

**AGENDA FOR THE ONE HUNDRED AND EIGHTY-SIXTH BOARD MEETING**

**Date:** Thursday 22 May 2025

**Time:** 10:15 – 12:45

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

1. **10:15 Chair’s introductory remarks**
2. **10:16 Apologies for absence**
3. **10:17 Declarations of interest**
4. **10:18 Draft Minutes of the One Hundred and Eighty-fifth Board Meeting 27 March 2025** NES/25/30  
For Approval
5. **10:20 Matters arising from the Minutes and notification of Any Other Business**
6. **10:21 Actions from previous Board Meetings** NES/25/31  
For Review and Approval
7. **Chair and Chief Executive reports**
- 7a. **10:25 Chair’s Report** NES/25/32  
For Information and Assurance
- 7b. **10:35 Chief Executive’s Report** NES/25/33  
For Review and Assurance
8. **Strategic Items**
- 8a. **10:55 Draft 2025-26 Annual Delivery Plan Feedback including letter from SG** NES/25/34  
For Review and Approval (A Shiell, C Bichan)
- 8b. **11:05 Annual Risk Management Strategy Review** NES/25/35  
For Review (J Boyle/ D Lewsley)

8c **11:15** **NES Learning and Education Research and Innovation Plan** NES/25/36  
For Review (K Kelman)

**11:25 COMFORT BREAK**

**9. Performance Items**

9a **11:35** **Quarter 4 Delivery Report 2024/25** NES/25/37  
For Review and Approval (C Bichan, A Shiell)

9b **11:45** **Quarter 4 Strategic Risk Update** NES/25/38  
For Review and Approval (J Boyle / D Lewsley)

9c **11:55** **Quarter 4 Strategic Key Performance Indicator Report** NES/25/39  
For Review and Approval (C Bichan / D Lewsley)

**10. Quadrennial and Biennial Items**

10a. **12:05** **Executive Lead Annual Whistleblowing Report 2024/25** NES/25/40  
For Review and Approval (C Bichan)

10b. **12:15** **Non-Executive Director Whistleblowing Champion** NES/25/41  
**Report 2024/25**  
For Review and Approval (G. Mawdsley)

**11. Governance Items**

11a **12:25** **NES Corporate Governance Blueprint Improvement Plan** NES/25/42  
**End of Year Report**  
For Review (C Bichan)

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

11b. **12:27** **Audit and Risk Committee, 24 April 2025**  
(J. Ford, verbal update)

11c. **12:30** **Planning and Performance Committee, 2 May 2025**  
(A. Boyle, verbal update)

11d. **12:33** **Staff Governance Committee, 1 May 2025**  
(N. Henderson, verbal update)

11e. **12:35** **Education and Quality Committee, 8 May 2025**  
(A. Gunner Logan, verbal update)

## **12. 12:38 Items for Homologation**

<b>12a</b>	<b>2025-26 Annual Budget Papers presented to Private Board 27 March 2025</b> For Homologation	NES/25/43
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## **12:41 NES Standing Committee Minutes:**

<b>12b.</b>	<b>Audit and Risk Committee, 16 January 2025</b>	NES/25/44
<b>12c.</b>	<b>Staff Governance Committee, 20 February 2025</b>	NES/25/45
<b>12d.</b>	<b>Education and Quality Committee, 6 March 2025</b>	NES/25/46

## **13. 12:43 Any Other Business**

## **14. 12:45 Date and Time of Next Meetings:**

- Private Board: 22 May 2025 follows on from Public Board (Hybrid Meeting)
- Private Board: 26 June 2025 (Hybrid Meeting)
- Board Development Session: 26 June 2025 (Hybrid Meeting)

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## NHS Education for Scotland

### Draft for approval Minutes of the One Hundred and Eighty Fifth Board Meeting held on 27 February 2025 at 10:15 am – 12:15 pm.

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

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

**In attendance:** Steven Bamford (SB), Scottish Clinical Leadership Fellow (SCLF) (observing for personal development)  
Christina Bichan (CBi), Director of Planning & Performance  
Colin Brown (CB), Head of Strategic Development  
Gareth Davies (GD), Co-Founder, Director of Sales & Business Development, The Bravest Path; public observer  
David Felix (DF), Postgraduate Dental Dean / Director of Dentistry  
Katy Hetherington (KH), Principal Lead for Equality, Diversity and Human Rights (for items 9a and 9b)  
Nicola Jarvie (NJ), Scottish Clinical Leadership Fellow (SCLF) (observing for personal development)  
Kevin Kelman (KK), Director of NHS Scotland Academy, Learning & Innovation  
John MacEachen (JMac), Head of Communications and Engagement  
Gordon Paterson (GP), Director of Social Care  
Hannah Porter (HP), Lead Pharmacist (SCLF) (observing for personal development)  
Lee Savarrio (LSa), Dental Director / Post Graduate Dental Dean  
Lorraine Scott (LSc), Associate Manager, CEO & Chair Office (minutes)  
Judy Thomson (JT), Director of Training for Psychology  
Christopher Wroath (CW), Director of NES Technology Service  
Fiona Woodley (FW), Associate Postgraduate Pharmacy Dean (observing for personal development)

## **1. Chair's Welcome**

- 1.1. The Chair welcomed everyone to the meeting. He particularly welcomed Gareth Davies, Co-Founder and Director of Sales & Business Development who joined the meeting in person from The Bravest Path as a public observer.
- 1.2. The Chair also welcomed Hannah Porter, Steven Bamford and Nicola Jarvie as part of the Scottish Clinical Leadership Fellows (SCLF) and Fiona Woodley, Associate Postgraduate Pharmacy Dean who are observing for personal development.
- 1.3. The Chair asked the Board to note that Katy Hetherington, Principal Lead for Equality, Diversity and Human Rights would be joining for agenda items 9a and 9b.
- 1.4. The Chair advised the Board that this was David Felix's final NES Public Board meeting prior to his retirement and highlighted his remarkable career and significant contributions to the NHS, especially in the field of dentistry. He commended David Felix for his role as the postgraduate Dental Dean and Director of Dentistry, emphasising his representation of Scotland at national level. The Chair extended best wishes to David for his retirement and praised his dedication and enthusiasm in his positions, acknowledging his exceptional career within NHS dentistry.
- 1.5. The Chair informed the Board that Anna Roberston, who is presently serving as the Board Secretary at Public Health Scotland was the successful candidate for the role of Board Secretary and Principal Lead for Corporate Governance and will be joining NES on 5 May 2025.

## **2. Apologies for absence**

- 2.1. Apologies were received from Jean Ford, Non-executive Director and Louise Harker, Boardroom Apprentice.
- 2.2. Apologies were received from regular Board attendees, Lindsay Donaldson, Deputy Medical Director, Della Thomas, Board Secretary & Principal Lead for Corporate Governance, Nick Hay, Principal Manager, Communication & Engagement, Andrew Sturrock, Director of Pharmacy and Claire Neary, Policy & Briefings Manager, Planning and Performance.

## **3. Declarations of Interest**

- 3.1. There were no declarations of interest made in relation to the business of the meeting.
- 3.2. Gillian Mawdsley, Non-Executive Director noted a connection which related to the Chief Executive's report, specifically paragraph 6.1b and noted her engagement with two universities. The Open University and Strathclyde University but clarified that her involvement is not in the fields discussed in the report.

3.3. Ally Boyle, Non-Executive Director noted a connection to the Chief Executive's report, specifically paragraph 4.4 on enhanced monitoring, noting that one of the sites under enhanced monitoring is within NHS Lanarkshire, where he also serves as a non-executive director.

**4. Draft Minutes of the One Hundred and Eighty Fourth Meeting –  
6 February 2025** (NES/25/18)

4.1. The Board approved the draft minutes of the 6 February 2025 meeting, subject to minor typographical adjustments. **ACTION: LS**

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

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

5.2. No items of any other business were raised.

**6. Actions from previous Board Meetings** (NES/25/19)

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

6.2. The Board noted that the rolling action log from the 6 February 2025 meeting included 13 actions, 12 are marked as complete with 1 which remains In-Progress.

6.3. The Chair informed the Board that 1 action from 26 September 2024 remains on the log.

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

**7. Chair and Chief Executive reports**

**7a) Chair's Report** (NES/25/20)

7.1. The Chair submitted his report to the Board for information and assurance, detailing recent engagements and activities since the 6 February 2025 Board meeting, both in his capacity as Chair of the NES Board and as a member of the NHS Scotland (NHSS) Board Chairs Group (BCG).

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

7.3. The Board asked if any actions, opportunities or conclusions emerged from the Public Service Reform Summit noted at paragraph 2.2 that took place on 17 February 2025.

- 7.4. The Chair reported that the Public Service Reform Summit, led by Finance Minister Ivan McKee, involved all public sectors, including the NHS. He advised that the aim was to foster collaboration and that further clarity on the vision and future initiatives would be forthcoming.
- 7.5. The Board also enquired whether the new governance arrangements mentioned in the Chairs report related to the upcoming agenda item 8a NHS Collaboration, Reform and Renewal. The Chair confirmed that it was, and Karen Reid would be outlining the details.
- 7.6. The Board noted the content of the report.

**7b) Chief Executive's Report** (NES/25/21)

- 7.7. The Chair invited Karen Reid to introduce the report submitted to the Board for review and assurance.
- 7.8. Karen Reid announced that Christina Bichan would be taking up an extended role as Director of Planning, Performance and Transformation starting on 1 April, she and the Board congratulated Christina on her new role.
- 7.9. Karen Reid shared the news that David Garbutt, Chair of NES Board, would be receiving an honorary doctorate from the University of Strathclyde for his contributions to health and care in Scotland and congratulated him on this achievement.
- 7.10. Karen Reid also celebrated David Felix's remarkable career and retirement, highlighting his extensive contributions to dentistry and education in Scotland, the UK, and internationally. She detailed his career milestones, including his roles and achievements since 1978, and shared personal anecdotes about his generosity and festive spirit.
- 7.11. Karen Reid invited members of the Executive Team to provide further highlights to the Board.
- 7.12. Karen Wilson highlighted the successful establishment of the quality framework for practice learning, emphasising the cooperative efforts among all directorates to develop a unified system despite varying terminologies and approaches. She referred to the practice education development framework, acknowledging the challenges involved in addressing the diverse needs of 14 distinct professions to improve student experiences.
- 7.13. Karen Wilson also expressed her delight in attending the Family Nurse Partnership (FNP) graduation ceremony, which celebrates the graduation of FNP nurses from their Master's programme. She also noted the final report of the Nursing and Midwifery Task Force, led by the minister, emphasising the significance of its recommendations and the crucial role of NES in their implementation over the coming years.
- 7.14. Christopher Wroath reported that the outline business case for the Digital Front Door had been presented to the Strategic Leadership Board for Digital and Data

Transformation and was approved, with option four selected. He clarified that option four entails the development of the Digital Front Door for certain specialties in NHS Lanarkshire for delivery in December 2025; while also ensuring it is fully prepared for a nationwide rollout in 2026.

- 7.15. The Chair opened up to the Board for questions.
- 7.16. The Board asked for more details about the proposals, put to the joint Social Services Task Force, regarding NES's further contribution to the social care workforce.
- 7.17. Gordon Paterson explained that six proposals were submitted to the Joint Social Services Task Force, with four being accepted. He advised that the proposals focused on short-term, cost-effective solutions due to the Task Force's constraints.
- 7.18. These key proposals included:
- Expanding the use of the mobile skills unit in care homes to support training and regulatory standards.
  - Developing a specialist professional qualification for care home nurses.
  - Creating a knowledge and skills framework for social prescribers and community link workers.
  - Exploring the potential for unpaid carers to be recognised as learners and supported with curated resources.
  - Proposing a model of practice education to support social care workers in achieving their qualifications.
  - Considering the expansion of NES's Scottish Qualification Assessment Centre model to support social care workers in attaining their Scottish Vocational Qualifications.
- 7.19. Gordon Paterson advised that the two proposals which were not supported were due to the need for medium-term interventions and investment and that the outcome of these proposals will depend on future budget capacity and policy decisions.
- 7.20. The Board asked on the broader role of NES in succession planning, within NHS, particularly in identifying potential development points and supporting individual Boards in their succession planning efforts.
- 7.21. Karen Reid advised that there are currently several initiatives relating to succession planning within NES which include:
- Aspiring chairs and chief executive's programs.
  - Development of leadership success profiles for senior leaders, directors, and senior managers.
  - Various leadership programs for middle managers and above, aimed at career aspiration and ambition.

- Specific programs for directors of public health and discussions with Scottish Government about aspiring medical director programs.
  - Collaboration with the HR community to support succession planning.
- 7.22. Jim Boyle further elaborated on the initiatives aimed at developing the finance workforce through the initiation of a Finance Academy and emphasised the significance of the finance community within NHS Scotland highlighting its role in supporting the infrastructure for healthcare services and noted:
- A program for aspiring directors of finance, in partnership with NHS England, to support career development.
  - A mentoring program for all levels of the finance workforce, pairing mentors and mentees for peer support.
  - Proposals to attract new employees into the health workforce, focusing on young professionals and making the professional training route more attractive.
- 7.23. David Felix also highlighted leadership development initiatives for general dental practitioners and noted the integration of leadership training programmes specifically for dental practitioners, an area which previously lacked training.
- 7.24. David Garbutt highlighted the Project Lift initiative, which concentrated on talent management and succession planning throughout the NHS. He pointed out that, although Project Lift is no longer operational, its objective was to establish a thorough national strategy for succession planning, rather than limiting it to local efforts.
- 7.25. The Board appreciated these updates on the leadership and succession planning initiatives presented however emphasised the necessity for central cooperation and collaboration to address recruitment challenges encountered by individual Boards. Additionally, emphasising the significance of NES in facilitating comprehensive succession planning endeavours throughout NHS Scotland.
- 7.26. The Board asked about the Learning & Education Collaborative Group (6.1 a) and whether the proposals submitted to the Scottish Government were in collaboration with the partners listed and how it could be more effective if they were.
- 7.27. Gordon Paterson confirmed that there was active engagement in co-designing with representatives from partner groups and that proposals are being formulated to be submitted to the Joint Social Services Task Force for approval.
- 7.28. Kevin Kelman, who facilitates the Coherent Learning Provision in Health and Social Care Group, advised that the group is dedicated to supporting partnership working with various national education and skills organisations and NES. He advised that the group's objective is to support cohesive learning pathways that span from secondary education to further and higher education, collaborating with organisations such as Skills Development Scotland and Scottish Qualifications Authority (SQA), among others. He noted that the group

has received a favourable response. Kevin also noted that colleagues from NES are part of a planning group working with the Scottish Government to organise a skills summit in the summer of 2025, in partnership with Universities Scotland.

- 7.29. Karen Wilson also noted that the Nursing and Midwifery Task Force has put forward 44 recommendations, several of which directly pertain to NES. She emphasised that NES would work to fill gaps in educational offerings, concentrating on aspects such as recruitment, retention, and career development, in addition to fostering a positive culture and effective leadership. Furthermore, she pointed out that many of these recommendations are directed at the Scottish Government, which may subsequently assign responsibilities to NES.
- 7.30. The Board inquired about the Research and Innovation Plan for NES and when it would be presented to the Board.
- 7.31. Karen Reid confirmed that the Research and Innovation Plan will be submitted to the Education and Quality Committee (EQC) in May, followed by presentation to the Board thereafter. **ACTION: KK**
- 7.32. The Board asked Karen Reid about her meeting with the First Minister and requested details on any significant outcomes from the meeting.
- 7.33. Karen Reid advised that her meeting with the First Minister centred on the reform agenda for NHS Scotland, noting that this agenda includes three primary initiatives: the Operational Improvement Plan, the Population Health Framework, and a comprehensive Reform of Health and Social Care. Karen Reid advised that the Operational Improvement Plan is anticipated to be released soon, the Population Health Framework is expected around May, and the broader reform framework is scheduled for presentation before the summer recess.
- 7.34. The Board expressed an interest in the Learning & Education Quality System and its progress, enquiring on the mitigation plans mentioned in the report at 4.5 a) and specifically asked if financial challenges have affected the ambitions for what NES can achieve.
- 7.35. Kevin Kelman acknowledged the interdependency between the learning and educational quality system and the digital learning infrastructure and noted that NES continues to face challenges in reporting data, however the next phase of the digital learning infrastructure aims to reduce these risks and mitigations.
- 7.36. The Board asked the extent to which all NHS Boards are involved in discussions on what the new Turas platform will look like, given that currently 13 Boards use Turas as their main learning platform.
- 7.37. Kevin Kelman responded to advise that there is a range of stakeholder engagement being undertaken for the digital learning infrastructure programme. This includes liaising with Board Chief Executives, Directors of Finance, and the Human Resources Directors (HRDs) forum to ensure comprehensive engagement with key stakeholder groups.

- 7.38. The Board commented on the Knowledge Network noting that despite the £3.4 million expenditure it provides good value for money based on the number of interactions which occur.
- 7.39. The Chair acknowledged the tremendous work completed recently in refining the Knowledge Network which has cut down the costs and provides a valuable system and an excellent return on investment.
- 7.40. The Board inquired on the recent outcome from interview for the next phase of the Mindset UK challenge.
- 7.41. Judy Thomson confirmed that NES has been awarded funding for the Mindset UK challenge, which involves collaboration across NES and with external partners such as Digital Health & Care Innovation Centre (DHI), Care Reality, and the University of Glasgow.
- 7.42. The Board asked Karen Reid about the Leading Collaborative Organisation meetings she attended, seeking more details on the participants and whether it included only public organisations.
- 7.43. Karen Reid explained that the Leading Collaborative Organisations program is overseen by the Cabinet Office and is aimed at senior leaders, including NHS Chief Executives, University Principals, Chief Constables, and Permanent Secretaries within the Government. She highlighted that she was the sole representative from Scotland in her cohort and remarked that the programme has enabled significant networking opportunities, including conversations with a university located south of the border regarding possible partnerships in medical education. She indicated that she, along with Emma Watson and Karen Wilson, plan to visit the university over the summer to explore these collaborative opportunities in greater depth.
- 7.44. Gillian Mawdsley, Whistleblowing Champion asked Christina Bichan for an update on the whistleblowing concerns specifically regarding the remaining learning points and their timescales.
- 7.45. Christina Bichan provided assurance that efforts are being made to resolve the one outstanding action related to whistleblowing and that she is working closely with the involved directorates to ensure it is resolved as quickly as possible. Christina will continue to keep Gillian Mawdsley, as whistleblowing champion updated.
- 7.46. The Board requested Christopher Wroath to expand on the sustainability aspect of the digital learning infrastructure, clarifying whether it overlaps with sustainability and climate change or financial value.
- 7.47. Christopher Wroath clarified that the term "sustainable" in the context of the digital learning infrastructure refers to maintaining its value over time and does not relate to climate sustainability.
- 7.48. The Board inquired about the accelerated recruitment project, seeking provisional time scales for the conclusion of the work.

- 7.49. Karen Reid explained that the accelerated recruitment project is expected to demonstrate good value for money and a better experience throughout. She mentioned that a report detailing the impact of moving recruitment processes to the East of Scotland region is expected soon.
- 7.50. The Chair inquired about the implications for Scotland following the closures in NHS England, expressing concern about the potential impact on the body being dissolved. He acknowledged that Karen Reid might not have had the chance to assess the outputs.
- 7.51. Karen Reid advised that the National Board Chief Executive group has discussed the impact of NHS England's closure and highlighted that NES will liaise with several organisations, including NHS England, and that there will be various issues to explore with both the Scottish and UK Governments. She advised that one significant area of concern is Medical Education Reform, advising that NES is working closely with colleagues to understand the implications of the UK Government's decision.
- 7.52. The Chair thanked Karen Reid and colleagues and acknowledged a comprehensive report.
- 7.53. The Board agreed that the report provided assurance.

## **8. Strategic Item**

### **8a) NHS Collaboration, Reform and Renewal (NES/25/22)**

- 8.1. The Chair invited Karen Reid to introduce the report, which comes to the Board review for endorsement and confirmation.
- 8.2. Karen Reid advised the Board that the paper includes three documents: a cover paper, a detailed narrative on collaboration, and a letter from the Director General dated 7 February 2025. She advised that the Director General is urging Boards to collaborate more effectively, particularly in reducing waiting list times by offering patients the option to travel for treatment. Karen Reid noted that from NES's perspective, collaboration is already integral in their work, involving partnerships with academia, local government, health and social care partnerships, and the third and independent sectors. It was also noted that the new governance structures mentioned in the paper refer to the National Executive Group, which brings together Scottish Government and NHS Chief Executives to address strategic challenges and the reform agenda.
- 8.3. The Chair added that the Board Chairs have also discussed the paper, particularly the parts on governance changes. He emphasised the need for thinking on a regional or partnership basis, ensuring governance models align with collaborative efforts across Boards. He mentioned potential staff movements between Boards to fill underutilised operating theatres, which is a new approach. He advised that this shift in thinking also touches on succession planning across Board areas rather than just locally. He highlighted the single unitary authority model currently being explored within the Islands, which integrates Local Authority and NHS Board functions, and the role of local

planning partnerships in future scenarios. The Chair noted that NES is well-positioned to meet these new challenges, with the collaboration model being exemplified by their work with Lanarkshire on the Digital Front Door NHS app rollout.

- 8.4. The Chair opened up for questions.
- 8.5. The Board acknowledged the content of the document, highlighting the importance of collaboration and recognising NES's key role in the initiative, emphasising the need to address inequalities in access to care and requested clarification on how NES's role in promoting collaboration would be communicated for accountability. Furthermore, they inquired about advancing collaboration to consider long-term impacts, including the future workforce structure in Scotland and how NES can support this through organised roles and responsibilities.
- 8.6. Karen Reid emphasised that NES is committed to extensive collaboration as a core element of its strategy. She noted that NES is actively seeking collaboration opportunities, which are tracked through their delivery mechanisms, Annual Delivery Plan (ADP) and Strategic KPIs. Karen highlighted the need for improved reporting on collaborative efforts and encouraged the Board to suggest additional opportunities at the upcoming Board development strategy session in April. She also mentioned NES's commitment to workforce diversification, supported by thought leadership papers on the topic. Additionally, she advised of an upcoming presentation to NHS Board Chief Executives to illustrate NES's evolving engagement with other Boards.  
**ACTION: ALL**
- 8.7. The Board appreciated the collaboration paper for its valuable context regarding upcoming changes and noted the potential to enhance collaborations that faced previous challenges, emphasising the importance of identifying and seizing these opportunities, highlighting the need for determination and urgency in collaborative efforts.
- 8.8. The Board noted an interest in the speed and purpose of the reform agenda and remarked that although there has been direction regarding collaborative efforts for a considerable period, it seeks to comprehend the urgency and dedication driving the ongoing reform initiatives.
- 8.9. Karen Reid indicated that the pace of the reform agenda is influenced by the First Minister's intentions, as publicly articulated on 27 January 2025. The Operational Improvement Plan, along with a comprehensive Health and Social Care Reform Framework, is anticipated to be released prior to the summer recess. Karen Reid also noted that opportunities for strategic collaboration will continue to be identified and reported through NES's Strategy, the ADP, and Key Performance Indicators. Furthermore, Karen Reid stated that NES will continue to seek all available and appropriate collaboration opportunities and enhanced reporting through KPIs and noted the importance of the upcoming Board session in April, which will focus on discussing strategic direction and exploring additional collaborative opportunities.

- 8.10. The Board sought clarity on the specific actions expected from Boards in relation to the paper, noting that it seemed to lack clear operational implications.
- 8.11. Karen Reid confirmed that the paper is asking Boards to endorse and confirm commitments to collaboration, particularly in relation to the Operational Improvement Plan, Population Health Framework, and Broader Health and Social Care Reform Agenda. The specific actions will be detailed in these forthcoming publications, and NES is already aligned with the collaborative approach outlined.
- 8.12. The Chair added that the collaboration model encourages working closely with other Boards and considering regional or partnership-based governance. He mentioned the potential for staff movement across Board areas to fill gaps and improve efficiency, highlighting the importance of thinking beyond traditional boundaries.
- 8.13. Colin Brown added that a paper shall follow about the approach NES has taken to external collaborations, highlighting that NES is at the stage where it can draw learning from these collaborations and situate them within existing conceptual and theoretical frameworks. Colin emphasised that NES's approach aligns well with these frameworks and the Blueprint for Good Governance, ensuring a purposeful approach to external collaborations rather than merely collecting partnerships.
- 8.14. The Board noted the focus on health management related to cross-border healthcare access and suggested that this issue could become a curriculum topic and emphasised the need for prompt collaboration with partners. They agreed with Karen Reid that the development session is an ideal opportunity to refine questions about collective learning with collaborators and explore alternative approaches and highlighted that while collaboration is common for NES, it is essential to keep pace with collaborators as they adjust their business models and learning strategies.
- 8.15. The Chair thanked Karen Reid for the paper and the Board confirmed the endorsement of the report.

## **9. Quadrennial and Biennial Items**

### **9a) Mainstreaming the Public Sector Equality Duty and Equality Outcomes Progress Report: 2023-2025** NES/25/23

- 9.1. The Chair welcomed Katy Hetherington to the Board and invited her to introduce the report which comes to the Board for review and approval.
- 9.2. Katy Hetherington introduced the report by explaining that it addresses legislative requirements related to the Public Sector Equality Duty advising that the report focuses on how NES has mainstreamed equalities through its work, detailing progress on equality outcomes organised under the strategic priorities of People, Partnership, and Performance. Katy highlighted that the report includes key learning points to inform future work and requested the Board's

approval for publication on the NES website in April to meet the Equality and Human Rights Commission's requirements.

- 9.3. The Chair asked for clarity about the Advancing Equity in Medical Education Steering Group, specifically whether it is a NES group or a national group. Katy Hetherington clarified that it is a NES group, but it includes partners from Universities and Health Boards, as well as a lead advisor.
  - 9.4. The Chair opened up to the Board for questions.
  - 9.5. The Board asked about the legal position on providing single-sex facilities versus transgender staff's right to access facilities appropriate for their gender identity and asked for confirmation that NES is fully informed with the legal position in both its educational output and the provision it makes for its own staff and learners on the premises.
  - 9.6. Karen Reid responded and confirmed that NES is as up to date as it can be at this time with the legal position regarding single-sex facilities and transgender staff's rights. She mentioned that NES reviewed all its equality, diversity, and inclusion learning resources, including the cultural humility resource, following clarity provided by the Equality Human Rights Commission (EHRC). Karen also noted that NES made any necessary updates to these resources and is monitoring ongoing proceedings and the Supreme Court decision to ensure compliance with any changes in legislative requirements.
  - 9.7. The Board approved the report.
- 9b) NES Equality Diversity & Inclusion (EDI) Strategy 2025-2029 and Anti-Racism Action Plan 2025-2026 (NES/25/24)**
- 9.8. The Chair invited Katy Hetherington to introduce the report which comes to the Board for review and approval.
  - 9.9. Katy Hetherington introduced the EDI Strategy 2025-2029 and the Anti-Racism Action Plan 2025-2026, emphasising that these documents set the direction for NES in the coming years. She advised that the strategy aims to meet legislative requirements and support NES's strategic objectives. The Anti-Racism Action Plan is incorporated within the strategy, reflecting the organisation's commitment to addressing racism and promoting equality
  - 9.10. The Board referred to the Scottish Race Equality Forum and the British Medical Association (BMA) Race Equality and Medicine Survey, highlighting the concerning findings and asked if NES has taken these reports into account and incorporated their insights into the equality report and related planning.
  - 9.11. Karen Reid assured the Board that NES has been proactive in welcoming international medical graduates and addressing racial impacts. She noted ongoing programmes and positive feedback from these initiatives. Emma Watson acknowledged the uncomfortable findings of the BMA Race Equality and Medicine Survey and discussed the efforts to improve outcomes for black, Asian and minority ethnic (BAME) doctors, highlighting the commitment to

cultural change and the importance of joining up good practices across the health and care system.

- 9.12. The Board raised a concern around the description applied to some photographs within the EDI strategy document suggesting that the wording was unnecessary.
- 9.13. Katy Hetherington acknowledged this and advised that she would review the images and text which had been provided by the Business Disability Forum and make appropriate amendments. **ACTION: KH**
- 9.14. The Board suggested that the mention of the Anti-Racism Action Plan within the EDI Strategy was not emphasised enough and recommended making the commitment to anti-racism more prominent to ensure readers understand its importance and the existence of a meaningful separate plan. Katy Hetherington agreed to address this concern. **ACTION: KH**
- 9.15. Lynnette Grieve, Employee Director praised the EDI Strategy document and agreed it was well structured and engaging, she inquired about the progress of reasonable adjustment passports for trainees.
- 9.16. Katy Hetherington acknowledged the ongoing work in this area and highlighted that progress has been variable, with efforts led by Jane Duffy in collaboration with the Scottish Government.
- 9.17. The Chair thanked Katy Hetherington for the reports and acknowledged the work that she and the Team have contributed to get them finalised.
- 9.18. The Board approved the report and provided approval for publication to the NES website in April to meet the Equality and Human Rights Commission's requirements.

## **10. Governance Item**

### **10a) 2025-26 Board Schedule of Business (NES/25/25)**

- 10.1. The Chair invited Christina Bichan to present the report to the Board for review and approval.
- 10.2. Christina introduced the Board Schedule of Business for 2025-2026, highlighting the inclusion of development meetings. She noted that the schedule is presented annually for approval and once approved, it will be updated with any changes and emerging items.
- 10.3. The Chair thanked Christina and opened up to the Board for questions, as there were none the Board approved the schedule of business.

## **Significant issues to report from Standing Committees:**

### **10b) Staff Governance Committee, 20 February 2025**

- 10.4. The Chair invited Nigel Henderson to provide a brief overview of the recent Staff Governance Committee held on 20 February 2025.
- 10.5. Nigel Henderson thanked Karen Reid for standing in as Executive Lead at the meeting. He noted that the committee discussed the realignment of one of their KPIs and Strategic Risks due to the creation of the new Planning and Performance Committee. He advised that the Committee received a presentation on the HR Transformation Project and that 3 policy items were approved by the Committee, these were:
- Guidance on working outside the UK.
  - Guidance on relationships at work.
  - Guidance on sexual misconduct, particularly to support staff following a disclosure about alleged sexual misconduct.
- 10.6. There were no questions from the Board and the update was noted.

### **10c) Education and Quality Committee, 6 March 2025**

- 10.7. The Chair invited Annie Gunner-Logan to provide a brief overview of the recent Education and Quality Committee held on 6 March 2025.
- 10.8. Annie Gunner-Logan noted that the Committee discussed the monitoring and measuring of performance, focusing on what is provided for assurance versus information and the difference between the two. They also examined the stakeholders to whom NES reports its performance, aiming to avoid duplicating efforts. The committee also decided to review the purpose of the Executive Lead report and the terms of reference for the committee to clarify these aspects.
- 10.9. It was agreed that Karen Wilson and Annie Gunner-Logan would discuss this before the next committee meeting. **ACTION: AGL/KW**
- 10.10. There were no questions from the Board and the update was noted.

## **11. Items for Homologation**

### **NES Standing Committee Minutes**

#### **11a) Staff Governance Committee, 7 November 2024 (NES/25/26)**

- 11.1. The Board homologated the minutes of this meeting.

**11c) Education and Quality Committee, 13 December 2024 (NES/25/27)**

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

**11d) Technology and Information Committee, 27 January 2025 (NES/25/28)**

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

**12. Any Other Business**

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

**13. Date and Time of Next Meetings**

- Private Board: 27 March 2025 follows on from Public Board (Hybrid Meeting)
- Board Development Meeting: 23 April 2025 at 10:15. (Hybrid Meetings / TEAMS)
- Public Board 22 May at 10:15am (Hybrid Meetings / TEAMS)
- Private Board 22 May following on from Public Board (Hybrid Meetings / TEAMS)

13.1. The Chair thanked everyone for their attendance and all paper's presented.

13.2. The meeting closed at 12:15

Approved by David Garbutt; 15 April 2025

NES April 2025  
LS/CBi/KR/DG

## Agenda Item 06

22 May 2025

## Rolling Action List arising from Board meetings

Minute	Title	Action	Responsibility	Date required	Status and date of completion
<b>Action raised at Board meeting on 27 March 2025</b>					
7.31	Chief Executive's Report	Research and Innovation Plan Presentation to the Board	KK	22 May 2025	<b>Complete:</b> Presented to the Board at Agenda item 8c.
8.6	NHS Collaboration, Reform and Renewal	Board members to suggest additional collaboration opportunities at the April Board Development Session	ALL	23 April 2025	<b>Complete:</b> Members discussed collaboration with various stakeholders during the session, and details were noted.
9.12	NES Equality Diversity & Inclusion (EDI) Strategy 2025-2029 and Anti-Racism Action Plan 2025-2026	EDI Photograph descriptions to be reviewed and amended as appropriate prior to publication.	KH	April 2025	<b>Complete:</b> Photographs and text were reviewed and agreed as suitable as provided by the Business Disability Forum. Consistency on text for all photographs has been undertaken.
9.13	NES Equality Diversity & Inclusion (EDI) Strategy 2025-2029 and Anti-Racism Action Plan 2025-2026	More emphasis on the Anti-Racism Action Plan within the EDI strategy	KH	April 2025	<b>Complete:</b> Further text about NES's Anti-Racism Action Plan was added within the strategy was raised prior to publication
10.9	Education and Quality Committee, 6 March 2025	Discussion EQC on Executive Lead Report and Terms of Reference	AGL/KW	8 May 2025	<b>Complete:</b> Discussion has taken place, and any amendments will be discussed with EQC members.

Minute	Title	Action	Responsibility	Date required	Status and date of completion
<b>Action raised at Board meeting on 6 February 2025</b>					
8.32	Quarter 2 Strategic Key Performance Indicators – Board Performance Report 2024-25	Review the existing SKPIs to ensure they are appropriately worded and aligned with the organisation's goals.	CBi	September 2025	<b>In progress</b> A review of the existing SKPIs will be undertaken as part of the strategy development process for the next NES Strategy. Board member engagement will be central to this process and further information will be shared in May 2025 regarding the approach and reporting timeline.
<b>Actions raised at Board meeting on 15 August 2024</b>					
7.36	Chief Executive's Report	Review the requirements for the Electronic Practice Assessment Document (ePad) update for Paramedics and progress the programme for roll out	KW	22 May 2025	<b>Complete</b> Digital prioritisation activity is underway with the requirement for ePad rollout being taken into account by the Executive Team in the allocation of resource.

NES / LS /CBi  
May 2025

NES/25/32  
Agenda Item 7a  
May 2025



## **CHAIR'S REPORT**

David Garbutt, Chair of NES Board

22 May 2025

## **1. Introduction**

- 1.1. Since the last Board meeting on 27 March 2025, I have attended meetings and events, as well as internal NES meetings, Board and Standing Committees.
- 1.2. During the month, I have held mentoring meetings with Louise Harker, Boardroom Apprentice and with Fiona Sandford, who is shadowing me as an Aspiring Chair. I have also met with non-executive Board colleagues to discuss their appraisals.

## **2. Summary of Engagement February 2025**

- 2.1. Karen Reid and I met with Maree Allison, Chief Executive and Peter Murray, Interim Convener from Scottish Social Services Council (SSSC) on 3 February. At this meeting we had a discussion on the Direct Provision of Training for Care Sector Staff.
- 2.2. On 5 February I had an Introductory call with Lisa Duthie, Audit Director, from Audit Scotland, who is now working with the NES Audit.
- 2.3. I attended The Promise Scotland Board of Directors for the Finance Committee meeting on 6 February. Subsequently, it has become clear that the budget will be subject to efficiency savings.
- 2.4. The Aspiring Chair interviews took place on 11 February. This is part of the entry to the 2025/26 programme, and I am pleased to report that Nigel has joined this cohort after having to stand down from the 2024 group.
- 2.5. On 17 February 2025 I attended the Public Service Reform Summit, which took place at Strathclyde Universities Technology and Innovation Centre. The agenda included an Introduction from the then Director General Strategy and External Affairs (Joe Griffin), Plenary by the Minister for Public Finance (Ivan McKee MSP) and Strategy workshops.
- 2.6. I joined The Promise Scotland Directors February Board meeting on 18 February. At this meeting, we discussed quarter three reporting and management accounts, board effectiveness review update and strategic work programme and budget.
- 2.7. The SSSC/NES Chair and CEO meeting was held on 26 February 2025. The agenda included, joint narrative, joint delivery plan and horizon scanning.

## **3. Summary of Engagement March 2025**

- 3.1. On 3 March 2025, we held Board Secretary & Principal Lead – Corporate Governance interviews at our Westport Office.

- 3.2. I attended the Board Development Reference Group meeting on 4 March 2025. We discussed final 2023/24 performance update, final 2023/24 financial report, aspiring chairs programme update and blueprint self-assessment themes.
- 3.3. The Aspiring Chairs Advisory Panel meeting took place on 5 March. The agenda included, 2024/25 aspiring chairs programme – final report, The 2025/26 aspiring chairs programme – progress update, programme plan and financial plan.
- 3.4. The Improving Wellbeing and Working Cultures Strategic Board Meeting was on 6 March 2025. The agenda covered the whole spectrum of wellbeing and involved representatives from a large number of public sector bodies. That afternoon NES held a Non-Executive Induction Meeting in Westport. Non execs and the executive team were all in attendance.
- 3.5. On 11 March 2025, I met Carrie MacEwen, Chair from General Medical Council to discuss regulatory matters and share our thoughts on the future skills mix which would be needed.
- 3.6. Later that morning, I met with colleagues from The Promise Scotland for the Board Effectiveness review.
- 3.7. In the afternoon, I attended the NHS Scotland Global Citizenship Advisory Board, the agenda included, Programme Management, Strategic update and Communications & Engagement.
- 3.8. On 13 March, I attended The Allied Health Professions (AHP) Projects Progressing Practice-based Learning: Celebration and Sharing Event. The event provided a national update and shared learning from the AHP Projects Progressing Practice-based Learning (PrBL) across Scotland.
- 3.9. On 17 March 2025, I met with Neena Mahal, NHS Forth Valley Interim Chair. To discuss collaboration. It was pleasing to hear considerable positivity about NES support.
- 3.10. I joined NHS Fife for their Remuneration Committee meeting on 18 March 2025 and delivered a REMCOM roadshow to members of their committee. This is a repeat of the information I have previously delivered to Boards about the appraisal system for the Executive Cohort.
- 3.11. On 19 March 2025, I attended the NHS Chairs Meeting with Cabinet Secretary. At this meeting we discussed matters arising, cabinet secretary remarks and the operational framework and operational plans for 2025.
- 3.12. I attended the Board Chairs Group Private Meeting on 24 March 2025, this was held at NHS Forth Valley, Carseview House, Stirling. There was a detailed presentation on collaboration and John Burns led a session on the need for Board Chairs to show individual leadership in this connection.

- 3.13. I joined the Board Chairs improving Population Health Group (IPHG) Meeting on 26 March 2025. We discussed, NESTA: [A blueprint to halve obesity in the UK](#), Collaboration for Health Equity, Terms of Reference and enabling a Prevention Focused approach to Improving Population Health.

#### **4. Summary of Engagement April 2025**

- 4.1. On the 3 April 2025, I attended the Scottish Government/Strategic Sponsorship Meeting. The agenda included budget and savings, NES priorities and NES premises.
- 4.2. On 17 April 2025 I visited NHS Borders where I met with Karen Hamilton, NES Borders Chair to discuss our collaboration. I then met with Fiona Sandford to discuss the Aspiring Chair Programme.
- 4.3. I met with Davie Campbell, Vice Chair and Meghan McEwen Chair, from NHS Orkney (NHSO) on 23 April to discuss Training / Support for NHSO. They are seeking support around the creation of realistic objectives and a further REMCOM roadshow.
- 4.4. It was the NES Annual Conference on 24 & 25 April 2025. I provided the closing plenary for the conference. This was an extremely successful conference, and my thanks go to Sandra Kerr, Senior Officer, who leads the organising team, and to Emma Watson Executive Medical Director, for the continued success of this style of conference.
- 4.5. On 30 April 2025 I met with Fiona Hogg, Chief People Officer to discuss the Executive Appraisal System and Remuneration Committee TOR's. We agreed to set up a working group to review the Executive appraisal system, taking into account the Leadership Success Profiles and addressing the shortfalls in this system as a performance related pay assessment.

#### **5. Summary of Engagement May 2025**

- 5.1. I attended The Promise Scotland Directors meeting on 02 May 2025, we discussed the budget for 2025/26.
- 5.2. On 06 May 2025 I had an introduction meeting with Laura Liddle, Associate Director, Workforce.
- 5.3. I also had an Introduction meeting with Gillian MacLeod, Nursing Midwifery Allied Health Profession associate Director on 07 May 2025.
- 5.4. I attended the Validation Panel Meeting for the 2025 Brave@Heart Awards on 09 May 2025. This is a panel of senior representatives of the Emergency Services and HM Coastguard who review recommendations about acts of significant bravery, over the year, by members of the public and from the emergency services themselves. As Chair of the panel, I then make

recommendations to the First Minister for successful nominees who are presented with the awards at a ceremony later in the year.

## **6. Announcements**

### **6.1. Director of People and Culture**

The selection process for the Director of People and Culture is progressing. Following the longlisting meeting on 3 April 2025, which added more candidates to the pool, interviews are scheduled for 21 May 2025. The approach ensures that we identify the best possible candidates for this pivotal role within our organisation.

### **6.2 Board Secretary and Principal Lead Corporate Governance**

We previously announced the appointment of a Board Secretary who was scheduled to commence on 5 May 2025. Unfortunately, this did not progress as planned. An alternative appointment is being progressed, and we expect to be able to announce the new postholder shortly.

