological Therapies in Primary Care

Child and Adolescent Psychotherapists in Training	Stage 2 Trainee Health Psychology	Cognitive Behavioural Therapy
Family Based Therapy	Interpersonal Therapy	Psychological Interventions and Therapies in Adult Mental Health
Early Years and Children's Mental Health and Wellbeing	Training in Psychological Skills – Paediatrics	Psychology of Parenting and Infant Mental Health
Clinical Practice	Workforce	Long Term Conditions
Health Improvement	Dementia	Supervision
Trauma	Learning Disabilities	Perinatal Mental Health
Suicide Prevention		

    c.   Extensive work to adapt training delivery to provide eLearning programmes and resources for online/digital/remote delivery across all workstreams.

    d.   Explore methods and opportunities for improving the aesthetics, interactivity and navigability of our digital offers including the learning platform itself.

Key Dependencies

5.6   There are several key dependencies cutting across our Psychology work, these include:

    a.   Universities where these are key providers of commissioned activity, or suppliers of recruits to training.

    b.   Clinical service – any obvious areas where we already know reductions/shifts in activity will be a constraint or opportunity.

    c.   Availability of technology and governance arrangements to support remote delivery in health and social care services is variable.

    d.   Clinical service disruption may impact trainee progression.

    e.   Release of staff to attend training likely to be reduced due to clinical pressures.

    f.   Network of Trainers capacity reduced due to clinical service demands.

Risks of Workforce Supply Shortfall

5.7   Identified risk areas across our Psychology work, these include:

a. Ongoing pressures to the workforce supply in psychiatry, general practice and mental health nursing that will need to be thought about in planning for mental health services.

b. The expectation is that most psychology trainees will complete training within the original time frame with the extent of additional extensions to training (above the usual small number for maternity/sick leave/competence reasons) being minimal.

c. The longer term multidisciplinary psychological therapy trainings will have delayed intakes and reduced numbers due to provider constraints as well as clinical service pressures resulting in fewer staff being released by boards. This is likely to result in fewer skilled psychological therapists in Cognitive Behavioural Therapy, Family Therapy and Interpersonal Therapy.

d. Recruiting clinical staff to NES roles is likely to become difficult particularly to secondments or fixed term posts as competition for staff increases.

6. Dentistry

Activities Paused

6.1   All face to face education and training has ceased across all trainee programmes (Vocational Training (VT), Core and Specialty and Dental Care Professionals (DCP)). All in-practice assessment of trainees is no longer possible. All clinical activity for dental vocational trainees has stopped.

6.2   All face to face and in-practice education and training for the wider dental team stopped in March. This includes: National Oral Health initiatives such as Childsmile, Caring for Smiles, infection control training, Mandatory Training, Return to work provision, and delivery of training for Enhanced Skills Practitioner - Domiciliary Care. In addition, we have paused:

a. Quality management visits to training sites.
b. Recruitment activity using traditional face to face interviews.
c. Planned guidance development undertaken by SDCEP Team.

Response Activity

6.3 **Education and training**: Education, training and assessment approaches have been adapted utilising digital technologies in line with regulatory and awarding bodies requirements for trainee programmes (VT, Core Trainees and DCP).

6.4 **Trainee progression**: There have been alterations to end of year/NRP processes for VT considering restrictions on in practice assessments. A revised ARCP process for C & S has been agreed on a four-nation basis. (Vocational Training (VT), Core and Specialty and Dental Care Professionals (DCP)). All in-practice assessment of trainees is no longer possible. All clinical activity for dental vocational trainees has stopped.

6.5 **Recruitment: For VT** : video and other interview platforms are being used by trainers to carry out visitation and matching for VT. Guidance documents have been produced in relation to trainer statements, and recruitment. For Core and specialty there are new processes for recruitment which have been agreed on a four-nation basis.

6.6 **Continuing Professional Development (CPD)**: There has been delivery of virtual in-practice Infection Control training and related webinars plus the rapid development and delivery of a wide range of CPD webinars to whole dental team. An online version of Mandatory Training for new entrants to the primary dental care workforce in Scotland has been developed.

6.7 **Guidance Development and support to Scottish Government**: NES has been involved in the development and publication of several pieces of guidance in respect of COVID19, these include: 'Mouth care for the critically ill patient' and a series of shorter easy reference guides:

    a. 'Mouth care advice for the hospital patient'.
    b. 'Mouth care advice for care homes during pandemic'.
    c. 'Mouth care advice for care at home services during pandemic'.

NES has also produced the following guides for Dentists in response to COVD19:

    a. Management of Acute Dental Problems During COVID-19 pandemic
    b. Drugs for Management of Dental Problems during COVID-19 pandemic
    c. Dental Practice closure during COVID 19 pandemic

At the request of the 4 UK CDOs and in partnership with the Cochrane Oral Health Group, NES has undertaken a rapid review of international recovery plans for dental practice. To support NHS Boards to implement the SDCEP COVID-19 guides a mapping exercise of the guides and HB SOPs is being undertaken. In addition, we are involved in discussions regarding the gathering and use of prescribing and other data that may inform future strategy and planning of services, both in the short and longer term. stopped.

6.8 **Miscellaneous**: Processes have been developed to monitor trainees who have been redeployed. An Open Badge on mouth care advice for care homes has been developed with the development of further badges based on care at home and the hospital patient also in progress.

Maintenance Activity

6.9 Across all activities there has been a changing from face to face meetings to virtual meetings where possible. ARCP for Core and Specialty trainees are progressing following guidance developed on a four-nation basis. Recruitment is progressing based on processes agreed by the four nations. Start dates for some posts may be delayed. On-line delivery of education and assessment packages has allowed maintenance of DCP training programmes. There is support for QI Activity reviewing and certification as ongoing activity. TRaMS applicants and RTW individuals are being supported by telephone/online contact.

Plans for Resuming Activity

6.10 **Vocational Training**: There will be a delayed start to next year's training programme (September) to allow practices to resume patient care in some form before VT commences. Study day programmes will be front loaded, so as to occupy VDPs fully while practice gradually resumes. Study days and other educational events will continue to be delivered through online platforms, while this remains the most feasible method. Clinical study days will be delayed until Aerosol Generating Procedures can safely be undertaken. It is proposed to provide phantom heads to each training practice to support in practice training, currently out to tender. There will be development of introductory clinical skills sessions to be delivered prior to trainees commencing in practice. QI, research and other projects to be devised by the adviser team for VDPs, if "normal" clinical practice cannot resume for some time.