**David Garbutt**  
**Chair**

NES/25/33  
Agenda Item: 07b  
22 May 2025

# Chief Executive's Report

## Professor Karen Reid, Chief Executive



Date: May 2025

## 1. Introduction

- a) The 22 May Board agenda includes the 2025/2026 Annual Delivery Plan (ADP), which is presented to the Board for review and approval. The paper includes the formal feedback letter from the Scottish Government, which was received on 16 May 2025. The deliverables outlined in the 2025/2026 ADP support our strategic direction and align with national priorities.
- b) Additionally, the Board will review and approve the Annual Risk Management Strategy, which outlines our approach to identifying, assessing, and mitigating risks across our functions. This strategy was discussed at the Audit and Risk Committee on 24 April 2025.
- c) The Research and Innovation Plan will also be reviewed for approval by the Board. This highlights NES's commitment to advancing knowledge and fostering innovative practices. This plan is designed to position NES at the forefront of research in education, health, and social care, ensuring we remain responsive to emerging challenges and opportunities.
- d) The Quarter 4 performance reports offer insights into our performance against key organisational objectives and targets. These reports are key to our continuous improvement efforts and accountability. The Quarter 4 Risk Register Report will provide a comprehensive overview of the risks identified during the last quarter, along with the measures taken to address them. The Quarter 4 Strategic Key Performance Indicator Report will detail our progress in achieving strategic goals.
- e) In addition to these items, the Board will also review the NES Corporate Governance Blueprint Improvement Plan and the End of Year Report, which summarises our governance enhancements.
- f) Furthermore, the Non-Executive Director Whistleblowing Champion Report and the Annual Whistleblowing Report will be presented, emphasising our commitment to transparency and ethical conduct. This comprehensive review and approval process will ensure that NES remains on a strategic path towards excellence and innovation in education and healthcare.

## 2. Updates and Announcements

### 2.1. National Care Service (NCS)

- a) The National Care Service (Scotland) Bill is now known as the Care Reform (Scotland) Bill. The Bill, which includes commitments to implement Anne's Law into legislation, provide additional support for unpaid carers and to reform the social work sector, is now at Stage 3 of the parliamentary process. This allows MSPs to propose further amendments to the Bill, before it is debated in parliament and a vote taken on passing the Bill into legislation.

- b) To provide guidance and drive forward improvements, a new non-statutory interim advisory board has been established to provide guidance and drive forward improvements. The NCS Advisory Board, which will be chaired in the interim by Susan Douglas-Scott CBE and will comprise of people with lived experience, social care workers, care providers, trade unions, the NHS and local government. It will hold it's first meeting towards the end of May 2025.
- c) The Chief Executive, and her counterpart from NHS Highland, along with the NES Director of Social Care, continue to represent NHS Scotland on the NCS Tri-Partite Group, which meets fortnightly with colleagues from central and local government. Consideration is now being given to the future focus of the Tripartite Group, as well as the potential to rationalise a number of other national groups, given the establishment of the NCS Interim Advisory Board.

## 2.2 NHS Education for Scotland, 102 Westport, Edinburgh

- a) Following the announcement that our Edinburgh central office lease will not be extended, we are collaborating with the Scottish Government to identify new premises. The review of public sector office accommodation intends to save money across various sectors. The timeframe for the move is yet to be confirmed by the Scottish Government, but we will remain in our current premises until new locations are secured and ready for occupancy. Ensuring value for taxpayers is essential, as savings on infrastructure can be reinvested in the NHS and social care. We plan to relocate within the next year as part of efforts to reduce accommodation expenses.
- b) Our role as the provider of education, training, workforce development, technology, and data for the health and social care workforce remains steadfast.

## 2.3 Announcements

- a) **UK Supreme Court Ruling [For Women Scotland v Scottish Ministers](#).**  
The UK Supreme Court ruled on 16<sup>th</sup> April that in the Equality Act (2010), 'sex' means biological sex. The rights of transgender people continue to be protected by the Equality Act 2010. The EHRC provided a [statement](#) following the Supreme Court decision and have produced interim [guidance](#) on the practical implications of the judgement. As part of the recent Board development session in April, an update was provided on the Public Sector Equality Duty and the recent Supreme Court ruling. NES will comply with the Equality Act and meet the Public Sector Equality Duty and will work in line with the interim guidance from the EHRC. We are working with our landlords for our properties to ensure that facilities are provided for all staff and the EHRC guidance has been shared with staff in order to update any education, training or digital products. NES aims to provide an inclusive, safe and respectful workplace for everyone, and this is set out in our recently published Equality, Diversity and Inclusion Strategy.

- b) **The Eljamel Inquiry**  
 NES received letters from the solicitors leading the Eljamel Inquiry on 11 February 2025 and 10 April 2025. In response to the direction from the solicitors leading the Eljamel Inquiry, NES has taken comprehensive measures to ensure preservation and accessibility of all relevant documentation pertaining to Mr. Eljamel. This includes implementing protocols to prevent the alteration, destruction, or withholding of pertinent materials, in compliance with section 35 of the Inquiries Act 2005. Additionally, we have detailed the historical context of NES's relationship with its predecessor bodies and outlined our involvement with Mr. Eljamel. These actions underscore our commitment to transparency and due diligence as we continue to support the inquiry's efforts.
- c) **Board Secretary and Principal Lead Corporate Governance**  
 We previously announced the appointment of a Board Secretary who was scheduled to commence on 5 May 2025. Unfortunately, this did not progress as planned. An alternative appointment is being progressed, and we expect to be able to announce the new postholder shortly.
- d) **Gillian MacLeod, Associate Director, Nursing Midwifery Allied Health Professionals**  
 I am pleased to welcome Gillian MacLeod to NES as an Associate Director. She joins us from the Scottish Ambulance Service, where she served as Interim Associate Director for Care Quality and Professional Development.
- e) **Director of People and Culture**  
 Interviews for the Director of People and Culture role will take place on 22 May 2025. We will share an update on the recruitment process outcomes shortly afterwards.

### 3 Our Strategic Themes

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



## 4 Performance - how we are performing as an organisation

Since the February Board update we have demonstrated notable progress in our performance against our Annual Delivery Plan, completing the year end with a reduction in the number of red deliverables from five to three and 84% of our deliverables completed or on target. External factors such as the delayed release of funding have impacted in some instances and further details on the issues affecting performance can be found within the substantive Board papers. Work to embed our Strategic Key Performance Indicators has also continued with 80% of our measures subject to routine reporting at the end of Quarter 4.

We have continued to perform well in the majority of areas and have enhanced our identification and reporting of planned mitigating actions to improve performance during the reporting period. Overall, there have been a number of key achievements since the last update which support the delivery of the NES 2023-26 Strategy and align directly with our strategic themes of People, Partnerships and Performance, many of which are presented within this report.

### a) Strategic Key Performance Indicators

All SKPIs are now reviewed by the Planning and Performance Committee prior to presentation to the Board. Individual governance committees continue to receive quarterly reports on all SKPIs delegated to their remitted responsibilities.

At the end of 2024/25, data has been reported for 80% of our strategic KPIs (82% of metrics). Work continues to develop the measures which have not yet been reported. Progress is noted on interim solutions to report against education measures pending the delivery of the Digital Learning Infrastructure programme.

Within this period RAG parameters have been implemented for all reported measures. To address feedback from the NES Board, the reporting dashboard has been updated to include target action and completion dates. Work will continue to embed this information into routine reporting.

Reporting of 25 measures has taken place during this quarter. Detailed information on these measures is provided in the Quarter 4 Strategic Key Performance Indicator Report as a substantive agenda item. The newly established Planning and Performance Committee met for the first time on the 2 May 2025, as part of its remit it scrutinised the full quarterly Strategic Key Performance Indicator report prior to it being presented to the Board.

Work is underway to develop an engagement process to develop new strategic KPIs that will underpin the new NES Strategic Plan 2026- 31.

### b) Climate Change Emergency and Sustainability (CES)

The Audit and Risk Committee received an update on Climate Emergency and Sustainability activity at its meeting on 24 April 2025. This included the reporting of the Internal Audit report that was produced by KPMG and formally reported to the Committee. That report gave an assurance rating of Significant Assurance with Minor Improvement Opportunities. The report made recommendations on the Action Plan, specifically around target dates, and the point on target dates was also discussed at

the January 2025 meeting of the Committee. Accordingly, the Action Plan presented to the Committee on 24 April has a sharper focus on target dates. Future iterations of the Action Plan will also show the BRAG (blue-red-amber-green) rating of actions, to allow the Committee to take assurance on the progress of the Action Plan elements.

The Committee was also informed that, as part of the forthcoming Learning at Work Week, the Climate Emergency and Sustainability group will share content relevant to this policy area, including publicising the learning module, the Viva Engage Community of Interest for Climate Emergency and Sustainability, and reminding employees that they can join the Ambassador Network.

## 4.1 Dental

### a) NES Scottish Qualifications Authority (SQA) Approved Centre – External Verification Outcomes

In March, SQA externally verified six Dental Care Professional Workstream programmes. All received Green RAG ratings, showing high confidence in maintaining SQA standards. Five areas of good practice were identified.

### b) Skills Development Scotland (SDS) – Annual Training Provider Report (24-25)

SDS conducts annual quality monitoring for SDS-funded apprentices, with findings compiled in an annual report.

In 2024-2025, SDS monitored the NES SDS Training Provider contract, which included the Modern Apprenticeship in Dental Nursing and the Technical Apprenticeship in Pharmacy Services.

The findings use a 'RAG' system to rate six high-level topics:

- Initial Assessment and Recruitment
- Learning and Assessment Planning/Learner Goal Setting and Progress
- Employer Involvement
- Equality
- Continuous Improvement
- Fair Work First Practices

NES received a RAG rating Green ('Excellent') across all areas, showcasing the collaborative efforts within the Dental and Pharmacy Directorates and support for apprentices and employers under the 'Once for NES' strategy.

## 4.2 Dental (Optometry)

### a) Mandatory Training

The Optometry team designs and delivers the General Ophthalmic Services (GOS) annual mandatory training exercise for eyecare professionals in Scotland. For 2025, the resource 'Population Health: Community Optometry making an impact in Scotland' aims to raise awareness of the current challenges faced by the health and social care

system in Scotland, and their impact on population health. Furthermore, it encourages the 1600+ practitioners who are required to complete the learning to consider how their position within the primary care system can positively impact population health and wellbeing through meaningful interactions with patients.

Of the approximately 400 completions to date, evaluation shows that 97% of the respondents deemed the learning within the resource to be either partly or mostly new to them, with 85% expressing high or thorough satisfaction with the content and its relevance to their role. Despite 90% of learners to date stating that they are motivated to apply the learning from the training resource to positively impact population health, about 50% reported that time constraints are the most significant barrier to having more in-depth interventions around general health, wellbeing, and lifestyle factors. This motivation from our community eyecare practitioners demonstrates the vital role they already play and their willingness to do more to positively impact the health and wellbeing of their patients, which continues to strengthen their position within the primary care system.

#### **4.3 Medical including Healthcare Science (HCS)**

##### **a) Enhanced Monitoring – Two Sites**

NES continues to support both sites, with excellent engagement from the service and education teams in the following areas: General Medicine at Queen Elizabeth University Hospital (QUEH) and General Surgery at University Hospital Monklands (UHM). At QUEH General Medicine, there will be a follow-up visit with the GMC to assess evidence of improvements for the three remaining open requirements. For UHM General Surgery, a revisit will be scheduled, during which the five open requirements will be reviewed.

##### **b) Recruitment**

Rounds one and two of national specialty recruitment are now closed. Round one recruits for core training and runs through training posts, while Round 2 recruits for higher specialty training posts.

As of 30 April 2025, core training posts have a 99.5% fill rate (99.2% in 2024), and the higher specialty training posts have a 90% fill rate (83.0% in 2024).

There have been improvements in the fill rates of several key programmes, including core psychiatry, general psychiatry, geriatrics, emergency medicine, and encouragingly, medical oncology.

General Practice has a 99.7% fill rate despite the removal of the bursary scheme this year.

#### **4.4 NES Corporate Improvement Programme (CIP)**

##### **a) The Learning & Education Quality System (LEQS) Programme**

The programme continues to progress with delivery testing underway across multiple workstreams. This testing phase is providing early insight into the effectiveness of new

standards, guidance and quality processes. The Educator Capabilities Framework has now launched, and further feedback is being gathered to inform the wider implementation. A review of progress against the Transformation Route Map has highlighted that while significant progress has been made, additional resourcing and a phased approach will be required to fully embed all elements. Work is underway to prioritise and schedule implementation activities in line with available capacity.

**b) The Digital Learning Infrastructure Programme**

This has received formal approval to proceed to the Full Business Case (FBC), along with resource allocation to support this next phase. Transition planning is now underway, with revised workstreams being scoped in areas such as strategic migration, educational technology governance, and user experience. Recruitment is in progress for key technical roles, and the new Programme Head will bring specific expertise in educational technology. As part of this next phase, the Programme Board has endorsed a focus on the workforce registered with the SSSC in adult services, while unpaid carers and volunteers remain out of scope for the time being. Early discussions with COSLA and the Local Government Digital Office are exploring the future use of Turas within Local Authorities.

**c) The Business Transformation Programme**

We continue to deliver on key priorities. The "Once for NES" meetings management framework and resource hub has now gone live, following engagement with governance groups and staff representatives. The Business Processes Review workstream has begun with an initial focus on risk management as a test of change. The Business Support Review is currently under development, with a revised PID prepared and initial engagement with General and Business Managers, Partnership, and Staff-Side Representatives. The review will explore the alignment of support roles and introduce a capacity calculator to inform evidence-based planning.

**d) The HR Transformation Programme**

This programme has made further progress across all workstreams. As of April 2025, 19 Standard Operating Procedures (SOPS) have been issued, with an additional seven due imminently. The revised NES Job Evaluation (JE) policy is being finalised, supported by national expertise to ensure governance alignment. A programme of staff engagement and development is underway, including HR all-staff events and Senior Specialist Lead development sessions. Bite-sized training covering customer experience and time management is planned to run from April to June. Work is also progressing on building internal performance dashboards and enhancing the HR Service Desk with automated responses and clearer service standards.

**e) The Digital Capability & Confidence Programme**

Viva Engage has launched, creating a set of digital communities that have already seen strong uptake. The Digital Champions application process has now closed, and shortlisting is occurring within each Directorate. The programme has developed its deliverables for the next quarter, including a baseline skills questionnaire, support resources, and further engagement with workstreams. Work also continues on developing a digital self-assessment tool and aligning programme data needs with NES-wide digital capability efforts.

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

##### a) Digital Learning Infrastructure (NHS Scotland Academy, Learning & Innovation)

The NES Transformation Programme Board has approved changing the programme name from Turas Refresh to Digital Learning Infrastructure. This change reflects the broader scope of the programme, which includes updating the NES Turas platform and other activities to develop a robust digital learning infrastructure. The platform name, Turas, will remain unchanged.

The Digital Learning Infrastructure programme has received formal approval to proceed to Full Business Case (FBC), along with resource allocation to support this next phase. This marks a significant milestone in the programme and recruitment is now underway for the key technical roles required to ensure that the FBC is of the highest standard. Transition planning is now underway to finalise plans for Phase 3 (delivery) of the programme, with revised workstreams being scoped in areas such as strategic engagement and migration, educational technology governance, user experience, compliance reporting and return on investment.

Recruitment is also underway for the new Head of Programme, who will bring specific expertise in educational technology, reflecting the scope of the programme beyond the Turas Platform applications into broader considerations related to digital learning. As part of this next phase, the Programme Board has endorsed a focus on the workforce registered with the SSSC in adult services to ensure that developments with and for the social care workforce is user driven reflecting the variation in roles in this sector as well as the existing learning context and offer to social care.

##### b) Knowledge Management and Discovery Team (NHS Scotland Academy, Learning & Innovation)

The NES eLearning Team within the NHS Scotland Academy, Learning and Innovation Directorate, has published figures for the team's work plan activity in 2024/25. Key areas to note are:

- A total of 118 new modules were developed for NES Directorates.
- 96 existing modules were updated (e.g. following content review/changes)
- 302 modules were tested, including the modules mentioned above, along with eLearning modules not created by the eLearning team, such as those developed by external organisations or other colleagues in NES.

The Knowledge Network redesign is celebrating its first anniversary on 30 April 2025. Since its launch, there have been over 190,000 page views and more than 70,000 users visiting the website.

##### c) NHS Scotland Digital Library (NHS Scotland Academy, Learning & Innovation)

The Knowledge Management and Discovery Team within the NHS Scotland Academy's Learning and Innovation Directorate is promoting the outcome of the tender for digital library resources for the next three years through a communication plan that has been developed and is being disseminated via stakeholder channels. The Knowledge Network estate is being updated to reflect changes in content. Annual

review meetings with our electronic resource (e-journals and databases) suppliers are being held during the period from April to June.

**d) Apprenticeships and earn-as-you-learn (NHS Scotland, Learning & Innovation)**

The team within the NHS Scotland Academy, Learning and Innovation Directorate has completed the first phase of a Scottish Government commission to explore earn as you learn routes (apprenticeships and other options) and supporting Boards to maximise use of these. A report on the initial phase of this work (from September 2024 to March 2025) is now being finalised. Funding has been confirmed from Scottish Government to continue this work until 31 March 2026 in the first instance. This next phase will involve developing a detailed action plan regarding earn as you learn routes.

**e) ANIA (Accelerated National Innovation Adoption) Pathway**

Colleagues in NES Technology Services and the NHS Scotland Academy, Learning and Innovation Directorate continue to support the work of ANIA. ANIA has received £6m of funding from Scottish Government for pharmacogenetic and type 2 diabetes prevention programmes. Delivery of all projects will be at pace and involve planned and considered training and education delivery across varied workforce groups. Collaborative working across ANIA partners is core to successful innovation adoption by NHS colleagues and rapid national implementation. The first implementation programme, Digital Dermatology, was presented within the NES Annual Conference, illustrating increased efficiency and positive impact to Scotland's population.

**f) Artificial Intelligence (AI) collaboration (NHS Scotland Academy, Learning & Innovation)**

Colleagues within the NHS Scotland Academy, Learning and Innovation Directorate's work with the National Manufacturing Institute Scotland (NMIS) on fore sighting continues to progress, with focus on AI and skills needs. The North region NHS Boards and the Innovation hub are engaged in this activity. We have an agreed challenge statement and are progressing towards the next steps of a workplan.

**g) Knowledge Management and Discovery Team (NHS Scotland Academy, Learning & Innovation)**

On 1 April 2025, NHS Lothian became the 14<sup>th</sup> NHS Scotland Health Board to migrate to Turas Learn and is now using this as its primary learning management system for its workforce of 26,000 staff. Colleagues in the Turas Learn Content Team (part of Knowledge Management and Discovery) and NES Technology Services worked closely with colleagues in NHS Lothian over a number of months to manage the migration and set up of learning resources, Turas Learn pages, learning records and data sets. NHS Lothian is the largest Health Board to migrate to Turas Learn to date.

## **4.6 NES Technology Service (NTS)**

**a) Digital Front Door**

The Digital Front Door is a key commitment in the Programme for Government 2024/2025 and the Digital Health and Care Strategy to deliver a platform for people to access their health and care information and health and care services directly. It will allow people to access, self-manage, and contribute to their own health and care

information online.

The Delivery Partner invitation to tender is complete, with the contract issued and signed by the delivery partner. A phased onboarding is scheduled to begin in early May 2025, with a focus on supporting the Digital Delivery Workstream.

Recruitment for key roles to lead the Additional Channels, Communications, and Engagement workstreams has been completed, with preferred candidates selected for both positions.

A benefits realisation strategy has been drafted that outlines the approach for identifying, monitoring, and tracking benefits across the programme, projects, and services.

An initial meeting was held in April 2025 to discuss the rollout of the Initial Release project, which will focus on implementing the initial Digital Front Door release across all secondary care services in the Health Boards.

#### **4.7 Planning, Performance and Transformation.**

##### **a) Complaints**

During Quarter 4 2024-2025, NES received nine complaints. This was an increase on Quarter 3, when only four complaints were received. However, of the nine complaints, eight could be addressed at Stage 1. 33% of the complaints received overall during the quarter were upheld. 100% of the complaints handled at Stage 1 were closed within the standard of 5 working days. The one complaint that was handled at Stage 2 was closed within the quarter; however, it exceeded the timeline of 20 working days due to difficulties in arranging a meeting with the complainant. The identification of learning and areas for improvement continues to be an important element of the complaints handling process. In eight of the nine complaints investigated during this quarter, improvement actions have been identified and progressed. These include themes around:

- Working with stakeholders to review policies relating to the support of health care professionals in training
- Enhancing communications with health care professionals in training regarding obtaining training posts.
- Review of performance standards for some administrative processes

#### **4.8 COVID-19 Public Inquiries**

- a) We continue to monitor developments in the UK and Scottish Covid Inquiries. Since the last Board meeting in March 2025, we have not received any requests for information.
- b) The UK Covid-19 Inquiry will commence hearings on Module 7 (Test, Trace and Isolate) on 12 May 2025 and Public Hearings on Module 5 (Procurement) commenced

at the beginning of March 2025.

- c) Since 2022 the UK public has been encouraged to submit personal pandemic stories to the Inquiry as part of "[Every Story Matters](#)" which represents the largest public engagement exercise undertaken by a UK public inquiry. The final date for submissions is 23 May 2025.
- d) The current phase of the Scottish COVID-19 Inquiry involves hearings on topics related to justice, worship, life events, equalities and human rights. On completion of the hearings on evidence of the impacts of the pandemic the inquiry will then move onto its next phase, looking at how policies were implemented in Scotland and the decisions taken by Scottish politicians and their advisers.

## 4.9 Consultations

- a) At the April 2025 Audit and Risk Committee meeting, members discussed the importance of ensuring that Non-Executive Board Members are informed about and consulted in the NES's consultation responses.
- b) Consultation responses are managed by the Chief Executive and Chair's offices. Once received, consultations are reviewed and assigned to a lead Director. The Director coordinates with the relevant Non-Executive Board Member and consults the Board Secretary for input. The lead Directorate prepares the final responses, which I sign off before submission on behalf of NES.
- c) A report on published consultations is provided to each Education Quality Committee.
- d) Since the last Board meeting in March 2025, NES has responded to four consultations. The relevant lead Directorate prepared these responses, and I signed them off for submission on behalf of NES. Below is a brief summary of the consultations: -
  - The General Dental Council (GDC) is reviewing the [GDC Standards for Education](#) which set out the requirements expected of all pre-registration programmes that lead to registration with the GDC. These Standards are the framework of our quality assurance processes. This review will include changing the structure, simplifying the requirements, and adding new areas that are relevant to dental education and training.
  - The Scottish Government launched a [Rural Delivery Plan](#) on the vision, strategic objectives and key performance indicators for a Rural Delivery Plan. This consultation was for everyone who has an interest in rural Scotland, a chance to share their views and to help shape the Rural Delivery Plan.
  - The Scottish Government launched [NHSScotland Workforce Policies - Managing Health at Work - Public Consultation](#). The questions set out in the consultation aimed to determine whether the refreshed policies align with our vision for the NHSScotland workforce policies and to identify any gaps in the policies or proposed supporting documents.

- Professional Standards Authority for Health and Social Care launched a consultation on [Review of PSA Standards](#). A review of the Standards of Good Regulation and Standards for Accredited Registers to ensure they effectively protect the public and uphold professional standards.
- e) Finally, the Scottish Government has recently invited consultation responses on a comprehensive new set of guidance on how public bodies, which include NHS Boards, can access in the discharge of their duties on climate change [Climate change duties - draft statutory guidance for public bodies](#). Following the consultation period, which closes on 23 May 2023, the Statutory Guidance will be finalised and ultimately published by the Scottish Government. The purpose of the statutory guidance is to support public bodies in performing their climate change duties. It aims to help public bodies to minimise their operational emissions, adapt and become resilient to the current and future impacts of the changing climate, live within environmental limits and ensure a strong, healthy and just society. The broad purpose of the consultation is to invite views on the usefulness and appropriateness of the Statutory Guidance, which is not a policy document, but a technical document, aimed at assisting public bodies to meet the Scottish Government's policy aims. A response to the consultation will be prepared by the Director of Finance and will be shared for comments with the Board Champion before submission.
- f) **Digital Maturity Assessment Staff Survey**  
The Cabinet Secretary for Health & Social Care recognises the essential nature of digital transformation to long-term, sustainable reform. The development of a collective understanding of current capabilities and capacity supports the utilisation of digital approaches throughout all aspects of service delivery.

Undertaking the Digital Maturity Survey will allow us to take stock of both our areas of strength and improvement opportunities, both within NES and for Scotland as a whole. The results of the staff survey and other aspects of the Digital Maturity Assessment will inform local planning processes, as well as support future national priorities and the development of more targeted funding for digital health and care in Scotland. Findings from the survey will be shared at a future Executive Team meeting

#### 4.10 Freedom of Information, (FOIs)

- a) For quarter four, 43 new FOI requests were received, in comparison to 18 for the same period in 2023-24, an increase of 138%. There is no particular trend within the subject type of FOIs or where requests originate from. The increase in FOI activity has continued and will be closely monitored.
- b) 100% of responses met the statutory timescales of 20 working days. There were no internal reviews or referrals to the Scottish Information Commissioner during this period. Planning & Corporate Resources received the highest number of requests in quarter four, closely followed by the Medical Directorate and National Technology Service.
- c) A paper is currently in development regarding the publication of FOI responses on the Intranet/Internet, including additional information and signposting for FOI requests.

#### **d) Whistleblowing**

No whistleblowing concerns were received during Quarter 4 2024-2025 (01 January to 31 March 2025). Within NES, all line managers are required to complete the line manager-level training on TURAS Learn. As of April 10, 2025, the compliance rate was 88% (330/373), with 43 individuals still to complete the training. The NES Whistleblowing Steering Group met in March 2025, and discussions included:

- Preparations for 'Learning at Work Week'.
- A learning session for the line manager's network.
- Preparations for the upcoming Speak Up Week (29 September to 03 October 2025), which is hosted by the Independent National Whistleblowing Officer (INWO). The theme will be "Listen, Act, Build Trust"
- Potential recruitment of an additional Confidential Contact.

In the Scottish Government letter dated 06 February 2025, the Cabinet Secretary for Health and Social Care requested an annual return from the Whistleblowing Champion and Non Executive Director, Gillian Mawdsley. A response was provided on 31 March 2025 and included information on activities delivered since April 2024.

NES continues to encourage a speak up culture that promotes openness, transparency and a supportive environment for raising concerns.

#### **e) 2025/26 Operational Planning and Annual Delivery Plan development**

Following an initial draft submission to the Scottish Government (SG) in January 2025 and further refinement in response to feedback from SG and the NES Board, the 2025/26 NES Annual Delivery Plan (ADP) was submitted to SG on 17 March 2025 for approval. The submission consisted of a high-level narrative document and a set of proposed individual deliverables.

At the time of writing, we are currently awaiting a formal ADP feedback letter from SG. Following receipt of this letter and any necessary changes resulting from SG feedback, the 2025/26 ADP will be presented to the Board for formal approval and subsequently published on the NES website.

As per the finalisation of the 2024/25 ADP, the NES Sponsorship Team at SG arranged a series of workshops with NES directorates and SG policy colleagues to confirm 2025/26 deliverables and associated funding. These workshops were due to be held during April–May 2025, however, following the conclusion of the first workshop, SG took the decision to pause the scheduled series to reflect on their format and planned outputs. Discussion between NES and SG is ongoing to ensure the workshop approach generates meaningful engagement and outcomes.

#### **f) NES Anchors Strategic Plan**

As per the requirements of the joint 2025/26 Financial and Delivery guidance issued by SG, we have included our planned 2025/26 Anchors activity in our 2025/26 Annual Delivery Plan (ADP). We have also submitted this information to the SG Place and Wellbeing team as per Anchors-specific reporting arrangements, along with the annual Anchors baseline metrics submission (reporting on the 2023/24 year). We are currently awaiting SG feedback on both these submissions; however, 2025/26 delivery is progressing in line with the deliverables set out in the draft ADP.

### **g) NES Strategy**

Work to develop the next NES Strategy has commenced with the aim of achieving Board approval and publication by the end of February 2026. During the last 4 weeks activities have included taking stock of our current position in respect of the NES Strategy 2023-26, horizon scanning to identify emerging trends, engaging with Board members through a Board Development session on 23 April 2025 and engaging with staff through an all staff webinar on 30 April 2025. A timeline for Strategy development has been established with the inclusion of consultation with both staff and stakeholders at various stages and a commitment to a “You said, we are doing” approach throughout to ensure that stakeholder feedback is integral to our Strategy. A review of our Strategic KPIs is also being undertaken to correspond with strategy development.

## **4.11 Psychology**

### **a) Autism in Midlife and Older Age – Enhancing Clinical Understanding and Practice**

NHS Education for Scotland (NES) delivered a national webinar titled Autism in Midlife and Older Age: An Introduction to Profiles and Clinical Considerations for Diagnosis and Support. This session supports the NES Autism and Neurodevelopmental (ND) Operational Plan and aligns with key Scottish Government priorities and frameworks, including:

- The Scottish Strategy for Autism (2011) and its 2017 Updated Priorities, which emphasised improving diagnostic access and lifelong support.
- The National Neurodevelopmental Specification for Children and Young People (2021), which promotes consistent, coordinated, and needs-based support for neurodivergent individuals, principles that apply across the lifespan.
- A Fairer Scotland for Disabled People (2016), which supports equity of access and person-centered approaches in health and care services.
- Scotland’s National Dementia Strategy (2021–2025), which reinforces the need for inclusive, age-appropriate care and support.

This webinar contributes to national efforts to ensure that older autistic individuals are better recognised, understood, and supported within health and social care services.

#### **Why It Matters**

Older autistic adults are often underdiagnosed or unsupported, leading to challenges in accessing appropriate care across mental health, community, and dementia services. This webinar addressed that gap by equipping clinicians with practical strategies for assessment, diagnosis, and post-diagnostic support, ensuring services are more responsive to the needs of this population.

#### **Reach and Engagement**

The session attracted strong interest, with over 480 people registered and nearly 250 in attendance, and since the webinar an additional 400 people have requested access to the recording. Feedback was overwhelmingly positive:

- 97.1% felt the content was pitched appropriately.
- 92.9% found the pace about right.
- 80% strongly agreed the session was useful and would recommend it; 17.1% somewhat agreed.

## What Participants Valued Most

Feedback highlighted several strengths that made the session highly impactful:

- **Evidence-Based Insights:** Attendees appreciated the focus on research, particularly around underdiagnosis in later life, co-occurring conditions, and the evolving understanding of autism in older adults.
- **Clinical Relevance:** Practical strategies for assessment, formulation, and support were described as immediately applicable, particularly in inpatient and dementia care settings.
- **Lived Experience:** Personal stories helped deepen understanding, reinforcing the importance of considering individual perspectives in care planning.
- **Reflective Practice:** Many reported the session encouraged them to reflect on existing practices and consider how to better identify and support undiagnosed autistic individuals.
- **Resources and Tools:** Participants welcomed access to further reading, diagnostic checklists, and engagement strategies for use in their own services.

## Strategic Impact

This webinar directly supports NES's commitment to equipping healthcare professionals with the skills and knowledge needed to deliver informed, person-centred care to autistic individuals across the lifespan. It reflects growing recognition of the needs of autistic people in later life and offers practical steps to reduce inequalities in service access.

## Access to Resources

A recording of the webinar will be made available on [Turas Learn](#) for those unable to attend live. Additional resources, including further reading and tools, can be found on the [NES Autism Resources page](#).

## 4.12 Social Care & Communities

### a) Two Year Commissions from Scottish Government

We are halfway through the two year commissions from the Scottish Government. This has enabled us to recruit seven staff on fixed-term contracts whose work has sought to increase the capacity and capability of the social care workforce. These commissions have focussed on the following:

- Increasing the range and number of resources available to the sector through the Turas Learn platform. Repurposing existing Turas Learn content for social care learners, while ensuring that learning products align with professional and regulatory standards for social care registrants.
- Developing a National Induction Framework (NIF) for those new to social care roles, in partnership with Scottish Social Services Council (SSSC) and the sector. The NIF will be launched on 14 May 2025 with endorsement from regulators and planned activity to promote the product. NES will host the National Induction Framework for social care and will interface with the SSSC digital platform and provide high quality, portable learning.
- Developing the Social Care Career Opportunities tool, which will launch at the end of April 2025. This tool provides a navigable map that defines and promotes the

range of entry routes, career pathways, and progression routes available to those working in social care. It was also produced jointly with the SSSC, and we are currently developing an AI-supported version of the tool.

- Supporting SSSC to develop and now promote a new Integrated Health and Social Care SVQ at SCQF level 7.
- Working with the SSSC to develop the new Continuous Professional Learning framework. This is now live and includes learning hosted on Turas Learn within core and mandatory training.

## **4.13 Workforce**

### **a) HR Service Desk**

The management and efficient operation of the HR Service Desk has continued to be a priority area of focus for Quarter 4 of the financial year 2024/25. Improvement actions continue to be progressed on an ongoing basis, utilising the Standard Operating Procedures (SOPs) format to bring clarity of process and drawing on analysis from payroll reconciliation to identify process improvements and team development needs. In Quarter 4 of the financial year 2024/25, 1,328 tickets were submitted directly to the HR Service Desk (423 in January, 425 in February and 480 in March), of which 1,266 (95.5%) were closed, and 62 (4.5%) in progress at time of writing.

Contracts and Payroll - The rate of discrepancies which are impacting staff pay, has continued to decrease from 4.78% in Quarter 3 to 2.09% in Quarter 4 which sees a continued reduction in discrepancies since Quarter 2.

### **b) Review of Executive Structure**

The process of organisational change within the current executive structure has successfully been concluded. This has resulted in the establishment of the Director of People and Culture post and Director of Planning, Performance and Transformation post. Further changes included changes to line management arrangements for the Quality Improvement Team, Director of Academy, Learning and Innovation and Centre for Workforce Supply. All changes have now been successfully implemented and recruitment to the Director of People and Culture post is underway.

### **c) Job Evaluation Procedure**

Following a number of queries about the previous job evaluation process within NES, the policy and procedure have been reviewed, and a new Job Evaluation Policy and Procedure has been drafted. This policy aims to align job evaluation processes with national provisions and requirements. Over the past few months, additional training has been provided for new panel members, along with refresher training for current members. Administrative support has also been established to assist with the revised process, utilising national systems and platforms. The draft policy is currently progressing through the governance routes for approval.

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

### 5.1 Chief Executive Update

I enjoy meeting NES staff to discuss key programmes and initiatives, and to communicate strategic messages through all-staff webinars.

Since our last Board meeting in March 2025, we have held various webinars to keep staff informed and engaged, allowing them to meet new colleagues, raise concerns, and provide feedback.

During April 2025, we engaged with NES staff through a series of informative webinars, fostering communication and connection within the organisation. On 1 April 2025, a relocation update webinar drew 531 participants, providing a vital platform for staff to discuss and voice their concerns about the move from the Westport Office. Following this, another session on 22 April 2025 took place, further addressing the ongoing relocation progress and ensuring transparency, while encouraging staff involvement.

On 30 April 2025, an all-staff webinar focused on finance and future priorities had 448 attendees. These sessions provided staff with updates on progress in various areas and kept them informed about key developments within the organisation.

We plan to continue developing these webinars with a schedule of topics in place from May 2025 to December 2025.

### 5.2 Dental

#### a) **Modern Apprenticeship in Dental Nursing: Increased allocation of funded places**

In response to the high demand and over 130 applications received for the 2024-2025 NES Pre-Registration Dental Nurse Training programme, SDS Training providers initially faced a reduced allocation of funded places. However, based on Scottish Government policies, the allocation was later increased in key sectors. As a result, NES, an SDS-contracted provider, was allocated an additional 35 places, bringing the total to 100. The revised Modern Apprenticeship in Dental Nursing programme will begin accepting applications for the 2025–26 period starting on 2 June 2025.

### 5.3 Medical including Healthcare Science (HCS)

#### a) **National Centre for Remote and Rural Care**

A Recruitment & Retention Reference Group call for applications opened in Quarter 4 March 2025, with the first group convening in Quarter 1 (April) 2025-2026.

The call for applicants to join the Research & Evaluation Reference Group is currently live, with 10 responses received so far. Applications will be assessed and a group convened in Quarter 4, with an emphasis on gathering feedback on current findings, key themes, and horizon scanning.

Rural GP Dispensing Practices Training Development: Two modules are currently in the review stage of production, with the Dispensing GPs and VAT/content recording completed. Two additional modules will be progressed and completed in Q4. The project report will be shared in 2025.

#### **b) Resident Doctors in Training Webinars**

The first Resident Doctor in Training webinar organised by NES Medicine senior team took place on 3 April 2025. The main topic discussed was the Annual Review of Competence Progression (APCP). The monthly webinars will provide support, interactive discussions, knowledge sharing, and professional growth opportunities. Engagement during the webinars is a key aspect, ensuring they have ample opportunities to ask questions, provide feedback, and participate in discussions. The interaction is designed to be dynamic and responsive, catering to the needs and interests of the attendees.

The topics for future webinars have been carefully selected based on feedback and the evolving needs of resident doctors. Upcoming webinars will cover subjects that are highly relevant to their professional journey, including:

- Research Opportunities alongside Clinical Duties: Exploring how resident doctors can balance research activities with their clinical responsibilities, enhancing their academic profile.
- Leadership Opportunities: Discussing pathways to leadership roles within the medical field, providing guidance on how to develop necessary skills and competencies.

#### **c) Educator Town Hall**

A recent Medical Directorate townhall focused on the BMA race equality forum survey and what we can do to improve the experience of ethnic minority doctors across Scotland, not just resident doctors but supporting the whole community. The event was well attended with considerable engagement on making a difference. Further events will follow.

#### **d) International Medical Graduate Resources (IMG)**

NHS Education for Scotland (NES) have coordinated a collection of resources designed to support International Medical Graduate (IMG) GP Speciality Trainees who are approaching Certificate of Completion of Training (CCT) and need to secure Visa Sponsorship after they complete their training. To accompany this, NES have also developed a guide to highlight the benefits for GP Practices of becoming a UK Visa and Immigration (UKVI) Visa Sponsor. The information in these resources will support both IMG GPs to remain in the NHS Scotland workforce, and GP Practices to assist long-term workforce planning.

GP IMG Visa Guide: <https://learn.nes.nhs.scot/81977>

GP Practice Visa Sponsorship Guide: <https://learn.nes.nhs.scot/82106>

#### **e) Sexual Offences: Working Together Best Practice Update for Scotland Conference**

The Professional Development workstream within the NES Medical Directorate delivered a national hybrid conference on 19 March 2025 in collaboration with Scottish Government. The conference was attended by professionals working within forensic

medical services across Scotland, including Sexual Offences Examiners, Forensically Trained Nurses, Police Scotland, Crown Office and Procurator Fiscal Service (COPFS) and other agencies working with people who have experienced rape or sexual assault. The conference was attended by 64 delegates in person and 80 online.

**f) Healthcare Science (HCS)**

In February/March 2025, NES HCS team collaborated with Scottish Government to host a series of online webinars covering a range of topics including the HCS strategic approach; education review and other educational initiatives within HCS; leadership and innovation. The event was well received with 245 attendees over the four sessions.

A series of consolidation online workshops were delivered throughout the year, including Train-the-Trainer, Training-in-Difficulty and Early Years Leadership, with 95 attendees. These workshops are underpinned by e-learning modules. In addition to this, 6,600 learners accessed our CPD resources available on Turas Learn, with 4,978 e-learning modules completed.

To strengthen the resources available to those who wish to consider a career in HCS, profiles of roles within HCS have been created and published on the NHS Careers website.

HCS week 2025 took place between 10 and 16 March 2025 and saw a number of events in association with the Scottish Government. [Healthcare Science Week | Health Care Science](#)

In 2024-2025, NES HCS received 47 expressions of interest for Trainee Clinical Scientist posts. Through the availability of funding, NES supported a total of 23 individuals across the various specialties.

No postgraduate bursaries were allocated due to this being removed as part of the financial savings. This has since been reinstated due to pressure from both the service and the Scottish Government.

By the end of March 2025, we had assisted 35 individuals from Laboratory Sciences in aligning their degrees with the Institute of Biomedical Science requirements in preparation for registration with the Health and Care Professions Council.

At the end of March 2025, 160 individuals with national training numbers were monitored through quality assurance processes to evaluate their training progress, and 70 training centres were reviewed for accreditation purposes.

The Healthcare Support Worker Development and Education Framework for L2-4, published in March 2024, has been further supported with the development of a range of resources, including a set of webinars. In December 2024, negotiations began with Scottish Government regarding a new commission to develop a L5-9 career framework.

Although not directly funded by NES, 14 clinical physiology trainees began the 4-year work-based degree programme at Glasgow Caledonian University, and 17 trainee

clinical scientists/physiologists started the three-year Scientist training programme. Additionally, we continue to track the progress of the Higher Specialist Scientist cohort, initially sponsored in 2020 by the Scottish Government.

#### **5.4 NES Technology Service (NTS)**

##### **a) Learning and Knowledge**

We are currently working to implement the most up to date Design System within Turas Learn to ensure that our Learning and Educational Content is presented in ways that aligns to current accessibility legislation.

##### **b) Assessment and Appraisal**

Currently working to implement the Training Portfolio to meet the requirements for Pharmacy Foundation Training to ensure that trainees are able to evidence their learning and training contributing towards the completion of their foundation training.

##### **c) Training Programme and Quality Management**

Currently working to implement technology updates to support the recruitment of Dental Vocational Trainers (DVT), which will provide improvements to the user journey for both trainers and trainees. We are also working with NES HR to ensure that Turas People can support the recent changes to legislation in respect of Protecting Vulnerable Groups (PVG) updates from Disclosure Scotland. Discussions are also underway in respect of the automation of the Less Than Full Time application process which will provide both an improved user journey and administrative efficiencies.

##### **d) Platform and Workforce Data**

Work is continuing towards the implementation of a full electronic Employment Support System (eESS) workforce data import to replace the multiple imports currently used to ensure there is one source of this data. Also working with Social Care to ensure relevant data collection is in place in respect of the National Induction Framework.

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

##### **a) Fellowships in Clinical AI (NHS Scotland Academy, Learning & Innovation)**

Two medical fellows funded and recruited by NES will commence in August 2025, one aligned to the North region and one to the East region, live Clinical AI projects. This programme is best viewed as a work-based learning, hybrid 12 month taught programme in collaboration with Guys and St Thomas's London. Fellows benefit from clinical supervision and immersion in a specialty area, in combination with programme delivery and networking with peers across UK.

##### **b) Medical Associate Professions (MAPs)**

The activity to transition NES operational activities into the Medical Directorate is ongoing and is anticipated to be completed by the end of Q1. The delivery of functionality to meet statutory regulatory requirements, appraisal and revalidation is now available to MAPs in NHS Scotland's workforce. The workstream continues to support the activity of career progression and development.

Statutory regulation is advancing, with data from the General Medical Council (GMC) showing that, as of April 2025, over 2,195 registrations have been granted to Physician Associates and Anaesthesia Associates across the United Kingdom.

**c) Knowledge Management and Discovery Team (NHS Scotland Academy, Learning & Innovation)**

Our popular series of 'Finding Information Lunch and Learn' training opportunities are Taking place during April and May 2025, these services are available to all eligible users across health and social care in Scotland. The Knowledge Network redesign celebrated its first anniversary on 30 April 2025. Since its launch, there have been over 190,000 page views, and more than 70,000 users visit the website.

**d) NHS Scotland Academy Biomedical Science Training Portfolio Programme**

The NHS Scotland Academy Biomedical Science Training Programme stakeholder group has been recognised in the Institute of Biomedical Science (IBMS) Awards for 2025.

We are delighted by this huge achievement for the team as it truly recognises their hard work and dedication, which has been evident since the programme launched in October 2024. The team has been shortlisted in the 'Training and Development' category, highlighting the excellent collaborative working ethics of NHS Scotland Academy in creating content that is widely recognised.

Full details of this recognition can be read in the press release linked below, results are expected July 2025. [NHS Scotland Academy team shortlisted for top award](#)

**e) NHS Scotland Academy National Ultrasound Training Programme (NUTP)**

NHS Scotland Academy is delighted to secure recurring funding from Scottish Government to support the National Ultrasound Training Programme.

Future NUTP Masterclass sessions are planned this year and are in a variety of speciality areas from Lower limb Deep Ven Thrombosis to Renal Transplant US. These will be promoted via the NHS Scotland Academy social media platforms.

## **5.6 Nursing, Midwifery & Allied Health Professions (NMAHP)**

**a) Vaccination in Pregnancy.**

NMAHP is excited to announce the launch of a new eLearning module, Vaccination in Pregnancy. This module is designed to support healthcare practitioners in Scotland who administer vaccines to pregnant women or discuss vaccination as part of their role. It is supplementary to the more detailed learning resources on both vaccination practice on Turas learn and the three specific vaccines recommended in pregnancy: pertussis, RSV, and flu. Through interactive learning, this module will help practitioners gain the knowledge and confidence to communicate the benefits of vaccination, address common concerns, and direct individuals to further information. The module is located on our new Turas page Vaccination Conversations, which aims to support the wider workforce, including community pharmacists, midwives, health visitors, community nurses, school nurses, GPs, specialist clinic nurses, and other healthcare

professionals who engage with the public on immunisation. It provides essential tools, information, and guidance to help build trust, address concerns, and support informed decision making, ultimately helping to protect individuals, families, and communities from preventable diseases.

#### **b) New Quality Improvement (QI) Learner Pathways**

Two new QI learner pathways were launched in April: Kickstart QI and QI Essentials. These learner pathways are open to all health and social care staff and provide flexible and accessible learning resources. Available via TURAS Learn , Kickstart QI introduces what QI is and consists of one eLearning module. 'QI Essentials' provides knowledge of core QI methods and tools and consists of four eLearning modules.

Work continues in the development of two additional learner pathways, Practical QI and Managing QI, these will be launched after the summer of 2025.

Applications to the 17th cohort of the Scottish Quality Safety Fellowship (SQSF) closed in April with the shortlisting process now underway.

#### **c) Duty of Candour Non-Statutory Guidance Revisions**

To support the health and social care workforce's understanding and implementation of this crucial legislation, the NES Person-Centred Care Programme is developing three new learning modules. These modules are designed to cater to different levels of expertise: novice, skilled, and advanced. Currently, these modules are undergoing peer review and are scheduled for launch in June 2025. Once released, they will be accessible to all health and social care staff, providing valuable resources to enhance their knowledge and application of the Duty of Candour.

#### **d) Embedding Trauma Informed Care within Maternity Services in Scotland**

Following the conclusion of an extended project and secondment supporting trauma informed maternity care in Scotland, a range of learning reports and resources have been published: Embedding Trauma Informed Care within Maternity Services in Scotland | Turas | Learn. The final report shares learning from pathfinder projects in NHS Grampian and NHS Forth Valley and perspectives on national readiness to enable wider implementation. The aim of the pathfinder projects was to understand the support required to implement trauma-informed maternity services through exploring the service context and readiness, alongside providing tailored training and implementation support. Two further reports focus on routine enquiry into trauma to support practice improvements and collaborating with experts by experience to help consider approaches to care and the delivery of services.

### **5.7 Planning, Performance and Transformation**

#### **a) Equality, Diversity and Human Rights**

NES has published its [Equality, Diversity and Inclusion strategy](#) for 2025-2029 and our Anti-racism action plan for 2025-2026. The relevant committees and the Board will receive biannual reports on progress with the action plan. The next NES staff inclusion survey will be issued in May 2025. This is a biannual survey and informs the strategic KPI pertaining to NES as an inclusive organisation. Feedback from the previous survey is being shared with staff, and will be discussed at staff network meetings

### **5.8 Pharmacy**

**a) NES Foundation Training Year Programme**

100 Designated Supervisors and Designated Prescribing Practitioners completed training on assessing the basic physical assessment skills of trainee pharmacists as part of preparation for the revised NES Foundation Training Year programme starting August 2025.

**b) Experiential Learning**

NES supports the delivery of clinical placements for undergraduate pharmacy students. In the academic year 2024-2025, 224 new facilitators have been trained to support the delivery of this essential experiential learning across all sectors of practice.

**c) Post-registration Foundation Programme**

To support the review of the Post-registration Foundation Programme (PRFP) for pharmacists, NES conducted a series of listening events with key stakeholders over six months. These events have now concluded, and a Task and Finish group will be established in May 2025 to update the programme. The refreshed programme will launch in August 2026 and support the first cohort of pharmacists joining the register as independent prescribers.

## 5.9 Psychology

**a) Substance Use and Behavioural Activation**

Supporting individuals with substance use issues, trauma, and mental health challenges in integrated, person-centred recovery is a significant challenge for Scotland. NES Psychology recently hosted a webinar led by international expert Professor Carl Lejuez on Substance Use and Behavioural Activation. Behavioural Activation is an evidence-based and widely used psychological intervention for depression and low mood, and it also facilitates recovery management in substance use services.

The two-hour webinar delivered on 11 March 2025 was attended by 29 multidisciplinary practitioners working with those impacted by alcohol and other drug use and was evaluated very highly by the attendees.

More information on our work supporting people with substance use, trauma and mental health is available at [Developing mental health resources \(MAT 6, 9 and 10\) | Turas | Learn](#), with additional Behavioural Activation resources to be added in the next few months.

## 5.10 Social Care & Communities

**a) Unpaid Carers Programme**

The Unpaid Carers Programme at NES continues to develop and promote educational resources, activities, and partnerships to support the health and social care workforce in identifying, supporting, and involving Unpaid Carers. A recent external evaluation of the Equal Partners in Care learning resources has highlighted the positive experiences

of many learners who have accessed this learning. The programme will be launching a new podcast series that provides another format for those in the health and social care workforce who wish to access information and learning to better understand and meet the requirements of Carers legislation.

**b) Getting it Right for Everyone (GIRFE)**

Following agreement from the Scottish Government, NES is advancing efforts to develop learning resources that embed the principles of Getting It Right for Everyone (GIRFE) across health and social care, supporting the model in practice. GIRFE is a multi-disciplinary practice model that seeks to ensure agencies collaborate and communicate effectively to deliver more personalised, preventative, and holistic care and support by placing the person at the centre of all decisions that affect them. We have convened an internal group within NES to explore how we can promote and embed GIRFE principles and the practice model in our education and learning resources.

**c) Qualifications**

The Social Care and Communities Directorate continues to collaborate with partners to influence, inform, and innovate in supporting those in the social care workforce who are registered with SSSC to meet the qualification conditions required for continued registration. Opportunities to work with SSSC and SQA to align learning products provided by NES with National Occupational Standards, Continuous Professional Learning, and SVQs are being explored.

**d) Organisational Change Process**

Following an Organisational Change process, the Centre for Workforce Supply (Health) and (Social Care) is moving into the Social Care and Communities Directorate on 1 May 2025. This reflects the ambitions for the directorate to lead on more cross-directorate and thematic NES activity.

**e) Health Inequalities Workstream**

The Health Inequalities workstream is progressing activity in the following five priority areas:

- Raising awareness of the impact of health inequalities across NES.
- Embedding a health equity approach in education and training programmes.
- Developing a needs assessment and recommendations for the long-term.
- Promoting participation and collaborative working.
- Performance monitoring and quality assurance.
- 

## 5.11 Workforce

**a) Developing Digital Workforce Confidence and Capability Programme (DCC)**

We are committed to equipping our workforce with the necessary digital and data capabilities to have confidence to thrive in a digital society. This aligns with our vision and the [Scottish Government's Digital Health and Care Strategy](#). Five workstreams have integrated work plans.

1. Communications

2. Staff Engagement
3. Service Improvement/Quality Improvement
4. Learning and Development
5. Using Technology

Current activity within the workstreams includes:

- a) Creating a space where all resources are held and can be accessed by NES staff
- b) Building measurement plans to capture learning and progress
- c) The launch of the Digital Champions Programme with 40 Digital Champions recruited from across the NES workforce.
- d) Engagement with the NES workforce through Network Groups and already established meetings
- e) Building a range of resources to support the workforce with
  - o Digital Skills for Life
  - o Digital Skills for Work
  - o Digital Skills for Your Job

The DCC programme aims to ensure digital transformation is aligned with NES's strategic goals and workforce development plans, and to facilitate operational integration of digital capability into recruitment, appraisal, and professional development processes.

#### **b) Viva Engage**

On the 24 March 2025, Viva Engage launched for all NES staff, including Non-Executive Directors. Viva Engage is an application that enhances engagement across the workforce using technology already offered as part of Microsoft 365.

Communications were sent to staff via email and intranet news stories on 20 January, 10 March and 24 March 2025.

The launch included four preset communities for staff to join:

- NES All staff comms (176 staff have joined)
- NES Ask the question (106 staff have join - no questions asked yet)
- NES Marketplace (137 staff have joined)
- NES Climate and Sustainability ambassadors (81 staff have joined)

Staff have engaged with all the above communities and an additional community was launched on 7 April 2025 that will be a practice space for staff to familiarise themselves with the application. Support continues to be provided by the Performance and Engagement team within Organisational Development Leadership and Learning (ODLL).

An evaluation and feedback framework has been developed that will be supported by an action plan that is in progress to monitor uptake and the impact of the new engagement route post launch.

#### **c) NES Line Managers Support and Development**

The Line Managers Handbook, launched in September 2024 and is a key resource for managers across NES, supported by ongoing Line Manager sessions covering

handbook chapters with case studies and expert insights. The Line Managers Network offers additional support through monthly events and digital platforms that enhance communication, provide access to learning resources, and encourage interaction among managers. Development of the NES Learning at Work catalogue and established networks ensures that Line Manager resources remain current and relevant.

Introduced in October 2023, the Internal L&D Business Partner model enhances understanding of Line Manager needs, facilitating tailored support through team development days. The New Line Manager Induction Checklist is among the resources shared to aid new managers. NES provides extensive resources, including checklists, eLearning modules, and leadership tools, ensuring positive feedback from users. Continued emphasis on cultivating good leadership culture is essential for achieving objectives and supporting workforce wellbeing.

#### **d) Succession Planning**

NES continues to work with the National Succession Planning Team and to date one aspiring successor has been received onto the Aspiring Chief Executive Assessment Centre for 2025, and two Aspiring Directors have received places on the Adaptive Learning Sets (ALS) for Senior Systems Leaders.

The ODLL Team continues to support our aspiring successors with their Individual Development Plans through coaching conversations and facilitation of the Leadership Success Profile 360.

The NES Succession Planning Approach for financial year 2025/2026 was approved by Executive Team on 8 April 2025. The approach will align fully with the NES Personal Review and Planning (PRP) period and appraisal systems and utilise the National Succession Planning tools within the Senior Leadership Gateway. The staged processes will result in readiness ratings for each of the roles, enabling areas of risk to be identified and mitigations to be developed by the following report in August.

## **6. Partnerships - how we are supporting our partners**

### **6.1 Strategic Partnerships**

Relationships continue to evolve and consolidate with a range of national partner organisations, educational institutions, research and innovation partners, and within collaborative workstreams involving multiple partner organisations (focused on key areas of cross-public service interest). Partnership work is aligning with the priority themes within the NES Learning and Education Strategy (and the emergent Learning and Education Research and Innovation Plan scheduled for governance approval in Q1 2025) as relationships mature and as we share our strategic intent for working in partnership. This is in addition to the continued efforts of colleagues across NES, who work in collaboration across health, social care and wider public service in the day-to-day delivery of their specific areas of work.

The number of partnerships and collaborations between NES and partners has continued

to grow, and we are working hard to develop and consolidate these around agreed areas of focus for each specific relationship.

**a) Strategic partnerships focused on the delivery of learning and education for health and social care:**

Partnership working arrangements are in place with 9 National Partners supporting coherent learning provision in health and social care: Scottish Funding Council (SFC), Social Services Standards Council (SSSC), Skills Development Scotland (SDS), Scottish Qualification authority (SQA), College Development Network (CDN), Colleges Scotland, Universities Scotland, Education Scotland and Council of Deans of Health Scotland.

There are currently ten strategic collaborative workstreams, which bring together multiple partner organisations around a common area of interest/delivery, to support the delivery of education for health and social care (and in other areas of public service), e.g. children, families and communities.

- Learning collaborations with three other NHSS Boards (three formalised): Golden Jubilee, Scottish Ambulance Service, NHS 24 and continued strategic discussions with Public Health Scotland.

We have established formal strategic partnerships with six Higher Education Institutions (HEIS): the University of St Andrews, the Open University in Scotland, the University of Dundee, the University of Strathclyde, the University of the West of Scotland, and Glasgow Caledonian University. Additionally, we are developing collaborative frameworks with the University of Glasgow and the Glasgow School of Art (GSA), both of which are expected to be finalised by June 2025.

- Four Nations collaborations between NES, NHS England, Health Education and Improvement Wales (HEIW), and the Northern Ireland Medical and Dental Training Agency are ongoing, with a current focus on AI/digital initiatives, new roles/MAPs, and medical training reform.

**b) Strategic research and innovation initiatives and partnerships:**

There are five formal Research and Innovation Partnerships with national partners: Scottish Funding Council, UK Health Data Research Alliance, Chief Scientist Office (Health), The Academy of Medical Sciences and the Digital Health and Care Innovation Centre (DHI).

There are currently 13 collaborative workstreams involving multiple partners, each focusing on different areas of the research and innovation agenda. Examples include NES involvement and support for the Accelerated National Innovation Adoption (ANIA) Pathway, collaboration with Scotland's three health and social care innovation hubs to enhance learning and education, and foresighting projects with the National Manufacturing Institute of Scotland (NMIS).

- a) NES is committed to developing new strategic partnerships and enhancing existing ones to improve health and social care workforce outcomes. These collaborations demonstrate NES's dedication to engaging key partners, stakeholders, and staff, ensuring education, training, and workforce development are co-designed and shaped by the voices and needs of people with lived experiences and health and social care staff. This partnership is crucial for building careers and lives and for the future sustainability of the workforce.
- b) NES works with partners, stakeholders, and our own staff to build careers, lives and the future sustainability of the health and social care workforce. Partnership working is integral to ensuring that NES education, training and workforce development is co-designed and shaped by the voice and needs of people with lived experience as well as the needs of health and social care staff.
- c) The NES Executive Team (ET), Transformation Group (TG), and Strategic Implementation Group (SIG) continue to meet formally. Collectively, they focus on strategic matters, strategic scrutiny, cross-organisational leadership, and ensuring the direction of strategy with a focus on our people, partnerships, and performance.
- d) My engagement with a wide range of key stakeholders across health and social care continues. This includes a wide range of colleagues across NHS Scotland, including the Chief Executives and other senior colleagues, NHS National Board Chief Executives (BCEs), NHS BCEs and The Scottish Government, NHS Board CEs Private meetings, and Strategy and Business meetings. As with all Accountable Officers, we meet monthly with Caroline Lamb (Director-General of Health and Social Care and Chief Executive of NHS Scotland).
- e) I am co-chairing the Joint Negotiating Committee and act as Co Chair on contract reform for resident doctors and dentists in training. I am also the NHS CE lead on pay negotiations for consultants, specialty and resident doctors and dentists in training. I co-Chair the Scottish Partnership Forum. On behalf of NHS CEs I also continue to lead work on the future of the National Care Service. As of 01 April 2025 I also took up the role as Vice Chair of Board Chief Executives.
- f) Engagement with The Scottish Government (SG) continues through my regular 121 meetings with a number of SG colleagues and my attendance at wider SG meetings. NES continues to engage with SG through the Strategic Sponsorship involving myself, NES Chair and SG's Director of Health Workforce. The focus of recent discussions has been on funding arrangements and NES priorities.
- g) I was nominated by the Scottish Government to attend the Royal Garden Party at Buckingham Palace on 14 May 2025. His Majesty celebrated Education and acknowledged those in the sector. I was accompanied by Kevin Kelman, Director of NHS Scotland Academy.
- h) I was delighted to open The NES Annual Conference, which took place on 24 and 25 April, with over 1900 online attendees. The theme of the conference was 'Learning for Change: Tackling Health Inequity through Education and Workplace Learning' and aimed to explore innovative strategies and approaches to reduce disparities in

healthcare access and outcomes. The conference featured keynote presentations from experts in the field of health and social care, including researchers and practitioners, such as Sir Michael Marmot, William Roberts and Tommy Whitelaw, whilst the conference sessions provided insights into the latest research findings and policy developments and share practical solutions that can be implemented in various health and care settings. Feedback is currently being gathered and will be communicated to the NES Board once finalised.

- i) On 16 April 2025, I received an invitation from Jenny Gilruth MSP, Cabinet Secretary for Education and Skills, to become a member of the University of Dundee Strategic Advisory Taskforce. The Scottish Ministers are establishing this taskforce to gather relevant expertise so that decisions regarding the University's short, medium, and long-term financial sustainability consider its impact on the city, the region, and the country, while protecting the interests of students and staff, considering all potential sources of funding and support. I have attended the first two meetings.
- j) My recent engagement with key stakeholders, presenting a comprehensive overview to all the NHS Board Chief Executives on 9 April 2025. This highlighted NES's crucial role in Scotland's health and social care workforce. The presentation outlined NES's initiatives to provide the necessary skills, knowledge, and resources for exceptional care delivery. It emphasised the transformative impact of NES's education, training, and development programmes, and outlined strategic partnerships to drive innovation and expand workforce roles.
- k) On 31 March 2025, Kevin Kelman, Director of NHS Scotland Academy, Learning and Innovation and I participated in a panel at an event focused on leadership, wellbeing, and future skills. The event was jointly organised by NHS Scotland and the Society for Personal & Development Scotland under the theme "Leadership, Wellbeing and Skills for the Future". NES emphasised the evolving work landscape, the significance of digital skills, the impact of artificial intelligence on jobs, and the essential skills required for 2030. The presentation also discussed the importance of belonging and leadership in fostering a supportive work environment.
- l) NES had the opportunity to present at St Andrew's University on 5 March 2025 on "Health Education and Research in the Community." The event was part of the University's 'Scotland's Future Series'. The key health and social care challenges facing Scotland were outlined, and solutions in education, public health policy, research, and innovation were explored.

### 6.3 Dental including Optometry

#### a) National Occupational Standards: Dental Technology

The revised National Occupational Standards for Dental Technology have now been approved and are published on the [UK NOS Database](#).

The Associate Postgraduate Dental Dean (DCP) was the chair of the UK Steering Group for the review of the Dental Technology National Occupational Standards (NOS) on behalf of Skills for Health.

#### b) Pre-Registration Dental Technician Training

The Scottish Government's Chief Dental Officer has tasked NHS Education for Scotland (NES) with reviewing pre-registration education and training provision for dental technicians to ensure it meets the current and future needs of the dental workforce within NHS Scotland. A steering group has been formed and held its first virtual meeting in April 2025.

A scoping questionnaire was sent out to assess:

- Recruitment challenges
- Future recruitment plans and demand for training
- Feedback for designing future training

The project is in the early stages, with ongoing stakeholder engagement and exploratory work.

### **c) Salaried Dental Service (SDS) Community of Practice Event: Meta Skills Assessment**

Specialist Leads within the Dental Care Professions (DCP) Workstream have developed new assessment tools for Dental Nurse Training Providers across Scotland to support the assessment of a new mandatory unit within the SVQ in Dental Nursing: <https://www.ukstandards.org.uk/en/nos-finder/SFH0H34/maintain-personal-and-professional-practice-for-dental-care-professionals>. The tools are designed to equip trainee dental nurses to use reflection, feedback, and insight to consider their development of meta skills and in maintaining personal and professional development.

In collaboration with Skills Development Scotland (SDS), a Community of Practice learning event is being organised to assist Training Providers in implementing both the new Modern Apprenticeship framework and this new assessment tool. This online event is scheduled to take place in May 2025 and colleagues within the DCP workstream will contribute to the delivery of this event.

The updated National Occupational Standards (NOS) for Dental Technology are available on the [UK NOS Database](#).

### **d) Optometry Foundation Training Year**

The Optometry team continue to work with partners, including Scottish Government and the two Schools of Optometry in Scotland which include Glasgow Caledonian University and University of the Highland and Islands, on the design and development of the new Optometry Foundation Training Year (FTY). This includes driving engagement with key stakeholders, including optometry businesses, professional bodies and the professional regulator.

A diverse group of eye care practitioners, supervisors, and educators from across the country successfully piloted supervisor training modules to support the rollout of the FTY, utilising these modules. These modules will be part of the training requirements for those undertaking a supervisory role within the new FTY and represent effective cross-directorate collaboration with pharmacy colleagues.

In March 2025, the FTY stakeholder group met for an in-depth discussion on the challenges and opportunities associated with rural and island considerations for placements in the FTY. We were delighted to hear insights from the National Centre for

Remote and Rural Health and Care. This ongoing collaboration will help ensure equitable access to placements across Scotland.

## 6.4 Medical Inc Healthcare Science (HCS)

### a) NES Bereavement Education Programme

The NES Bereavement Education Programme celebrates its 10 year anniversary in 2025. Started as an educational project to support new death certification legislation it has grown to become an internationally acclaimed programme of work, receiving UK 4 nation commissions, and with access to its resources being sought worldwide (including Australia, India and Ireland). Initially focused on medical education, the work now encompasses all health and social care staff, as well as other public and third-sector organisations, and the general public. With a very small team, the productivity of the programme is impressive with a bespoke website ([www.sad.scot.nhs.uk](http://www.sad.scot.nhs.uk)), > 30 films (animations and face to camera), 25 podcast episodes, 7 webinars, 7 e-learning modules, all being developed in the last three years. The team also host an annual NES Bereavement Conference that receives excellent reviews and typically attracts >1,300 delegate sign ups. Further information for the 2025 conference can be found on the [NES website](#). We welcome you to join us at our [10 year celebratory event on Thursday 18th September](#).

### b) Healthcare Science

HCS continues to engage with colleagues within the NHS Scotland Academy on a range of initiatives such as cardiac physiology programmes and input to the Decontamination Science Accelerated Programme.

A range of promotional events has been conducted in partnership with HCS colleagues in the regional boards to promote the healthcare science profession. This has also been extended to collaboration with external organisations such as DYW Live, My World of Work, Skills Development Scotland, Glasgow Science Centre, and the Scottish Universities Life Sciences Alliance (SULSA).

In September 2024, a Senior Specialist Lead for Genomics Science was recruited into the NES HCS team on a two-year secondment from NHS Lothian to provide professional leadership for education and training within genomic medicine, in line with the Genomic UK strategy and in collaboration with the Scottish Strategic Network for Genomic Medicine. The work has included undertaking a scoping exercise to identify the available training and education resources for the genomics workforce, including those from the NHS England education programme, and collaborating across the UK regarding the Genomics Training Academy.

### c) National Centre for Remote and Rural Care

Rural Research & Evaluation Stakeholder Network: This was established in Quarter 3 and monthly ebulletin circulated and content added to Research Repository on Turas. [Remote and Rural Research and Evaluation National Stakeholder Group](#) | Turas | Learn.

### d) Medical Appraisal and Revalidation Quality Assurance MARQA review

Preparation for the 2024/25 Medical Appraisal and Revalidation Quality Assurance MARQA review is currently underway. All designated bodies in Scotland are invited to submit details regarding their appraisal and revalidation practices and completion rates. A panel of volunteers will be assembled to review these submissions, and the subsequent report will be presented to Revalidation Advisory Board Scotland (RABS).

## 6.5 Nursing, Midwifery & Allied Health Professions (NMAHP)

### a) Jill Morrisson, Care Home Education Facilitator (CHEF)

Jill Morrisson, a Care Home Education Facilitator, has been nominated for the [Learning in practice category in this year's RCN awards](#)

Since taking on the role of CHEF in January 2023, Jill has been a driving force in transforming student nurse practice learning experiences within NHS Grampian. Her dedication, innovation, and leadership have significantly enhanced the quality of Care Home placements, ensuring students receive rich, supportive, and person-centred learning experiences.

Some of the initiatives Jill has supported have had a significant impact in the profession, including Jill's approach to address the shortage of registered nurses available to act as Practice Supervisors, as required by the NMC (2018) Standards for Student Supervision and Assessment. Preparing Scottish Social Services Council (SSSC) registered senior carers as Practice Supervisors and empowering them with training and support has facilitated increased care home practice learning experiences in Grampian.

In addition, Jill has increased student feedback rates within the care homes. In the past two years, 74% of students reported being very satisfied with their care home placement experience, compared to just 52% in the preceding two years. This is attributed to the student support, which is now in place to ensure that placements are positive and effective. Throughout their placement, students now have access to locality-based support sessions, providing a structured approach to guidance and professional development. Jill has initiated and led this work in partnership with universities and care home managers.

### b) Family Nurse Partnership education: Podcast series

Recognising the increase in digital engagement and the potential it offers, the Family Nurse Partnership (FNP) education team published a series of eight podcasts in partnership with the NES Technology Enhanced Learning (TEL) team. The podcasts provide insight into the five client principles of FNP as the foundations of clinical practice, which support young first-time parents. They also include FNP educator reflections and a focus on supervision within FNP. With 588 downloads so far, feedback indicates that the podcasts are being used for interview preparation, to develop team learning sessions, and to support the international FNP community. Although focused on FNP practice, the podcasts could be helpful to any professional interested in person-centred care, trauma-informed practice, and children and human rights-focused care. The series of podcasts "Let's talk FNP" can be accessed by searching Spotify© or nesletstalkfnp.podbean.com.

### c) Mental Health Improvement and prevention of self harm and suicide

People in mental health distress and suicidal crisis often seek help from various sources, including health services, third sector, voluntary services, or family. It is therefore important that staff and volunteers feel competent in supporting individuals in suicidal crisis, as every contact provides an opportunity for effective interventions. NES and Public Health Scotland (PHS) work in partnership to deliver mental health improvement and suicide prevention education resources and development opportunities for the workforce across health, social care, other public sector and wider communities. We have recently supplemented our existing Ask/Tell/Respond resources with:

- a new **therapeutic risk assessment e-learning module** which will be offered as part of a comprehensive learning programme, *Therapeutic Assessment, Formulation, and Management of Suicide Risk Learning Programme* and is aimed at staff who frequently support individuals in suicidal crisis. The new learning programme emphasises therapeutic assessment to foster trust, compassion, and hope, promoting a person-centred approach. The module has received positive feedback from NHS staff working in mental health crisis and unscheduled care services and from those with lived experience of suicide, with feedback indicating its quality and relevance. The pilot phase of the learning programme will conclude in June 2025, with plans for wider rollout scheduled for 2025/26. The learning programme contributes to the work of the Scottish Government’s learning and improvement group which aims to map the system around risk assessment practices, identify examples of good practice, and create conditions for collaborative improvement, informed by those affected by suicide and self-harm.
- **Evaluation of suicide prevention facilitators resources** as well as learning resources, the NES/PHS partnership has developed facilitator resources – with the intention of providing high-quality, fully tested and validated resources that can be delivered by local, experienced facilitators. A recent independent evaluation highlighted that the materials are well received:
  - Knowledge and skills gained from the resources have immediate and long-lasting effects on the confidence levels of recipients.
  - The facilitator network provides members with valuable guidance and information about all areas of mental health improvement
  - 81% of survey respondents agree that the resources were feasible for adaptation and allow the facilitator to adjust the content and delivery to relate specifically to certain areas and audiences
  - 78% of respondents agreed that the resources were of high quality

#### **d) Learning Disabilities - Scottish Annual Health Check**

The Learning Disabilities Team has developed a series of podcasts titled Equal Health, Equal Lives. These podcasts aid both the specialist and non-specialist workforce in understanding the needs of individuals with learning disabilities. The podcast offers opportunities to learn how to adjust and adapt practices for individuals with learning disabilities, comprehend and provide legally required adjustments, and support practices that facilitate inclusion.

The initial podcast series focuses on learning relevant to the recently introduced Scottish Annual Health Check for people with learning disabilities. It begins with

colleagues from Scottish Government contextualising the Scottish Health Check, its background, and rationale. Future podcasts will progress to feature the experiences of people with learning disabilities as they access the annual health check, along with the experiences of the workforce providing support to them.

<https://nesequalhelathequallives.podbean.com>

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

- a) **NES and Digital Health & Care Innovation Centre (DHI) Mindset UK Challenge**  
NES and DHI's joint exploration of using Extended Reality (XR) immersive simulation, focusing on mental health education and suicide prevention, has progressed to the final due diligence stage. This advancement continues the work with academic and industry leaders in response to the Mindset UK challenge, placing the project among 17 bids from a total of 147 submissions that have reached this stage. This will allow for the exploration and evaluation of augmented reality as an educational medium in this context.
- b) **NHS Scotland Youth Academy (NHS Scotland Academy, Learning & Innovation)**  
The 'Enhancing Medical Attraction' (EMA) team members, funded through the NES Medical Additional Cost of Teaching (ACT) to support attraction to undergraduate medicine, have now completed the development of new pages on NES's NHS Scotland careers site. This section, titled 'Your Med Future' will launch in May 2025. It brings together information on outreach, entry requirements, and applications in one place. It will continue to develop and evolve with more information from key stakeholders and in response to user experience testing.

Work with the regional Youth Academy huddle groups is continuing. Recent highlights include:

- Re-launching a primary school initiative to build positive connections with healthcare for children in P2 – P4. This programme, 'Health Elementary' (previously badged as 'Future Nurse'), involves Board staff visiting primary schools to deliver fun, hands-on sessions that allow young people to build their understanding of health and care. Pilot sessions were held in Highland in February, receiving very positive feedback, and continued development of an online offer for use in all schools.

A review of existing youth engagement activities and learning programmes in Tayside aims to identify gaps in provision. This will then inform a proposal for developing new programmes as necessary, including requests for resource support as needed.

- c) **Apprenticeships and earn-as-you-learn (NHS Scotland, Learning & Innovation)**  
The team within the NHS Scotland Academy, Learning and Innovation Directorate, has completed the first phase of a Scottish Government commission to explore earn as you learn routes (apprenticeships and other options) and support Boards in maximising the use of these. A report on the initial phase of this work (from September 2024 to March 2025) is now being finalised. Funding has been confirmed from Scottish Government to continue this work until 31 March 2026 in the first instance. This next phase will involve developing a detailed action plan regarding earn-as-you-learn routes.

**d) ANIA (Accelerated National Innovation Adoption) Pathway**

Colleagues in NES Technology Services and the NHS Scotland Academy, Learning and Innovation Directorate, continue to support the work of ANIA. ANIA has received £6m in funding from the Scottish Government for pharmacogenetic and type 2 diabetes prevention programmes. The delivery of all projects will be at pace and involve planned and considered training and education delivery across varied workforce groups. Collaborative working among ANIA partners is core to the successful adoption of innovation by NHS colleagues and rapid national implementation. The first implementation programme, Digital Dermatology, was presented at the NES Annual Conference, illustrating increased efficiency and a positive impact on Scotland's population.

**e) Artificial Intelligence (AI) collaboration (NHS Scotland Academy, Learning & Innovation)**

NHS Scotland Academy's Learning and Innovation Directorate is collaborating with the National Manufacturing Institute Scotland (NMIS) on foresighting, focusing on AI and skills needs. NHS Boards and the Innovation Hub in the North region are participating. An agreed challenge statement is in place, and we are moving forward with the workplan.

**f) Knowledge Management and Discovery Team (NHS Scotland Academy, Learning & Innovation)**

On 1 April 2025, NHS Lothian became the 14<sup>th</sup> NHS Scotland Health Board to migrate to Turas Learn and is now using this as its primary learning management system for its workforce of 26,000 staff. Colleagues in the Turas Learn Content Team (part of Knowledge Management and Discovery) and NES Technology Services worked closely with colleagues in NHS Lothian over a number of months to manage the migration and set up of learning resources, Turas Learn pages, learning records and data sets. NHS Lothian is the largest Health Board to migrate to Turas Learn to date.

## **6.7 Planning, Performance and Transformation.**

**a) Equality, Diversity and Human Rights**

The Scottish Government has commissioned NES to enhance the capabilities of the health and social care workforce in relation to human rights. NES will collaborate with colleagues to identify learning needs, gather examples of practice, and work with the Improvement Service, which has been tasked with a similar role for local authorities. A proposal to support health boards with education and training on anti-racism is currently in development, aiming to facilitate the implementation of health boards' anti-racism plans. This initiative aims to add value and prevent duplication across the system. A new Turas page on neurodiversity has been created, featuring a suite of podcasts to support learning and education in this area.

## **6.8 Social Care and Communities**

**a) Social Care Directorate Stakeholder Reference Group**

The first meeting of the NES Social Care Stakeholders Reference Group brought together a variety of strategic partners from stakeholder organisations to enhance and strengthen existing partnerships and maximise opportunities for partners to engage in NES-wide activities supporting the social care workforce.

**b) Engagement**

Through recent engagement with senior leaders at Self-directed Support Scotland, the relationship with those who support Personal Assistants and their employers has been strengthened. Ongoing conversations are planned to further explore the ways in which NES can work with the Personal Assistant network and support learning and development for personal assistants and their employers.

**c) National Collaborative Group for Care Homes**

As a member of the National Collaborative Group for Care Homes in Scotland NES is promoting and supporting the use of our learning products for care homes and for those who support practice in care homes.

**NHS Education for Scotland**

**NES/25/34**

**Agenda Item: 08a**

**Date of meeting: 22 May 2025**

**Public Board Meeting**

**1. Title of Paper**

- 1.1. 2025/26 Annual Delivery Plan (including feedback letter from Scottish Government if received by 22 May 2025)

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

- 2.1. Alison Shiell, Planning & Corporate Governance Manager

**3. Lead Director(s)**

- 3.1. Christina Bichan, Director of Planning, Performance and Transformation

**4. Situation/Purpose of paper**

- 4.1. This paper presents the NES 2025-26 Annual Delivery Plan (ADP) to the Board for review and approval. The ADP comprises an overarching narrative document and high level overview (Appendix 1), and a set of detailed deliverables for 2025/26 (Appendix 2).
- 4.2. At the time of the 22 May 2025 Board papers being issued to Board Members (15 May), we received notification from the Scottish Government that our formal ADP feedback letter is due to be received on 16 May. The letter will be issued to Board Members as Appendix 3 to this paper if received as planned.

**5. Background and Governance Route to Meeting**

- 5.1. SG issued a joint 2025/26 Financial & Delivery commissioning letter and associated guidance to NHS Scotland (NHSS) Health Boards on 28 November 2024. The letter highlighted the ongoing financial and operational challenge within NHSS and the importance of NHSS Boards forward planning collaboratively, with particular reference to the need for population-based planning.

- 5.2. The NES 2025/26 ADP was developed collectively with input from all NES directorates. Appendix 2 provides further detail on the principles that guided 2025/26 operational planning activities and the subsequent development of the NES 2025/26 ADP.
- 5.3. Timelines for the submission of draft financial and delivery plans to SG were aligned for 2025-26. Boards were asked to submit both their initial draft ADPs and Financial Plans by 27 January 2025 and final drafts by 17 March 2025. The initial NES draft 2025-26 ADP was submitted on 27 January 2025 and was reviewed by the NES Chief Executive before submission. The NES Board reviewed a draft of the 2025/26 ADP in private session on 6 February 2025 and SG Health Planning colleagues provided positive feedback on the content of the draft ADP at a meeting with NES held on 7 February. Work then progressed internally to further refine the 2025/26 ADP and ensure the deliverables and milestones clearly articulate how our proposed 2025/26 delivery contributes to the achievement of NES's longer-term strategic objectives and SG ministerial priorities. Our final draft 2025/26 ADP was submitted to SG by the 17 March 2025 deadline.
- 5.4. As per the finalisation of the 2024/25 ADP, the NES Sponsorship Team at SG arranged a series of workshops with NES directorates and SG policy colleagues to confirm 2025/26 deliverables and associated funding. These workshops were due to be held during April – May 2025, however following the conclusion of the first workshop SG took the decision to pause the scheduled series to reflect on their format and planned outputs. Discussion between NES and SG is ongoing to ensure the workshop approach generates meaningful engagement and outcomes. Further information regarding any future workshops will be provided to the Board once known.

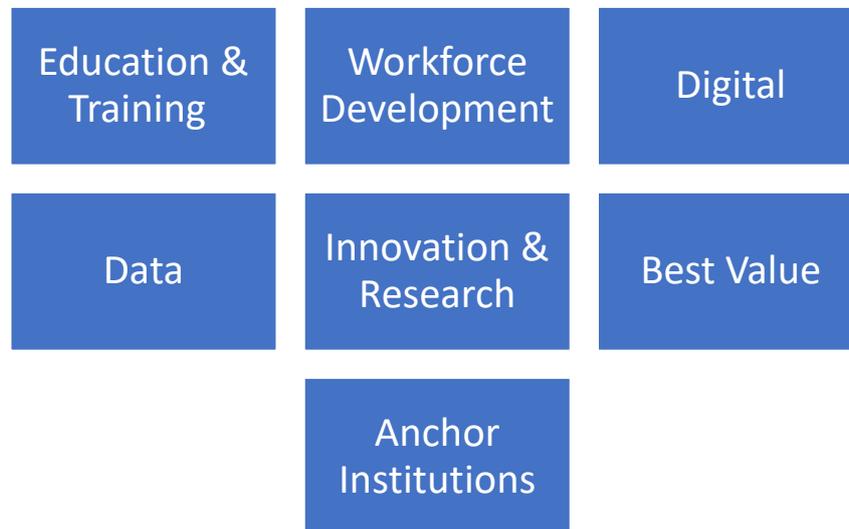
## **6. Assessment/Key Issues**

### **2025/26 ADP requirements**

- 6.1. The SG NHS Board Delivery Planning guidance set out the 2025/26 planning principles and context for delivery and also included priorities for each territorial and national Board. In relation to NES specifically, the guidance asked that the 2025/26 NES ADP included reference to the following core functions:

- |   |
|---|
| <ul style="list-style-type: none"><li>a. Acting as the lead education and training body and a national health board within NHS Scotland</li><li>b. Developing and delivering healthcare education and training for NHS, health and social care sector and other public bodies.</li><li>c. Taking a Scotland-wide role in undergraduate, postgraduate and continuing professional development.</li></ul> |
|---|

6.2. The guidance also asked NES to frame its ADP within the seven priorities set out on the following page. Further detail is provided within the overarching narrative document and high level overview (Appendix 1).



6.3. The NES 2025/26 ADP has been developed within the context of a three-year planning horizon. Appendix 2 sets out detailed deliverables and quarterly milestones for 2025/26 (Year 1) and indicative milestones for Years 2 and 3 as appropriate. The plan sets out intended areas of focus within the context of the outcomes of the [2023-26 NES Strategy](#) and the Medium Term Priorities agreed with NES’s SG sponsor team in 2023 as part of developing the NES Medium Term Plan.