6.11 **Core and Specialty Training**: Recruitment is almost complete with only one specialty still to recruit for January 2020 start. DCT programme for 2020/21 will be reviewed as it is assumed that social distancing will still be in place. The calendar will be adapted to ensure that events which require face to face contact will be pushed into the future and those events that can be moved to an online format.

6.12 **Induction** is being developed in an online format for September 2020, however it is anticipated that the large event would resume in August 2021 as an integral of that is the ability to meet colleagues and the NES DCT team. It is unlikely that the entire Maxfacts induction course can be developed in an online format in the time available. The intention is therefore to identify existing material to which trainees can be signposted.

6.13 **Clinical Effectiveness**: As General Dental Services (GDS) prepare to re-open the Quality Improvement in-Practice Team (QIiPT) are involved with SDCEP in review of Infection Control content for a toolkit to support the CDOs roadmap to re-opening GDS. The team are also working to develop the content for further webinars based on the infection control content of this Toolkit to support dental teams back into practice. If capacity allows, it is the intention to support practices identified by Boards as having difficulty with any IC requirement. This will be delivered using digital technology for the foreseeable future. Any return to face to face in- practice training remains under review. Our Infection control nurse is being seconded to Scottish Government to support the Care Home Service.

6.14 **Continuing Professional Development (CPD):** There will be a continuation of a more blended approach to CPD as appropriate although some aspects of training will still only be possible 'face to face', e.g. using clinical skills facilities. The following issues need to be considered in the future delivery model for CPD:

   a. Balance of numbers vs interactivity in delivery of online CPD.
   b. Speaker fees and attendee charges for new modes of CPD delivery.
   c. Continued development of TURAS Learn to fully support Dental CPD – e.g. charging, certification (CPD and CPDA).
   d. Restart NES wide CPD Improvement project.
   e. Ensure continued upskilling of team to support more digital delivery of educational activities.

  f. Survey ICT skill base of all groups of dental team members and learners and address any skills gaps in relation to online education and training so as to support learner engagement.

6.15 **Dental Care Professional Education**: The transformation to online delivery will be maintained during mobilisation into recovery phases and will evolve towards an increased blended learning approach across all future DCP education provision, at an appropriate time. There will be a delay recommencing postponed DN post registration training, Practice Managers' and Receptionists' learning programmes during the initial recovery phases of primary care dental services. These will be prioritised and planned accordingly based on service delivery of the workforce and government guidance. This will have an impact on the capacity to upskill the existing dental workforce.

6.16 **Priority Groups**: For the National Oral Health initiatives there will be a need to re-establish communications with partners to resume educational activity and collaborative work, hopefully possible because of stepping down of those redeployed. Facilitation of more virtual meetings, rather than 'in person'. Continuation of a more blended approach to learning as appropriate although some aspects of teaching will still only be possible 'face to face'. The Open Badges work will continue with the aim of producing a suite of badges which will support and underpin the national oral health initiatives and Community Challenge Fund. There is a need to ensure teams are upskilled to support more digital delivery of educational activities.

Key Dependencies

6.17 **Vocational Training**: Output of the Dental schools and ability of dental practices to re-open and provide full range of clinical treatment.

6.18 **Core and Specialty Training**: Liaising with Clinical Directors in Dental Hospitals regarding start dates and availability for specialty trainees. Liaise with universities regarding start dates for PG degrees, which are an integral part of some Specialty Training programmes. Reliance on Royal Colleges re-establishing examinations at key stages of training.

6.19 **CPD**: Speaker availability and willingness to deliver online education and training and the capacity of NES Digital to support progress with TURAS Learn.

Risks of Workforce Supply Shortfall

6.20 If Vocational training cannot provide the full range of clinical experience for trainees to gain Satisfactory Completion, then there is a risk to the supply of Dentists to the primary care workforce.

6.21 For Core and Specialty training there are the knock-on effects of VT (reduced experience) on DCT1. There may also be a relatively minor hiatus (assuming return to clinical work and examinations) with delays to specialists exiting training.

6.22 There will be delays in the supply of the Dental Care Professional workforce gaining registration with the GDC due to the disruption of exam schedules and postponement of commencing new pre-registration programmes.

6.22 The online delivery of Mandatory Training should avoid any barriers to entrants from outside Scotland being eligible to gain NHS list number.

Primary Care and Mental Health

6.23 A project to evaluate the impact of COVID-19 on trainees' preparedness for practice and mental health and well-being is being developed in partnership with the Universities of Dundee and St Andrews. All necessary governance approvals are currently being secured.

7. Healthcare Science

Activities Paused

7.1 Postponement of all Healthcare Science quality monitoring activity relating to training centre recognition at least until September 2020.

7.2 Cancellation of the Healthcare Science national event 4th and 5th June 2020.

7.3 Postponement of all face to face trainer support and leadership development for Healthcare Science staff, with review in October 2020.

7.4 Cancellation of face-to-face recruitment interviews for 2020 postgraduate clinical scientist intake; we will develop a virtual approach using *go-to-meeting.*

7.5   We will continue with our on-line Healthcare Science ARCP process in the Autumn but specifically enquire about the impact this pandemic has had on trainees' plan.

Response Activity

7.6   General signposting to NES COVID-19 resources.

7.7   Dialogue with training leads regarding 2020 clinical scientist recruitment – timescales and NES support; we are anticipating 100+ interviews online.

7.8   Ongoing dialogue with training leads and UK partners regarding training format, phasing and approaches to progression assessment. This element is particularly challenging as HEIs on whom we depend for elements of our training programmes have their own agenda in terms of 2020 timetables

Maintenance Activity

7.9   Annual Review of Progression of Competency will continue later in 2020 as planned and will use our light-touch online approach.

Plans for Resuming Activity

7.10   Anticipate reshaping class-based CPD offer of generic trainer support to be also on-line and "bite-sized", reflecting that staff will be unlikely to get full day-release.

7.11   Anticipate closer engagement with Biomedical Science final year undergraduates / HEIs on applied programmes given their service in response to the pandemic.

7.12   No plans in FY 2020-21 to attempt to replace our cancelled June national event. We have booked our annual trainees' event for Feb 2021 and anticipate commencing planning for this around September 2020

7.13   Some indication for renewed support from service colleagues for developing specialty online resources that we facilitate on TURAS Learn. Anticipate resumption of this activity through the summer.