### **2025/26 ADP development and finalisation**

6.4. The NES 2025/26 ADP has been developed in close consultation with NES Finance colleagues to ensure alignment with the 2025/26 NES Financial Plan. The Board will note that the detailed 2025/26 ADP deliverables (Appendix 3) comprises 156 confirmed deliverables for 2025/26 and a further 38 which are dependent on SG funding that is to be confirmed. The 2025/26 NES ADP will continue to evolve following discussions with appropriate SG colleagues regarding the funding of 2025/26 deliverables.

6.5. In lieu of the SG / NES deliverable workshops outlined in paragraph 5.5, NES colleagues have continued to meet with SG policy colleagues to discuss individual 2025/26 ADP deliverables as required. In relation Armed Forces Talent Programme, the deliverable milestones have been enhanced to provide additional detail regarding planned 2025/26 delivery. Further detail regarding changes to the 2025/26 ADP changes (included the receipt of funding for deliverables that were previously categorised as ‘subject to funding’) will be provided via 2025/26 quarterly delivery reports.

## **Equality Impact Assessments (EQIA)**

6.6. For the Board's information, a joint EQIA has been undertaken for the 2025/26 ADP and Financial Plan. The EQIA is enclosed with the 2025/26 Annual Budget which has been submitted under item 12a of the 22 May Board agenda.

## **7. Recommendations**

7.1. The Board are asked to approve the 2025/26 NES ADP for publication and (if available) note the content of the SG feedback letter, recognising that the ADP is a dynamic document which will further evolve over the course of the year.

7.2. The 2025/26 ADP will be uploaded to the [Corporate Publications](#) page of the NES website once Board and SG approval is received.

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**a) Have Educational implications been considered?**

- Yes  
 No

**b) Is there a budget allocated for this work?**

- Yes  
 No

**c) Alignment with [Our Strategy 2023 – 26 People, Partnerships and Performance](#)**

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

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

- Yes  
 No

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

- Yes  
 No

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

- Yes

No

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

Yes

No

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

Yes

No

Christina Bichan / Alison Shiell

May 2025

NES



**2025/26**

# **Annual Delivery Plan**

**Template: ADP1**

**NHS Board: NHS Education for Scotland**

# 2025/26 Annual Delivery Plan

## Introduction

As the education, training, workforce development, data and technology provider for health and social care in Scotland, NHS Education for Scotland (NES) supports people who work in health and social care to get the education, training and skills they need to provide good quality care for people in Scotland.

Our vision and purpose are set out in our [Corporate Strategy 2023-26](#), and through the delivery of our work programmes we are seeking to create a workforce that meets the needs of the health and social care system and the people of Scotland - by working in partnership with our staff, learners and stakeholders.

As an organisation, we are adaptable, creative, and responsive to the needs of the workforce and the communities they serve. We work with our learners, educators, partners, stakeholders and people with lived and living experience to continually improve our education and training to support good quality health and social care. We do this by developing learning that has robust academic underpinnings and is informed by research.

We use data and intelligence to help us plan, in partnership for the future, using technology and innovations to support the best clinical and social care practice, education, and training.

We are firmly committed to improving population health, reducing health inequalities and working nationally and locally with partners to make a positive and lasting impact to the wellbeing of the people of Scotland.

We recognise the unprecedented scale of the financial challenge across health and social care, as well as the ongoing fiscal concerns in academia. Through the development of our delivery and financial plans have taken a prioritisation approach, identifying opportunities for savings to be made without significant adverse impact on the delivery of SG priorities or ministerial commitments as well as areas where with enhanced resources we can deliver significantly greater benefits for the health and social care system, and efficiencies overall, such as our Digital Learning Infrastructure programme. We have also built best value into all activities, including specific priority deliverables such as the Business Transformation Programme which is aimed at delivering efficiency and improvements and enhancing value for money.

During 2025/26 we will be refreshing our Corporate Strategy, ensuring alignment with the population-based planning approach and the principles of health and social care reform, as well as strengthening our focus on pedagogical research and innovation, maximising the use of digital technologies and broadening our partnership working to enhance our impact and the delivery of improved health and wellbeing outcomes.

Our Annual Delivery Plan (ADP) for 2025/26 as set out herewith and in Appendix 1, focuses on a 3-year planning horizon, providing detailed deliverables and milestones for Year 1 and indicative milestones for years 2 and 3, where appropriate. The plan outlines our intended areas of focus in the context of our

NES Strategy 2023-26 and the Medium-Term Priorities, agreed with our Scottish Government sponsor team in 2023 as part of developing our Medium-Term Plan.

This document sets out our delivery intent aligned to the draft NES Financial Plan for 2025/26. It is however recognised that this ADP will continue to evolve in line with ongoing dialogue with the Scottish Government Health and Social Care Directorate in respect of priorities and will thus be updated regularly throughout the year.

## Section A.1: Planning Context for 2025/26

Our delivery plan has been developed in line with NHS Scotland Delivery Plan Guidance issued for 2025/26, taking account of ministerial priorities and ongoing activity to achieve more coherent planning across the health and social care system. The Plan seeks to set out what will be delivered in the coming year in support of the planning priorities outlined in the NES specific planning guidance as well as the broader asks of all NHS Board.

In shaping this plan and prioritising our areas of focus we have used the following principles to guide out operational planning activities:

### 1. Strategic alignment

Directly supporting the furtherance of NES's corporate strategy and objectives as well as those of NHS Scotland, including improving population health and reducing health inequalities.

### 2. Evidence-based impact

Favouring programmes and resources with demonstrated effectiveness in improving workforce capabilities, learner outcomes and return on investment.

### 3. Value for money

Ensuring all programme areas deliver maximum benefit relative to cost, adhering to best value principles in public spending.

### 4. Person-centred approach

Prioritising education and training that builds system capacity and capability in the delivery of value based health and care, enabling shared decision-making and personalised care.

### 5. Health equity focus

Allocating resources to address identified gaps in workforce skills related to tackling health disparities and supporting underserved populations.

### 6. Innovation and transformation

Supporting initiatives that drive innovation in service delivery and prepare the workforce for evolving models of care.

### 7. Collaborative partnerships

Prioritising programmes that leverage partnerships across health, social care, and education sectors to maximise impact and resource efficiency as well as cross-

directorate partnerships which increase efficiency, effectiveness and Once for NES ways of working.

8. Workforce sustainability

Investing in education and training that addresses critical workforce shortages and supports long-term workforce planning.

9. Digital enablement

Favouring initiatives that enhance digital skills and leverage technology to improve learning accessibility and effectiveness as well as care delivery.

10. Quality improvement

Prioritising programmes that embed continuous improvement methodologies and support a culture of learning within the health and care system.

11. Preventative focus

Allocating resources to education and training that supports upstream interventions and population health management.

12. Interdisciplinary collaboration and learning

Prioritising programmes that promote interdisciplinary collaboration and break down professional silos across the health and social care system and internally within NES.

NES Planning Priorities

Within Appendix 1 we have articulated 156 deliverables for 2025/26, and a further 45 which are dependent on funding that is yet to confirmed. Quarterly milestones have also been provided to ensure delivery of our plan can be subject to robust performance management and progress reporting. These are still to be developed in some instances whilst programme level discussions with Policy colleagues take place.

Deliverables have been aligned to the NES Planning Priorities, as set out in the Planning Guidance and our strategic themes to build a picture of how the activity conducted throughout 2025/26 will contribute to the achievement of NES's longer-term goals and strategic objectives as well as national priorities.

Where appropriate (e.g. NHS Scotland Academy) deliverables have been developed in collaboration with our partner Boards and shared across our Plans.

## Section A.2: NES Priorities

Appendix 1 outlines the deliverables in respect of our work priorities for 2025/26 and has been shaped in the context of the priorities outlined within the Planning Guidance issued to NES in December 2024 (detailed in Table 1). It also reflects national priorities in respect of health and social care and the specific commissions received to date from Scottish Government Health and Social Care Directorate for delivery during 2025/26.

In developing our plan, assumptions have been made in respect of deliverables arising from some of our commissioned activity as Deliverable Agreement discussions will only conclude during February 2025. The plan will be updated to reflect the position reached before being finalised.

An extension of the strategic priorities outlined in the NES Strategy into 2026/27 and beyond has also been assumed for planning purposes given the ambitious nature of the direction set, its alignment with national recovery drivers and the significant support expressed to date by our stakeholders.

As an organisation we understand the pivotal role we can play in supporting the NHS Reform agenda and this will feature strongly in our evolving strategic direction as we seek to develop the next iteration of the NES Strategy. Looking ahead, we will further increase our focus on being evidence led – using pedagogical research to inform our approach to education and training; and, strengthening the use of population health data to inform national workforce planning through scoping a workforce observatory approach (SG commission dependent). We will also seek to embrace and champion the further opportunities that exist in relation to workforce diversification to meet the needs of our population and future workforce.

**Table 1: NES Planning Priorities**

<p><b>Education &amp; Training</b></p> <ul style="list-style-type: none"> <li>• Continue to provide leadership to and delivery of high-quality education, training, and workforce development for the health and social care workforce.</li> <li>• Advise on the education and training capacity for health and social care disciplines across Scotland to ensure it meets future workforce requirements.</li> <li>• Refocus elements of medical education to improve trainee experience in partnership with SG, four nations, Boards, GMC, Royal Colleges, and other relevant partners.</li> </ul>
<p><b>Workforce Development</b></p> <ul style="list-style-type: none"> <li>• Deliver education, training, and workforce development activities to support continuous professional development, role development, and transformation across the range of health and social care disciplines.</li> <li>• Work with partners across the system and the Centre for Sustainable Delivery to lead on the identification, assessment, and implementation of new workforce models involving role redesign and transformation to optimise care pathways.</li> </ul>

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<ul style="list-style-type: none"><li>• Work with partners across the social care sector to design and deliver workforce development activities to increase the capacity and capability of the social care workforce.</li></ul>
Digital
<ul style="list-style-type: none"><li>• Deliver SG digital priorities in line with the Digital Health &amp; Care Strategy, including the development of the National Digital Platform and the Digital Front Door programme.</li><li>• Provide access to accessible and dynamic, digital learning and education infrastructure for Health and Social Care.</li></ul>
Data
<ul style="list-style-type: none"><li>• Continue to deliver timely and accurate publications as the national provider of workforce statistics for NHSScotland. Improve the range, quality, and granularity of workforce data through understanding and meeting user needs, developing coherent systems across partners, and enhancing data analysis and reporting.</li></ul>
Innovation & Research
<ul style="list-style-type: none"><li>• Work with the Chief Scientist's Office, Scottish Health and Industry Partnership Group, Accelerated National Innovation Adoption (ANIA) Pathway, Innovation Design Authority, and HEIs to scope and support the skills and training required to deliver and implement health care research, development, and innovation.</li></ul>
Best Value
<ul style="list-style-type: none"><li>• Identify and adopt actions designed to maximise the efficiency of the organisation, clearly demonstrating best value in its work and ensuring coherence with activity being delivered by partners to deliver a more sustainable and affordable Health and Social Care system.</li></ul>

## Section B: Finance

The Financial Plans for 2025/26 – 2027/28 were developed prior to the Scottish Draft Budget announcement on 4 December 2024, using the initial Scottish Government (SG) planning assumptions for 2025/26 and the continuing savings target SG asked NES to develop options for in 2024/25.

The NES baseline along with other non-patient facing national boards was reduced by 15% in 2024/25. Following discussions with SG it was agreed that this was not possible in one year. SG Finance agreed to provide recurring financial support to ensure a breakeven position, while NES developed a longer-term savings plan.

In 2024/25 NES identified £3.5m of savings with SG Finance providing £12.2m in recurring financial support. The Draft Financial Plan provides a breakeven position supported by a same level of recurring allocation of £12.2m from SG Health Finance.

Significant work has been undertaken to date to develop a savings plans which will reduce the level of support needed from SG Health Finance in all three years of

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the financial plan. Further work is required to ensure the identified savings proposals do not impact the delivery of our services. These savings plans will be presented to our Board at the private meeting on 6 Feb for further consideration. It is our intention that the savings plan that we are working on for consideration by our Board will allow the anticipated allocation drawdown to be considerably less than its current level.

For future years our position is currently not balanced and will require a partial reinstatement of the baseline reduction from 2024/25. It is anticipated that any further savings programmes will have a detrimental impact the number of trainees and quality of education in the medium to long term to ensure financial sustainability.

## Section C: Infrastructure

The NES property strategy which commenced in 2023 is to collaborate with other NHS Boards to share space and take advantage of lease breaks to reduce our footprint. In 2023 NHS 24 moved into our leased property in Aberdeen and we are currently arranging a co-location with PHS in premises in Glasgow to utilise surplus space that is currently under a long-term lease by Transport Scotland. The fit out for the Glasgow property began in the Autumn of 2024, however, there have been delays to the completion of the fit out due to the contractor going into administration in late November 2024. A new contract has been appointed and the work is expected to complete spring 2025.

Also in 2024 we consolidated our footprint in Dundee moving staff from our Ninewells base to the Dundee Dental Education Centre (DDEC), returning the Ninewells location to University of Dundee and making a significant financial revenue saving for NES.

Finally in 2024 we have reduced our footprint in the Edinburgh property (Westport) from 2.5 floors to 1.5 and agreed a collaboration with NHs Lothian to occupy the space that we have relinquished. This will result in a very substantial revenue saving for both Boards. The final approval to extend the lease on Westport beyond the lease break in July 2025 is currently with Scottish Government.

Our plan for 2025/26 is to reduce the space in our leased property in Inverness. Work is currently underway to scope out the requirements for NES going forward.

Our remaining 3 leases are with other health boards for our Dental Education Centres based in Edinburgh, Glasgow and Aberdeen. There are no plans to move from these locations in the very short-term, but we will revisit these occupations shortly, particularly our occupation of Aberdeen Dental Education Centre.

## Section D: Value Based Health & Care

A 3-year commission from Scottish Government was agreed for 2023-26 to support the delivery of Action 1 of the Value Based Health and Care Action plan which was published in 2023 to support health and care professionals to deliver Value Based Health and Care:

### Action 1

*The Scottish Government and NES will engage with NHS Boards, education providers and wider partners to inform the education, training and tools to support kind and careful care, and the day to day practice of Realistic Medicine.*

Expanding the range of learning resources available to support the workforce in practising realistic medicine and delivery of value based health and care is also a medium-term priority for NES.

Building on work already undertaken, we have proposed the following activity in the final year of this three-year programme. This will be subject to further discussion with Policy colleagues prior to finalisation of our delivery plan.

- Continue to support Higher Education Institutions to embed realistic medicine and value based health and care in postgraduate and undergraduate curricula,
- Continue to develop senior leaders training on realistic medicine and value based health and care and,
- Continue to create the education resources and structures to foster a culture of stewardship and support development of a realistic medicine and value based health and care academy in Scotland.

## Section E: Workforce

The [NES Strategic Workforce Plan 2022-2025](#) was developed in partnership with input from stakeholders across NES in order to plan for a flexible and adaptive workforce that can support NES in the successful delivery of our strategic ambitions. The plan was also developed in accordance with Scottish Government guidance and aligned to the Six Steps of Workforce Planning methodology.

Delivery of our Workforce Plan is a strategic priority for NES as set out in our Strategy for 2023-26 and will be at both organisational and directorate levels with the key themes being building future capability, succession planning, attraction and retention. The Workforce Plan is supported by a strategic action plan which continues to be progressed with the aim of delivering effective change to practices and processes to enable having the right people, with the right skills, in the right place, at the right time.

Delivery of the strategic action plan is progressing through a phased approach, linking to the strategic workforce plan actions, and involving the use of both quantitative and qualitative data across directorates to monitor progress, reporting via the Staff Governance Committee.

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In response to fiscal challenges, our Workforce Planning team have conducted a review of organisational capacity and capabilities, offering Directorates clearer insights into their strategic priorities, and identifying the capacity and capability needs required for effective delivery. This review has also highlighted opportunities adding value across NES through different ways of working and support to develop and implement a new Target Operating Model will be a key priority of our workforce planning activity in 2025/26.

Insights gathered during the annual operational planning cycle has informed the development of the NES Capabilities Plan, a core component of the NES Organisational Development (OD) Plan. This plan will provide a structured framework for ongoing capacity and capability development tailored to each directorate, to ensure our people have the skills and resources needed to deliver on our priorities as set out in this Delivery Plan.

NES implemented the Optima Allocate and Loop systems for all staff in April 2024. Roster management, leave requests, and the approval process are fully operational on Optima. Additionally, we are currently piloting the timesheet functionality within the Allocate Loop system.

We continue to perform well in respect of sickness absence and regularly scrutinise and monitor our performance in this area through our Key Performance Indicators. We have fully implemented the NHSScotland Attendance Policy and have developed additional support for line managers to ensure they have the skills and confidence to encourage attendance and support employees, where health issues impact on their ability to be at work.

Looking ahead, we will continue to apply more stringent internal process to our recruitment practices in response to the challenging financial landscape and budgetary constraints. We will also continue to collaborate with partners to identify opportunity for workforce diversification, shared roles and new ways of working which increase our efficiency and effectiveness. This will include the progression of our Business Transformation Programme which has been established with the purpose of increasing quality, efficiency and effectiveness across administrative and support services through a technology enabled and agile model of delivery.

In our role as the official provider of workforce statistics, we will also prioritise working closely with Health Board colleagues to support them in addressing issues impacting on the timeliness of workforce data.

In the final quarter of 2023/24 NES published its first [Learning and Education Strategy](#) setting out how we will provide high quality learning opportunities, aligned to and informed by the needs of the health and social care system, individuals, and partners to support the delivery of better outcomes for people across Scotland and the sustainability of health and social care services. Learning and education is at the heart of what we do in NES, and we will continue to progress delivery in line with the direction, principles and priorities outlined to fulfil our overall purpose and vision as an organisation, to deliver maximum benefit for the health and social care workforce.

Collaboration and partnerships are our default approach to developing and supporting learning and education across health and social care. We understand

our place in the broader system and act accordingly, working collectively with partners, learners and those with lived and living experience to provide best value and improved outcomes. We work in partnership with NHS Boards, Health and Social Care Partnerships, Local Authorities, and the Voluntary and Independent Sectors. Collaboration with Further/Higher Education Institutions is also central to our delivery, to ensure education curriculums offered can respond to the changing population health needs. We note the ask within the Planning Guidance for all Boards to detail the work they are taking forward in partnership with Further/Higher Education Institutions and understand that this to build a picture of activity across Scotland. NES currently commissions 16 out of 19 Scottish Universities to deliver education and training in support of developing the health and social care workforce and we would welcome sight of the information gathered in respect of activity within other Boards so we can better support the local relationships and ensure there is no duplication with what we do nationally.

## Section F: Digital & Innovation

NES is actively contributing to the national Digital Health and Care Strategy by focusing on several key areas to enhance the care and wellbeing of people in Scotland through digital technologies.

1. **National Digital Platform:** We are leading the development of a national digital platform that allows both citizens and healthcare professionals to access and understand the information they need, whenever and wherever they need it. This platform aims to integrate various health and care systems, making data more accessible and useful.
2. **Digital Front Door:** We are developing a single unified platform for accessing health and care information and services online. This will provide unified access reducing the need to access multiple channels, empower self-management by providing citizens with access to their personal health records and reliable health information and will build on the digital advancements made during the pandemic, streamlining and enhancing the delivery of health services.
3. **Digital Skills and Training:** We are committed to improving the digital skills of the health and social care workforce. This includes providing training programs and resources to ensure that staff are proficient in using new digital tools and technologies.
4. **User-Centred Design:** We are placing a strong emphasis on designing digital solutions that are user-friendly and meet the needs of both patients and healthcare providers. This approach ensures that digital technologies are effectively integrated into everyday practice.
5. **Innovation and Collaboration:** We are collaborating with a range of stakeholders, including health boards, local authorities, and other partners, to foster innovation in digital health and care. This collaborative approach helps to ensure that new technologies are adopted and implemented effectively across the healthcare system.

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In addition, we continue to work collaboratively to support the scaling and adoption of innovation at a national level. We are the digital delivery partner for the Accelerated National Innovation Adoption (ANIA) pathway to fast-track the adoption of proven technological innovations across NHS Scotland and as part of our work in this area, during 2025/26 we will continue to:

- support the identification and assessment of new health technologies that have the required impact and evidence base for accelerated adoption.
- ensure that healthcare professionals are trained and educated on the new technologies and innovations being adopted.
- work in partnership with the Centre for Sustainable Delivery (CfSD) and other stakeholders to ensure a coordinated approach to innovation adoption.
- support the national rollout of technology and associated changes to clinical pathways across NHS Scotland.
- play a role in monitoring and evaluating the impact of adopted innovations to ensure they meet the desired outcomes and continue to benefit patients and healthcare staff.

During 2024/25 we completed our second Digital Maturity Assessment, using the results to identify our strengths and areas where improvements would be beneficial. During 2025/26 our digital maturity assessment will be considered alongside the results of an organisational assessment of our capabilities and competence in respect of the Digital and Data Capabilities Framework. By understanding our performance in these areas, we will make informed decisions about resource allocation, and prioritisation to ensure we can optimise the use of digital and data technologies across our workforce. In support of this we have recently established a Digital Confidence and Capacity strand within our Corporate Improvement Programme with the aim of empowering and enhancing our workforce and influencing a culture that embraces emerging technologies and best practices to effectively innovate, support collaboration and drive organisational effectiveness.

In respect of the Refreshed Public Sector Cyber Resilience Framework, we continue to perform well in this area and increased our NIS audit score during 2024/25 from 85% to 92%. During 2025/26 we will prioritise several areas of improvement to safeguard NES information systems and data from cyberattack including undertaking a comprehensive Security Audit, reviewing Equipment Lifecycle Standards, undertaking an Infrastructure Gap Analysis and strategic workforce planning to address resourcing and skills gaps.

## Section G: Climate

In 2024/25 we published our first [Climate Emergency and Sustainability strategy \(2024 – 2027\)](#) detailing our role in supporting NHS Scotland commitments towards net zero.

Throughout 2025/26 we will continue to deliver on our strategic intent as set out, progressing a range of activities aimed at reducing our own direct emissions as an organisation, as well as embedding climate emergency and sustainability practices within education and training for the health and social care workforce.

## Section H: Anchors Activity

In 2024/25 NES developed its first Anchors Strategic Plan, setting out its intentions and contributions as an Anchor Institution and explaining how our work as a learning organisation can improve outcomes for local communities and the environment.

By collaborating with our local and national partners we continue to use our expertise in the delivery of high-quality education and training, skills development and employability and the innovative use of technology to support transformative change for current and future generations.

To advance our Anchors Strategic Plan (ASP) for 2025/26, we will focus on achieving specific, measurable, achievable, relevant, and time-bound (SMART) objectives which align with the asks of NES in respect of the Health and Social Care Anchors programme. Firstly, we aim to secure accreditation as a Real Living Wage Employer by 31 March 2026, ensuring fair compensation for all employees. We will enhance our governance and reporting of Anchors activity through quarterly updates to the NES Planning and Performance Committee, starting from Q1 2025. Additionally, we will refresh our Volunteering Policy by the end of Q2 2025 to better support community engagement and involvement. We will secure Equally Safe at Work accreditation by March 2026 and will formalise our arrangements for the provision of redundant IT equipment to community groups, by Q3 2025. In addition, we will complete our previous Stage 1 action in respect of a report and analysis on apprenticeships and earn as you learn opportunities by May 2025 and subject to funding, will progress with the Stage 2 action of supporting a detailed work plan for establishing diversified earn as you learn training pipelines, providing progressive opportunities for new and existing staff by March 2026.

We will also continue to provide strategic support to and engagement in the Anchors Workforce Strategic Group and Place and Wellbeing Programme Board. We will provide ongoing data and dashboard support for national ASP metrics through the NES Data Team as well as leadership, support and professional advice to the Entry Requirements Task and Finish Group. We will also support implementation of the Anchors Applicant Experience Recommendations through the Centre for Workforce Supply, our marketing and attraction activity and careers

website development. These objectives will be monitored and reported regularly to ensure alignment with our strategic goals and national priorities.

## Section I: Transforming NES

During 2023/24 NES launched a programme of corporate improvement aligned to the delivery of its new Strategy for 2023-26 and published a [Transformation Routemap](#) articulating the significant change activities being progressed across the organisation over the next three years to support and enable delivery of our Strategy and Medium Term Plan, ensuring we are able to meet the needs of our stakeholders both now and into the future. Our Transformation Routemap was refreshed during 2024/25 to articulate progress made in the first year of delivery, and what staff and stakeholders can expect to see during the next 2 years of delivery.

The delivery of strategic priorities, organisational corporate improvement and transformational change is facilitated by our Programme Management Office (PMO) and overseen by a Transformation Group, reporting to the NES Executive Team. The PMO will continue to work with colleagues across all directorates to ensure a cross-directorate approach is taken to delivering organisational priorities as move into the implementation phase and will take an active role in coordinating our redesign activity as we move to a new target operating model.

## Section J: Risk Management

Within NES we manage risk through an integrated risk management approach. Risks are managed through programme, Directorate and Strategic risk registers supported by escalation and de-escalation processes which ensure good governance.

Our delivery plan as outlined is subject to a number of current risks on the Board’s strategic risk register. The relevant risks and their position in respect of adherence to the Board’s current risk appetite is shown below. Mitigating actions to address areas out with appetite are identified and being implemented as far as possible within the organisation’s scope of control.

Risk	Title	Position
SR2	Disproportionate amount of non-recurrent funding, without conversion to recurrent funding	
SR3	Failure to recruit and retain sufficiently experienced and knowledgeable people.	
SR5	NES does not put in place adequate corporate infrastructure to support the Transformation Routemap.	
SR9	NES does not put sufficient measures in place to address ongoing cost and funding pressures leading to misalignment with Scottish Government priorities and expectations.	

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SR10	Failure to adequately anticipate and mitigate the impacts of policy, legislative, economic, technological and societal change.	
SR11	Poor learning outcomes and learning experience for our stakeholders.	
SR12	Insufficient investment in TURAS Learn and other NES learning platforms.	

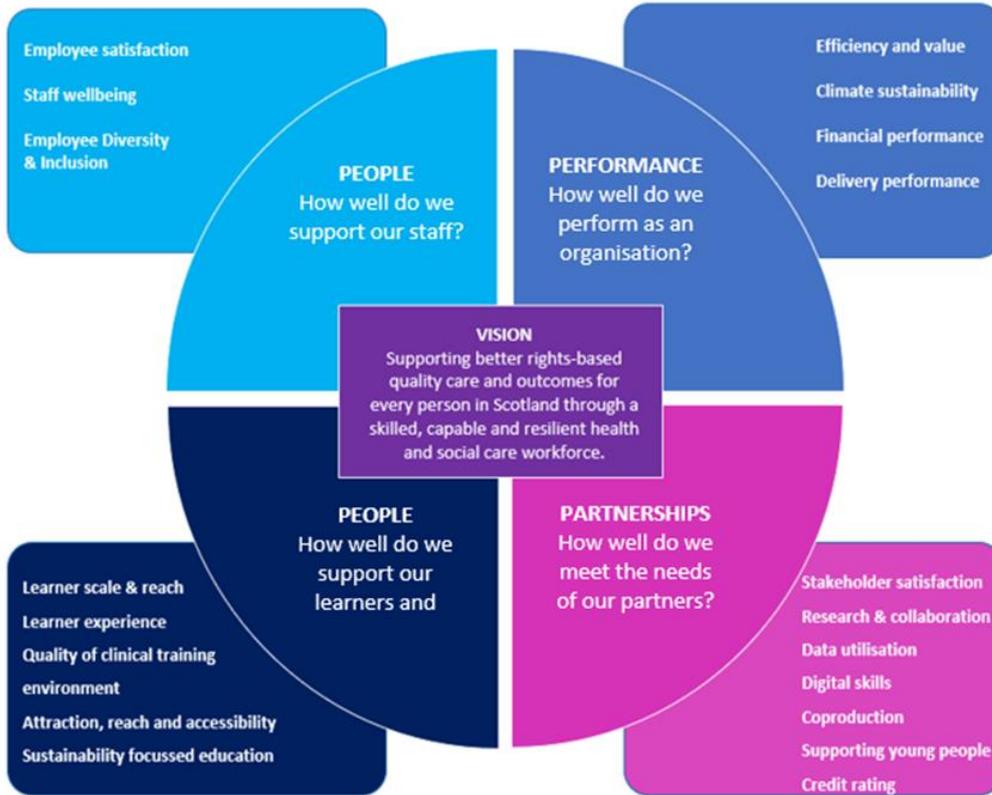
Management of these risks will continue as part of business as usual processes with quarterly reporting of all strategic risks to the Audit and Risk Committee and NES Board. In addition to the strategic risks outlined above, it should also be noted that ongoing discussions in respect of priorities and funding for 2025/26 and the impacts which may result in respect of resource pose an ongoing operational risk to the delivery of the activities outlined in this draft plan. This will be borne in mind as discussions reach their conclusion and be reflected through risk management arrangements.

## Section K: Measuring Impact

The work we do in NES affects everyone who works in and with health and social care services, as well as every person in every community in Scotland. Our NES Corporate Strategy for 2023-26 outlines the difference we want to make, in line with national ambitions for health and social care, and our commitment to preparing and shaping the workforce for the future to deliver quality care and services and improve outcomes for people in Scotland.

In 2023/24 we introduced a new way of managing performance through the introduction of strategic Key Performance Indicators aligned to our strategic priorities and in 2024/25 we undertook a review of our progress so far and identified areas where we need to further evolve our performance management approach to ensure that we have the data and intelligence to guide our strategic decision making and evidence our impact, as well as delivering on the relevant areas of the national performance framework.

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In developing our delivery plan we have mapped our deliverables to our strategic KPIs to build a picture of how our delivery activities which will drive performance against our key metrics. During 2025/26 we will further evolve some of our measures to ensure they remain aligned to our strategic direction and we will enhance scrutiny and assurance of organisational delivery and performance through the establishment of a new Board Committee with a remit for Planning and Performance.

**NHS Education for Scotland**

**NES/25/35**

**Agenda Item: 8b**

**Date of meeting: 22 May 2025**

**Public Board Meeting**

**1 Title of Paper**

1.1 Annual Risk Management Strategy Review

**2 Author(s) of Paper**

2.1 Rob Coward, Principal Educator, Planning & Corporate Resources  
Debbie Lewsley, Risk Manager, Planning & Corporate Resources

**3 Lead Director(s)**

3.1 Jim Boyle, Director of Finance

**4 Situation/Purpose of paper**

4.1 The purpose of this report is to present to the NES Board the NES Risk Management Strategy for review and approval.

**5 Background and Governance Route to Meeting**

5.1 The annual review of the NES Risk Management Strategy was undertaken following the approval of the NES Risk Appetite by the NES Board at their February 2025 meeting.

5.2 In accordance with the NES Board's schedule of business, members are asked to review the Risk Management Strategy.

## **6 Assessment/Key Issues**

- 6.1 In April 2024 the Audit and Risk Committee approved the revised NES Risk Management Strategy that was updated to include the changes made following the implementation of the new scoring matrix, the additional categories added to the NES risk profile and the revised NES Risk Appetite Matrix.
- 6.2 Following the approval of the NES Risk Appetite by the NES Board at their February 2025 meeting the annual review of the NES Risk Management Strategy was undertaken, with no amendments made (as shown in Appendix 1).
- 6.3 The Audit and Risk Committee approved the reviewed NES Risk Management Strategy at its April 2025 meeting, with no recommendations for any further changes to be made.

## **7 Recommendations**

The NES Board is invited to:

- 7.1 To review and approve the NES Risk Management Strategy.

Author to complete **checklist**.

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

**a) Have Educational implications been considered?**

Yes

No

**b) Is there a budget allocated for this work?**

Yes

No

**c) Alignment with [Our Strategy 2023 – 26 People, Partnerships and Performance](#)**

1. People Objectives and Outcomes

2. Partnership Objectives and Outcomes

3. Performance Objectives and Outcomes

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

Yes

No

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

Yes

No

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

Yes

No

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

Yes

No

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

Yes

No

Author name: Rob Coward, Debbie Lewsley, Jim Boyle

Date: April 2025

NES



**NHS Education for Scotland (NES)**

# **Risk Management Strategy**

**April 2024**

Version 2

## NES Risk Management Strategy document control

**Table 1:** Document identification.

<b>Name of document</b>	NES Risk Management Strategy
<b>Document status</b>	Final
<b>Document type</b>	Strategy
<b>Version number</b>	2
<b>Author</b>	Rob Coward
<b>Lead director</b>	Jim Boyle, Director of Finance
<b>Associated documents</b>	NES Risk Management Manual
<b>Authorising body (ratification by)</b>	NES Audit & Risk Committee NES Risk Management Group
<b>Approved date</b>	24 April 2024
<b>Date effective from</b>	24 April 2024
<b>Document location</b>	Intranet / SharePoint Folder
<b>Review frequency</b>	Annually
<b>Date of next review</b>	March 2026

**Table 2:** Revision and consultation history.

Date	Version	Author	Comments
	1	Rob Coward	<p>New specification of responsibilities for risk management.</p> <p>New diagram to illustrate route for escalating risks.</p> <p>New content on risk management training.</p> <p>Additional text to strengthen alignment with Strategic KPIs.</p> <p>New risk appetite classifications.</p>

**Table 3:** Approval groups and authorisation (ratification body) history.

Date	Version	Author	Comments
01/08/2019	1	Rob Coward	NES Audit & Risk Committee
18/04/2023	2	Rob Coward	NES Risk Management Group
24/04/2024	2	Rob Coward	NES Audit & Risk Committee

**Table 4:** Publication and dissemination history.

Date	Version	Author	Comments

## Contents

1. Introduction .....	5
1.1. Rationale and purpose .....	5
1.2. Aim .....	5
1.3. Scope .....	5
2. Risk Management at NES .....	6
2.1. Risk is Good .....	6
2.2. What is Risk? .....	6
2.3. NES Risk Management .....	6
3. Risk Management Principles .....	7
3.1. Tied to Objectives .....	7
3.2. Systematically Approached .....	7
3.3. Clearly Described .....	7
3.4. Responsibility Owned .....	7
3.5. Supported by a Defined Framework .....	7
3.6. Identified Risk Appetites .....	7
3.7. Effectively Communicated .....	8
4. Risk Management Objectives .....	8
4.1. Objectives .....	8
4.2. Effectiveness of the Risk Management Strategy .....	9
5. Risk Management Structures .....	9
5.1. Escalation .....	10
6. Risk Appetite .....	11
6.1. Board Risk Appetite .....	11
7. Responsibilities .....	13
7.1. Risk Management Responsibilities .....	13
8. Further Information and Advice .....	17
8.1. Risk Management Contacts .....	17
9. Bibliography .....	18

## **1. Introduction**

### **1.1. Rationale and purpose**

With reference to the [Scottish Public Finance Manual](#), this Strategy outlines NES's approach to risk management at strategic, directorate, programme and project levels. Which forms a significant part of NES's internal controls and governance arrangements.

Risk:

Risk not managed appropriately exposing NES to avoidable harm and failure to meet strategic and operational objectives.

Mitigation and controls:

Risk Management processes are in place including a reporting structure.

### **1.2. Aim**

The aim of this strategy is to set out the principles and objectives governing the management of risk. It provides a key reference point setting out the Board's approach to risk and risk management and promotes an open and responsive approach which actively involves all elements of NES.

### **1.3. Scope**

This strategy applies to all risks associated with the ongoing business of NES and its approach to managing risks in the achievement of its strategic and operational aims at a strategic, directorate and programme/project level.

## **2. Risk Management at NES**

### **2.1. Risk is Good**

Risk is good! Almost any worthwhile human activity requires some element of risk, from sending a rocket powered spacecraft into orbit, to just crossing the road to buy a newspaper. We can all live with a degree of risk because we can identify and manage it in many situations.

NES is similarly tolerant of risk because we understand that we cannot achieve our objectives without accepting a degree of risk. The trick is to identify the risks that might threaten our work and taking effective and proportionate measures to manage them.

### **2.2. What is Risk?**

There is no single, universally accepted definition of 'risk', but at NES we normally think of risk as the internal and external factors that have the potential to negatively affect the achievement of corporate objectives, the organisation, and individual programmes of work.

### **2.3. NES Risk Management**

The NES Risk Management Strategy is founded on the belief that Risk Management is:

- A key tool in the management of the organisation supporting the achievement of strategic objectives as expressed in the NES Strategy and associated Strategic Key Performance Indicators.
- A major part of NES's internal control processes.
- Important in ensuring the continuity of core activities.
- An inclusive and integrative process covering all strategic and operational risks.
- A major corporate responsibility requiring strong leadership and regular review.

NES recognises that, in view of the nature of its business, the number of serious incidents and near misses will be limited. There are however risks that pertain to the achievement of NES's strategic objectives.

### **3. Risk Management Principles**

The NES Risk Management Strategy is closely aligned with the [Scottish Public Finance Manual](#), which sets out eight key points, which should be addressed by public bodies in establishing risk management arrangements. Accordingly, NES's risk management systems, process and practice should be:

#### **3.1. Tied to Objectives**

Risk Management needs to be aligned with our strategic priorities as set out in the NES [Strategy 2023 – 2026](#) and the related [Strategic Key Performance Indicators](#). Corporate risks should be articulated in a way that clarifies the threat to the achievement of strategic objectives.

#### **3.2. Systematically Approached**

Taking a systematic approach to identifying risks and maintaining a clear record is critical to effective risk management. We use a 'top down' approach to the identification and management of risk with a clear focus on risk management from the Board and the Executive Team. It also involves a 'bottom up' approach with the Risk Management Group and Risk Leads facilitating and co-ordinating the identification and management of risks at a local and project level in conjunction with service managers.

#### **3.3. Clearly Described**

Risk should be prioritised in relation to objectives. Risk descriptions should combine the cause and the possible impact to our objective.

#### **3.4. Responsibility Owned**

All risks, once identified, should be assigned to an owner who has responsibility for ensuring that the risk is managed and monitored effectively and proportionately.

#### **3.5. Supported by a Defined Framework**

All risks will be evaluated using a standard scoring matrix that indicates both likelihood of the risk being realised, and of the impact if the risk materialises. Risk assessment should be recorded in a way that demonstrates clearly the key stages of the process.

#### **3.6. Identified Risk Appetites**

Determining our 'risk appetite' is key to achieving effective risk management and is essential to support decision making and supports how risks can ultimately be addressed.

We have higher tolerance of risk for projects and initiatives at an early stage of development than for well-established workstreams.

### **3.7. Effectively Communicated**

Raising awareness about potential problems and sharing important information can ensure better problem solving, provide effective challenge and support effective escalation. Effective communication of risks helps to support a 'no surprises' culture.

Each of the above principles inform our risk management systems, processes and practice.

## **4. Risk Management Objectives**

### **4.1. Objectives**

The NES Risk Management Strategy is founded on several key objectives:

- Risk management should assist the effective identification and control of threats to our strategic objectives and the associated Strategic KPIs, thereby enabling successful outcomes from our work.
- Reporting of risk management should provide senior managers and the Board with substantial assurance that key risks to the achievement of strategic objectives have been identified and are controlled effectively. There should be few surprises where we have not identified a potential threat to our objectives.
- The Risk Management Strategy recognises that risk needs to be managed at different levels within the organisation and therefore the system of Risk Registers is aligned to corporate, local, project and commissioning systems as appropriate.
- At all levels in the organisation:
  - Risks are systematically reviewed on a regular basis.
  - Risk is consistently measured, taking account of their impact and likelihood, against NES strategic objectives and KPIs so that an accurate picture of NES's risk profile is maintained.
  - The risks associated with new proposals are identified at an early stage of the planning process and have a specific risk appetite.

- Measures, such as internal controls and contingency plans, in place to mitigate risks are identified, recorded and periodically tested.
- The net risk (after controls are applied) is compared to the organisation's risk appetite to determine the need for further action.
- Additional measures required to control risks are identified and responsibility for implementation is assigned.
- Significant new risks are recorded as they are identified.
- Risk registers are used to maintain an overview of the cumulative impact of risk for a project, directorate or NES as a whole.
- The management of risk is incorporated into NES's corporate performance management and governance systems.
- The Risk Management Strategy is underpinned by a commitment to role-based training and development in risk management.

#### **4.2. Effectiveness of the Risk Management Strategy**

The effectiveness of the Risk Management Strategy will be reviewed and monitored based on the following measures:

- The extent to which NES is successful year-on-year in achieving its business objectives.
- Occurrence of adverse incidents which have not been recognised and documented within the risk management structures; or which have been inappropriately rated within the structures.
- Corporate and local Risk Registers are reviewed by the Risk Management Group and Executive Team to assess the organisation's cumulative exposure to risk, the quality of the risk registers and the effectiveness of risk controls.