7.14   Annual expressions of interest for postgraduate clinical scientist trainees 2021; anticipate this will be circulated to service in July 2020, (as planned), with process complete by the time of the NES planning cycle in Oct/Nov 2020.

7.15   Core team at NES Healthcare Science are largely sessional and there will be some headcount growth from July 2020 to. Since inception, 5 years ago, homeworking has been the norm for the core team with face-to-face team working every six weeks at a NES hub; we anticipate this way of working to continue post-COVID.

Key Dependencies

7.16 Universities in Scotland and across the UK support postgraduate scientist development by part-time and full-time courses. Restart/resumption dates for these courses are still not yet (May 2020) certain as we move into recruitment, so there is a risk that we will "start" new trainees ahead of course availability and thereby leaving the trainee out of phase.

7.17 Early indication from scientific colleagues that the pend-up demand / paused non-COVID work is expected to challenge units' ability to host trainees / support training. This may be anecdotal as, in contrast, we have had a solid number of requests for postgraduate bursary support (just closed – May 2020).

Risks of Workforce Supply Shortfall

7.18 If universities' uncertainty around course dates interferes with work-based training arrangements, continuity of supply may be affected.

8. Optometry

Activities Paused

8.1 Teach and treat clinics, face to face skills training and the NES Glaucoma Award Training (NESGAT) placement.

Response Activity

8.2 The Optometry COVID 19 response has focused on supporting practitioners in safely managing patients in the community and is now moving to how practices can safely restart urgent and routine work. Activity includes:

   a. Triage and remote examination resources.
   b. Infection control resources.
   c. Decision making resources.
   d. Making multidisciplinary NES resources (such as Psychological first aid) accessible to optometrists and dispensing opticians via attachment of continuing education and training points.

Maintenance Activity

8.3   Redesign of NES Glaucoma Award Training clinical placement to facilitate remote supervision. CPD delivery, except for face to face clinical skills, continues to be modified to be delivered online. Plans for Resuming Activity: CPD will, where possible, be delivered online. For aspects not possible online, such as clinical skills, we will look towards alternative deliveries such as simulation, as well as socially distanced sessions.

8.4   Plans for COVID-19 has offered a unique opportunity to address the culture of infection control and risk in community optometric practice prior to safe reopening to non-emergency care.

8.5   Teach and treat clinics will rely on safe measures instilled in secondary care to allow teaching. We are currently in discussion with our SLA partners as to when normal activity can resume this may be with reduced teaching and patient capacity.

Key Dependencies

8.6   Clinical placement for Independent prescribing qualification delivered via SLA with various NHS Boards in teach and treat clinics - see above.

8.7   Reliance on GCU for postgraduate therapeutics course: GCU have taken this as an opportunity to move delivery and examination online, and hence have not reduced numbers accessing the course. An added opportunity is that there is now less constraint on numbers, and if funding were available more optometrists could access the training per annum.

8.8   NESGAT clinical supervision can hopefully benefit from plans to share care of glaucoma patients between secondary care and community. The conversion of this into community independent prescribing optometrists, relies on NES supplying clinical supervision opportunities.

8.9   The provision of emergency eyecare during the COVID-19 outbreak has fast forwarded the provision of teleophthalmology with Openeyes - provided by NDS. This will facilitate more opportunity to disseminate the learning from each patient episode.

Risks of Workforce Supply Shortfall

8.10   Current uncertainty around opportunity for placement for the current pre-reg group, as well as the risk of unemployment to the newly qualified sector. This may lead to a reduction in optometry workforce in future years, and a subsequent reduction in the delivery of community eyecare, with probable increased strain on secondary care support and prevalence of sight loss.

Primary Care and Mental Health

8.11   Reports of reduction in presentation of eye pathology, and hence COVID-19 will result in an increase in sight loss. This may prove to have a socio-economic inequality aspect. A specific point to highlight is that age is the main risk factor for the majority of sight threatening pathology in the UK, and hence the aged population will suffer the greatest impact.

8.12   Optometry practice staff returning to unsafe workplaces, coupled with lack of support in them reporting concerns, may impact on their mental health and well-being.

8.13 Lack of support currently for the routine supply and upkeep of optical appliances will be having a negative impact on quality of life for affected individuals.

8.14   Optometry businesses are in a fragile economic environment and hence may suffer closures, further impacting on accessibility to eyecare in Scotland.

9.   NES Digital

Activities paused

9.1   All development work on **Turas** applications. This includes Turas People (in support of the Lead Employer model for Doctors and Dentist in Training), Turas Training Programme Management (TPM), Turas Learn, the Allocate (Rostering)/SSTS automated interface, Family Nurse Practice (FNP) England version, Dental Portfolio, updates to Scottish Online Appraisal Resource (SOAR – revalidation for doctors), Turas Appraisal (executive cohort) and Turas Data Intelligence (Workforce Planning developments). Windows 10 and ATP rollout across the NES laptop estate was paused. All design and comm was switched to C-19.

Response Activity

9.2 **Turas COVID-19 Case Assessment application**. Based on the FNP application it is an app that allows non-medic staff to take details directly from members of the public of symptoms and vitals. These are then stored and accessed by medics who then assess the next step in the patient pathway. Designed with the Scottish Ambulance Service (SAS) for use by paramedics but now being used by A&E staff in Glasgow. Built in collaboration with SAS and Greater Glasgow & Clyde clinical leadership.

9.3 **Turas COVID-19 Accelerated Recruitment Portal (CARP).** Development work on Turas TPM and People to "bend" them to support the business functions to employ at pace students and members of the public with health and care skills and experience. NES Digital not only delivered the development changes to the back end applications but provided the data collection, quality and movement into the portal and then through Turas applications and onto Territorial Board HR and Payroll services. This was done for two tranches; the first was for students and returners, the second in support of the SG drive to employ test and tracing teams through their test, trace, isolate, support programme. 40k expressions of interest have been received and are in process.

9.4 **Single NHSS Turas Learn "website"** designed, delivered and supported for all C-19 nursing and medical training and development content and materials within the first week along with continued additions and updating as the pandemic developed.

9.5 50 laptops repurposed and delivered to **Disclosure Scotland** in support of the CARP PVG checking demand.

9.6 Setup and support of 800 NES **MS Teams licences for Scottish Government** Health & Care Directorate staff.

Maintenance activity

9.7 We anticipate that all the activities in **9.2, 9.3 and 9.4** above will require to be sustained, and would note that these are **substantial** new pieces of work which will need additional resource if they require to be sustained alongside a significant return to 'business as usual' education activity across the wider organisation.

9.8 New e-Portfolio for the NHS England Nightingale and the Louisa Jordan Hospitals to support ongoing training for junior doctors within a week.

Plans for resuming activity

9.9 All the developments identified in the activities paused section will restart. This will be phased as iterative developments agreed for the COVID-19 application cease.

9.10 Priority will be given to the **SSTS/Allocate interface** as a key dependency to the NHSS National Rostering programme (which has already restarted its process).

9.11 It is expected that the **Turas Case Assessment app** might be evaluated for further development for non-COVID work; this will have to be newly funded or prioritised over other Turas application developments already agreed.

9.12 Work to support the **CARP** processes and systems will necessary to make management of the cohorts of people possible in a sustainable way. There may be a significant training impact on NES Digital as new, currently non-NHSS staff are brought in to take over from NES staff running the portal currently.

9.13 Work by NES Digital Operations and NIG staff as part of the Microsoft Cloud Computing Programme pertaining to the development of the Microsoft Identity Management (MIM) technology may need to be prioritised in order to meet the programme deadlines for NHSMail2 migration. This has not been paused but it has been interrupted by eth emergency rollout of MS Teams across all NHSS.

10. Workforce

Activities Paused

10.1 The COVID 19 pandemic required NES to rapidly change the work we deliver, and this has had a significant impact on our staff. Our ability to respond to the COVID 19 pandemic has been helped by our focus on people and work design, reflected in the positive annual staff experience scores and the prioritisation of Smarter working. Most of our organisational development and leadership development activities have been paused.

Response Activity

10.2 The **COVID 19 Accelerated Recruitment Portal (CARP)** is a very major programme of work. The HR Resource required to support CARP, primarily focused on pre-employment checks, territorial board liaison and payroll support, has been substantial. The number of NES staff redeployed to support HR activity during April and May has

averaged 100 FTE per week with c.170 staff affected. This is estimated to reduce to c.50 FTE per week until end of July/August in order to allow NES HR to support usual business activity, including the recruitment of Junior Doctors, for example.

10.3 In relation to NES staff, directorates have had the discretion to determine whether staff with appropriate skills can be released into frontline roles. Where agreement to release staff is reached, a secondment arrangement is in place to ensure there is clarity on arrangements such as health and safety (including PPE and testing) management, and indemnity. In addition, we have established the principle of internal or external redeployment as required.

Maintenance Activity

10.4 Most core HR and OD activities (e.g. recruitment, induction etc) have been maintained supported by the shift to remote working. Prior to the pandemic, 37% of NES staff reported regularly working from home and this is expected now to be nearer 100% for those staff not redeployed to clinical service. Although all NES facilities are still technically open and accessible (except for the UoE Bayes Centre), in terms of resilience the shift to home working as the default position has been a relative success story so far with the organisation well set up for from a technology, and increasingly a cultural perspective through the Smarter working improvement programme.

Plans for Resuming Activity

10.5 A review of workforce processes will take place in preparation for a potential second wave so that disruption to core services is mitigated. In addition, people, ways of working and communication will be important for NES's recovery and renewal. People's experiences will be key to achieving the improvements realised from streamlining processes and the more rapid review, decision and implementation cycles that are now in place. For example, in communications, we now use video-editing software which makes it much easier to record and edit messages and webinars. The support for recovery is also the start of renewal which will include elements of rehabilitation. This is likely to have phases, including but not limited to:

a. The immediate crisis of spring 2020.
b. The medium-term pandemic footing during 2020/21.
c. The 'longer term post pandemic 'new/next normal'.

10.6 Digital content skills are core to NES delivering its core responsibilities in education and training, and to digital work more broadly. This is an area of skill shortage under increased pressure given acceleration of digitally enabled businesses in the light of Covid-19. NES will need to retain staff and be able to attract those with the necessary skills.

10.7 Resources to support CARP ('portal') activity have been very significantly bolstered by NES employees (c. 170 impacted with 100 FTE estimated) during response to the current Covid-19 wave. Mobilisation for a second wave would similarly require additional Workforce resource with numbers dependent on work needed. External resource would likely be required if NES core work is not to be disrupted/delayed.

11. NES Digital Service (NDS)

Activities Paused

11.1 In February 2020 NES set out for the Scottish Government a portfolio of activities for NES Digital Service (NDS) that included:

a. Cancer Treatment Summaries.
b. ReSPECT.
c. Ophthalmology.
d. Glasgow Innovation work.
e. Broader Platform Enablement activities (including integration with legacy systems).
f. Product prototyping.
g. Genomics.

11.2 The impact of COVID-19 was to divide this portfolio into activities that were downscaled, proceeded but altered or proceeded unchanged.

a. Unchanged: Cancer Treatment Summaries.
b. Downscaled: Product prototyping and Genomics.
c. Proceeded but Altered:

o ReSPECT, continued work on ReSPECT, but with additional short form (eACP) approaches.

- Ophthalmology (focus on emergency pathway).
- Glasgow Innovation work (additional focus on COVID related integrations such as Negative Notification Service).
- Broader Platform Enablement activities (including integration with legacy systems).

Response Activity

11.3 COVID-19 effectively introduced a new categorisation of NDS work over and above the portfolio summarised above; immediate tasks which need to be undertaken as our part of the Scottish response to the pandemic.

11.4 NES has stood up the **SMS shielding support service** which has around 100,000 validated users and which provides a direct communication channel with this group to provide them with information (such as how to access support with medications) and with access to food (with 70,000 food parcels being provided each week and 44,000 households registered for priority supermarket shopping through the service). The SMS service integrates with the local authority support hubs, the six main supermarkets and NSS and holds a significant data set for research and analytics.

11.5 NES is delivering **short form ACP** (eACP work built on the ReSPECT model to support end of life conversations; this was taken forward with HIS, the Scottish Government and others and will quickly produce a web form for use which persists data and is available in different contexts; the team are continuing to support the ReSPECT work that is in situ, but have not been able to support more rapid extensions from other Boards as the integration work would be too extensive within the time available.