### **5. Risk Management Structures**

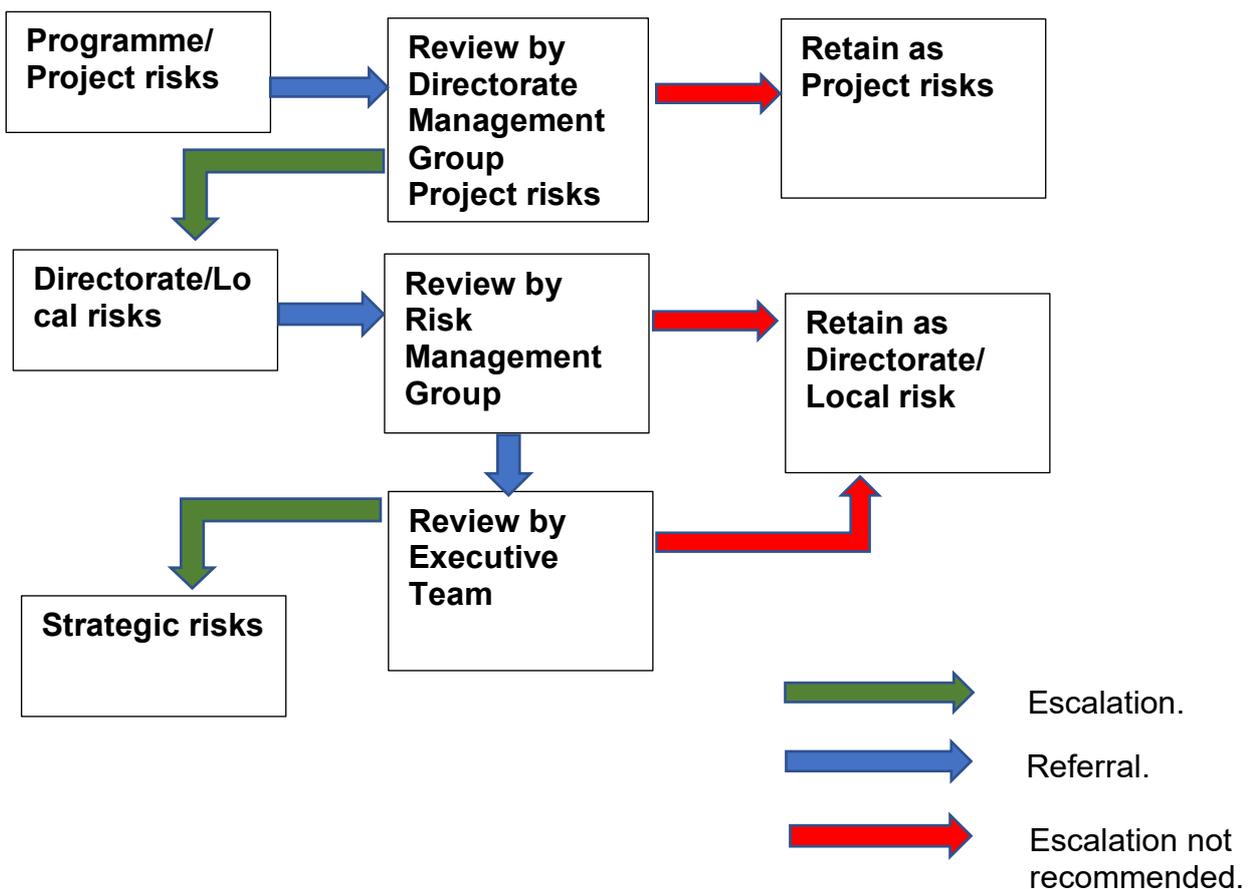
The risks associated with the ongoing business of NES and the achievement of its strategic and operational aims are managed through a system of risk registers held at different levels throughout the organisation (corporate/strategic, local/directorate,

project/workstream). These provide a mechanism through which risk management information can be gathered, reported and used to identify further actions. This ensures that potential threats and challenges are identified at strategic and operational levels, and the impact of risks is assessed.

## 5.1. Escalation

Individual risks may be escalated from programme risk registers to directorate risk registers, or from directorate risk registers to the NES strategic risk register. Risks will be escalated to the level at which they can be most efficiently managed. Thus, a local risk will be considered for escalation to the relevant directorate risk register where it cannot be controlled effectively by the programme team. Similarly, directorate risks will be considered for inclusion in the strategic risk register where they cannot be controlled to an acceptable level within the directorate. This is illustrated at Figure 1.

**Figure 1 Arrangements for the escalation of risks**



## 6. Risk Appetite

We recognise that, to meet its strategic objectives and achieve our vision of *Supporting better quality care and outcomes for every person in Scotland*, we need to pursue activities that expose the organisation to a measure of risk.

We define our 'risk appetite' as the amount of risk that we are prepared to accept, tolerate or be exposed to at any point in time. Risk appetite is about taking well managed risks where the exposure to threat is justified by the potential returns to NES, and health and care services. The Board's appetite will depend on the type of risk and the relative maturity of the workstream being assessed (concept, pilot or business as usual).

The NES Board has considered its risk appetite using the classification shown in the table below.

**Table 1: Risk Assessment Classification**

Classification	Description	Residual Score Range: (Likelihood x Impact)
Averse	Avoidance of risk and uncertainty is a key organisational objective.	1 – 5 (Low)
Cautious	Preference for safe options where the inherent risk has relatively low impact/ likelihood and there is limited potential for reward.	6 – 10 (Medium)
Open	Willing to consider all options and choose the one that is most likely to result in success, despite a relatively high level of risk.	12 – 16 (High)
Hungry	Eager to be innovative and to choose options offering the highest potential rewards or transformation, despite a high level of residual risk.	20 – 25 (Very High)

### 6.1. Board Risk Appetite

In the context of our response to a rapidly changing operational environment, it is recognised that we are prepared to accept greater inherent risk to achieve improved efficiency and effectiveness, particularly in relation to innovative areas of work or ways of working where there are potentially higher rewards.

Table 2 below sets out the inherent and residual risk appetite agreed by the Board applicable to each of the different stages of activity development and implementation, recognising increased risk tolerance at the conceptualisation and pilot stages.

**Table 2: The NES Board’s Agreed Risk Appetite**

Type of Risk	Risk Appetite		
	Concept (Net Risk)	Pilot /Test of Change (Net Risk)	Business as Usual (Net Risk)
Strategic/Policy Risks	<b>Hungry</b>	<b>Hungry</b>	<b>Open</b>
Finance Risks	<b>Cautious</b>	<b>Cautious</b>	<b>Averse</b>
Governance/Accountability Risks	<b>Cautious</b>	<b>Cautious</b>	<b>Averse</b>
Reputational/Credibility Risks	<b>Open</b>	<b>Cautious</b>	<b>Cautious</b>
Operational/Service Delivery Risks	<b>Hungry</b>	<b>Hungry</b>	<b>Open</b>
Technology Risks	<b>Hungry</b>	<b>Hungry</b>	<b>Open</b>
People/Workforce Risks	<b>Hungry</b>	<b>Hungry</b>	<b>Open</b>
Health & Safety Risks	<b>Averse</b>	<b>Averse</b>	<b>Averse</b>
Environmental Sustainability / Climate Change Risks	<b>Hungry</b>	<b>Hungry</b>	<b>Open</b>
Transformation/Innovation Risks	<b>Hungry</b>	<b>Hungry</b>	<b>Open</b>

## 7. Responsibilities

Through allocating specific risk management responsibility NES has created an environment where:

- Risk management is integrated into NES decision-making arrangements, helping to create an environment for continuous improvement and learning.
- The adequacy of risk assessment, control measures and action plans are regularly reviewed, taking into account the Board's risk appetite.
- The effectiveness of the risk management framework is reviewed at regular intervals and modified as necessary.

### 7.1. Risk Management Responsibilities

Everyone at NES has a duty to take appropriate action to, where possible, reduce or avoid risk but specific roles are allocated to the Board, management and individuals as set out in Table 3 below.

**Table 3: Responsibilities for Risk Management**

Responsibility of:	Responsible for:
<p><b>Board</b></p>	<p>The Board has overall responsibility for internal control within NES. The Board discharges this responsibility by:</p> <ul style="list-style-type: none"> <li>• reviewing the corporate, strategic risk register on a quarterly basis with a view to ensuring that risk management processes provide adequate assurance on risks to corporate objectives.</li> <li>• determining the acceptable level of risk for the organisation: its 'risk appetite'.</li> <li>• maintaining an awareness of the risk exposure and risk profile of the organisation.</li> <li>• approving major decisions affecting the organisation's risk profile or exposure.</li> <li>• seeking assurances from the Audit &amp; Risk Committee as to the operation of the risk management structures within NES.</li> <li>• annually reviewing the organisation's governance statement and its approach to risk management.</li> </ul>

	<ul style="list-style-type: none"> <li>• approving any changes or improvements to key elements of its processes and procedures for risk management.</li> </ul>
<b>Audit &amp; Risk Committee</b>	<p>The Audit &amp; Risk Committee has delegated responsibility from the Board for setting NES's Risk Management Strategy and maintaining oversight of risk management processes and structures. The Committee discharges this responsibility by:</p> <ul style="list-style-type: none"> <li>• reviewing any changes to the Risk Management Strategy, processes or responsibility.</li> <li>• maintaining an oversight of the operation of the system of Local Risk Registers.</li> <li>• seeking assurances from the Internal Auditors and other sources of assurance as to the effectiveness of the risk management system.</li> <li>• seeking assurances from the Internal Auditors as to the operation of key controls identified as being in place to control significant risks.</li> <li>• reviewing the Statement of Internal Control in light of assurance reports received.</li> </ul>
<b>Board Standing Committees</b>	<p>Board Standing Committees are responsible for identifying risks relating to their remit and obtaining assurance on the effective management of these risks. Standing committees are required to report on how they have discharged these responsibilities as part of their annual reporting to the Audit &amp; Risk Committee.</p>
<b>Chief Executive</b>	<p>The Chief Executive has overall executive responsibility for risk management arrangements within NES. The Chief Executive has ownership of the Corporate Strategic Risk Register and will ensure that there is suitable review and management of corporate risks. The Chief Executive discharges this responsibility by:</p> <ul style="list-style-type: none"> <li>• reviewing the Corporate Risk Register on a regular basis.</li> <li>• including the Corporate Risk Register in his/her report to the Board at every business meeting.</li> <li>• delegating responsibility for risk management matters to an Executive Lead for Risk Management (currently the Director of Finance).</li> </ul>

<p><b>Executive Lead (Director of Finance)</b></p>	<p>The Director of Finance is currently the delegated Executive responsible for risk management within NES. The Director of Finance discharges this responsibility by:</p> <ul style="list-style-type: none"> <li>• leading the development and implementation of risk management systems within NES.</li> <li>• providing direction to directorate Risk Management leads and Risk Champions.</li> <li>• promoting training and development in risk management throughout NES.</li> <li>• securing external risk management advice and challenge as required to assist with risk management development.</li> <li>• receiving and responding to reports from NES’s Internal Auditors and other assurance providers in connection with the effectiveness of the internal control environment for the purposes of managing risk.</li> <li>• reporting to the NES Board and Audit &amp; Risk Committee on Risks.</li> </ul>
<p><b>Director of Planning &amp; Corporate Resources</b></p>	<p>The Director of Finance delegates day-to-day responsibility for the management of risk processes within NES to the Director of Planning and Corporate Resources. The Director of Planning and Corporate Resources is specifically responsible for:</p> <ul style="list-style-type: none"> <li>• developing risk management systems and processes under the overall direction of the Executive Lead.</li> <li>• supporting Risk Management Group meetings.</li> <li>• co-ordinating and developing risk reporting processes.</li> <li>• ensuring that Local Risk Registers are reviewed on a regular basis.</li> <li>• monitoring critical risks.</li> <li>• providing training and support to directorate Risk Management Leads and Risk Champions.</li> <li>• providing induction training to new staff.</li> <li>• preparing risk management reports to the Executive Team, Audit &amp; Risk Committee and NES Board under the direction of the Executive Lead.</li> </ul>

<p><b>Directors</b></p>	<p>Directors put in place risk management arrangements within their directorate by appointing Risk Management Leads and Risk Champions to take responsibility for the day-to-day management of risk.</p> <p>Directors ensure that key risks are identified and managed within their areas of responsibility and that the Directorate Risk Register is reviewed periodically.</p>
<p><b>Executive Team</b></p>	<p>The NES Executive Team is responsible for approving the NES Risk Management Strategy and associated Risk Management systems and processes prior to submission to the Audit Committee.</p> <p>The Executive Team also assures itself that all significant corporate and local risks are effectively managed by considering the corporate strategic risk register and reports from the Risk Management Group.</p>
<p><b>Risk Management Group</b></p>	<p>The Risk Management Group has a co-ordinating and scrutiny role in respect of risk management at NES. Its specific responsibilities are to:</p> <ul style="list-style-type: none"> <li>• support directorates in identifying and assessing key risks and developing risk management records.</li> <li>• ensure mitigating actions required are being addressed in a timely manner.</li> <li>• ensure that NES Risk Management systems and processes are being applied consistently.</li> <li>• review and update the NES Risk Management Strategy and associated control documents as required.</li> <li>• provide advice and guidance on staff development needs in risk management.</li> <li>• manage the quality of risk reports to the NES Board and Board standing committees.</li> <li>• make recommendations to the Executive Team regarding the escalation of risks from directorate risk registers to the corporate strategic risk register.</li> </ul> <p>The RMG is chaired by the Executive Lead for Risk Management nominated representative the Deputy Director of Finance.</p>
<p><b>Directorate Risk Management Leads</b></p>	<p>Directorate Risk Management Leads are responsible for ensuring that corporate risk management systems and processes are implemented effectively within their respective directorates. They also have an advisory role in reviewing risk management practice, processes and strategy.</p> <p>Their role includes:</p>

	<ul style="list-style-type: none"> <li>• creating and updating risk records in their Directorate through the local risk log</li> <li>• raising awareness of both the risk management process and specific risks</li> <li>• reviewing all risks within the relevant local risk register with risk owners to check that: <ul style="list-style-type: none"> <li>- risks remain current.</li> <li>- controls are effective in reducing the inherent impact and/or likelihood of risks materialising.</li> <li>- each control includes evidence (assurance) to confirm the control is operating effectively.</li> <li>- the Risk Actions are up-to-date and are specified as SMART targets with target dates and named individuals responsible.</li> <li>- supporting staff on risk management issues through the provision of information and advice.</li> </ul> </li> </ul> <p>Directorate Risk Management Leads are full members of the NES Risk Management Group.</p>
<b>Risk Owners</b>	Risk Owners are responsible for managing and reporting on individual risks. This involves identifying risks and reporting them to their local Risk Champion and/or Directorate Risk Lead, identifying and implementing risk controls and/or actions, taking any necessary actions to further control risks.
<b>All Staff</b>	All NES staff are responsible for managing risks as an integral element of their job; and understanding their role in ensuring that internal control systems are effectively operated.

## 8. Further Information and Advice

The Risk Management Strategy is accompanied by the NES Risk Management Manual, which sets out standard operating procedures for identifying, recording, reviewing and reporting risks at NES.

### 8.1. Risk Management Contacts

Specific advice on risk management is available from:

[Rob Coward](#)

[Debbie Lewsley](#)

**Planning and Corporate Resources Team**

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NES Risk Management Strategy  
April 2024

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Please contact us on 0131 656 3200 or email [altformats@nes.scot.nhs.uk](mailto:altformats@nes.scot.nhs.uk) to discuss how we can best meet your requirements.



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**NHS Education for Scotland**

**NES/25/36**

**Agenda Item: 08c**

**Date of meeting: 22 May 2025**

**Public Board Meeting**

**1 Title of Paper**

1.1 NHS Education for Scotland's Learning and Education Research and Innovation Plan

**2 Author(s) of Paper**

2.1 Fiona Fraser, Associate Director, Research, Innovation & Workforce Diversification

**3 Lead Director**

3.1 Kevin Kelman, Director NHS Scotland Academy, Learning & Innovation

**4 Situation/Purpose of paper**

4.1 This paper is submitted for review and to seek the Boards approval for the first NES Research and Innovation Plan (R&I).

**5 Background and Governance Route to Meeting**

5.1 In May 2023, NES published its corporate strategy for 2023–26, outlining its strategic intent, centred around the themes of People, Partnership and Performance.

5.2 In 2024, NES approved its first Learning and Education Strategy. To support NES's transformation and the implementation of the NES Learning and Education Strategy, the Learning and Education Research and Innovation Plan outlines an initial set of key actions. These actions are cross-cutting areas of work which impact on all three of the strategic themes – People,

Partnership and Performance – and require participation and engagement from all NES Directorates.

- 5.3 The Research and Innovation Plan outlines how NES will work staff learners, partners and stakeholders to deliver its ambitions for research and innovation, using technology and innovation to improve education and learning and a better and more sustainable future for health and social care.
- 5.4 In delivering the research and innovation outcomes we will be intentional in our approach to collaborate, engage, connect, share knowledge, learn from mistakes and celebrate progress.
- 5.5 Implementation of this Research and Innovation Plan will ensure that the research and innovation agenda directly support NES's corporate strategy, emphasising the development of the health and social care workforce, fostering strategic partnerships, and enhancing performance to benefit Scotland's population.
- 5.6 The Research and Innovation (R&I) Plan was approved by the NES Executive Team on 29 April 2025.
- 5.7 The R&I Plan was agreed by the NES Education and Quality Committee, with feedback received taken on board.

## **6 Assessment/Key Issues**

- 6.1 With unprecedented demands being placed on the health and care system and in response to population needs, system leadership and change is required to increase responsiveness, efficacy and economy in meeting current and future needs.
- 6.2 Research offers evidence and data specific to pedagogical and workforce diversification considerations, which inform the step change required in developing and adopting innovation to benefit workforce, educational options and pathways to maximise enablement of capabilities.
- 6.3 As we progress through our transformation in NES, this Research and Innovation Plan will be added to and built upon to deliver our strategic intent. The evolution of our Research and Innovation Plan will continue to be informed as we progress and deepen our understanding of what is most important to our staff, learners, trainees and partners and how we can maximise our impact through research and innovation on our health and social care system.

- 6.4 Over the coming years, we will measure and report publicly on the success of our research and innovation activities through our strategic Key Performance Indicators and progress reports against our Annual Delivery and Medium-Term Plans.
- 6.5 The R&I plan makes specific reference to cross directorate and mixed discipline dependency and the potential gains resulting from increased partnership activity.
- 6.6 The plan includes specific actions that will be reported as the plan evolves. This will be iterative and evolving work, however consistently aligned to both the corporate strategy and learning and education strategy.

## 7 Recommendations

- 7.1 To seek approval for the NES Research and Innovation Plan.

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Author to complete **checklist**.

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

**a) Have Educational implications been considered?**

- Yes  
 No

**b) Is there a budget allocated for this work?**

- Yes  
 No

**c) Alignment with [Our Strategy 2023 – 26 People, Partnerships and Performance](#)**

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

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

- Yes  
 No

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

- Yes

No

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

Yes

No

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

Yes

No

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

Yes

No

Author name: Fiona Fraser

Date: 9<sup>th</sup> May 2025

NES

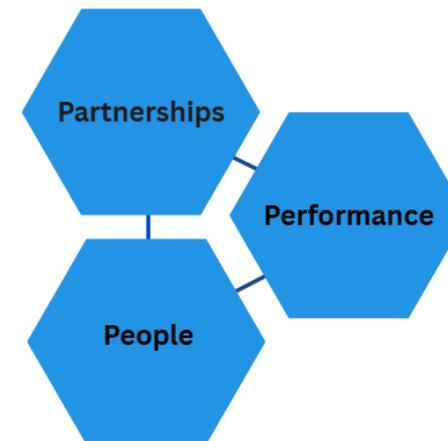


## Draft Research & Innovation Plan April 2025 – version 1.1

Capacity - Capability - Culture - Collaboration

## RESEARCH & INNOVATION PLAN CONTENTS

- Introduction
- What we mean by Research and Innovation in NES
- Why do we need a Research and Innovation Plan and what we are aiming to achieve
- Our key considerations in research and innovation activity
- How we will get there
- What you will see and getting involved
- Our Research and Innovation Plan; what it means for
  - the Health and Social Care Workforce
  - the People of Scotland
  - Partners
  - our Staff
- ‘Research and Innovation Plan on a Page’
- Actions to support the implementation of the Research and Innovation Plan
- The impact NES delivers through Research and Innovation



## Introduction

***Our purpose in NES is to be a collaborative, innovative and inclusive learning organisation providing high quality education, training, workforce development, workforce data and technology for Scotland's health and social care workforce. Our strategic vision is to support better rights-based quality care and outcomes for every person in Scotland through a skilled, capable and resilient health and social care workforce.***

*We are adaptable, creative and responsive to the needs of the workforce and the communities we serve. We are firmly committed to improving population health, reducing health inequalities and working nationally and locally with partners to make a positive and lasting impact to improving the wellbeing of the people of Scotland. We work with the Scottish Government, local government, NHS, Health and Social Care Partnerships, social care providers, academia, regulators and other strategic partners to create new roles and services and develop new and exciting career pathways for future generations.*

*Our work programmes ensure that those who work in health, social care and social work are skilled, confident and motivated to continually improve outcomes for people. We promote and uphold human rights through our education and training and provide challenge where these are not being upheld.*

*In May 2023, we published our corporate strategy for 2023–26, outlining our strategic intent, centred around the themes of People, Partnership and Performance. To support our transformation, we have developed this **Research and Innovation Plan** which outlines an initial set of key actions, in the context of our NES Strategy and our Medium-Term Plan for 2023–26. They are cross-cutting areas of work which impact on all three of our strategic themes – People, Partnership and Performance – and require participation and engagement from all NES Directorates.*

*This **Research and Innovation Plan** outlines how we will work with our staff, learners, partners and stakeholders to deliver our ambitions for **research and innovation**, using technology and innovation to improve education and learning and create a better and more sustainable future for health and social care.*

*In delivering our **research and innovation** outcomes we will be intentional in our approach to collaborate, engage, connect, share knowledge, learn from mistakes and celebrate progress.*

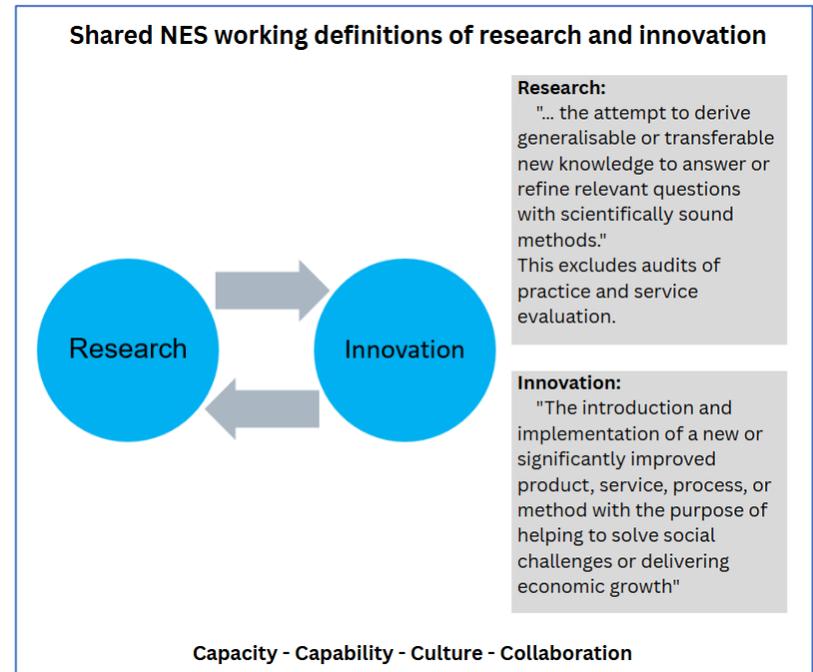
*Implementation of this Research and Innovation Plan will ensure that **the research and innovation agenda directly supports NES's corporate strategy, emphasising the development of the health and social care workforce, fostering strategic partnerships, and enhancing performance to benefit Scotland's population.***

*As we progress through our transformation in NES, this **Research and Innovation Plan** will be added to and built upon to deliver our strategic intent. The evolution of our **Research and Innovation Plan** will continue to be informed as we progress and deepen our understanding of what is most important to our staff, learners, trainees and partners and how we can maximise our impact through **research and innovation** on our health and social care system.*

*Over the coming years, we will measure and report publicly on the success of our **research and innovation** activities through our strategic Key Performance Indicators and progress reports against our Annual Delivery and Medium-Term Plans.*

## What we mean by Research and Innovation

NES aligns with these definitions of **research and innovation**, enhancing the commitment within the NES Strategy 2023-26 to drive efficacy and responsiveness in meeting workforce and population needs through the development and application of **research and innovation**. A whole system and interdisciplinary approach to **research and innovation** across the organisation both acknowledges and provides further opportunities to augment existing activities. This **Research and Innovation Plan** is a complement to the NES Learning and Education Strategy. Both are framed by the NES Strategy 2023-26, with the intention that iterative development of the **Research and Innovation Plan** will align with the development of the next NES Strategy from 2026.



## Why we need a Research and Innovation Plan

NES operates within a continually changing environment and a health and social care system which is facing unprecedented challenges.

This **Research and Innovation Plan** complements a range of other NES Strategies and Plans highlighted above that drive our strategic vision to *support better rights-based quality care and outcomes for every person in Scotland through a skilled, capable, and resilient health and social care workforce.*

We are proud to be an organisation which constantly strives to deliver high-quality public services for the people of Scotland. However, we recognise that to be successful in delivering our NES Strategy, maximising our contribution within a health and social care sector which is reliant upon reform to ensure its sustainability, we must work differently as an organisation; ensuring staff feel heard, valued and supported in their endeavours. We are therefore committed to evolving, with people and partners at the heart of our **research and innovation** to ensure we can support the health and social care workforce of tomorrow to deliver improved outcomes for our population.

This will require a focus on innovation, technological advancements and new workforce models, all informed by research to ensure data and evidence driven progression. Being agile, innovative and able to maximise our potential through collective action helps focus our attention and resources on the areas where we can maximise our impact and value.



### What we aim to achieve

Through this **Research and Innovation Plan** and our collaborative approach, our vision is to support better rights-based quality care and outcomes for every person in Scotland through a skilled, capable and resilient health and social care workforce.

We will achieve this by participating in high quality **research and innovation** across NES, using the Research and Innovation Plan to guide our shared ambitions. We have developed the **Research and Innovation Plan** using these broad principles to achieve our shared ambitions across NES:

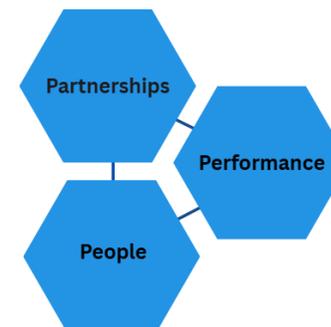
With a focus on people, partnerships and performance we will:

- Develop a cohesive, high-quality approach to research and innovation in NES
- Support the development and delivery of top-tier learning experiences for our staff, learners, partners and service users, ensuring a consistently excellent experience now and in the future
- Demonstrate improved organisational efficiency and effectiveness by aligning our research and innovation activity with the principles of the NES Strategy, fostering a culture of continuous improvement.

The **Research and Innovation Plan** has a strong focus on pedagogy and workforce diversification with an aim to advance teaching, learning, assessment and scholarship in NES including:

- developing new knowledge
- improving pedagogical practices
- supporting more effective learning and teaching approaches
- developing the health and social care workforce to meet population need
- preparing workforce for new and emerging skills and capabilities
- enhancing assessment approaches
- ensuring access to high quality learning environments

	Research and Innovation Plan is an important contributor to NES planning and delivery, from the perspective of the Board, its partners and key stakeholders
	The Plan is relevant to those working within the organisation, is accessible and engaging to those who may be less experienced in this area
	The Plan offers additional cohesion to a complex work arena, providing touch points to share learning, avoid duplication and minimise <u>non value</u> adding activity
	The approach set out in the Plan is relevant to each workstream, offering guidance and resource at varied points



### Our key considerations in research and innovation activity

The diagram below captures the range of key considerations that have been critical in the development of this **Research and Innovation Plan**. As well as integrating these throughout our **Research and Innovation Plan**, teams will be encouraged to take account of these as they embark on and develop new **research and innovation** workstreams across NES.



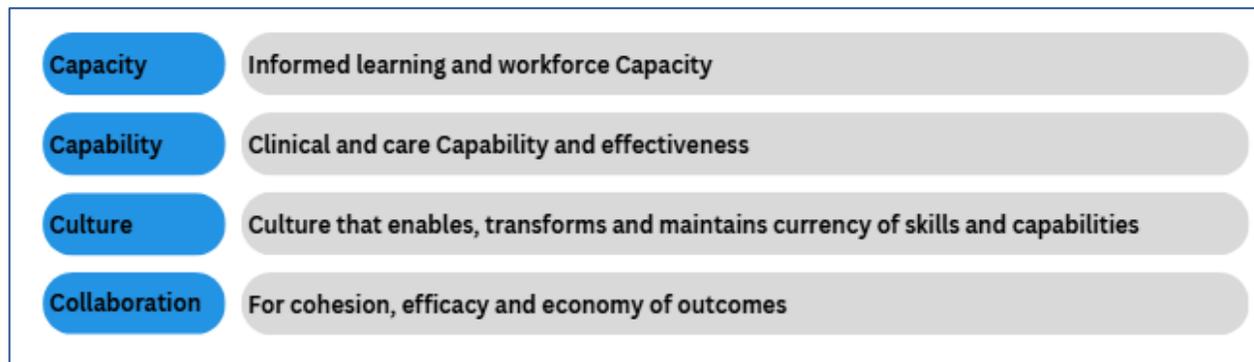
## How we will get there

To deliver the ambitions and intent set out in the NES Strategy 2023-26 and address the challenges faced by the health and social care system, we have committed to a programme of organisational transformational change and corporate improvement which will ensure we remain 'fit for the future'. Our transformational journey has been outlined in our recently published Transformation Route Map which underpins the delivery of our Medium-Term Plan and Annual Delivery Plans and is supported by our Organisational Development Plan.

This **Research and Innovation Plan** builds upon our strategic commitment to:

- Co-design quality and excellence, by working with our partners and those with lived and living experience of health and social care services to shape our education, training and resources.
- Connect and collaborate, by building relationships and extending our reach nationally and internationally to innovate and learn from research and practice, adding value where it is most needed.
- Cultivate capabilities, to build careers and a sustainable workforce which is fit for the future, both within NES and the wider health and social care system; anticipating and responding to the impact of technological and workforce innovations.
- Continue to develop our culture of being inclusive and reflecting our values and behaviours in all that we do to support, empower and value our staff, partners, trainees and learners.

Contextualising these commitments within **research and innovation**, it is critical that our related workstreams focus on cultivating **research and innovation capacity, capability, culture and collaboration**. This is required across NES, the health and social care and education and skills systems that we work within.



Implementing our **Research and Innovation Plan** will be critical in inspiring our people, instilling confidence in our stakeholders and creating the momentum to move **research and innovation** activity at pace. We will progress our **Research and Innovation Plan** through five key actions which set out the deliverables that staff, learners and trainees, partners and the people of Scotland can expect as we deliver on our strategic intent.

During the first 12 months, we will focus on sharing and building our change story for **research and innovation** and engaging people with it, building the capacity and capability in the organisation and delivering critical building blocks in our strategic journey through these priority actions:



When brought together, these key actions will deliver the significant step change we seek to maximise our research and innovation contribution and the positive impact we can make to the people of Scotland, our partners and in the performance of our organisation.

We will engage proactively with all involved to encourage collective ownership of **research and innovation** as we seek to streamline processes and systems, cutting across functional boundaries and creating 'Once for NES' approaches.

## What you will see

Our **Research and Innovation Plan** will support NES in providing high quality education, training, workforce development, workforce data and technology for Scotland's health and social care workforce.

Through our **research and innovation** activities, you will see our current strengths being consolidated and built upon and people at all levels of our organisation being developed and involved in research and innovation.

Following approval and publication of the NES Strategy 2023-26, the development of a suite of enabling strategies and plans to underpin implementation has been identified as a priority. The Learning and Education Strategy is one of these enabling strategies and sets the direction for NES in fulfilling its overall purpose and vision through learning, education and training.

The purpose of the Learning and Education Strategy – as the first strategy of its kind for NES - is to support transformational change in the longer term, in addition to setting the priorities for delivery within the current strategic cycle (2023-26).

A key priority action within the NES Learning and Education Strategy is working in partnership. The Strategy articulates ways in which NES will engage in partnership working in **research and innovation**, including:

- Systematically extending and prioritising partnership working and collaboration across the system to deliver more, together.
- Broadening and deepening strategic engagements with our partners, making our purpose and vision clear and identifying synergies.
- Partnering with organisations providing insights into health and social care research and innovation and seeking to understand and support these through learning and education, including technologies for improved care quality and availability. We will use these insights to drive innovation and recovery alongside our partners.
- Ensuring a structured and corporate approach to strategic partnership formation, development, evaluation and review - ensuring we get the best impact from our work with other organisations. There will be clear links between our strategy, key performance indicators and our partnerships.

By working in partnership, the **Research and Innovation Plan** will support the delivery of these key strategic areas from the NES Strategy 2023-26:

### *Education, Training and Workforce Development*

The main responsibility for NES is to develop and deliver education and training for the NHS in Scotland, together with a similarly important role in relation to social care and social work. This includes undergraduate, postgraduate and continuing professional development. NES extends its offer and reach to support other public bodies through a range of collaborative activities.

NES will work with Scottish Government, the health and social care sector, academia and regulators to develop new leadership and innovation programmes; support succession planning and talent management and create new education and training routes that meet the needs of our population.

NES will explore new models of education and training, in collaboration with partners, across health and social care disciplines. NES will also support acceleration of skills development in areas key to service transformation including leadership, digital and data.

#### *Data, Intelligence and Workforce Supply*

NES is the official provider of workforce statistics and strategic delivery partner of Scottish Government on technology and information resources, growing to meet the workforce pressures faced by health and social care and societal need. Over the next three years NES will target skills development in digital and seek to improve the range, quality, detail, analysis and reporting of workforce data.

Building on the role of the Centre for Workforce Supply, NES will work collaboratively with health, social care and academic partners to utilise population health and workforce data. This will enable data informed workforce planning, service redesign, new models of care and creation of new roles and qualifications.

#### *Educational Research*

The ambition for NES is to be a world class organisation for education, training and learning, working with partners and collaborating with the broader system, to build research capacity within the health and social care system. Key partners such as the Chief Scientist Office further enable NES activity and outcomes.

NES will focus on educational research and knowledge services, including the use of artificial intelligence (AI) in education; to shape the future of learning within health and social care and ensure best practice can be adopted across the sector. NES will also research how technology can improve the education and training of the health and social care workforce, encompassing both paid and volunteer roles.

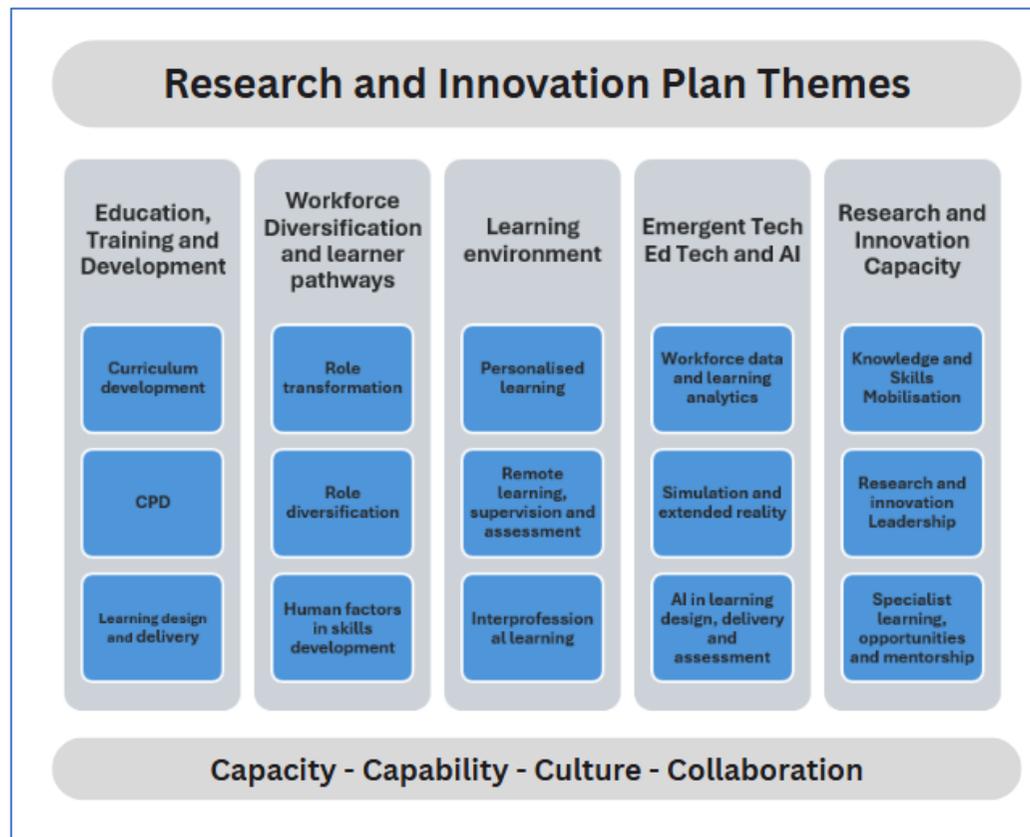
#### *Digital Innovation & Delivery*

To support delivery of Scotland's Digital Health and Care Strategy (a joint initiative between Scottish Government and COSLA), NES will use technology to improve health and social care services in Scotland, working collaboratively with partners. This includes building digital solutions and using cloud-based services to support better outcomes for the people of Scotland and address inequalities. NES will develop a national digital platform that integrates data, intelligence and applications, delivering a Digital Front Door to make it easier for people to access services and information.

NES aims to help health and social care staff work more efficiently and effectively by providing them with the information they need. NES will also work collaboratively as part of Accelerated National Innovation Adoption (ANIA) to assess and scale innovation, supporting the sustainability of NHS Scotland.

It is important to note the iterative nature of these key strategic areas from the NES Strategy 2023-26. We have identified five **research and innovation** themes that will support our continuous commitment to sharpen and deepen our practice and approaches in these areas.

The key **research and innovation themes** we will focus on in 2025/26 are shown in the following diagram:



## Getting involved

A significant amount of work has been undertaken to support the development of the Research and Innovation Plan by colleagues from across NES. To date we have focused mainly on internal communications, through the establishment of the NES Research and Innovation Reference Group.

We will continue to:

- explore how working collaboratively, with partners at local, regional and system levels can broaden our reach and contribution to improve outcomes for the people of Scotland.
- provide regular updates and progress reports to keep staff informed and involved.
- foster a positive and inclusive organisational culture to the delivery of the Research and Innovation Plan.

The NES educator capability framework illustrates routes for staff at varied stages to enhance skill and capability, from informed to specialist practice. The framework makes specific and helpful reference to educational research and learning design, foundations for research and innovation.

<u>Educational Research</u>	<u>Learning Design</u>																
<p><b>Educational Research:</b> Systematically examining education and learning processes; including research into how technology can improve the education and training of the workforce.</p> <table border="1"> <tr> <td data-bbox="181 927 416 970"><b>Level 1: Informed</b></td> <td data-bbox="416 927 1122 970">Describes the importance and value of educational research on learning and teaching.</td> </tr> <tr> <td data-bbox="181 970 416 1042"><b>Level 2: Skilled</b></td> <td data-bbox="416 970 1122 1042">Participates in and contributes to the design and development of educational research projects.</td> </tr> <tr> <td data-bbox="181 1042 416 1118"><b>Level 3: Enhanced</b></td> <td data-bbox="416 1042 1122 1118">Designs, supervises, and leads educational research, demonstrating knowledge and understanding of a broad range of approaches.</td> </tr> <tr> <td data-bbox="181 1118 416 1257"><b>Level 4: Specialist</b></td> <td data-bbox="416 1118 1122 1257">Provides leadership through expert knowledge and experience in various research approaches, applying the most suitable method for each project. 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Initiates and maintains strategic partnerships with relevant organisations to enhance research developments and grant applications	<p><b>Learning Design:</b> Methodically crafting learning experiences based on sound educational theories, and ensuring learning outcomes are achieved.</p> <table border="1"> <tr> <td data-bbox="1122 927 1335 1042"><b>Level 1: Informed</b></td> <td data-bbox="1335 927 2042 1042">Understands the importance of clear programme/ product aims, developing learning outcomes, and aligning learning experiences with assessments (constructive alignment). Demonstrates awareness of different learning methods, experiences, and resources, including effective use of work-based learning.</td> </tr> <tr> <td data-bbox="1122 1042 1335 1206"><b>Level 2: Skilled</b></td> <td data-bbox="1335 1042 2042 1206">Identifies key information sources to assess learner and workforce needs and develop programme aims. 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Implements innovative, effective learning approaches tailored to learners' needs.</td> </tr> <tr> <td data-bbox="1122 1326 1335 1390"><b>Level 4: Specialist</b></td> <td data-bbox="1335 1326 2042 1390">Contributes to improving education design, strategies, and policies to enhance the impact of programmes beyond own area or organisation.</td> </tr> </table>	<b>Level 1: Informed</b>	Understands the importance of clear programme/ product aims, developing learning outcomes, and aligning learning experiences with assessments (constructive alignment). Demonstrates awareness of different learning methods, experiences, and resources, including effective use of work-based learning.	<b>Level 2: Skilled</b>	Identifies key information sources to assess learner and workforce needs and develop programme aims. Selects and applies appropriate methods for designing learning, incorporating input from experts, peers, and learners, in line with policy and organisational expectations. 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## **Our Research and Innovation Plan**

### ***What it means for the Health and Social Care Workforce***

Learners will experience increased relevance and focus across all types of learning, aligning more closely with their needs, career aspirations and the challenges and opportunities of working in health and social care in their communities. They will benefit from a consistently high-quality learning experience and improved recognition and portability of their learning.

### ***What it means for Partners***

Our partners will have greater clarity on the totality of the research and innovation offer provided by NES, how this supports their organisational objectives and underpins the delivery of high-quality health and social care services. They will have more opportunities to influence our research and innovation priorities.

### ***What it means for the People of Scotland***

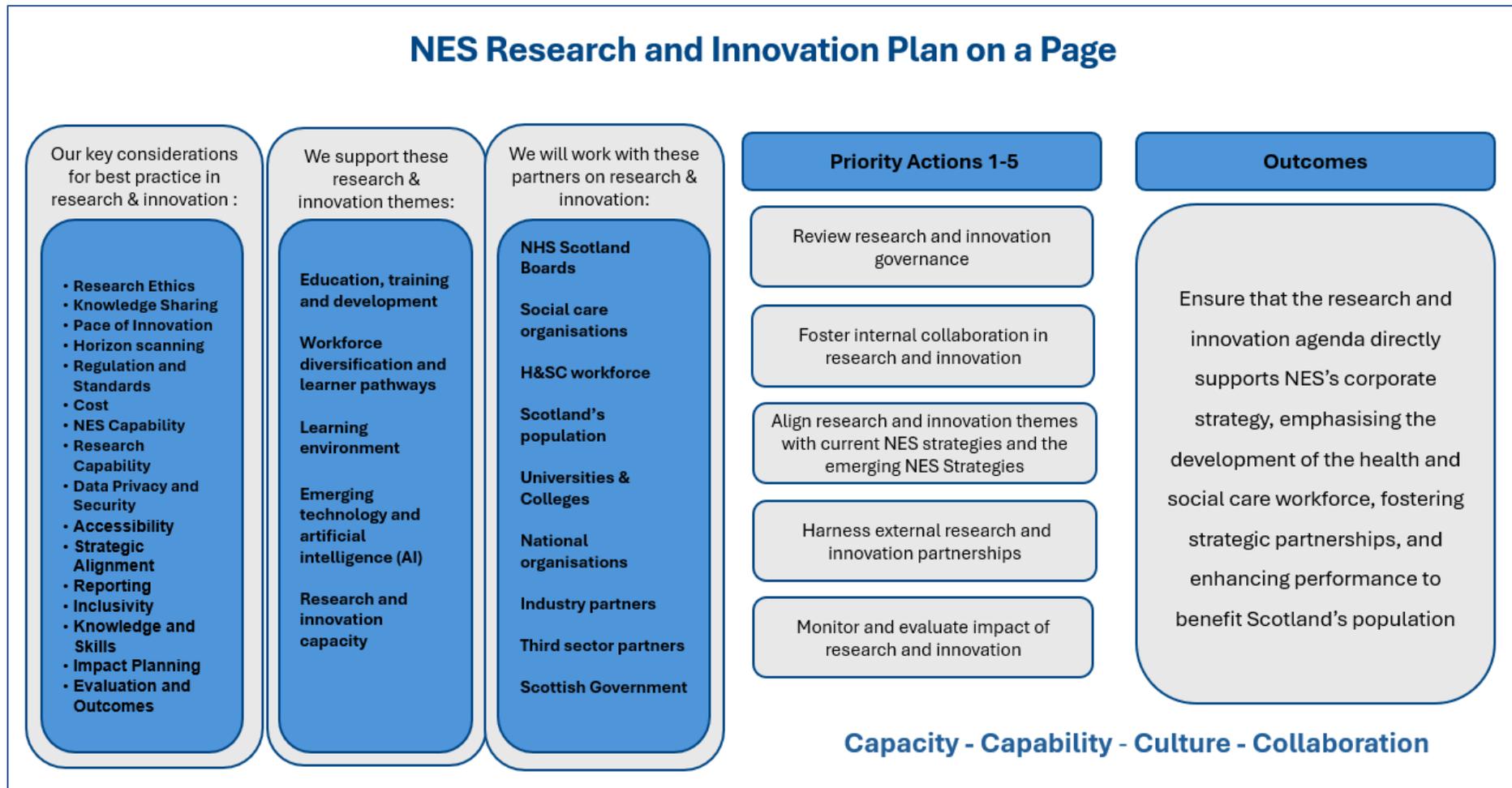
People who use health and social care services will be confident that the workforce understands what is important to them and have the right knowledge, skills and competencies to provide high-quality and person-centred care. There is a strong correlation between the relevance and quality of education and the delivery of high-quality care. We also recognise the connection between learning and education opportunities across public services in relation to health and wellbeing in addition to public and population health outcomes.

### ***What it means for our Staff***

Our staff will see consistent structures for decision making, clearer business processes and the right information to inform the development, approval and enhancement of research and innovation. They will benefit from being part of a learning organisation, where learning and good practice is shared at individual, team, organisational and systems levels. Staff will benefit from appropriate development opportunities and a more systematic approach to bringing people together to reflect and develop their practice alongside peers. They will be supported to deliver research and innovation that has a positive impact on the quality of care delivered to the people of Scotland.

We will have a cohesive, high-quality approach to research and innovation in NES. This will support the development and delivery of top-tier learning experiences for our staff, learners, partners and service users, ensuring a consistently excellent experience now and in the future. We will have improved organisational efficiency and effectiveness by aligning our research and innovation with the principles of the NES Strategy and fostering a culture of continuous improvement.

In summary, we have captured our Research and Innovation Plan ‘on a page’



## **Actions to support the implementation of the Research and Innovation Plan**

We will deliver our *Research and Innovation Plan* through five key actions which set out the deliverables that staff, learners and trainees, partners and the people of Scotland can expect as we deliver on our strategic intent.

### **Priority Action 1: Review research and innovation governance**

**We will implement robust governance mechanisms to oversee the development, implementation and evaluation of the research and innovation agenda, ensuring accountability and alignment with organisational priorities.**

**Research and innovation governance is the broad range of regulations, principles, processes and standards of good practice that exist to assure and continuously improve, quality across all aspects of research and innovation for health and social care. NES requires new governance arrangements to support diverse research, research-related activities and new approaches to innovation.**

**The new arrangements will support the synergistic relationship between research and innovation while respecting their distinctiveness and acknowledging the role of research in inspiring and supporting innovation.**

To enable the conditions described above, five actions have been identified:

#### **Action 1.1**

##### **Review the purposes of research and innovation governance**

The purposes of research and innovation governance are numerous including:

- Safeguarding participants in research and innovation activities and the users of innovation outputs
- Ensuring alignment with NES and national strategic priorities for research and innovation in health and social care
- Ensuring accountability for research and innovation performance and quality
- Promoting and supporting good practice in research and innovation
- Ensuring activities are adequately resourced and provide value for money
- Ensuring the outputs and outcomes from research and innovation activities are appropriately disseminated and evidence is translated into practice

#### **Action 1.2**

##### **Define the scope of research and innovation governance**

Governance arrangements will be inclusive of diverse activities that meet NES respective definitions of research and innovation. It is expected that the specific arrangements will be differentiated to recognise the distinctive features and requirements of research and innovation activities.

**Action 1.3**

**Agree NES-wide governance principles**

NES governance structures, processes and practice for research and innovation should be based on a set of agreed principles. NES current Research Governance Policy is based on 14 principles derived from the UK Framework for Health and Social Care Research. The principles underpinning research and innovation will need to balance the interests of participants, patients/clients, service providers, the Scottish taxpayer, partner organisations and NES staff.

**Action 1.4**

**Develop key governance processes (sign-off, registration, ethical approval, reporting)**

A key focus for research and innovation governance will be the processes that support the purposes, including those set out at 1.1. The governance processes will differ for research and innovation, respecting the requirements in each area. It is expected that research and innovation should share similar processes in some areas (e.g. sign-off of proposals, registration and reporting).

**Action 1.5**

**Define responsibilities and accountabilities**

Responsibilities for NES current research governance are distributed to directorates and individual researchers. Oversight is through a corporate Research Register and an annual Research Governance report.

For innovation projects, governance is mainly in the form of business processes (annual planning and corporate radar) and programme governance (contracts/MOUs, programme boards and reference groups) with the support of the NHSSA, Learning & Innovation directorate.

The NES Research and Innovation Plan will need to clarify the responsibilities and accountabilities of individual researchers/innovation leads, directorate teams, the NES Executive Team, cross-directorate groups (e.g. the Education & Quality Exec Group or new groups to support research and innovation), the Education & Quality Committee. The plan will also clarify the extent to which governance responsibilities should be distributed.

## Priority Action 2: Foster internal collaboration in research and innovation

**We will collaborate and work cohesively within teams and across NES to develop inclusive and comprehensive research and innovation workstreams that address the needs of the health and social care workforce and align with organisational goals.**

**Implementing a clear system of management, governance and support, NES will cultivate a culture of research and innovation engagement and participation across all levels of the organisation. This will ensure that NES staff understand how their activities contribute to research and/or innovation. It will ensure that teams understand how NES actions directly support the wider health and social care sector to applying research and innovation in response to population demand.**

To enable the conditions described above, four actions have been identified. Whilst work towards these aims may take place concurrently, the activities will build upon each other in sequence:

### **Action 2.1**

#### **Build workforce research and innovation capability and capacity**

Our Strategy 2023-2026 notes ambition to be a world class organisation for education, training and learning, working with the Office of the Chief Scientist to the Scottish Government, as well as other partners, to build research capacity within the health and social care system.

Building up and understanding of the skills, knowledge and behaviours required to enhance research and innovation activity in the wider workforce will help direct NES activity in this area.

Actions to support workforce research and innovation capacity and capability include (but not exclusively):

- Training and support (for example, ethics, governance and publishing)
- Online learning modules
- Research and innovation workshops, peer support, and networks
- Education and training to support use of specific emergent educational technologies (EdTech)/workforce innovation
- Undertake initial assessment of current NES research capacity and capability

With regard to innovation, existing tools and learning resources are available to support workforce adaptation to changing population needs. Within NES, action will support an organisational understanding of innovation recognising the importance of adopting emergent educational technologies, innovative approaches to addressing workforce challenges and how to progress from new and emerging approaches to embedding as routine activity.

**Action 2.2**

**Build career pathways for NES research and innovation staff**

To support the NES research and innovation workforce, there is ambition to further progress career and leadership pathways with a focus on research and innovation.

**Action 2.3**

**Establish the research and innovation systems and culture**

Activities to support this area include:

- Communication and promotion of research and innovation opportunities
- Planned activity regarding infrastructure and governance features within action 1

**Action 2.4**

**Ensure research and innovation activities and resources are visible, embedded and understood**

To ensure that activities and resources are visible, embedded and understood, deliverable actions include:

- Develop and use a research template to share work
- Develop and implement a research repository
- Share activities and resources via researcher profiles (website) and updates via an evolving information and reporting plan
- Ensure that learning and education research and innovation activities are aligned with service requirements, system growth and population demand

### Priority Action 3: Align research and innovation themes with current NES strategies and the emerging NES strategies from 2026

**It is vital that the Research and Innovation Plan adds value to NES by establishing priority areas of focus that we believe will contribute positively to the achievement of strategic outcomes for NES.**

**This will ensure the research and innovation agenda directly supports NES corporate strategies, emphasising the development of the health and social care workforce, fostering strategic partnerships and enhancing performance.**

#### **Action 3.1**

##### **Share and test current year themes**

For 2025/26, our Research and Innovation Plan identifies five themes:

1. Education, training and workforce development in health and social care, including clinical effectiveness and learning design and delivery
2. Workforce diversification and new career pathways, including widening access and skills focused innovation
3. Learning environments, including learning pathways, practice education and clinical environments
4. Emergent educational technology, data and artificial intelligence
5. Learning and education pathways for developing expertise in research, academia, innovation and enterprise

During the year these will be shared across NES through a range of resources, including case studies and online all staff webinars. This will allow teams and colleagues to hear from peers on their practice, offer feedback and additional themes for consideration.

As the year progresses, NES Research and Innovation Reference Group will explore how current research and innovation activity aligns with these themes, providing additional visibility and identifying where further investment may be beneficial.

As NES moves towards the development of future strategies, insights from and evaluation of evolving research and innovation will in turn help shape future requirements, creating a flow of evidence and intent. This will include the development of horizon scanning approaches, incorporating both innovation in clinical and care practices and research into the future of workplace learning and skills development.

### **Action 3.2**

#### **Assess alignment of current activities**

The Research and Innovation Reference Group will assess how current research and innovation activity aligns with these themes, providing additional visibility and identifying where further investment may be beneficial. This will be a key element of the development of the research and innovation governance structures.

Actions will include:

- Identify appropriate alignment frameworks for both research and innovation
- Review current activities within the agreed framework and assess thematic connections
- Complete gap analysis to identify areas for potential investment and focus

### **Action 3.3**

#### **Contribute to emerging strategic development**

As NES moves towards the development of future strategies, insights from and evaluation of evolving research and innovation will in turn help shape future requirements, creating a flow of evidence and intent. This will include the development of horizon scanning approaches, incorporating both innovation in clinical and care practices and research into the future of workplace learning and skills development.

Actions will include:

- Connecting with the Strategic Planning team to ensure appropriate engagement with existing processes
- Explore additional steps to maximise alignment during strategic and operational planning cycles
- Establish an effective approach to sharing research insights and horizon scanning scenarios to support decision-making at team and Directorate level

**Priority Action 4: Harness external research and innovation strategic partnerships**

**Incorporate relevant expertise and tools from external partners to enrich and enhance the scope of NES research and innovation agenda.**

To enable the conditions described above, two actions have been identified:

**Action 4.1**

**Establish partnerships**

Collaborative potential evolves at a different pace in each set of circumstances, with stakeholders establishing an understanding of each other’s key drivers and operating contexts. This informs the target area of focus. Establishing areas of strategic alignment and intent underpins how a partnership is confirmed. Whilst each partnership presents unique potential, NES will standardise how such engagement is agreed, offering transparency and clarity of purpose.

Such agreement will enable structured activity that aligns with corporate objectives to partners’ mutual benefit. This alignment will be a feature of quarterly and annual reporting, with attention to impact criteria. This is already underway, with activity from varied contributors in NES. Activity in this area will develop and consolidate requirements specific to this partnership working and be reflected in a Milestones activity diagram.

Early collaborative engagement will help identify each organisation’s strengths and specific areas for collaborative working, with clear expectations regarding outputs. Standardised systems of recording and reporting will develop to both capture these and enhance profile, visibility and potential for impact. This will add to efficiency.

**Action 4.2**

**Target partnership activity**

We expect that each partnership and the agreed intended outcomes will have an iterative life cycle, with evaluation forming a crucial role in how a partnership evolves to maintain currency and ongoing effectiveness.

We recognise that collaborative working is not exclusive to NES. NES may engage in partnership activity which has dependencies and connections with other partnered organisations across the health and social care ecosystem, that is our collaboration may not always be a 1:1 partnership. This is expected and will be noted within ongoing reporting.

We also expect that change agency will be a feature of many partnerships, influencing forecasting and future strategic planning.

Partnership working and joint engagement may require planning information and activity to socialise the broader system to such working practice. We expect that this will add cohesion and efficiency in NES responsiveness to end audiences; be they learners, workforce or Scotland’s population.

**Priority Action 5: Monitor and evaluate impact of *research and innovation***

**Regularly monitor and evaluate the impact of research and innovation activities on organisational performance, using these insights to refine and enhance the research and innovation agenda as a component of corporate activity in structured cycles.**

**The impact of research and innovation describes the ‘real life’ positive or negative consequences or impacts that can be attributed, directly or indirectly, to an intervention or innovation. Impacts may be planned as a result of ‘spillover effects’, unplanned leading to unanticipated benefits or harms. Harnessing, understanding and developing from the outputs of such activity is key to NES developing as a learning organisation. We expect this area to grow.**

Evaluation and monitoring of impact enables NES to measure the effectiveness of its research and innovation activities and how these contribute to organisational performance, the wider workforce and the well-being of Scotland’s population. Benefits include:

- Personal and professional satisfaction for the NES workforce, knowing their contribution is making a positive difference
- Organisational ability to identify the strengths and weaknesses of research and innovation activity, informing decision-making regarding capacity and efficient resource allocation
- Insights that promote learning and continuous improvement across NES programmes and activities, as well as the broader system
- Increased likelihood of securing external funding to support research and innovation activities
- Data that demonstrate NES efficiency and effectiveness in resource application
- Progression of the corporate objective to enhance the NES reputation as a world class organisation for education, training and learning.

**Action 5.1**

**Consolidate NES impact evaluation and monitoring frameworks**

The NES Planning for Impact Framework is informed by the Kirkpatrick Model which measures impact at four levels: engagement, education, performance and service.

The Planning for Impact Framework, which enhances focus on impact evaluation and a perpetuating cycle of growth, is available to all staff.

- We expect to see greater application of this framework with reportable outcomes
- Development of an enhanced approach to evaluate and monitor NES research and innovation activities
- Findings from this activity will flow into governance structures, progressing cumulative refinement of the NES system for evaluating research and innovation activity. We expect to see alignment between outputs from action 5 and action 1

### **Action 5.2**

#### **Establish methods for evaluation and monitoring impact**

Pathways to impact are strategies that are planned and implemented at the inception of a research and innovation activity which inform the generation and measurement of impacts in line with the NES strategy. The extent of the evaluation and monitoring undertaken should be proportionate to programmes and projects. Impact evaluation and monitoring will be evidenced by reported documentation.

Consultation with staff and subject experts will ensure methods within the research and innovation evaluation and monitoring framework are relevant and applicable across NES. Staff surveys will chart progress.

### **Action 5.3**

#### **Develop impact evaluation and monitoring outcome measures**

Impact outcomes to be measured and monitored may differ according to the research or innovation programme evaluated.

- We will explore development of a core set of outcomes relevant to all activities. A focus of this will be consideration of how these core outcomes link to NES Key Performance Indicators.

NES research and innovation activities may be carried out in partnership with other health boards or organisations.

- When considering impact outcomes, we will identify and consider the needs of collaborative partners
- Guidance on how best to measure costs and benefits will be explored

Methods to measure impact outcomes can be qualitative or quantitative, with varied indicators.

- We anticipate that these broader measures of impact will be included in the impact evaluation and monitoring framework being developed

### **Action 5.4**

#### **Develop structures to support dissemination of impact**

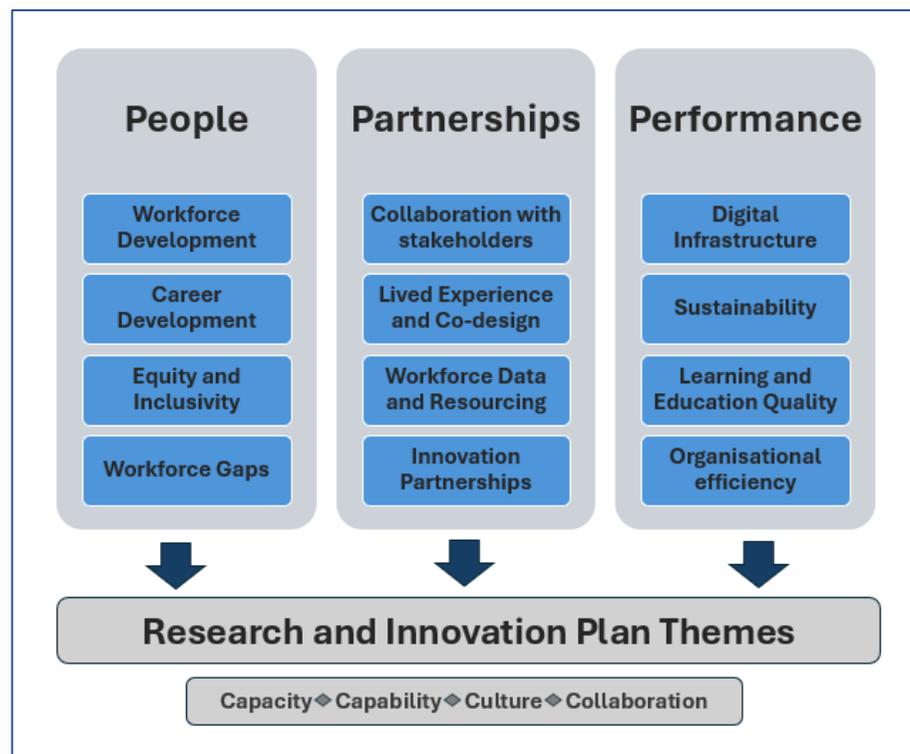
Dissemination is the process of sharing evidence of impact across NES and with our external stakeholders. Without effective dissemination, many of the benefits described in part 5.1 will not be realised and the impact of our research and innovation activities will not be maximised.

- We will include plans for dissemination during the programme/project planning stage and the effectiveness of a range of potential dissemination vehicles will be explored
- Dissemination aims to reach and engage as wide an audience as possible
- Increased dissemination resulting in heightened profile of research and innovation activity will be one criteria marker for success

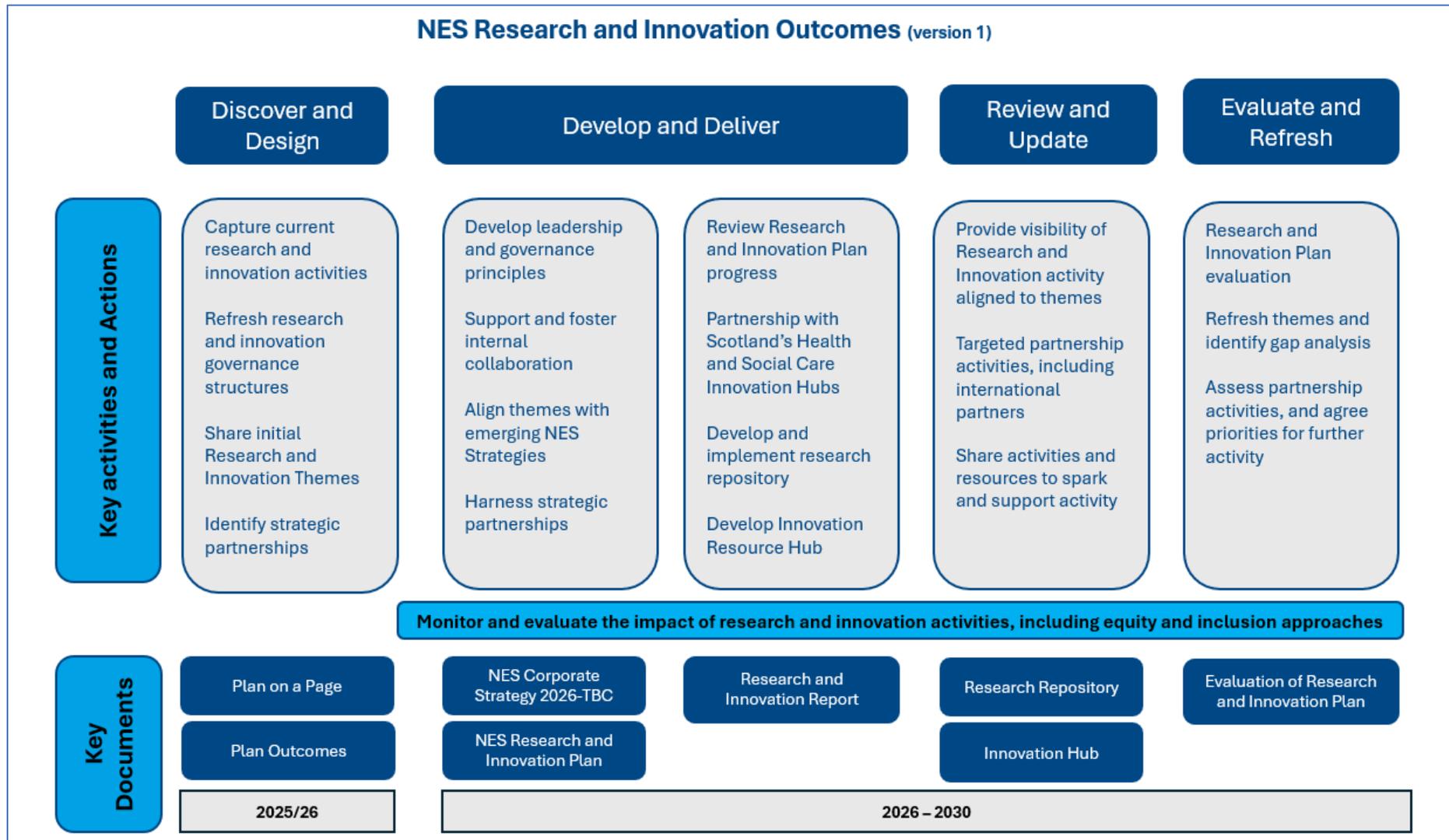
### The impact NES delivers through Research and Innovation

In summary and to emphasise, a focus on people, partnerships and performance will:

- Develop a cohesive, high-quality approach to research and innovation in NES
- Support the development and delivery of top-tier learning experiences for our staff, learners, partners and service users, ensuring a consistently excellent experience now and in the future
- Demonstrate improved organisational efficiency and effectiveness by aligning our research and innovation activity with the principles of the NES Strategy, fostering a culture of continuous improvement.



This outcomes diagram illustrates expected and sequential milestones. Future versions of this diagram will capture reportable activity for actions 1 to 5 aligned to the key research and innovation themes.



**NHS Education for Scotland**

**NES/25/37**

**Agenda Item: 09a**

**Date of meeting: 22 May 2025**

**Public Board Meeting**

**1 Title of Paper**

1.1 2024/25 Quarter 4 Delivery Report

**2 Author(s) of Paper**

2.1 Alison Shiell, Planning & Corporate Governance Manager

**3 Lead Director(s)**

3.1 Christina Bichan, Director of Planning, Performance & Transformation

**4 Situation / Purpose of paper**

4.1 This report provides the Board with a Quarter 4 (Q4) and year-end update on NES's delivery performance against the deliverables and milestones set out in the 2024/25 NES Annual Delivery Plan (ADP). The report uses (B)RAG exception reporting to evidence progress and completion status.

4.2 In addition to the cover paper, the report comprises a 2024/25 Q4 summary progress report (Appendix 1) and a full 2024/25 Q4 update (Appendix 2).

4.3 The Board are asked to review and approve this report.

**5 Background and Governance Route to Meeting**

5.1 This report has been prepared for the Board's review and approval and has been considered by the NES Planning & Performance Committee and Executive Team in advance of the 22 May 2025 Board meeting.

- 5.2 With the establishment of the Planning and Performance Committee (PPC) from 1 April 2025, the quarterly ADP delivery reports now follow an enhanced governance approach. As per the PPC Terms of Reference, the Board has delegated oversight and scrutiny of organisational performance to the PPC. The PPC receive quarterly ADP delivery reports in advance of the NES Board and will provide feedback, guidance and advice as required. Following feedback provided at the first PPC meeting on 2 May 2025, parts of the Amber deliverable detail within Section B of the cover paper have been strengthened to provide additional clarity in relation to the year-end deliverable position.
- 5.3 The 2024/25 NES ADP was approved in principle by the NES Board in May 2024. Following planned discussions between NES and Scottish Government (SG) policy colleagues in June and early July 2024 to clarify NES's 2024/25 deliverable and funding position, NES received SG approval for the 2024/25 ADP via a formal letter issued on 10 July 2024.
- 5.4 The 2024/25 NES ADP is available to access via the [Corporate Publications](#) page of the NES website.

## **6 Assessment / Key Issues**

### 2024/25 Year-End / Quarter 4 – Summary of Delivery Position

- 6.1 At 2024/25 year-end, NES delivery has concluded at 84% of deliverables either categorised as completed or on track. This is in comparison to 85% delivery achieved at 2023/24 year-end. 149 out of 177 deliverables have been categorised as either complete or on track in line with ADP milestones. 25 deliverables have reported minor delays at year-end and three deliverables have reported delays that have significantly impacted planned delivery. An overview of 2024/25 year-end (B)RAG status is provided in Table 1a (page 3).
- 6.2 As per previous 2024/25 quarterly delivery reports, this report aims to provide the Board with as much assurance as possible regarding NES's overall delivery position. As such, this report provides additional context about any deliverables still affected by funding delays and also highlights whether any delays are within / outwith NES's control. This information is set out within Section C (page 11). Out of the 28 deliverables that have reported delays at year-end, three of these are due to funding issues outwith NES's control. This equates to 2% of the 2024/25 ADP deliverable total (177).
- 6.3 The Board will wish to note that the Q4 RAG status and updates provided for the eight NHS Scotland Academy (NHSSA) ADP deliverables remain in draft at the time of writing. This is due to joint NHSSA governance arrangements between NES and NHS Golden Jubilee. The final 2024/25 year-end delivery position will be reported via verbal introductory comments at the 22 May 2025 NES Board meeting. For the Board's information, the PPC received an

overall 2024/25 delivery position based on 169 out of a possible 177 deliverable updates being available by the 2 May 2025 PPC meeting.

- 6.4 As part of 2024/25 Q4 reporting and the finalisation of the 2024/25 ADP, directorates were asked to confirm next steps for any deliverables that have reported Red or Amber at year-end. These deliverables have been categorised via the following three options:
- a. Closed – no further work to be taken forward
  - b. Closed for 2024/25 – a new set of objectives for this work is included as a deliverable within the 2025/26 ADP
  - c. Carried forward into the 2025/26 ADP – the deliverable will continue to be reported until completion.
- 6.5 Tables 2 and 3 in Section B of this report summarise the Red and Amber deliverables identified at Q4. For each deliverable, information is provided to set out next steps to ensure completion during 2025/26 or whether the deliverable will be closed.

### Section A - 2024/25 Year-End / Quarter 4 – Delivery Performance Overview

- 6.6 Delivery performance at 2024/25 year-end is summarised in Table 1a.

**Table 1a: Summary of deliverable status – 2024/25 Year-End / Quarter 4**

<b>Deliverable Status</b>	<b>Number</b>	<b>Percentage</b>
<b>Blue</b> – complete	4	2%
<b>Red</b> – significant delay	3	2%
<b>Amber</b> – minor delay	25	14%
<b>Green</b> – on track	145	82%
<b>Total</b>	<b>177</b>	

- 6.7 Appendix 1 provides a summary of 2024/25 ADP delivery and an overview of the Q4 delivery position. This is supported by additional context and detail provided in the later sections of the cover paper. An overview of NES directorate (B)RAG status at Q4 is shown below in Table 1b. For the Board’s information, there has been some movement in directorate ownership of deliverables during Q4 following changes to reporting lines that were previously located within the NES Workforce directorate. The Equality, Diversity & Human Rights team now reports into the Director of Planning, Performance and Transformation and the Corporate & Quality Improvement team are now a distinct business area reporting into the Director of Nursing / Deputy Chief Executive.

6.8 In relation to 2024/25 Q4 delivery specifically, there has been a slight reduction in the number of red deliverables since Q3 and a slight increase in amber deliverables. Red deliverables have reduced from five to three and amber deliverables have increased from 22 to 25. One deliverable categorised as Red at Quarters 2 and 3 (4807 / NHSSA, Learning & Innovation) has transitioned to an overall Green position at Q4 as notification of confirmed funding for the Digital Learning Infrastructure (previously known as TURAS Refresh) programme has been received from SG Health Finance.

**Table 1b: Summary of NES directorate RAG status – 2024/25 Quarter 4**

NES Directorate / Business Area	Total 2024-25 ADP Deliverables	Blue	Red	Amber	Green
Corporate & Quality Improvement	4	-	-	-	4
Dental	21	-	-	2	19
Finance	7	1	-	1	5
Healthcare Science	5	-	-	-	5
Medical	28	1	1	3	23
NHSS Academy, Learning & Innovation	21	-	-	5	16
NMAHP	32	-	-	5	27
NES Technology Service	10	-	1	4	5
Optometry	7	-	-	1	6
Planning & Corporate Resources	7	-	-	-	7
Pharmacy	11	1	-	2	8
Psychology	5	-	1	-	4
Social Care	5	-	-	1	4
Workforce	13	1	-	1	11
Corporate	1	-	-	-	1
<b>Totals</b>	<b>177</b>	<b>4</b>	<b>3</b>	<b>25</b>	<b>145</b>

### Section B - 2024/25 Quarter 4 – Red & Amber Deliverables

6.9 Three deliverables have been reported as Red (experiencing significant delay) at Q4, which is a slight decrease in comparison to Q3. One deliverable that reported Red at Q3 continues to report Red at Q4. One deliverable that reported Amber at Q3 has been escalated to Red at Q4. Further detail is presented in Table 2.

6.10 25 deliverables have been reported as Amber (minor delay) at Q4. During Q4, some deliverables reporting Amber at Q3 have de-escalated to Green whereas other deliverables have escalated up from Green to Amber. Further detail is presented in Table 3.

**Table 2: 2024/25 Overall position – Red deliverables**

<b>2024/25 Quarter 4 – Red Deliverables</b>	
<b>ADP ref</b>	<b>Summary of 2024/25 overall position and next steps</b>
<b>Medical</b>	
4540	<p>The delivery of training and learning materials for the Continuing Professional Development (CPD) of General Practice Managers has reported Red at year-end. This is due to a delay in advertising the next cohort of the the Practice Managers Vocational Training Scheme (PMVTS) which was due to be completed during the 2024/25 year. Discussions with Scottish Government in relation to the receipt of ongoing PMTVS funding and an associated delivery model for 2025/26 are ongoing.</p> <p>This deliverable will be carried forward into the 2025/26 ADP and reported on until a final position regarding PMTVS funding is known.</p>
<b>NES Technology Service (NTS)</b>	
4594	<p>As projected at Q3, NES’s provision of technology support to the NHS Scotland Digital Prescribing and Dispensing Pathways Programme (DPDP) has reported Red at 2024/25 year-end. As noted in the Q3 Delivery Report, NES received confirmation of 2024/25 funding during Q3. However, this funding arrived too late in the 2024/25 financial year to facilitate recruitment as the funding letter did not include any guarantee of future funding for 2025/26 and 2026/27. Due to the ongoing challenging financial environment, it is not possible to extend fixed term contracts into future years without confirmed funding arrangements in place.</p> <p>The current DPDP delivery position continues to impact delivery including build-related activity and the potential to backfill engineering resource. Work has continued to progress on security principles, architectural deliverables, the DPDP product backlog and various other supporting work.</p> <p>SG / NES discussions regarding future DPDP funding continued during 2024/25 Q4 and an indication of 2025/26 funding has now been received. However, there has not yet been any written indication of a funding commitment for the following financial year (2026/27) which may again have an adverse impact on planned recruitment to the DPDP programme.</p> <p>2024/25 DPDP milestones will be carried forward into the 2025/26 ADP and the proposed 2025/26 DPDP deliverable will be revised based on the 2025/26 funding confirmation.</p>
<b>Psychology</b>	
4653	<p>In response to the <a href="#">Mental Health Strategy 2017-27</a>, NES Psychology colleagues have been developing a national programme of education and training across a range of multidisciplinary, multi-sectoral areas. This deliverable reported Amber at Q3 and was projected to report Amber at year-end however it was been escalated to Red during Q4 due to planned milestones not being met.</p>

2024/25 Quarter 4 – Red Deliverables	
ADP ref	Summary of 2024/25 overall position and next steps
	<p>SG funding for this work was not received until July 2024. Whilst the development of some resources have progressed, other planned resource development has been unable to proceed due to a combination of resourcing issues including vacancies and the late confirmation of funding. This deliverable will be closed for 2024/25 as a new set of targets for this work is included in the 2025/26 ADP.</p>

**Table 3: 2024/25 Overall position – Amber deliverables**

2024/25 Quarter 4 – Amber Deliverables	
<b>Dental</b>	
4511	<p>The deliverable supporting the provision of Dental Additional Costs of Teaching (ACT) funding to three Health Boards and a university has reported Amber at year-end. This is due to delays in the issuing funding confirmations to health boards as a result of SG budgetary adjustments. The funding confirmations have now been issued however reporting structures are still in the process of being fully embedded across the funding recipients. This deliverable will be carried forward into 2025/26 ADP and reported on until the deliverable is completed.</p>
4514	<p>As projected at Q3. the deliverable focused on the recruitment of Dental Core and Specialty posts has reported Amber at Q4 due to the year-end fill rate position. 71 Dental Core Trainees (DCT) were in post at the end of Q4 which corresponds to 82% of posts currently filled. The overall DCT fill rate was affected by a number of in-year resignations. 100% of Specialty Training posts were filled in Q3 however this has decreased to 85% at year-end as a result of trainees either completing training or being out of programme.</p> <p>This deliverable will be closed for 2024/25 as a new set of targets for this work is included in the 2025/26 ADP.</p>
<b>Finance</b>	
4406	<p>The NES property and estates deliverable was projected to report Green at year-end following the successful Dundee office relocation and the positive progress with the NES Glasgow office move during Quarters 2 and 3. Full operation within the new 177 Bothwell Street (Glasgow) office is expected from July 2025.</p> <p>However, the deliverable has been escalated to Amber during Q4 as a result of SG unexpectedly taking a decision to no longer support the ongoing occupation of the NES Edinburgh office at Westport (shared with NHS Lothian). As a result, both NES and NHS Lothian are working with SG and other stakeholders to source appropriate alternative Edinburgh-based accommodation within the SG / NHS Scotland estate. Within NES, this situation is being managed and co-ordinated by</p>

<b>2024/25 Quarter 4 – Amber Deliverables</b>	
	<p>regular ‘Gold Command’ meetings with the NES Executive Team and relevant colleagues. NES staff are being kept updated via regular webinars and support is available from the NES Employee Director as required.</p> <p>This deliverable will be carried forward into 2025/26 ADP and reported on until new Edinburgh office arrangements are confirmed.</p>
<b>Medical</b>	
4308	<p>The deliverable which supports the delivery of the NES (Scotland Deanery) Quality Management (QM) / Quality Improvement Framework for postgraduate medical education in Scotland remains Amber at year-end (as projected). As per the Q3 update, there are still two sites undergoing General Medical Council (GMC) Enhanced Monitoring (EM) arrangements. In mitigation, an effective QM system is in place and NES has built close working relationships with Health Boards in relation to EM with objective and Action Plan review meetings in place as appropriate.</p> <p>This deliverable will be closed for 2024/25 as a new set of targets for this work is included in the 2025/26 ADP.</p>
4312	<p>As projected at Q3, the Remote and Remote (R&amp;R) Credential programme deliverable has reported Amber at 2024/25 year-end. There has been a delay in onboarding the second cohort of learners as agreement was given to run a ‘learner champion’ route similar to the ‘recognition champion’ route as this was found to be beneficial to the development team in relating to testing learner route processes and systems prior to official launch.</p> <p>This deliverable will be carried forward into 2025/26 ADP and reported on until deliverable completed. A deliverable related to the R&amp;R Credential is included within the 2025/26 ADP however this is subject to SG funding at the time of writing.</p>
4542	<p>The deliverable focused on the delivery of clinical and simulation training by the NES Clinical Skills Managed Educational Network (CSMEN) has reported Amber at year-end due to delays associated with the planned development and update of online resources, which is currently more than three months behind schedule. In mitigation, the development process is currently being reviewed and where possible work reallocated / additional support drafted in to support increased production. Several resources will now be updated during 2025/26 Q1.</p> <p>This deliverable will be carried forward into 2025/26 ADP and reported on until deliverable completed.</p>
<b>NHSSA, Learning &amp; Innovation (NHSSA, L &amp; I)</b>	
4435	<p>The deliverable supporting the design, development and use of digital learning and knowledge resources via TURAS Learn, the national digital library and The Knowledge Network has reported Amber at 2024/25 year-end as whilst the digital library tender has now been</p>

<b>2024/25 Quarter 4 – Amber Deliverables</b>	
	<p>confirmed, a small number of supplier contracts are still in the process of being finalised. These are being followed up by the NES Procurement team.</p> <p>This deliverable will be closed for 2024/25 as a new set of targets for this work is included in the 2025/26 ADP.</p>
4643	<p>The development of a new approach to education quality assurance and quality management as part of the NES Learning &amp; Education Quality System (LEQS) has been reported Amber at 2024/25 year-end as planned deliverable milestones are slightly behind schedule. Testing of programme outputs (frameworks / guidance) is underway via the newly formed LEQS Delivery Group with decision-making structures and business processes in final stages of design, before commencement of testing. Risks remain regarding resources to support and deliver changes and these have been escalated via appropriate governance channels. Some gaps have been identified which will require further work (assessment, aspects of learner engagement, learner support, commitment / decision on technology solutions).</p> <p>This deliverable will be closed for 2024/25 as a new set of targets for this work is included in the 2025/26 ADP.</p>
4801	<p>As projected at Q3, work to support the development of a new, consistent methodology for the development of career and learning frameworks / pathways in health and social care in collaboration with partners has reported Amber at 2024/25 year-end as deliverable milestone completion is behind schedule.</p> <p>During Q4, two career / learning pathway literature searches have been completed along with stakeholder mapping and analysis and the analysis of survey results which have highlighted themes around entry points, learning journey support, expected competencies, alignment to national and organisational priorities and the measurable impact of pathways. Further collaboration with NHSSA, Learning and Innovation colleagues is planned during 2025/26 to better align next steps with frontline system needs along with convening stakeholder advisory groups to test and refine proposals.</p> <p>This deliverable will be closed for 2024/25 as a new set of targets for this work is included in the 2025/26 ADP.</p>
4804	<p>As projected at Q3, the deliverable focused on the development and implementation of the NES Learning and Education (L&amp;E) Quality System (LEQS) has reported Amber at year-end as a result of some earlier delays in defining LEQS business processes which in turn delayed the intended sharing of responsibility between the Learning and Education Quality team and NES directorates.</p>