11.6 We have reworked the **ophthalmology** work at the request of the clinical community and Scottish Government (in the same way as NHS Wales are reworking it) this allow community-based provision of emergency ophthalmology care; the aims are to avoid non-COVID patients going to hospital while recognising that some non-COVID care will continue to be very urgent. So essentially the ask is a digital solution that allows emergency eyecare to be given that would otherwise not be possible and to go national as fast as possible; there are some 'common' elements of this work that would have happened eventually in the pre-COVID project plan for optom (for example we're building out the same software system (OpenEyes) deployed on the National Digital Platform).

Maintenance Activity

11.7 In addition to the short form eACP NES has continued the work to deliver ReSPECT, which had just launched in pilot at the start of the pandemic. ReSPECT is a nationally recognised anticipatory care planning process developed through a design process supported by the Resuscitation Council. Within NDS, a proof of concept was created in collaboration with the Ripple Foundation and demonstrated to clinical staff in NHS Forth Valley in May 2019. The clinical safety review of the product was completed in July 2019. The User Acceptance Testing Environment was available to NHS Forth Valley in October 2019 and a version of the product available in the testing environment from December 2019. In December the product was updated to include standard NHS Digital user interface components. The product went live in NHS Forth Valley in March 2020, being available both on the platform as a read/write service and viewable through NHS Forth Valley portal.

11.8 The application has been supported as trial during COVID-19, with the NDS development team reacting to user issues and bugs rapidly. Learning from the trial is now being used to develop the next iteration of the application and components for the National Digital Platform. NES are working closely with Forth Valley to design functionality for drafting and sharing across the wider health and care ecosystem.

11.9 Glasgow Innovation Projects: Several innovation projects in Glasgow have an ongoing dependency on functionality originally developed for the 'national patient portal proof of concept', commissioned by the Scottish Government. In late 2018, following a request to the TEC Board for £0.5 million for a further six months support, agreement was reached between NHS Greater Glasgow and Clyde, NDS and the Scottish Government that NDS would provide support for the projects instead. The original request was to support:

      a. Virtual Dermatology Appointments (StormID).
      b. COPD (StormID).
      c. Trauma (Day Six).
      d. Blood Glucose Monitoring (MDU).
      e. Appointments (Lumera).

Subsequently, there was an additional request post-agreement to support Cancer PROMs (MyClinicalOutcomes). The work to maintain and develop the live integrations has continued. In addition, NES has provided support to the Negative

Notification Service and the Case Management System (running on the TURAS platform).

11.10 **Cancer Treatment Summaries**: This priority supports the first recommendation in Scottish Government's Beating Cancer strategy. NES has continued to work to create a nationally scalable treatment summaries product that is valuable for secondary care, primary care and people living with cancer. Treatment Summaries synthesize key information about an individual's treatment in secondary care which is shared with primary care and the individual themselves to support understanding of historic treatment and ongoing management. The target outcomes for primary care for the NDS product is that it is usable by secondary care in workflow, that it is actionable for primary care and that it is useful to people with cancer. This work is closely related to the ReSPECT work as both are intended to make actionable 'need to know' information available across care and geographic boundaries, in read form within legacy systems and in read/write form directly on the platform.

11.11 The first two specialities and territorial boards being targeted are Head and Neck in NHS Lothian and Urology in NHS Greater Glasgow and Clyde and the work is in product design phase with a range of parallel and connected workstreams. Extensive user research with representation from primary care, secondary care, people with cancer and third sector services has been completed together with service design blueprints which articulate how a treatment summaries product would support clinicians and people with cancer. Based on this research, user interface work is in progress on components required for the primary-care and citizen-facing applications. We are working closely in partnership with IHDP through which a programme board is being established to include a range of stakeholders including Macmillan and the regional cancer networks.

11.12 **Genomics**: This workstream was supported in the main through a Data Architect. The postholder has now left NES and not been replaced while we await the completion of the formal SG commissioning process, whilst also allowing further progress in the COVID-19 context. The project will reach a position whereby phase 1 work, the build of a secure, cloud hosted national data repository for Next Generation Sequence data is complete, along with associated enabling IG. A decision on transition from development to production environment and offering this as a live core NHSS service will be made as part of an integrated plan for resumed activities right across the NDS portfolio.

Plans for Resuming Activity

11.13   Firstly, the work on **ReSPECT/ACP and ophthalmology** will be refocused back onto the original commission, with some updates based on the learning and experience of the work done under COVID. As set out above over the last seven weeks NDS have worked on an Essential ACP for COVID-19 (eACP) in partnership with Healthcare Improvement Scotland. Although the dataset is different from ReSPECT, the application has similar functionality and the plan is to reuse any components which have been created for eACP to upgrade the ReSPECT application and rollout ReSPECT in Forth Valley and Borders. Work from eACP that is reusable and adds value for ReSPECT includes National Demographics, new NDP Microservices and integration with Docman.

11.14   COVID-19 forced us to prioritise the minimal solution that would provide benefit to the clinical teams who needed it most. We went live with the Eye Casualty service on 12/05 using OpenEyes in a standalone mode. In doing so we went a full release cycle, from inception to live treatment of people in under 6 weeks. While our initial was necessarily restricted in time and scope – the process and the OpenEyes platform are the same as we move to refocus on our previous objectives. We will continue to build on OpenEyes – making it more integrated with the patient and clinical workflow, and we will address the 'standalone' limitations of the initial release required for national rollout of the full clinical system. We will continue to develop OpenEyes through the same process – clinical workflows mapped and configured with OpenEyes, technical development and integrations guided by clinical priorities and rolling out a national implementation across Health Boards. The biggest change pre- and post- COVID is in these clinical priorities. Previously we prioritized cataract pathways (because all secondary and primary care are involved) but now Scottish Government have decided to prioritise Glaucoma.

11.15   Secondly, we will return to focus on the underlying architecture of the platform, with work on CHI, the clinical data repository, and other related services which are core components.

11.16   Thirdly, we will need to continue to support some COVID activity, notably the SMS Shielding Service, but also a number of the COVID related integrations.