<b>2024/25 Quarter 4 – Amber Deliverables</b>	
	<p>Knowledge Management and Discovery and L&amp;E Quality teams are now fully established / initiated within NHSSA, L &amp; I Directorate. During Q4, discussions have taken place regarding future approach to service design and delivery. Dependencies on wider progress with corporate improvement have been shared with LEQS Programme Board and Transformation Group.</p> <p>This deliverable will be closed for 2024/25 as a new set of targets for this work is included in the 2025/26 ADP.</p>
4805	<p>As projected at Q3, the deliverable supporting workforce diversification and Medical Associate Professions (MAPs) has reported Amber at 2024/25 year-end. During 2024/25, the NES MAPs workstream has led the development and implementation of operational and governance requirements delivering statutory function for GMC regulation of Physician (PA) and Anaesthesia Associate (AA) workforce. System functionality is in place to support Once for Scotland appraisal and revalidation which complies and interfaces with GMC systems. NES continues to engage and support Boards and the PA/AA workforce in Scotland.</p> <p>NHSSA, L &amp; I are handing over ongoing MAPs activity to NES Medical Directorate in 2025-26 Quarter 1. For the Committee's information, intentions for 2025/26 delivery are dependent on the receipt of SG funding. A business case for future resource has been submitted to SG and an outcome awaited.</p> <p>The deliverable has reported Amber at 2024/25 year-end both in relation to the receipt of future funding and also as a result of delays to planned milestones due to the UK Department of Health and Social Care initiating the Leng Review (Independent review of PA and AA professions). This has resulted in work within the Q3 deliverable milestone, which focused on the development of a PA / AA Career Development Framework with NHS England, being paused until the review's outcome can be considered. It is anticipated that this report will be available by June 2025.</p> <p>This deliverable will be closed for 2024/25 as a new set of targets for this work is included in the 2025/26 ADP (subject to the receipt of funding).</p>
<b>NMAHP</b>	
4341	<p>As projected at Q3. the Allied Health Professions (AHP) aspect of work to support the NMAHP workforce to comply with regulatory bodies' requirements for quality practice education has reported Amber at year-end. This is specifically in relation to a delay in the development of the paramedic ePAD (Electronic Practice Assessment Document) which requires digital support from the NES Technology Service (NTS). Work is currently underway to develop digital priorities for 2025/26 and NTS colleagues are engaging with directorates to understand requirements with a view to confirming a delivery plan.</p>

<b>2024/25 Quarter 4 – Amber Deliverables</b>	
	This deliverable will be carried forward into 2025/26 ADP and reported on until deliverable completed.
4350	<p>As projected at Q3, the Allied Health Professions (AHP) aspect of the development and maintenance of the NMAHP practice learning environment has reported Amber at 2024/25 year-end. This is due to the proposed development / build of an electronic Quality Management System (QMS) for AHPs being behind schedule.</p> <p>As per the update provided at Q3, a joint Nursing and Midwifery / AHP QMS solution is now being explored. During Q4, AHP colleagues have been actively participating in the NMAHP approach to quality management software development and contributing to the scoping of requirements.</p> <p>This deliverable will be carried forward into 2025/26 ADP and reported on until deliverable completed.</p>
4374	<p>As projected at Q3, work to enhance NES's NMAHP and Support Workforce TURAS Portfolios has reported Amber at 2024/25 year-end. This is due to deliverable milestones associated with TURAS functionality not being able to be met due to internal digital capacity restraints. As per deliverable 4371, this work requires digital support from the NES Technology Service (NTS). Work is currently underway to develop digital priorities for 2025/26 and NTS colleagues are engaging with directorates to understand requirements with a view to confirming a delivery plan.</p> <p>This deliverable will be carried forward into 2025/26 ADP and reported on until deliverable completed. A revised delivery date of September 2025 has been highlighted.</p>
4699	<p>The deliverable focused on the production and publication of a midwifery development framework has been reported Amber at 2024/25 year-end. This is due to Levels 2-4 and 5-9 now being produced via separate delivery timelines. The Level 2 – 4 framework was launched during Q4 and work on the refresh of the associated skills passport is now underway.</p> <p>Level 5-9 activity will now be aligned with and moved to the NMAHP Level 5-8 Development Framework refresh anticipated in 2025/26 which will be taken forward by the Workforce Education and Career Development team within the NES NMAHP directorate.</p> <p>This deliverable will be carried forward into 2025/26 ADP and reported on until the deliverable is completed.</p>
4712	Work to support the development of 'earn-as-you-learn' (EAYL) routes for Allied Health Professions (AHP) Healthcare Support Workers has reported Amber at 2024/25 year-end as the review of possible EAYL routes by SG, the Scottish Qualifications Authority (SQA) and NES is still ongoing. Delays have also occurred as due to internal capacity

<b>2024/25 Quarter 4 – Amber Deliverables</b>	
	<p>issues within SQA. A meeting has been arranged in April 2025 to discuss and agree a way forward (including an associated arrangement document and plan).</p> <p>This deliverable will be closed for 2024/25 as a new set of targets for this work is included in the 2025/26 ADP.</p>
<b>NTS</b>	
4442	<p>Information Governance work to support the utilisation of improved data in workforce statistics publication in support of NES’s role as a national centre for evidence on the health and social care workforce has reported Amber at year-end. This continues to be as a result of capacity constraints and technical complexities linked to this improvement work. Progress has been made during Q4 and a proposal for NES’s role and associated funding requirements is currently being considered by the National eRostering Operational Group.</p> <p>This deliverable will be carried forward into 2025/26 ADP and reported on until the deliverable is completed however consideration will be given to whether the focus of the deliverable could be improved to enable better monitoring and tracking of progress.</p>
4570	<p>Delivery of support to the Accelerated National Innovation Adoption (ANIA) programme has reported Amber at year-end due to the Digital Dermatology Programme roll-out not being fully delivered by the original 31 March 2025 deadline. As at 31 March 2025, nine of the 14 ‘go-live’ roll-outs across NHS Scotland health boards have been completed. The remaining five health board roll-outs will be delivered during 2025/26.</p> <p>This deliverable will be carried forward into 2025/26 ADP and reported on until the deliverable is completed.</p>
4669	<p>Whilst positive progress has been made during Q4 the delivery plan, milestones and overall approach for the provision of NTS technology support to the SG <a href="#">Digital Front Door</a> (DFD) programme, has reported Amber at 2024/25 year-end. During Q4, the Outline Business Case was approved at the [DFD] Strategic Leadership Board and funding has been agreed for 2025/26. The high-profile nature of the DFD programme along with required recruitment and a tight delivery timeline mean that this deliverable has reported Amber at Q4 (as projected at Q3).</p> <p>Any remaining 2024/25 DFD milestones will be carried forward into the 2025/26 ADP and the associated 2025/26 DFD deliverable revised based on the 2025/26 funding confirmation.</p>
4683	<p>The deliverable supporting the Medical Device Data Hub (MDDH) project (as part of the Scan for Safety (SfS) programme) has reported Amber at year-end as the MDDH solution has not gone live as planned by 31 March 2025. The National Digital Platform services provided by NES are ‘production-ready’ however 2024/25 year-end delivery has been affected by external factors outwith NES’s control. Aspects of SfS</p>

<b>2024/25 Quarter 4 – Amber Deliverables</b>	
	<p>programme information governance still require completion and confirmation is also required from the downstream supplier regarding a new go-live date. The MDDH solution is now expected to go live during 2025/26 Q1.</p> <p>This deliverable will be carried forward into 2025/26 ADP and reported on until the deliverable is completed.</p>
<b>Optometry</b>	
4624	<p>The deliverable focused on the development of an undergraduate training programme for Optometry has reported Amber at 2024/25 year-end. This is due to an ongoing delay in receiving an outcome from SG regarding Lead Employer status. This delay is having a significant impact on the progress of the project as the focus of many of the programme's actions rely on the outcome of this decision e.g. signing of Memorandum of Understanding with Glasgow Caledonian University. In mitigation, NES are in regular communication with SG regarding current delays and we continue to try and work towards a Lead Employer decision. All other milestones progressing as planned.</p> <p>This deliverable will be closed for 2024/25 as a new set of targets for this work is included in the 2025/26 ADP.</p>
<b>Pharmacy</b>	
4284	<p>The delivery of Pharmacy workforce dashboards and reports for NHS Scotland via TURAS Data Intelligence has reported Amber at 2024/25 year-end as planned deliverable milestones are slightly behind schedule. The Community Pharmacy workforce dashboard has been created and the report is in process of being developed. This report is now due to be published in May 2025.</p> <p>This deliverable will be carried forward into 2025/26 ADP and reported on until the deliverable is completed.</p>
4559	<p>The NES Pharmacy Foundation Training Year (FTY) programme has been successfully accredited by the General Pharmaceutical Council for the maximum period of six years, subject to four conditions. At 2024/25 year-end, three of these conditions have been met and accepted. The final condition response was submitted during Q4 as per the accreditation timeline however as at 31 March 2025 the remaining condition is still awaiting an outcome.</p> <p>As a result of the current delivery position, this deliverable has reported Amber at 2024/25 year-end. The deliverable will be carried forward into the 2025/26 ADP and reported on until the deliverable is completed.</p>
<b>Social Care</b>	
4403	<p>NES has progressed the development of an Involving People and Communities (IPC) Framework during 2024/25. However, the deliverable focused on developing an organisation-wide approach to engagement and participation activities in partnership with people with lived and living experience has reported Amber at 2024/25 year-end as a number of interdependencies between the IPC workstream and other</p>

2024/25 Quarter 4 – Amber Deliverables	
	<p>Learning &amp; Education Quality System (LEQS) workstreams have been identified. These interdependencies will be worked through by relevant teams and directorates to ensure the IPC framework is fully aligned to all LEQS workstreams and can then be fully implemented across NES.</p> <p>Testing of the draft framework is currently in progress across NES directorates. The results from this testing and the understanding of interdependencies with the wider LEQS programme will determine future actions and timescales for further work. This deliverable will be closed for 2024/25 as a new set of targets for this work is included in the 2025/26 ADP.</p>
Workforce	
4407	<p>As projected, work to deliver the NES Human Resources (HR) Proposition model has reported Amber at year-end as planned deliverable milestones remain behind schedule. During Q4, development days have been held with the NES HR team regarding the development of a new HR operating model and three / six / nine month improvement plans are now in place. The new Associate Director for HR joined NES in late March 2025 and will focus on leading the HR transformation work during 2025/26.</p> <p>This deliverable will be closed for 2024/25 as a new set of targets for this work is included in the 2025/26 ADP</p>

### Section C – Deliverables affected by funding delays at 2024/25 Year-End / Q4

- 6.11 Table 4 provides an overview of deliverables affected by funding delays at 2024/25 year-end. For the Board’s information, the number of deliverables affected by funding delays has reduced from four to three during Q4. As noted in paragraph 6.7, confirmation of funding to support deliverable 4807 (Digital Learning Infrastructure) has now been received from SG. SG have also confirmed 2025/26 funding for Digital Front Door (deliverable 4669). In relation to deliverable 4511 (Dental ACT) which was also included in Table 4 at Q3, this has now been resolved and Dental ACT funding confirmations have been issued to Health Boards.

**Table 4: Deliverables affected by funding delays at Quarter 4**

2024/25 Quarter 4	
ADP ref	Summary of funding situation and next steps (if known)
Medical	
4540	Discussions with Scottish Government in relation to the receipt of ongoing funding for the General Practice Managers Vocational Training Scheme (PMVTS) are ongoing. This has led to a delay in advertising the next cohort of learners which was due to be completed during the 2024/25 year.

2024/25 Quarter 4	
ADP ref	Summary of funding situation and next steps (if known)
NHSS Academy, Learning and Innovation / Medical	
4805	2025/26 delivery of Medical Associate Professions (MAPs) activity is dependent on the receipt of SG funding. A business case has been submitted to SG and an outcome awaited. MAPs delivery during 2024/25 has based within the NHSS Academy, Learning and Innovation directorate during 2024/25 however this work will transition to the NES Medical directorate in 2025/26 Quarter 1.
NTS	
4594	<p>Written confirmation of SG funding for NES's provision of technology support of the NHS Scotland Digital Prescribing and Dispensing Pathways Programme (DPDP) was received during Q3, however this confirmation only referenced 2024/25 and did not include any guarantee of future funding for 2025/26 and 2026/27. This meant that NES were unable recruit to DPDP posts during 2024/25 which has delayed planned build activity.</p> <p>SG / NES discussions regarding future DPDP funding continued during 2024/25 Q4 and an indication of 2025/26 funding has now been received. However, there has been no written indication of a funding commitment for the following financial year (2026/27) which may again have an adverse impact on planned recruitment to the DPDP programme.</p> <p>2024/25 DPDP milestones will be carried forward into the 2025/26 ADP and proposed 2025/26 deliverables revised based on the 2025/26 funding arrangements.</p>

## Section D – Key Achievements during 2024/25 Quarter 4

- 6.12 There have been a number of achievements during Q4 that support the delivery of the [NES 2023-26 Strategy](#) and align directly with our strategic themes ([People, Partnerships and Performance](#)). Further detail is provided within the paragraphs below.
- 6.13 To support the delivery of our **People** strategic theme objectives, the following has been achieved during Q4:
- a. Third edition of [Prevention and Management of Dental Caries in Children](#) guidance published by the Scottish Dental Clinical Effectiveness Programme (SDCEP) via a dedicated website. The guidance was developed using SDCEP's established methodology and is endorsed nationally and internationally as a source of reliable, high quality, professional advice that promotes the provision of safe and effective oral health care for patients.
  - b. Positive feedback received from Healthcare Science (HCS) workforce regarding annual HCS event (held as joint virtual offering with Scottish Government).

- c. Menopause e-Learning Module published on TURAS Learn (second of four core modules supporting the ambitions of SG's [Women's Health Plan](#) (2021). A formal launch webinar was held in March 2025 in collaboration with SG partners and the guest speaker was Professor Anna Glasier (SG Women's Health Champion).
  - d. 300 health and social care staff have now attended the 'New to Skilled' Dementia programme within pilot sites (this includes Adult and Mental Health Nurses, Allied Health Professionals, Healthcare Support Workers and Social Care staff from care homes and care at home services).
- 6.14 To support the delivery of our **Partnerships** strategic theme objectives, the following has been achieved during Q4:
- a. Celebration and feedback workshop held with the inaugural cohort of doctors who completed the UK wide Rural and Remote Credential Programme during 2024/25 and which is administered by NES. The workshop gathered feedback on the doctors' credential journey and discussed next steps on how they can further support the programme.
  - b. At the end of 2024/25 Q4, NES has 34 formal strategic partnerships in place with key partners / stakeholders (12 in place at the end of 2024/25 Q1). This evidences NES's continued growth and recognition as a valued strategic partner supporting the education and training of the health and social care workforce.
- 6.15 To support the delivery of our **Performance** strategic theme objectives, the following has been achieved during Q4:
- a. NES published a national waste management module on TURAS Learn as part of the Scottish Infection Prevention and Control (IPC) Education Pathway (SIPCEP). The module was developed in collaboration with National Services Scotland (NSS) and aims to integrate sustainable practices into IPC waste management, educating health and social care professionals on maintaining rigorous IPC standards whilst minimising environmental impact.
  - b. Confirmation of funding received from Scottish Government to support NES's Digital Learning Infrastructure (DLI) programme (previously known as TURAS Refresh). The DLI programme aims to establish a Once for Scotland, sustainable, maintainable and future-focussed user-centred digital learning and development environment for health and social care.

## **Section E – Risk Management**

- 6.16 The three red deliverables reported at 2024/25 Q4 / year-end have been reviewed against the NES Corporate Risk Register. As per Q3, delays reported at year-end can be broadly aligned with the impact of ongoing financial pressures (SR9) and staff resourcing (SR13). Mitigating actions continue to in place and further information in relation to these risk areas is provided within the quarterly risk report.

## Section F – Equality Impact Assessments (EQIA)

6.17 An EQIA was undertaken collectively for the 2024/25 ADP and Financial Plan.

### 7 Recommendations

7.1 The Board is asked to approve the Quarter 4 Delivery Report.

---

a) Have Educational implications been considered?

- Yes  
 No

b) Is there a budget allocated for this work?

- Yes  
 No

c) Alignment with [Our Strategy 2023 – 26 People, Partnerships and Performance](#)

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

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

- Yes  
 No

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

- Yes  
 No

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

- Yes  
 No

g) Have you considered Emergency Climate Change and Sustainability implications as per [DL \(2021\) 38](#)?

- Yes  
 No

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

- Yes  
 No

AS / CBi  
May 2025  
NES

**Aim:** To provide an overview of progress and highlight key achievements, delays and risks in relation to delivery of the 2024/25 NES ADP.

## Delivery Status at 31 March 2025 (Year-End / Quarter 4)

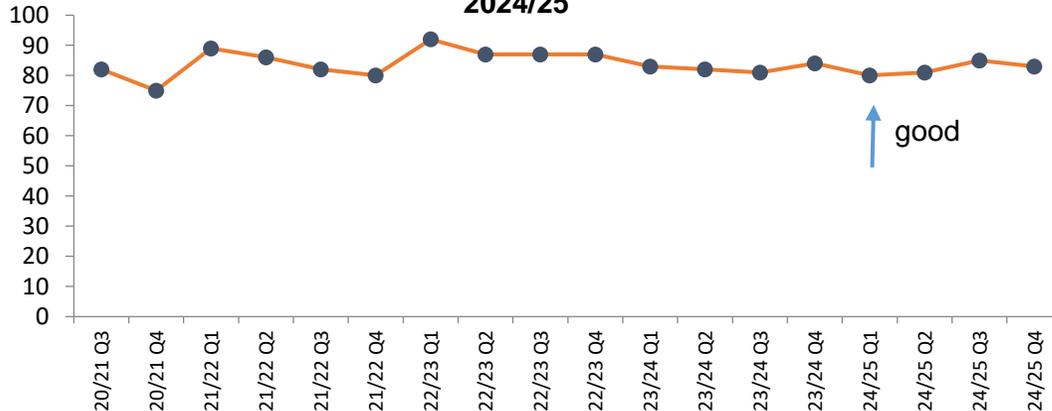
- NES 2024/25 delivery has concluded at **84% of deliverables completed or on track** in line with ADP milestones at the end of Q4 (in comparison to 85% delivery achieved at 2023/24 year-end)
- 17% of deliverables** are experiencing significant delay at 2024/25 year-end. Next steps have been agreed and directorates will continue to report on these deliverables during 2025/26 as appropriate.

Status	Q1 24/25	Q2 24/25	Q3 24/25	Q4 24/25
Complete	1	1	1	4
On Track	139	142	149	145
Minor Delay	28	29	22	25
Significant Delay	7	3	5	3
Closed	1	-	1	-
<b>Total Deliverables</b>	<b>175 (176)</b>	<b>175</b>	<b>178</b>	<b>177</b>

## Key Achievements (Individual ADP milestone references shown in brackets)

- Third edition of [Prevention and Management of Dental Caries in Children](#) guidance published by Scottish Dental Clinical Effectiveness Programme (SDCEP) (Ref **4529**)
- National Waste Management module (developed in collaboration with National Services Scotland) published on TURAS Learn (Ref **4727**)
- Positive feedback received from Healthcare Science (HCS) workforce regarding annual HCS event (held as joint event with Scottish Government) (Ref **4318**)
- Celebration and feedback workshop held with inaugural cohort of doctors who completed the UK wide Rural and Remote Credential Programme (Ref **4312**)
- Menopause eLearning module launched in February 2025 (Ref **4537**)
- 34 strategic partnerships in place at the end of 2024/25 Quarter 4 (Ref **4806**)
- Confirmation of funding received from Scottish Government for Digital Learning Infrastructure programme (previously TURAS Refresh) (Ref **4807**)
- 300 health and social care staff have now attended the 'New to Skilled' Dementia programme within pilot sites with very positive evaluations received (Ref **4328**)
- The Role of the General Practice Nurse paper (Transforming Roles paper 6) published by Scottish Government (Ref **4694**)
- NES webinars supporting the incorporation of the United Nations Convention on the Rights of the Child (UNCRC) were delivered to over 900 health and social care staff during 2024/25 (Ref **4698**)

% of on target / completed deliverables, by Quarter, 2020/21 – 2024/25



## Delays and associated impact

Of the 3 red and 25 amber deliverables identified at 2024/25 Q4, consideration has been given to next steps. Deliverables will either be completed during the early part of 2025/26, carried forward into the 2025/26 ADP for ongoing quarterly reporting throughout the year or closed.

## Corporate Risks Affecting Delivery

The 3 red deliverables reported have been reviewed against the NES Corporate Risk Register. Delays can be broadly aligned with the impact of ongoing financial pressures (SR9) and staff resourcing (SR13).

## 3 Red Deliverables

### Summary of 2024/25 overall position and next steps

Delivery of training and learning materials for the Continuing Professional Development of General Practice Managers has been impacted by a delay to receiving confirmation of future funding for the Practice Managers Vocational Training Scheme (PMVTS). Discussions with Scottish Government (SG) are ongoing.

Deliverable to be carried forward into the 2025/26 Annual Delivery Plan (ADP) and reported on until a final position regarding PMTVS funding is known.

As projected at Quarter 3, provision of technology support to the NHS Scotland Digital Prescribing and Dispensing Pathways (DPDP) programme has been impacted by a late receipt of funding. This has significantly affected planned recruitment and delivery during 2024/25.

SG / NES discussions regarding future DPDP funding are ongoing and an indication of 2025/26 funding has been received. However, funding beyond 2025/26 is currently still unclear which again may impact recruitment. 2024/25 DPDP milestones will be carried forward into the 2025/26 ADP and the proposed 2025/26 DPDP deliverable will be revised based on the 2025/26 funding confirmation.

## 3 Red Deliverables

### Summary of 2024/25 overall position and next steps

Development of education and training resources in support of the Mental Health Strategy 2017-27 has been impacted by a late receipt of funding. Some resources have progressed however others have been affected by capacity constraints as a result of the funding delay.

This deliverable will be closed for 2024/25 as a new set of targets for this work is included in the 2025/26 ADP.

## 25 Amber Deliverables - overview

### Issues / Decisions outwith NES's control

Funding	Delays in confirmation of SG funding which impacts NES's ability to deliver planned milestones e.g. course delivery / provision of funding to key stakeholders / future support to programmes
External factors	<p>Other external circumstances / factors e.g.</p> <ul style="list-style-type: none"> <li>• lower than expected recruitment position (Dental) due to in-year resignations</li> <li>• unexpected SG decision regarding Edinburgh office space</li> <li>• shift in national landscape</li> <li>• delays in work due to be carried out by external suppliers</li> <li>• delays in receiving decisions / outcomes from stakeholders</li> </ul>

### Issues / Decisions within NES

Capacity	Capacity constraints / work contingent on other NES processes
Technical issues	Technical complexities associated with individual deliverables
Planning and delivery	Individual aspects of milestones taking longer than originally expected / planned

## 25 Amber Deliverables - overview

### Summary of next steps

Deliverables have been categorised via the following three options:

- Closed – no further work to be taken forward
- Closed for 2024/25 – a new set of objectives for this work is included as a deliverable within the 2025/26 ADP
- Carried forward into the 2025/26 ADP – the deliverable will continue to be reported until completion.

Ongoing communication / discussions with SG colleagues and stakeholders to gain clarity regarding funding delays / changes to commissions / individual decisions

**NHS Education for Scotland**

**NES/25/38**

**Agenda Item: 9b**

**Date of meeting: 22 May 2025**

**Public Board Meeting**

**1. Title of Paper**

1.1 Quarter 4 Strategic Risk Update

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

2.1 Rob Coward, Principal Educator, Planning & Corporate Resources  
Debbie Lewsley, Risk Manager, Planning & Corporate Resources

**3. Lead Director(s)**

3.1 Jim Boyle, Director of Finance

**4. Situation/Purpose of paper**

4.1 The purpose of this report is to present to the Board the quarter four strategic risk update for 24/25 for review and approval.

**5. Background and Governance Route to Meeting**

5.1 NES has well established risk management processes which are subject to frequent review by the Executive Team, the Audit and Risk Committee, NES Board and the Risk Management Group. Our risk management infrastructure is predominantly in place, with established directorate risk leads, risk log format and Risk Management Strategy.

5.2 Strategic Risks that relate to individual Board Governance Committees' remitted responsibilities are presented quarterly. This allows for consideration of the degree of assurance that the individual risks are being effectively managed by the mitigating controls and planned actions identified.

5.3 In accordance with the NES Board's schedule of business, members are asked to review the Risk Management Strategy annually.

## **6. Assessment/Key Issues**

### **6.1 NES Strategic Risk Register**

- 6.1.1 The Strategic Risk Register (summary Appendix 1, detail Appendix 2) has been subject to a recent review by the Executive Team and individual risk owners. Within the last reporting period there has been no new or escalated risk added to the Strategic Risk Log, however, there has been movement to the scoring of several risks.
- 6.1.2 Strategic Risk 3 (relating to the failure to recruit and retain sufficiently experienced and knowledgeable people to the Board, Executive team and senior management). The net likelihood rating has been decreased due to the successful appointment to the non-executive vacancy in late 2024 and the progress in round 2 of the recruitment process for the Director of People and Culture. This assessment has resulted in the overall net risk rating being decreased from 12 to 8. The risk continues to sit within the agreed Board appetite; however, actions have been identified that will help to further mitigate the risk.
- 6.1.3 Strategic Risk 4 – (relating to NES staff becoming disengaged). The net likelihood rating has been decreased due to the effective controls measures in place and the positive anecdotal feedback received from staff in the approach taken to fixed term contracts this year, with many expressing satisfaction with the process and its implementation. This assessment has resulted in the overall net risk rating being decreased from 9 to 6, with the risk continuing to sit within the agreed Board appetite.
- 6.1.4 Strategic Risk 12 – (relating to insufficient investment in TURAS learn and other NES learning platforms). The net likelihood risk score has been decreased due to the agreement with Scottish Government Health and Social Care Finance Team that baseline funding will be restored following a reduction of £12m for 2024/25 and replaced by a non-recurrent allocation. The recent restoration of this sum to the baseline provides increased security of funding and allows NES to budget for the costs of the Digital Learning Infrastructure Programme. This assessment has resulted in the overall net risk rating being decreased from 20 to 15, the risk now sits within the agreed Board appetite.
- 6.1.5 All other Strategic Risks have been reviewed, and additional controls and actions have been strengthened where appropriate to support with the mitigation of individual risks, with updates on actions recorded. Additional actions being added to Strategic Risk 1 to incorporate both internal and external stakeholders.

6.1.6 Table 1 in Appendix 3 provides a summary of the current Net risk exposure across each of the categories within the Strategic Risk Register, with Table 2 providing the last reported position for reference. As can be seen there has been a decrease to the Net risk exposure of Strategic Risks sitting within the Very High rating and an increase within the Medium rating during this reporting period. This reflects the decrease of the net risk ratings to Strategic Risks 3, 4 and 12. The NES risk profile's highest percentage of risk continues to sit within the Governance and People/Workforce categories.

## **6.2 NES Board Risk Appetite**

6.2.1 The NES Board Risk Appetite has been recently reviewed and approved by the Audit & Risk Committee in January 2025 and the NES Board at its February 2025 meeting. Presently 31% of Strategic Risks are sitting outwith the Board's risk appetite, this is attributed to the risks within the Financial and Governance categories and reflects the Board's highly risk averse appetite in these areas.

6.2.2 Within this reporting period there has been a slight decrease in the percentage of risks sitting outwith appetite, this is a result of the decrease of the net scoring of Strategic Risk 12 which now sits within appetite. Strategic Risks 2 and 9 that are aligned to the Financial category, will continue to sit outwith Board Appetite for the foreseeable future due to the financial impact they would have if they materialised, with potential of the mitigating controls reducing the gap in appetite.

## **6.3 Strategic Risks Overall Control Rating**

6.3.1 The current overall risk control ratings for each Strategic Risk is shown in Appendix 1. The risks scored as 'Effective' are all within Board Appetite and are scored at a medium or low risk rating. The risks scored as 'Acceptable' are either outwith the Board Appetite or scored at a high risk rating of 15 and above and have key mitigating actions to improve the control environment either underway or planned. Strategic Risk 16 remains scored as 'Ineffective', the Human Resources department continues to make progress in key areas, however, there remains challenges that impact the overall effectiveness, with work needing to continue to address these gaps. While progress is evident, a continued focused effort is needed to ensure the department operates at its full potential to support the organisations evolving needs and the mitigations of the risk.

## **6.4 Directorate Risk Reporting**

6.4.1 The proposal for reporting directorate risks to Board Governance Committees was approved by the Audit and Risk Committee. The report will align risks with strategic themes and individual measures and enable reporting of individual directorates' risks allocated to standing committees.

- 6.4.2 To provide Committees with assurance that NES are managing risks at a directorate level, the Quarterly Directorate Report will be reviewed and discussed by the Executive Team prior to is being shared with individual Board Governance Committees. Subsequently, the directorate risk report will be incorporated into the individual Committee’s Risk Report as of Quarter 1 2025/26.

## **7. Recommendations**

The NES Board is invited to:

- 7.1 To review and approve NES Strategic Risk Q4 update and provide any feedback as appropriate.

Author to complete **checklist**.

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

**a) Have Educational implications been considered?**

Yes

No

**b) Is there a budget allocated for this work?**

Yes

No

**c) Alignment with [Our Strategy 2023 – 26 People, Partnerships and Performance](#)**

1. People Objectives and Outcomes

2. Partnership Objectives and Outcomes

3. Performance Objectives and Outcomes

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

Yes

No

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

Yes

No

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

Yes

No

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

Yes

No

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

Yes

No

Author name: Rob Coward, Debbie Lewsley, Jim Boyle

Date: April 2025

NES

Summary of Risk Log

Risk No.	Risk Title	Risk Date	Date due for next review	Gross Total	Net Total	Risk Category	Risk Appetite	Risk appetite vs net score	Overall Control Assurance
SR1	NES Strategic Plan does not align with the evolving needs and expectations of stakeholders	19/04/2023	01/06/2025	15	9	Strategic	12-16		Effective
SR2	Disproportionate amount of non-recurrent funding, without conversion to recurrent funding	19/04/2023	02/06/2025	20	8	Finance	1-5	Gap 3	Acceptable
SR3	Failure to recruit and retain sufficiently experienced and knowledgeable people to the Board, Executive Team and senior management establishment	19/04/2023	01/06/2025	16	8	People/Workforce	12-16		Effective
SR4	NES staff become disengaged	19/04/2023	01/06/2025	16	6	People/Workforce	12-16		Effective
SR5	NES does not put in place an adequate corporate infrastructure to support the Transformation Route Map.	19/04/2023	01/06/2025	16	9	People/Workforce	12-16		Effective
SR6	Failure to develop and maintain adequate Business Continuity arrangements to deal with the risk of adverse events and threats	19/04/2023	01/06/2025	16	9	Governance	1-5	Gap 4	Acceptable
SR7	Failure to put in place measures to adequately protect against breaches of cyber security	19/04/2023	01/06/2025	20	15	Governance	1-5	Gap 10	Acceptable
SR8	Failure to put sufficient employee training and other operational controls in place to minimise the risk of breaches of Information Governance	19/04/2023	01/06/2025	20	8	Operational	12-16		Effective
SR9	NES does not put sufficient measures in place to address ongoing cost and funding pressures leading to misalignment with Scottish Government priorities and expectations.	19/04/2023	02/06/2025	25	8	Finance	1-5	Gap 3	Acceptable
SR10	Failure to adequately anticipate and mitigate the impacts of policy, legislative, economic, technological and societal change	19/04/2023	01/06/2025	12	12	Strategic	12-16		Effective
SR11	Poor learning outcomes and learning experience for our stakeholders	19/04/2023	01/06/2025	16	9	Operational	12-16		Effective
SR12	Insufficient investment in TURAS Learn and other NES learning platforms.	19/04/2023	07/07/2025	20	15	Operational	12-16		Acceptable
SR13	Failure to recruit sufficient number of appropriately skilled and experienced staff within NES.	19/04/2023	01/06/2025	12	8	People/Workforce	12-16		Effective
SR14	Inadequate Board governance, systems, processes and scrutiny of them.	19/04/2023	01/06/2025	15	4	Governance	1-5		Effective
SR15	NES is not an evidence based data driven organisation, lacking intelligence and insights from its Information Assets.	14/12/2023	01/06/2025	12	6	Governance	1-5	Gap 1	Acceptable
SR16	Inability to meet core responsibilities and objectives due to HR Performance.	03/12/2024	01/06/2025	20	15	People/Workforce	12-16		Ineffective

### STRATEGIC RISK 1

<b>Risk no:</b>	SR1					
<b>Risk Short Title:</b>	NES Strategic Plan does not align with the evolving needs and expectations of stakeholders					
<b>Risk Owner:</b>	Karen Reid	<b>Date Added to Register:</b>	19/04/2023			
		<b>Review Date:</b>	01/06/2025			
		<b>Frequency of Review:</b>	Quarterly			
		<b>Committee/Group overseeing</b>	Planning & Performance Committee			
<b>Risk Category(s)</b>	Strategic		Reputational			
<b>Risk impacts on NES Strategy Key Area of Focus :</b>						
<b>Date of Score</b>	<b>Net Score</b>	<b>Current Net Risk Rating: (Priority 1, 2, 3 or 4)</b>	<b>Risk Movement: (↑,↔,↓)</b>	<b>Board Appetite</b>		<b>Within Board Appetite</b>
08/04/2024	9	Medium		Open	12-16	
20/06/2024	9	Medium	↔			
12/09/2024	9	Medium	↔			
03/12/2024	9	Medium	↔			
03/03/2025	9	Medium	↔			

<b>Gross Impact (1-5)</b>	<b>Gross Likelihood (1-5)</b>
5	3
<b>Gross Total:</b>	<b>15</b>

<b>Net Impact (1-5)</b>	<b>Net Likelihood (1-5)</b>
3	3
<b>Net Total:</b>	<b>9</b>

<b>Board Risk Appetite v Net Total</b>	
Open	12-16
Medium	9

**Existing control rating:** Effective

<b>Cause:</b>		<b>Effect:</b>	
NES Strategic Plan does not align with the needs and expectations of stakeholders		This could lead to a failure of the NHS and social care workforce's ability to respond to the existing and changing health and social care needs of Scotland's population	
		<b>Result:</b>	
		This could result in high levels of dissatisfaction with the role of NES and loss of credibility as the statutory education, training, workforce development, data and technology provider in health and social care in Scotland. It could also mean that the health and social care workforce do not have the necessary skills and knowledge to meet the needs of the population.	
<b>Control:</b>	<b>Effectiveness:</b>	<b>Actions:</b>	<b>Due Date:</b>
1. Revised NES Strategic Plan clearly articulates the importance of education and training to a sustainable workforce and has been widely consulted upon	Effective - Consultation report and approval recorded in minutes. Associated Strategic KPIs	1. Executive engagement sessions with Territorial Health Boards, Health & Social Care Partnerships, Scottish Government, Social Care Sector and Academia to develop relationships and understanding of needs.	Ongoing  Ongoing Yearly Submission
2. Annual Operating Plan, incorporating desired outcomes, forms the baseline for organisational activities	Effective - Approved by Exec Team and shared with NES Board and recorded in minutes.KPIs	3. Ongoing SG engagement and commissions to NES for social care workforce education and training	Ongoing
3. Development of focused communications to support management of stakeholder expectation in relation to NES capacity to deliver and support new systems development.	Effective - Communication Strategies and associated Action Plans.	4. Stakeholder Survey - stakeholders needs and expectations will be considered and analysed and will be reported to the November Board and will inform a refreshed Communications Plan. Update Dec 2024 - Analysis of the Stakeholder Survey 2024 has identified a number of areas for NES to focus on in order to align with the evolving needs and expectations of stakeholders. Feedback has suggested that whilst awareness of NES is relatively high, actions should go towards improving customer satisfaction. A report was presented to the November NES Board which highlighted the analysis and consequent action plan, including the need to: improve communications, create a consistency and cohesion of branding, develop a once for NES approach to communications and marketing and monitor and evaluate progress. Update March 2025 - NPS survey to go to stakeholders in Quarter 1.	30/06/2025
4. 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.	Effective - Actively monitor trainees progression through their ARCP process.	5. Regular Temperature Checks undertaken to ensure we are meeting the needs of all of our stakeholders.  6. Implementation of the Involving People and Communities Policy Update March 2025 - Policy implemented - Action closed and moved to a Control	30/06/2025  Closed
5. The implications for NES from the establishment of the National Care Service are discussed with our Sponsor Directorate and Health & Social Care Directorate to allow for forward Planning.	Effective - Ongoing discussions with sponsorship team and tripartite group meetings minuted.	7. Agreed approach to meeting the Consumer Duty is being implemented.  8. Communication and Engagement Plan being developed for new NES Strategy 2026 - 31, which will include internal and external stakeholders.	30/06/2025  30/06/2025
6. Involving People and Communities Policy Implemented.	Not Tested		

STRATEGIC RISK 2

<b>Risk no:</b>	SR2				
<b>Risk Short Title:</b>	Disproportionate amount of non-recurrent funding, without conversion to recurrent funding				
<b>Risk Owner:</b>	Jim Boyle	<b>Date Added to Register:</b>	19/04/2023		
		<b>Review Date:</b>	02/06/2025		
		<b>Frequency of Review:</b>	Quarterly		
		<b>Committee/Group overseeing</b>	NES Board		
<b>Risk Category(s)</b>	Finance				
<b>Risk impacts on NES Strategy Key Area of Focus :</b>					
<b>Date of Score</b>	<b>Net Score</b>	<b>Current Net Risk Rating: (Priority 1, 2, 3 or 4)</b>	<b>Risk Movement: (↑,↔,↓)</b>	<b>Board Appetite</b>	<b>Within Board Appetite</b>
04/03/2024	16	High		Averse	1-5
05/06/2024	16	High	↔		
24/09/2024	12	High	↓		
10/12/2024	8	Medium	↓		
04/03/2025	8	Medium	↔		

<b>Gross Impact (1-5)</b>	<b>Gross Likelihood (1-5)</b>
4	5
<b>Gross Total:</b>	<b>20</b>

<b>Net Impact (1-5)</b>	<b>Net Likelihood (1-5)</b>
4	2
<b>Net Total:</b>	<b>8</b>

<b>Board Risk Appetite v Net Total</b>	
Averse	1-5
Medium	8

**Existing control rating:** Acceptable

<b>Cause:</b> NES continues to experience a disproportionate amount of non-recurrent funding, without conversion to recurrent funding		<b>Effect:</b> We will have to rely on a high number of short-term and fixed-term contracts of employment in NES	
		<b>Result:</b> This will result in continued workforce instability and could also result in failure to adequately deliver the NES Strategic Plan and respond to the commission requirements of Scottish Government. This situation seriously compromises our ability to maintain a workforce that has the right capacity and capability	
<b>Control:</b>	<b>Effectiveness:</b>	<b>Actions:</b>	<b>Due Date:</b>
1. NES Exec Team maintain strong engagement with relevant leads at Scottish Government, as well as with the Sponsorship Team	Effective - Meetings take place fortnightly and quarterly and minuted.	1. Baselining and bundling impact will be assessed when proposals are made available by the Scottish Government, and will be reported to the Board at the earliest opportunity Update Nov 2023 - This is more likely to impact on 2024/25. Update June 2024 - This will be determined following SG deliverable workshops. Update Sept 2024 - Allocation letter received in July 2024 confirmed that £103m of funding will be moved from non-recurrent to baseline during 2024/25. That letter also confirmed 81% of expected allocations for 2024/25. Update Dec 2024 - Allocation letter received in Oct 2024 confirmed £108m will be moved from non-recurrent to baseline in this financial year. Update March 2025 - Scottish Government Deliverable Agreement Workshops scheduled for March/April 2025, these will help to advance discussions on funding.	30/06/2025
2. Quarterly meetings with Scottish Government Health Finance Team and informal adhoc meetings weekly.	Effective - Quarterly letter received following meetings.	2. Any requests by Scottish Government to decommission any work streams will be fully considered by the Executive Team, considering education and training impacts, as well as staffing and financial implications	Ongoing
3. Maintain clarity in relation to NES's role and influence - through regular engagement with SG sponsor team, and relevant executive director groups, including SAMD, SEND, DoFs and HRDs.	Effective - Minutes of meetings.	3. NES will be involved in discussions with SG policy teams, the Sponsorship Team and NHS Health. Finance to determine what existing non-recurrent funding can be moved to the NES baseline and how outcomes can be shaped to fit with any revised baseline. Update June 2024 - SG have set up deliverable workshops in May and June with policy and finance teams with NES to discuss the move of non-recurring funding to baseline. Transfers to baseline will be confirmed in our allocation letter during the year. Update August 2024 - Allocation letter received in July 2024 confirmed that £103m of funding will be moved from non-recurrent to baseline during 2024/25. That letter also confirmed 81% of expected allocations for 2024/25. Update Sept 2024 - Letter from Cabinet Secretary to Parliament Finance Committee reviewed to determine any potential implications for NES and these have been assessed as minimal at present. Update Dec 2024 - Further mitigation provided following Deliverable Workshops with SG policy teams, which indicated further conversions to recurrent funding in future years.	Ongoing
4. Chief Executive and NES Directors maintain links with other UK organisations	Effective - Outcomes of meetings recorded.		
5. Executive Team actively and regularly consider risk in extending posts and in converting posts to permanent. Funding is carefully considered as part of these decisions	Effective - recorded in minutes.		