11.17   Beyond these elements of recovery NES is looking to the renewal phase as well. The COVID experience has highlighted some themes in emerging papers from the

National Boards collaborative include the following principles and objectives, suggesting that services should be:

a. Digitally enabled – prioritising digital channels to capitalise on the transformation experienced during the COVID19 Response, by taking healthcare advice and consultations into the homes of patients, care homes and widely across primary care, minimising the need for patients and staff to travel, wherever possible.

b. Data enabled – Utilising predictive data modelling across the NHS and beyond to plan the rapidly changing delivery of care.

11.18 NES is continuing to develop the work towards prototyping a future outpatient service, initially in the context of endocrinology. With the scope refined by COVID-19 to account for new behaviors and expectations, NDS is developing a service and product design that aligns the needs of clinicians and citizens as well as the Modernising Patient Pathways Programme. The current focus is wireframing and designing the interfaces for citizen users.

Key Dependencies

11.15 The current schedule of work is greater than can be accommodated within the team resources, both as we had not recruited to the full extent of the commission document and as members of the team will be continuing to support other parts of NES and COVID activity.

11.16 The speed at which the external environment begins to return to 'normal' business and is available as an effective partner.

12. Property and Facilities Management

Activities Paused

12.1 NES has 10 properties across Scotland, most of which operate on commercial leases with third party landlords, and the remainder through Service Level Agreements (SLAs) with NHS Boards. Four of these properties are configured for AGILE (Smarter) working (Westport 102, 2 Central Quay, Forest Grove House and the Bayes Centre),

while the rest have local office/training room configurations which are more traditional. All face to face training/meeting activity, room bookings, catering, reception and office management services have been paused and the majority of staff are currently working from home.

12.2 Summary details of the properties and the local 'soft' facilities management arrangements are as follows.

Property	Size (Sqm)	Facilities Management Responsibility
Westport 102, Edinburgh	3,335	Corporate PFM
Edinburgh Dental Education Centre	501	Dental Directorate
Bayes Centre, Edinburgh (see Note)	216	University of Edinburgh/NDS
2 Central Quay, Glasgow	2,516	Corporate PFM
Glasgow Dental Education Centre	706	Dental Directorate
Forest Grove House, Aberdeen	622	NES
Aberdeen Dental Education Centre	701	Dental Directorate
Ninewells, Dundee	449	NES
Dundee Dental Education Centre	1,325	Dental Directorate
Centre for Health Science, Inverness	1,221	Medical/Dental Directorates (jointly)

Note: The NES Digital Service (NDS) is based at the Bayes Centre (leased from and managed by the University of Edinburgh). The lease expires at the end of October 2020 when it will be replaced by a new property fitted out to comply with COVID 19 requirements. Therefore, for the purposes of this facilities recovery, the Bayes Centre remains the responsibility of the University of Edinburgh and NDS to ensure safe ways of working for our staff until the lease expires.

Response Activity

12.3 During the COVID 19 pandemic most NES properties (except for the Bayes Centre in Edinburgh), have remained accessible to varying degrees with only a few key workers in regular attendance and the rest of NES staff working remotely at home. While staff have been encouraged to work at home, properties have remained accessible to collect or send out IT and office equipment for safe homeworking.

Maintenance Activity

12.4 The corporate Property and Facilities Management team are maintaining a reduced level of mail and remote switchboard services. In addition, fire risk assessments and other essential health and safety and cleaning services are being continued alongside

essential planned maintenance. In addition, pre-COVID 19 planned office reconfiguration work is being completed at Westport in Edinburgh and 2 Central Quay in Glasgow.

Plans for Resuming Activity

12.5 After several weeks of NES staff working remotely, it is now time to plan for the recovery of our physical workspace. Returning to the workplace will be more complex than providing the right equipment and adapting the physical workspace. This facilities element of workplace recovery represents a key element of a phased and gradual transition involving the whole organisation with the health and wellbeing of our learners, staff and stakeholders at the core of our decision making.

12.6 NES anticipates a phased, and gradual return to the physical workplace with a significant 'lead time' in terms of preparation. In order to be successful, it will be supported and led from all parts of the organisation, acknowledging that the 'new normal' will involve a more complex balance of office and remote working to allow us to respond to future waves of COVID 19. This will need a whole systems approach involving workplace adjustments, corporate policies, behavioural guidance, Smarter working principles and communications. These will be agreed in partnership and will need to be widely accepted and applied (line manager role).

12.7 Facilities recovery is therefore a key element of our workplace return which covers adapting our workplaces, equipment and working practices to ensure our staff and stakeholders are safe. In terms of the physical adjustments that will be required, this plan establishes a 'Facilities Recovery Team' from the 'NES Internal Coordinating Group: COVID 19' to include local facilities managers from all NES sites plus planning, property and facilities, digital, workforce, health and safety and staff side representation.

12.8 This outline plan proposes a **three-phase approach** to adapting NES facilities to ensure they are COVID 19 compliant in terms of the health and safety of NES staff and stakeholders. Timescales and NHSS guidance are not available yet, but it is proposed that Phase One will commence in June-July 2020.

Phase One - Mission critical preparation.
   a. Review NHSS office workplace/social distancing guidance to inform adjustments.

b. Complete COVID 19 risk assessments to inform adjustments.

c. Analyse corporate staff feedback survey to inform adjustments.

d. Equip and supply power to recently reconfigured space at WP and 2CQ.

e. Procure protective equipment/screens and cleaning materials for on-site use.

f. Clear workstations of personal/work items to achieve 'Clear Desk' status.

Phase Two – Recovery to equip the facilities.

a. Communicate requirements and establish plans for landlord shared areas.

b. Establish flow systems and signage/floor markings in NES demised areas.

c. Provide hygiene guidance/materials and signage/floor markings in kitchen areas.

d. Identify 'fallow' and 'active' workstations for social distancing.

e. Equip all 'active' workstations and deactivate 'fallow' workstations.

f. Provide individual 'active' workstation cleaning materials.

g. Test PFM room booking and helpdesk systems for remote operation.

h. Adapt reception areas and recover limited reception functions with protective screens, PPE, signage/floor markings and cleaning materials.

Phase Three – Renewal to establish new ways of working.

a. Communicate agreed office working patterns and protocols for attendance.

b. Communicate agreed staff responsibilities for workstation/equipment hygiene.

c. Manage/update ID badges for movers, leavers and joiners.

d. Ensure remote access to PFM room booking and helpdesk systems for all sites.

e. Re-establish mail and courier operations.

f. Renew and implement revised cleaning regimes for each site.

g. Communicate agreed workplace return date and new working patterns/protocols.

Key Dependencies

12.9 To achieve a successful workplace return NES will need to work in partnership with staff side following Scottish Government policy and NHSS guidance as well as national guidance from Health Facilities Scotland, Health Protection Scotland and the Health and Safety Executive. Internally this work will require close working across all directorates, and between the PFM and Digital teams.

13. Finance

Activities Paused

13.1 Within Finance and Procurement all activities which did not directly support the payment of staff and suppliers and the continuation of appropriate financial governance routines or Statutory Reporting Requirements, were stopped.

Response Activity

13.2 Staff resource was refocused to support Directorates ensure that the rapid change to our operating environment described above was managed within an appropriate financial governance framework. There has been regular engagement across all networks to ensure NES processes are aligned to developing policy guidance. A key focus was to manage the response to COVID whilst ensuring the impact on the 2019/20 financial outturn was understood and managed.

13.3 Finance Business Partners have worked closely with Directorates to evaluate the potential cost impacts, for 2020/21 of the significant changes to activity described in this document. Given the current high levels of uncertainty in some areas the following tables reflect our current *'best estimate'* of what some of these costs might be. This reflects the most up to date position and therefore may differ from the last set of weekly data submitted to SG Finance on 16th May 2020.

Trainee Related Costs	£000s
Current Pharmacy PRPS exams cancelled - extend 196 trainees to Feb 21	4,700
95 Medical Out Of Program trainees back into service for 6 months	2,564
10 Medical Fellows back into service for 4 months	254
Extend WTE 71 Medical core Trainees by 6 months *if* exams cannot be completed sooner	1,851
Extend WTE 40 Medical GP Trainees by 6 months *if* exams cannot be completed sooner	1,621
Increased level of Dental remedial training requirement	43
Dental VT Trainers -current VT course being extended by 1 month	219
10 HCS Trainees extended for 3 months	109
Offset by;	
no fellowships planned in 20/21	-572
Dental VTS-155 course start delayed by 1 month	-464
Total	**10,325**

COVID-19 Accelerated Recruitment Portal Related Costs	£000s
18 Occupational Health staff (assumed 6 months)	235
Employ 573 Final year Medical Students (3months)	6,747
76 WTE Band 4 Student Nurses employed in non NHS settings	1,116
108 WTE Band 3 Student Nurses employed in Non NHS settings	960
Additional developer cost (after redeployment of existing resource until end of June only) and extra licenses. Existing staff overtime.	450
Total	**9,508**

It should be noted that these are only the costs of the staff employed by NES via the portal. The total cost of those staff deployed to Health Boards will be significantly higher.

Other known costs	£000s
Well-being coaching provision – funding agreed	185
Extension of the Solihull Programme across Scotland – funding agreed (for 24months)	240
NDS – cost of SMS for Shielded patients	50
NDS- use of Openeyes to support Eye Casualty service	60
Loss of income from training activity	300
Total	**835**

Potential additional costs - if new response activities have to continue whilst Business as Usual is restarted.	£000s
If NES staff currently redeployed to service are unavailable for 12 months	1,820
If COVID portal requires continued processing of existing applicants in preparation for a future 'spike' – resource for continuation of pre-employment processing of returners (2 months)	200
NDS – continued annual support for Shielded patients (staff plus SMS costs)	240
NES Digital – continued support for Turas COVID-19 Case Assessment application, Turas COVID-19 Accelerated Recruitment Portal (CARP) and Single NHSS Turas Learn "website"for 6 months	300
Cost of ensuring NES premises meet new PHS guidance for any planned return to work	150
Total	**2,710**

13.4 The COVID 19 Accelerated Recruitment Portal (CARP) has been a major programme of work across NES. Finance and Procurement have redeployed staff to support pre-employment checks as well as assigned significant resource to support the

reconciliation of data from Universities, Boards and students themselves, to enable data extracts to be provided to Boards to support the generation of Board payroll files. The team are also supporting the modelling of what the costs of the additional staff, deployed via the portal, will be across NHSS.

13.5 The Procurement team have provided support to ensure any urgent Procurement is in line with the Scottish Procurement Policy Note SPPN 04/2020 guidance on Procurement Regulations during COVID-19 outbreak, issued 20th March 2020 eg To provide the full suite of antenatal, postnatal and parenting online Solihull courses to all families in Scotland. The requirement for this was that, as a consequence of COVID-19, families were unable to access the same level and type of universal support that they would ordinarily receive, and additional support services that they would usually be referred to, such as evidence-based parenting groups, were not running.

Maintenance Activity

13.6 Key Finance and Procurement activities have continued as the majority of staff have been set-up with the appropriate technology to work from home effectively.

13.7 In conjunction with our external auditors, alternative working arrangements have been put in place to progress the 2019/20 audit process.

13.8 In conjunction with the NES Audit Committee and Board, interim amendments have been agreed to the remit of the Audit committee and the NES Standing Financial Instructions to ensure appropriate financial governance arrangements remain in place as the COVID response develops and we move towards recovery.

Plans for Resuming Activity

13.9 The Finance and Procurement teams will continue to support directorates as the plans for resuming activity across NES detailed in this document progress.

13.10 Once there is further clarity on process, the Annual Operating Plan and associated financial plan will be revisited in the context of the 'new normal' operating environment.

Key Dependencies

13.11 Confirmation of which of the new activities NES has supported as part of the NHSS response to COVID-19 will need to continue and for how long (specifically 9.2,9.3, 9.4,11.4 and 11.5). A significant amount of the work required has been achieved

through the redeployment of existing resource, which is not sustainable as we move to recovery and those staff resources are needed to restart activities which have been paused.

13.12 Funding for additional COVID activities confirmed and released by Scottish Government.

14. Summary and Conclusions

14.1 The scale of the emergency, the impact on the NHS, on society and the accompanying loss of life has been extraordinary and tragic. Our response so far has been managed under arrangements determined in our business continuity and contingency plans. But the extent of disruption to normal business has been extreme.

14.2 NES has been required to suspend or pause large areas of normal business, provide support to the service through the provision of educational resources, the re-deployment of staff and learners, and through taking on very substantial new programmes of work, such as the COVID-19 Accelerated Recruitment Portal, and the Shielding SMS service.

14.3 At the same time, we have had to move to an entirely new way of working, supported by homeworking, remote meetings, and a step-change in the on-line approach to the delivery of education.

14.4 And in doing this, we have sought to support our staff and those learners for whom we are responsible to the maximum extent possible, have endeavoured to secure continuing education and progression where possible, and undertake recruitment for the start of the next academic year, to guarantee continuity of workforce supply.

14.5 While attention is now rightly turning to recovery and renewal, and the resumption of our educational core business, we are mindful of the many challenges that the service (and so the learning environment in which we work) will face, the likelihood of a continuing enforced reduction in clinical capacity, a large back-log of urgent and scheduled care, the new ways of delivering care that will be required, and the new skills that we will be asked to support.

14.6 It is also of note that the NHSS response to this emergency has resulted in change at pace and scale, much of which has been extremely positive, and there is a clear appetite as we recover and renew to seek to **'lock in the benefits'**.

Annexes

1. COVID-19 NES Local Mobilisation Plan – 18 March 2020 (Attached).

Addendum (18/03/2020)
COVID-19: NES Local Mobilisation Plan

1. Introduction

This addendum to our AOP outlines the *COVID-19: NES Local Mobilisation Plan* (LMP) which provides a summary of how NES will support the health and care system across Scotland during the COVID-19 (Coronavirus) pandemic.

2. Principles and Scope

NES acknowledges that fewer of our staff are involved in frontline health and care, but that we have a key role to play in supporting those who are. This LMP establishes the principle that NES will contribute to maintaining frontline services as effectively as possible during the pandemic. We accept that much of our normal business will need to be 'stood down', and that new business will take its place for the foreseeable future. This new business may include; the development and delivery of educational materials; supporting the changed arrangements for learners and trainees that are now going into place or; deployment of our staff both internally and to support frontline services.

NES will reference the section entitled *Non-urgent business* within the Scottish Government's DL (2020)/3 issued on 12th March 2020: CORONAVIRUS (COVID-19): NATIONAL ARRANGEMENTS FOR NHS SCOTLAND STAFF to help guide how we deploy resources during and immediately after the pandemic. In addition, we have responded to the request from the Scottish Government (SG) to 'non-patient facing boards', to review and suspend core areas of our business and to assess where our clinically qualified staff and educational infrastructure could be deployed to support patient care.

This LMP works on the principle that we deploy our resources as effectively as possible and 'stand down' areas of NES activity and infrastructure, to help ensure frontline services are as well staffed as possible. At the same time we recognise that we will have to 'stand up' new areas of activity to support the service – which may include the delivery of new educational resources, supporting learners whose

education and training is disrupted, and supporting the on-boarding of new and returning staff. We are focusing action on these areas:

- NES educational infrastructure;
- NES workforce;
- education and training resources;
- digital resources and;
- NES core business.

3. NES Support for Frontline Services

3.1 NES Educational Infrastructure

NES educational infrastructure is based on a network of clinically qualified staff who work on a full time or sessional basis across NHS Boards and in care homes. These staff manage training programmes, facilitate placements, support practice education and provide an infrastructure to ensure training meets regulatory requirements. In principle, and with the appropriate agreement, we will release service based clinically qualified staff from their educational roles to support frontline services. Throughout the pandemic, we will also maintain NES links with these clinically qualified staff, in terms of educational development and delivery, managing trainees 'standing still' (possibly for a long time), on-boarding undergraduates and returners.

NES will work with territorial NHS Boards and SG to consider how training for the healthcare professions will operate when the 'trigger point' is reached where training is no longer sustainable. We will use the *Supporting the COVID-19 response: Guidance regarding Medical Education and Training* and the *Supporting Nurses and Midwives across the UK and Nursing Associates (England only) in the event of a COVID-19 epidemic* statements issued by the UK statutory education bodies. These statements (and others), will guide our approach to ensure the impact of the pandemic on education and training is minimised while also supporting frontline clinical care in an appropriate way.

3.2 NES Workforce

The NES workforce includes a wide range of clinically qualified staff working in education and training, in addition to a number of learners and trainees now employed by NES. Subject to partnership agreement, we will work with our stakeholders across health and social care to plan the deployment of clinically qualified staff from their educational roles to support frontline services in duties that are appropriate to their experience, skills and qualifications. To enable this, we have considered the areas of NES business that can be suspended, and we have provided SG with the number, type and location of clinically qualified staff who can be released for frontline clinical care.

NES anticipated that we will also will be affected by higher than normal levels of staff absence, and by the redeployment of much of our clinical support, and will accordingly plan for the redeployment of our administrative staff (subject to partnership agreement), internally into priority areas of NES business that will enable the organisation to maintain daily operations as effectively as possible and return to normal as quickly as possible. We will also consider how our administrative staff could be deployed to support frontline services if required.

3.3 Education and Training Resources

NES is developing new Coronavirus induction and training resources and signposting other education and training as appropriate to support health and care staff working through the pandemic. These resources will be made available through a dedicated area on the the *TURAS Learn* platform.

NES has a mobile clinical skills unit to support training in remote and rural locations.   We also support specialist clinical skills centres in Dundee and Larbert and we provide the Scottish Multidisciplinary Maternity Development Programme (SMMDP). There is potential for these resources to be deployed, as appropriate, to support frontline services during the pandemic.

3.4 Digital Resources

NES is using the *TURAS* workforce platform for communication with trainees, learners and other key stakeholders. We will also use *TURAS Learn* to provide the

Coronavirus education and training resources we are developing for the health and social care workforce in Scotland.

The NES Digital Service (NDS) is an important national asset available for developing digital resources to support management of the Coronavirus pandemic. We are considering a solution for providing test results and we are exploring the potential for new applications which enable people to self-identify.

3.5 NES Core Business

NES will identify what programmes of work we will suspend until at least the end of August 2020, and what new programmes of work will need to be developed in response to service need. In accordance with the Scottish Government guidance referenced in section 2, we will also postpone all NES meetings, conferences, educational events and training courses/programmes which have the potential to take healthcare staff away from frontline services.

NES will continue to provide the full functionality of the NES *TURAS* workforce platform and other digital products and services, while acknowledging the recommendation that much of our core business is now suspended and educational programmes for trainee healthcare professionals paused as educational capacity is deployed to support frontline services. Lastly, we note that the disruption to education and training pathways is likely to be substantial, and long-lasting, and that the recovery from this to a position of normal workforce supply is likely to be equally prolonged.