STRATEGIC RISK 3

<b>Risk no:</b>	SR3					
<b>Risk Short Title:</b>	Failure to recruit and retain sufficiently experienced and knowledgeable people to the Board, Executive Team and senior management establishment					
<b>Risk Owner:</b>	Karen Reid	<b>Date Added to Register:</b>	19/04/2023			
		<b>Review Date:</b>	01/06/2025			
		<b>Frequency of Review:</b>	Quarterly			
		<b>Committee/Group overseeing</b>	Staff Governance Committee			
<b>Risk Category(s)</b>	People/Workforce					
<b>Risk impacts on NES Strategy Key Area of Focus :</b>						
<b>Date of Score</b>	<b>Net Score</b>	<b>Current Net Risk Rating: (Priority 1, 2, 3 or 4)</b>	<b>Risk Movement: (↑, ↔, ↓)</b>	<b>Board Appetite</b>		<b>Within Board Appetite</b>
08/04/2024	8	Medium		Open	12-16	
18/06/2024	8	Medium	↔			
20/09/2024	12	High	↑			
03/12/2024	12	High	↔			
03/03/2025	8	Medium	↓			

<b>Gross Impact (1-5)</b>	<b>Gross Likelihood (1-5)</b>
4	4
<b>Gross Total:</b>	<b>16</b>

<b>Net Impact (1-5)</b>	<b>Net Likelihood (1-5)</b>
4	2
<b>Net Total:</b>	<b>8</b>

<b>Board Risk Appetite v Net Total</b>	
Open	12-16
Medium	8

**Existing control rating:** Effective

<b>Cause:</b>	NES fails to recruit and retain sufficiently experienced and knowledgeable people to the Board, Executive Team and senior management establishment due to insufficient recruitment and succession planning			<b>Effect:</b>	This would impact the continuity of effective leadership, management and governance of NES		
<b>Result:</b>				<b>Result:</b>	This would result in a deterioration of NES performance and credibility at all levels and would increase the risk of serious failures in governance		
<b>Control:</b>	<b>Effectiveness:</b>	<b>Actions:</b>		<b>Due Date:</b>			
1. NES has access to a wide pool of nationwide talent in terms of non-executive recruitment and has a robust process and a good track record for attracting high quality candidates when Board vacancies occur.	Effective - Process in place including Aspiring Chair Programme.	1. Succession planning exercise covering cohort of executive and senior management roles has resulted in risk rating each role based on identifying potential internal candidates within a 2 year period of being ready for the role. Internal candidates are producing development plans which they and their line manager will regularly review supported by ODLL. A second cohort of senior management roles has been identified and a further succession planning exercise will take place by June 2024. Update June 2024 : The Succession Planning cycle is mid process, which has been aligned with the PDP cycle. Cohort 2 roles identified and agreed by the Executive Team. Cohort 2 launched at the end of March with communications and supporting sessions put in place throughout the first quarter. Managers undertaking career developments conversations which will provide a readiness rating against each of the roles. This will be presented to the ET in mid July. Update Sept 2024 - Been updated to Staff Governance Committee to provide assurance. Update Dec 2024 - Moving into the 2nd year of the process and extending it from Exec Team plus to other senior roles with this round coming to a close in March 25. A paper will be developed to go to ET at the start of Feb 25 to outline how we make it BAU and how we align it to the national succession planning programme. Update March 2024 - Paper been developed that will go to the Executive Team in April that outlines streamlining the process with the requirements of our PRP processes and takes account of the National Succession Planning approach. The Succession Planning cycle will mean that by July 2025 we will understand the picture in relation to risk rating.		31/08/2025			
2. NES recruits executives and senior managers from across the public and private sectors to ensure a wide spread of skills and experience in its senior leadership.	Effective - Data available from recruitment system dependent on recruitment route.	2. The Non-Executive Board Skills and Experience Matrix is updated on an annual basis. Update Sept 2024 - This is currently being updated. Update Dec 2024 - Annual Update completed October 2024.		Ongoing			
3. A programme of executive and senior manager development and succession planning is in place to make sure that those in post are given the opportunity to develop in the role, and to acquire new professional skills and experience. This includes mapping of key roles; a process to identify potential successors; work with potential successors on individual development plans.	Effective - PDP and Annual Reviews.	3. The vacancy for the Co-opted BMA member to the SGC, nominated by the PF is being actively managed. Update Dec 2024 - BMA member was co-opted at the 7th November SGC. Action Closed		Closed			
4. Senior leaders are encouraged to participate in a wide range of national professional networking groups to make sure they have access to best practice across the sector.	Effective - Minutes of meetings/events attended.	4. The second appointment round for the non exec through the Public Appointment Unit (PAU) has commenced. Update Sept 2024 - Advert will be issued 17 September 2024 aiming to fill the current non-executive director vacancy by January 2025 Update Nov 2024 – Shortlisting has been progressed and interviews are scheduled for 14 November aiming to fill the current non-executive director vacancy by January 2025. Update Dec 2024 - Interviews completed and recommendation sent to minister. Update March 2024 - Action closed non -executive appointed to the Board 6th January 2025.		Closed			
5. The non-executive director membership of the Board and the Co-opted membership of the Board Committees, reflects the correct skills and experience required to govern the organisation.	Effective - The Non-Executive Board Skills and Experience Matrix	5. Successful appointment of Dental Director and Postgraduate Dean, effective from 1st January 2025. Recruitment process for Director of People and Culture Vacancy in progress. Update Dec 2024 - Recruitment process for Director of People and Culture vacancy to commence 13/01/2025. Update March 2025 - Targeted head hunting for Director of People and Culture ongoing. Update May 2025 - Round 2 of recruitment process for Director of People and Culture progressing.		30/06/2025			
6. Members are Co-Opted annually to cover and any skills and experience gaps on the EQC and the TIC	Effective - ToR's, membership, committee annual reports and minutes of meetings.						

STRATEGIC RISK 4

<b>Risk no:</b>	SR4					
<b>Risk Short Title:</b>	NES staff become disengaged					
<b>Risk Owner:</b>	Karen Reid	<b>Date Added to Register:</b>	19/04/2023			
		<b>Review Date:</b>	01/06/2025			
		<b>Frequency of Review:</b>	Quarterly			
		<b>Committee/Group overseeing</b>	Staff Governance Committee			
<b>Risk Category(s)</b>	People/Workforce					
<b>Risk impacts on NES Strategy Key Area of Focus :</b>						
<b>Date of Score</b>	<b>Net Score</b>	<b>Current Net Risk Rating: (Priority 1, 2, 3 or 4)</b>	<b>Risk Movement: (↑,↔,↓)</b>	<b>Board Appetite</b>		<b>Within Board Appetite</b>
08/03/2024	6	Medium		Open	12-16	
18/06/2024	6	Medium	↔			
20/09/2024	9	Medium	↑			
03/12/2024	9	Medium	↔			
03/03/2025	6	Medium	↓			

<b>Gross Impact (1-5)</b>	<b>Gross Likelihood (1-5)</b>
4	4
<b>Gross Total:</b>	<b>16</b>

<b>Net Impact (1-5)</b>	<b>Net Likelihood (1-5)</b>
3	2
<b>Net Total:</b>	<b>6</b>

<b>Board Risk Appetite v Net Total</b>	
Open	12-16
Medium	6

**Existing control rating:** Effective

<b>Cause:</b>	NES does not adequately engage with its employees, or does not adequately provide for its wellbeing and pastoral care of staff and trainees for whom we have responsibility for.			<b>Effect:</b>	There could be a breakdown in understanding of the roles that employees play and the contributions that are expected of them in the delivery of the Strategic Plan and the individual Directorate Operational Plans		
				<b>Result:</b>	That could result in a significant deterioration in NES' ability to deliver on those plans		
<b>Control:</b>	<b>Effectiveness:</b>	<b>Actions:</b>		<b>Date Due:</b>			
1 - Strong partnership working arrangements in place and maintained through regular contact with the Employee Director and via the Change Management Programme Board.	Effective - Minutes of Partnership Forum and Change Management Programme Board.	1. iMatter action plans by iMatter Teams are completed and submitted annually. Update Sept 2024 - This year our response rate was 87% (88% in 2023) and our Employee Engagement Index (EEI) score was 84 (85 in 2023). There were 213 iMatter teams included this year and 185 also submitted an action plan which is an improvement on last year (172 of 207 teams). Update Dec 2024 - The overall response rate and EEI remained consistently high for NES compared to the 2023 survey results. Our EEI continues to also be the highest across NHS Scotland.		Ongoing Yearly Submission			
2 - Communication plan to be a key focus on all organisational change projects.	Effective - Plan approval route recorded in minutes.	2. Continue to increase attendance at monthly directorate townhalls/webinars. Update Sept 2024 - Attendance figures for last 3 webinars - 468,433,434. Q&A's from all sessions are shared with all NES staff by NES Comms Team. Update Nov 2024 - 83 attended Sept Sustainability Webinar and 126 attended Speak Up Week Oct Webinar. Update March 2025 - 358 attended Christmas Webinar (Dec 2024) and 306 attended AI Webinar (March 2025).		Ongoing			
3 - Strong focus on communication and visibility, both at a corporate and directorate level through, for example, monthly directorate townhalls and executive led webinars enabling 2 way participation.	Effective - Townhalls, webinars and talking heads.	3. Increase all staff communications via intranet.  4. NES Comm are given the results of the NES biannual inclusion survey to provide feedback and enable appropriate action.		Ongoing  Ongoing			
4 - Strong focus on support to line managers through the line managers network.  5 - Organisational priority to complete team action plans resulting from annual iMatter NHS Scotland employee survey exercise.	Effective - Line Managers Handbook - and Line Managers Network  Effective - Action Plans recorded and progress reported to Board and Governance Committees and recorded in minutes.	5. Part of Operational and Budget Planning for 25/26, NES develops a plan for the timely communication to temporary staff whose contracts are due to end 31st March 2025. Update March 2025 - All communication shared with those impacted was sent by end of December 2024, all fixed term contracts not being renewed offered to be given 3 months on the redeployment register rather than standard 4 weeks. Action Closed.  6. Maintain focus through Operational Planning on reasonable expectations of staff in a constrained fiscal environment. Update March - Ongoing Action		Closed  Ongoing			
6 - Wellbeing Matters Hub launched on 22 March 2024. This is a one-stop shop for health and wellbeing. The Hub is hosted on TURAS and provides resources offering information, practical tools, and top tips around the four pillars of wellbeing: healthy work, healthy mind, healthy life, and healthy body.  7 - NES biannual inclusion survey to include communication measure.	Effective - Monthly all staff communications informing staff of any changes and future events/resources.  Effective - Results of survey shared with ET and Staff Governance Committee and action plans implement including the Anti Racism Plan.	7. ET, SIG and SOLG Development Days scheduled for November 2024 and February 2025. Update Dec 2024 - November session taken place, feedback and outcomes of session to be discussed at ET in January 2025. Update March 2025 - Planning session been undertaken and next development session scheduled April 2025.		30/06/2025			

STRATEGIC RISK 5

<b>Risk no:</b>	SR5					
<b>Risk Short Title:</b>	NES does not put in place an adequate corporate infrastructure to support the Transformation Route Map.					
<b>Risk Owner:</b>	Karen Reid	<b>Date Added to Register:</b>	19/04/2023			
		<b>Review Date:</b>	01/06/2025			
		<b>Frequency of Review:</b>	Quarterly			
		<b>Committee/Group overseeing</b>	Planning & Performance Committee			
<b>Risk Category(s)</b>	People/Workforce	Reputational				
<b>Risk impacts on NES Strategy Key Area of Focus :</b>						
<b>Date of Score</b>	<b>Net Score</b>	<b>Current Net Risk Rating: (Priority 1, 2, 3 or 4)</b>	<b>Risk Movement: (↑,↔,↓)</b>	<b>Board Appetite</b>		<b>Within Board Appetite</b>
08/04/2024	9	Medium		Open	12-16	
18/06/2024	9	Medium	↔			
20/09/2024	9	Medium	↔			
03/12/2024	9	Medium	↔			
03/03/2025	9	Medium	↔			

<b>Gross Impact (1-5)</b>	<b>Gross Likelihood (1-5)</b>
4	4
<b>Gross Total:</b>	<b>16</b>

<b>Net Impact (1-5)</b>	<b>Net Likelihood (1-5)</b>
3	3
<b>Net Total:</b>	<b>9</b>

<b>Board Risk Appetite v Net Total</b>	
Open	12-16
Medium	9

**Existing control rating:** Effective

<b>Cause:</b>		<b>Effect:</b>	
NES does not have in place a corporate infrastructure to support business processes in relation to the improvement programme including HR, Finance and the PMO. This includes not having the the right number of people, suitably skilled, as well as having the right systems and other resources to drive improvements in transformation and best value.		NES might not adequately deliver the aims of its own Strategic Plan or the external commissions agreed with the Scottish Government	
<b>Control:</b>		<b>Result:</b>	
1. Worforce Planning takes place alongside AOP processes so that resourcing can be aligned on an annual basis.		This could result in NES having insufficient corporate infrastructure staff to support delivery of the AOP, Transformation Activity and potential efficiency savings. Resulting in reputational damage and impact on stakeholder engagement.	
<b>Effectiveness:</b>		<b>Actions:</b>	
2. In year changes to resourcing are made in alignment with in year consideration of new projects through the Corporate Radar process.		1. Ongoing Process with Corporate Radar	
3. Post prioritisation process considers requirements of Transformation Projects.		2. Digital Prioritisation Process - ensuring capacity is aligned to requirements.	
4. Recruitment authorisation and other recruitment processes strengthened with the aim of achieving a more efficient, risk-based approach reducing time across NES and, all things being equal, reducing the time to recruit new staff.		3. Implement accelerated recruitment process as approved by ET 13/08/2024 (exception ET roles) In October 2024 and in Jan 2025 carry out a 3 months post implementation evaluation for update to the ET. Update March 2025 - An initial evaluation of the Accelerated Recruitment process has been conducted to provide insights into the experiences of Hiring Managers. The average timescale of business case to job advertisement has reduced from 45 to 15 days with positive feedback being received from Directorates. A further in depth analysis is planned for April 2025.	
5. Ongoing discussions with Scottish Government regarding commissioned activity and the baselining of non-recurrent allocations where appropriate. Corporate process to ensure centralised view of new commissions and impact on infrastructure in place .			
6. Temporary expanded resources to support PMO and corporate improvement through Project Based Development Opportunities.			
<b>Due Date:</b>			
		Ongoing	
		Ongoing	
		30/06/2025	

STRATEGIC RISK 6

<b>Risk no:</b>	SR6					
<b>Risk Short Title:</b>	Failure to develop and maintain adequate Business Continuity arrangements to deal with the risk of adverse events and threats					
<b>Risk Owner:</b>	Christopher Wroath	<b>Date Added to Register:</b>	19/04/2023			
		<b>Review Date:</b>	01/06/2025			
		<b>Frequency of Review:</b>	Quarterly			
		<b>Committee/Group overseeing</b>	Planning & Performance Committee			
<b>Risk Category(s)</b>	Governance	Operational				
<b>Risk impacts on NES Strategy Key Area of Focus :</b>						
<b>Date of Score</b>	<b>Net Score</b>	<b>Current Net Risk Rating: (Priority 1, 2, 3 or 4)</b>	<b>Risk Movement: (↑,↔,↓)</b>	<b>Board Appetite</b>		<b>Within Board Appetite</b>
13/03/2024	9	Medium		Averse	1-5	
02/07/2024	9	Medium	↔			
20/09/2024	9	Medium	↔			
04/12/2024	9	Medium	↔			
03/03/2025	9	Medium	↔			

<b>Gross Impact (1-5)</b>	<b>Gross Likelihood (1-5)</b>
4	4
<b>Gross Total:</b>	<b>16</b>

<b>Net Impact (1-5)</b>	<b>Net Likelihood (1-5)</b>
3	3
<b>Net Total:</b>	<b>9</b>

<b>Board Risk Appetite v Net Total</b>	
Averse	1-5
Medium	9

**Existing control rating:** Acceptable

<b>Cause:</b> NES does not put in place and maintain adequate Business Continuity arrangements to deal with the risk of adverse events and threats, both internal and external threats, e.g. national or global pandemics, power supply outages, and other events		<b>Effect:</b> There may be an inability to deliver normal levels of service, or even an inability to deliver services at all in extreme circumstances.	
		<b>Result:</b> This could result in failure to achieve strategic outcomes.	
<b>Control:</b>	<b>Effectiveness:</b>	<b>Actions:</b>	<b>Due Date:</b>
1. Disaster Recovery Plan and Business Continuity Plans have been approved by the Executive Team.	Effective - approval recorded in minutes.	1. Outside contractors been engaged to complete and close all relevant KMG Audit actions to an agreed timetable with CEO. Update June 2024 - Action completed and this will feed into the September Audit.	Closed
2. The plans were robustly tested in a desktop exercise and recommendations were considered by the ET and incorporated into the current version of the plans.	Effective - Exercise formally documented and recorded in minutes.	2. Participating in KPMG BCP Internal Audit - all documentation has been passed to KMPG for review and Audit Report will be presented to January 2025 Audit & Risk Committee Update Dec 2024 - Audit completed and will be presented at January ARC and actions will be progressed. Update March 2025 - Action Closed - Actions on target to be completed end of March 2025.	Closed
3. NTS have agreed to an internal audit on BCP on an emphasis on disaster recovery on cloud data, audit to commence September 2024.	Effective - Audit presented to ARC and documented in minutes		



STRATEGIC RISK 7

<b>Risk no:</b>	SR7					
<b>Risk Short Title:</b>	Failure to put in place measures to adequately protect against breaches of cyber security					
<b>Risk Owner:</b>	Christopher Wroath	<b>Date Added to Register:</b>	19/04/2023			
		<b>Review Date:</b>	01/06/2025			
		<b>Frequency of Review:</b>	Quarterly			
		<b>Committee/Group overseeing</b>	Planning & Performance Committee			
<b>Risk Category(s)</b>	Governance	Operational				
<b>Risk impacts on NES Strategy Key Area of Focus :</b>						
<b>Date of Score</b>	<b>Net Score</b>	<b>Current Net Risk Rating: (Priority 1, 2, 3 or 4)</b>	<b>Risk Movement: (↑,↔,↓)</b>	<b>Board Appetite</b>		<b>Within Board Appetite</b>
13/03/2024	15	High		Averse	1-5	
02/07/2024	15	High	↔			
20/09/2024	15	High	↔			
04/12/2024	15	High	↔			
03/03/2025	15	High	↔			

<b>Gross Impact (1-5)</b>	<b>Gross Likelihood (1-5)</b>
5	4
<b>Gross Total:</b>	<b>20</b>

<b>Net Impact (1-5)</b>	<b>Net Likelihood (1-5)</b>
5	3
<b>Net Total:</b>	<b>15</b>

<b>Board Risk Appetite v Net Total</b>	
Averse	1-5
High	15

**Existing control rating:**  Acceptable

<b>Cause:</b>		<b>Effect:</b>	
NES does not put in place measures to adequately protect itself against breaches of cyber security		This could lead to unauthorised access to NES digital systems and data	
		<b>Result:</b>	
		This could significantly affect our ability to continue normal business operations and would risk reputational damage and the imposition of punitive financial fines by regulatory authorities	
<b>Control:</b>	<b>Effectiveness:</b>	<b>Actions:</b>	<b>Due Date:</b>
1. Digital team ensures firewall logs, including changes to the firewall rule base, are added to the (Security Information and Event Management) SIEM tool in use and continue to be monitored frequently	Effective - The standard build for end user Windows devices and servers has been documented in the Windows 10 Endpoint Security Standards and in the VMWare tool for servers.	1. Continue to use the NIS Audit framework to manage and build on NES' cyber security posture. - Ongoing	Ongoing
2. Senior Management and Executive level involvement and oversight of Cyber security related risk through updates in the Technology and Information Committee and Audit & Risk Committee meetings and through the NES Assurance Group.	Effective - Minutes of NES Assurance Group shared with TIC and ARC.	2. Review our early adoptor status for the NHSS Security Operations Centre (Dundee). Update Sept 2024 - In progress Update Dec 2024 - In progress	30/06/2025
3. Staff awareness of Cyber security matters is raised through information security webinars provided by the Information Security Manager, which includes phishing emails and security regarding the use of public Wi-fi, reporting security breaches and determining key NES contacts, password guidance, information / data management under GDPR as well as analysing key current trends in Cybercrime.	Effective - Attendance numbers available/ number of security breaches recorded and reported to NES Assurance Group and TIC and minuted.	3. Identifying capacity for Cyber Security support post to join the Infrastructure and Operations Group within NTS. Update June 2024 - Been reviewed as part of the I&O resource plan. Update Sept 2024 - Now have identified resource in the plan that will be progressed in the coming months. Update Dec 2024 - Action Closed resource in place	Closed



STRATEGIC RISK 8

<b>Risk no:</b>	SR8					
<b>Risk Short Title:</b>	Failure to put sufficient employee training and other operational controls in place to minimise the risk of breaches of Information Governance					
<b>Risk Owner:</b>	Christopher Wroath	<b>Date Added to Register:</b>	19/04/2023			
		<b>Review Date:</b>	01/06/2025			
		<b>Frequency of Review:</b>	Quarterly			
		<b>Committee/Group overseeing</b>	Planning & Performance Committee			
<b>Risk Category(s)</b>	Operational	Reputational	Governance			
<b>Risk impacts on NES Strategy Key Area of Focus :</b>						
<b>Date of Score</b>	<b>Net Score</b>	<b>Current Net Risk Rating: (Priority 1, 2, 3 or 4)</b>	<b>Risk Movement: (↑,↔,↓)</b>	<b>Board Appetite</b>		<b>Within Board Appetite</b>
13/03/2024	8	Medium		Open	12-16	
02/07/2024	8	Medium	↔			
20/09/2024	8	Medium	↔			
04/12/2024	8	Medium	↔			
03/03/2025	8	Medium	↔			

<b>Gross Impact (1-5)</b>	<b>Gross Likelihood (1-5)</b>
4	5
<b>Gross Total:</b>	<b>20</b>

<b>Net Impact (1-5)</b>	<b>Net Likelihood (1-5)</b>
4	2
<b>Net Total:</b>	<b>8</b>

<b>Board Risk Appetite v Net Total</b>	
Open	12-16
Medium	8

**Existing control rating:** Effective

<b>Cause:</b>		<b>Effect:</b>	
NES does not put sufficient employee training and other operational controls in place to minimise the risk of breaches of Information Governance		There could be instances of significant loss of data	
		<b>Result:</b>	
		This could result in serious reputational damage and the imposition of punitive financial fines by regulatory authorities.	
<b>Control:</b>	<b>Effectiveness:</b>	<b>Actions:</b>	<b>Due Date:</b>
1. Statutory and relevant data security processes in place, with specific reference to the new General Data Protection Regulations.	Effective - Processes approved and recorded in minutes	1. NES' Executive Team to increase all IG/IT security training to mandatory. Update March 2024 - Action Closed Mandatory Training implemented.	Closed
2. Specific additional policies, procedures and practices (based on ISO27001) have been put in place to ensure robust security applies to the TURAS platform and the being developed National Digital Platform.	Effective - Policies and procedures approved and recorded in minutes.		
3. Whistleblowing arrangements are in place with information and resources available to staff via the Intranet including Whistleblowing standards, policy and process. These resources include reference to whistleblowing in relation to loss or misuse of data and are part of the essential learning programme for all NES employees.	Effective - Whistleblowing Annual Report presented to governance committees and board and recorded in minutes.		
4. Safe Information Handling features as an element of the NES essential learning programme.	Effective - Executive Team regularly review compliance which is minuted.		

STRATEGIC RISK 9

<b>Risk no:</b>	SR9					
<b>Risk Short Title:</b>	NES does not put sufficient measures in place to address ongoing cost and funding pressures leading to misalignment with Scottish Government priorities and expectations.					
<b>Risk Owner:</b>	Jim Boyle	<b>Date Added to Register:</b>	19/04/2023			
		<b>Review Date:</b>	02/06/2025			
		<b>Frequency of Review:</b>	Quarterly			
		<b>Committee/Group overseeing</b>	NES Board			
<b>Risk Category(s)</b>	Finance					
<b>Risk impacts on NES Strategy Key Area of Focus :</b>						
<b>Date of Score</b>	<b>Net Score</b>	<b>Current Net Risk Rating: (Priority 1, 2, 3 or 4)</b>	<b>Risk Movement: (↑,↔,↓)</b>	<b>Board Appetite</b>		<b>Within Board Appetite</b>
01/02/2024	16	High		Averse	1-5	
01/07/2024	16	High	↔			
24/09/2024	16	High	↔			
10/12/2024	8	Medium	↓			
04/03/2025	8	Medium	↔			

<b>Gross Impact (1-5)</b>	<b>Gross Likelihood (1-5)</b>
5	5
<b>Gross Total:</b>	<b>25</b>

<b>Net Impact (1-5)</b>	<b>Net Likelihood (1-5)</b>
4	2
<b>Net Total:</b>	<b>8</b>

<b>Board Risk Appetite v Net Total</b>	
Averse	1-5
Medium	8

**Existing control rating:**  Acceptable

<b>Cause:</b>		<b>Effect:</b>	
NES does not put sufficient measures in place to address ongoing cost and funding pressures as well as a high level of non-recurrent funding from SG		NES will experience financial constraints and will risk the inability to set sustainable financial plans and to take remedial actions necessary to remain in financial balance	
<b>Result:</b>		This could then result in failure to meet the aspirations set out in the Strategic Plan as well as having an increased risk of not being able to control the finances of NES	
<b>Control:</b>	<b>Effectiveness:</b>	<b>Actions:</b>	<b>Due Date:</b>
1. The Annual Operational Planning process within NES gives Directorates indicative budgets to plan their own activities and expenditure and identifies cost pressures and potential savings across NES.	Effective - AOP process in place. Lesson learned logged and actioned. AOP reported to NES Board	1. The financial implications of any requests to decommission specific activities, or to reduce funding generally will be fully explored, with the financial, staffing and service impacts fully set out	Ongoing
2. The Senior Operational Leadership Group, chaired by the Director of Planning reviews budget submissions from across NES to ensure congruence, no duplication and identify opportunities for collaboration and efficiency savings.  3. Prioritisation process in place to deliver a balanced budget to the Board which is based on the impact of the planned activities.	Effective - recorded in minutes.  Effective - decisions recorded in ET minutes.	2. The Operational Planning process for 2024/25 will have a significantly sharpened focus on the achievement of savings, as required by the SG's Sustainability & Value programme, and with the increasing likelihood of reductions to baseline funding. Update June 2024 - 2025/26 planning process will have a greater focus on cost reduction and this work is underway. This will tie into the work of the Business Transformation Board. Update Sept 2024 - Operational Planning guidance has now been issued to all Directorates with a sharp focus on identifying spending reduction options for the three year period. Update Dec 2024 - Directorate reviews completed in process of consolidating report to present to December 2024 ET and subsequently to January 2025 ARC. Update March 2025 - Report also presented to Private Board 6th February 2025. Annual Delivery Plan and Financial Plan to be presented to 27th March 2025 NES Board for approval.	30/06/2025
4. NES Board considers measures and makes approvals to balance the annual budget, including the measures suggested by the ET to reach a balanced position.	Effective - recorded in Board minutes.	3. NES are working with SG to identify how baseline and additional commission activity can be modelled to match reduced funding availability.	Ongoing
5. Close working 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 on MTG's.	Effective - recorded in minutes	4. Implications and risks of reducing activity will be set out for SG to allow decisions to be taken in the full knowledge of their impact to the wider NHS in Scotland. Update June 2024 - Discussions taken place about sharing NES spending reduction plans at an earlier stage with Scottish Government colleagues. Update Dec 2024 - Discussion will take place with SG in January 2025. Update March 2025 - Discussion ongoing with Scottish Government.	30/06/2025
6. Letter been sent to all staff from CEO directing suspension of discretionary spending where possible.	Effective - recorded		
7. Twelve million of baseline reduction from 2024/25 will now be reinstated.	Effective - recorded		

### STRATEGIC RISK 10

<b>Risk no:</b>	SR10					
<b>Risk Short Title:</b>	Failure to adequately anticipate and mitigate the impacts of policy, legislative, economic, technological and societal change					
<b>Risk Owner:</b>	Karen Reid	<b>Date Added to Register:</b>	19/04/2023			
		<b>Review Date:</b>	01/06/2025			
		<b>Frequency of Review:</b>	Quarterly			
		<b>Committee/Group overseeing</b>	Planning & Performance Committee			
<b>Risk Category(s)</b>	Strategic					
<b>Risk impacts on NES Strategy Key Area of Focus :</b>						
<b>Date of Score</b>	<b>Net Score</b>	<b>Current Net Risk Rating: (Priority 1, 2, 3 or 4)</b>	<b>Risk Movement: (↑,↔,↓)</b>	<b>Board Appetite</b>		<b>Within Board Appetite</b>
08/04/2024	12	High		Open	12-16	
20/06/2024	12	High	↔			
12/09/2024	12	High	↔			
03/12/2024	12	High	↔			
03/03/2025	12	High	↔			

<b>Gross Impact (1-5)</b>	<b>Gross Likelihood (1-5)</b>
4	3
<b>Gross Total:</b>	<b>12</b>

<b>Net Impact (1-5)</b>	<b>Net Likelihood (1-5)</b>
4	3
<b>Net Total:</b>	<b>12</b>

<b>Board Risk Appetite v Net Total</b>	
Open	12-16
High	12

**Existing control rating:** Effective

<b>Cause:</b> NES is not able to adequately anticipate and mitigate the impacts of policy, legislative, economic, technological and societal change		<b>Effect:</b> We may be unable to attract, educate and train sufficient workforce supply, across the health and social care workforce, and in particular trainees and employees in specialist professional disciplines	
		<b>Result:</b> This could result in a compromise in our ability to deliver on our Strategic Plan or significant parts of it, or to deliver Directorate Operational Plans	
<b>Control:</b>	<b>Effectiveness:</b>	<b>Actions:</b>	<b>Due Date:</b>
1. There are many regular engagements with a wide range of stakeholders - governmental, professional, peer Boards - to ensure that NES is aware of changes to policy, demographic trends, technological change, which will feed into the NES Strategic Plan	Effective - NES Strategic Plan approval route minuted, minutes of meetings.	1. Significant Engagement with Health Boards, Health & Social Care Partnerships, Scottish Government, Social Care Sector and Academia.	Ongoing
2. Scottish Government Priorities are fully discussed with the NES/SG Sponsorship Team and are then incorporated into the Annual Delivery Plans that drive the core activity of the Board	Effective - Annual Delivery Plans approval route minuted and minutes of meeting	2. Ongoing SG discussions on fiscal impact on NES ADP.	Ongoing
3. Monitoring of Strategic Risk 2 in relation to funding in current fiscal and political environment.	Effective - Review of Strategic Risk Log minuted.	3. Policy Parliamentary Team within NES meets regularly with Scottish Government.	Ongoing
4. Parliamentary Horizon Report - issued to all Executive Team and NES Board.	Effective - Issued weekly and outputs provided to Executive Team and recorded	4. Strengthening financial reporting to be implemented.	Ongoing
5. Engagement with four nations to pick up national issues that may impact NES or the Scottish context.	Effective - Attendance at four nations working groups minuted.	5. Quarterly UK Four Nations Meetings - actions from meetings progressed by NES Chief Executive, Director of NMAHP and Executive Medical Director.  6. Record of funding proposals that are not taken forward by Scottish Government to be developed.	Ongoing  30/06/2025



STRATEGIC RISK 11

<b>Risk no:</b>	SR11					
<b>Risk Short Title:</b>	Poor learning outcomes and learning experience for our stakeholders					
<b>Risk Owner:</b>	Karen Wilson	<b>Date Added to Register:</b>	19/04/2023			
		<b>Review Date:</b>	01/06/2025			
		<b>Frequency of Review:</b>	Quarterly			
		<b>Committee/Group overseeing</b>	Education & Quality Committee			
<b>Risk Category(s)</b>	Operational	Reputational				
<b>Risk impacts on NES Strategy Key Area of Focus :</b>						
<b>Date of Score</b>	<b>Net Score</b>	<b>Current Net Risk Rating: (Priority 1, 2, 3 or 4)</b>	<b>Risk Movement: (↑,↔,↓)</b>	<b>Board Appetite</b>		<b>Within Board Appetite</b>
05/03/2024	9	Medium		Open	12-16	
03/06/2024	9	Medium	↔			
03/09/2024	9	Medium	↔			
27/11/2024	9	Medium	↔			
03/03/2025	9	Medium	↔			

<b>Gross Impact (1-5)</b>	<b>Gross Likelihood (1-5)</b>
4	4
<b>Gross Total:</b>	<b>16</b>

<b>Net Impact (1-5)</b>	<b>Net Likelihood (1-5)</b>
3	3
<b>Net Total:</b>	<b>9</b>

<b>Board Risk Appetite v Net Total</b>	
Open	12-16
Medium	9

**Existing control rating:** Effective

<b>Cause:</b>		<b>Effect:</b>	
NES delivers poor learning outcomes or a poor quality learning experience to our stakeholders, or if we are inflexible in evolving the methods of delivery of training and education		This could lead to the Health and Social Care workforce not having the necessary knowledge and skills to deliver good quality care	
<b>Result:</b>		This could result in NES becoming disconnected from the needs of the wider workforce and failing to meet the needs of staff, trainees, learners and stakeholders, leading to serious reputational damage and reassessment of the Board's role in delivering education and training	
<b>Control:</b>	<b>Effectiveness:</b>	<b>Actions:</b>	<b>Due Date:</b>
1. Chief Executive and/or NES Directors maintain open and collaborative relationships/arrangements with counterparts in partner organisations	Effective - Minutes and reports available for meetings and presentations minuted and available.	1. Development of a Learning & Education Strategy. Update March 2024 - Learning & Education Strategy approved by February 2024 Board - moving into implementation.	Closed
2. Ensure Chair is well briefed to manage relationships with other Board/organisational Chairs	Effective - Report presented to every NES Board public meeting.	2. Development of a strategy and resources for coproduction & engagement. Update March 2024 - Strategy renamed to Involving Peoples & Community Framework - Draft version gone to ELG 29.02.204. Update June 2024 - Action complete Strategy approved at ELG and Executive Team	Closed
3. Parliamentary monitoring service provides daily briefing to NES Executives and senior managers. Board papers and minutes made available on NES corporate website. Discussions about pressures and national developments at ET are communicated to staff through regular staff video and Intranet updates	Effective - Briefings available, ET minutes and Q&As from webinars and other staff events.	3. Learning and Education Framework being developed. Update June 2024 - Pilot Framework launched May 2024 - action to remain open until feedback received and final version published. Update Sept 2024 - Feedback received and being considered, expected final version to be published Nov 2024. Update Dec 2024 - Framework finalised awaiting implementation. Update Feb 2024 - Framework to be implemented in April/May 2025.	31/05/2025
4. Widespread evaluation of education programmes, including the use of feedback from learners to effect improvement.	Effective - Reported through Strategic KPIs when fully developed. Feedback received as part of Stakeholder Survey.	4. Implement a corporate improvement programme to support high quality learning and education provision through the Learning & Education Quality System (LEQS). Update March 2024 - All groups progressing within project timelines. Update June 2024 - Continuing to progress within project timelines Update Sept 2024 - Continuing to progress within project timelines and significant improvement in KPI data for reporting. Update Dec 2024 - Moving into implementation stage using a Blueprint approach. Developing set of core questions to ask learners feedback questions that will be applied to all NES products. Update March 2025 - Testing methodology being developed.	30/06/2025
5. Education Governance arrangements in place to ensure quality and performance is monitored and improved where necessary.	Effective - Considered at EQC regularly and minuted.	5. Development of Clinical & Care Governance sub group. - Update March 2025 - Action Completed - first meeting of sub group taken place in February 2025.	Closed
		6. Implementation of the Learning & Education Quality Policy.	30/06/2026

### STRATEGIC RISK 12

<b>Risk no:</b>	SR12					
<b>Risk Short Title:</b>	Insufficient investment in TURAS Learn and other NES learning platforms.					
<b>Risk Owner:</b>	Christopher Wroath	<b>Date Added to Register:</b>	19/04/2023			
		<b>Review Date:</b>	07/07/2025			
		<b>Frequency of Review:</b>	Quarterly			
		<b>Committee/Group overseeing</b>	Planning & Performance Committee			
<b>Risk Category(s)</b>	Operational	Reputational				
<b>Risk impacts on NES Strategy Key Area of Focus :</b>						
<b>Date of Score</b>	<b>Net Score</b>	<b>Current Net Risk Rating: (Priority 1, 2, 3 or 4)</b>	<b>Risk Movement: (↑,↔,↓)</b>	<b>Board Appetite</b>		<b>Within Board Appetite</b>
20/09/2024	12	High		Open	12-16	
04/12/2024	16	High	↑			
28/01/2025	20	Very High	↑			
03/03/2025	20	Very High	↔			
08/04/2025	15	High	↓			

<b>Gross Impact (1-5)</b>	<b>Gross Likelihood (1-5)</b>
5	4
<b>Gross Total:</b>	<b>20</b>

<b>Net Impact (1-5)</b>	<b>Net Likelihood (1-5)</b>
5	3
<b>Net Total:</b>	<b>15</b>

<b>Board Risk Appetite v Net Total</b>	
Open	12-16
High	15

**Existing control rating:**  **Acceptable**

<b>Cause:</b>		<b>Effect:</b>	
NES do not sufficiently invest in technology that supports learning outcomes including the TURAS learning platform as well as other learning platforms provided by NES.		This would lead to the NES being unable to meet the learning needs and expectations of all stakeholders	
<b>Control:</b>		<b>Result:</b>	
1. A significant amount of time and resource is invested to establish the learning needs of a very wide stakeholder group		This could result in NES becoming disconnected from the needs of the wider workforce and failing to meet the needs of staff, trainees, learners and stakeholders, leading to serious reputational damage and reassessment of the Board's role in delivering education and training	
<b>Effectiveness:</b>	<b>Actions:</b>	<b>Due Date:</b>	
Controlled - Fully documented.	1. Turas Refresh Programme Outline Business Case to be presented to Scottish Government. Update April 2024 - OBC currently going through governance groups prior to submission to Scottish Government. Update June 2024 - Action Completed	Closed	
2. Strategic case for investment has been prepared for discussion with the Scottish Government	2. Transformational Group need to agree Phase 2 outcomes of the Turas Refresh Programme. Turas Refresh Programme Full Business Case in development. Update Sept 2024 - In development Update March 2025 - Continuing to be developed.	30/06/2025	
3. Turas Refresh Programme as part of Transformation Programme.	3. Discussions on going with regards to investment with NES Director of Finance and SG Health Finance Director of Finance who is supportive of the programme. Update March 2025 - Ongoing discussions between NES Director of Finance and SG Health Finance Director of Finance . Update April 2025 - NES Director of Finance has secured agreement with Scottish Government Digital Health and Social Care finance team that 2025/26 NES baseline funding will be restored to the original level and that this return of finance to the NES baseline to be used specifically to fund the Digital Learning Infrastructure Programme.	30/06/2025	

STRATEGIC RISK 13

<b>Risk no:</b>	SR13				
<b>Risk Short Title:</b>	Failure to recruit sufficient number of appropriately skilled and experienced staff within NES.				
<b>Risk Owner:</b>	Karen Reid	<b>Date Added to Register:</b>	19/04/2023		
		<b>Review Date:</b>	01/06/2025		
		<b>Frequency of Review:</b>	Quarterly		
		<b>Committee/Group overseeing</b>	Staff Governance Committee		
<b>Risk Category(s)</b>	People/Workforce				
<b>Risk impacts on NES Strategy Key Area of Focus :</b>					
<b>Date of Score</b>	<b>Net Score</b>	<b>Current Net Risk Rating: (Priority 1, 2, 3 or 4)</b>	<b>Risk Movement: (↑,↔,↓)</b>	<b>Board Appetite</b>	<b>Within Board Appetite</b>
08/04/2024	12	High		Open	12-16
18/06/2024	12	High	↔		
28/01/2025	12	High	↔		
03/12/2024	8	Medium	↓		
03/03/2025	8	Medium	↔		

<b>Gross Impact (1-5)</b>	<b>Gross Likelihood (1-5)</b>
4	3
<b>Gross Total:</b>	<b>12</b>

<b>Net Impact (1-5)</b>	<b>Net Likelihood (1-5)</b>
4	2
<b>Net Total:</b>	<b>8</b>

<b>Board Risk Appetite v Net Total</b>	
Open	12-16
Medium	8

**Existing control rating:** Effective

<b>Cause:</b>		<b>Effect:</b>	
Failure to recruit sufficient number of appropriately skilled and experienced staff within NES.		NES having insufficient staff to support delivery of the AOP, Transformation Route Map and Strategic Plan	
		<b>Result:</b>	
		This could result in reputational damage and impact on stakeholder engagement.	
<b>Control:</b>	<b>Effectiveness:</b>	<b>Actions:</b>	<b>Due Date:</b>
1. Monitoring and continuously improving job packs to ensure they attract an appropriate number of high quality candidates.	Effective - Job packs available on intranet, evaluation scheduled April 2025. Data available from ERRS.	1. Work with Higher/Further Education establishments in Scotland, in addition to targeted Third Sector and related bodies to support greater apprenticeship opportunities and related early career routes.	Ongoing
2. Monitoring and continuously improving recruitment routes eg career sites, social media to ensure they attract an appropriate number of high quality candidates.	Effective - Accelerated Recruitment Programme. Wider use of corporate social media, targeted professional networks, alternative job posting platforms.	2. The Armed Forces Talent Programme (AFTP) team will continue to engage, influence and deliver in support of the territorial and national board efforts to attract more talent from the Armed Forces Community (AFC).	Ongoing
3. Monitoring our workforce data to identify actions to improve the diversity of the workforce.	Effective - Annual workforce E&D report published and presented to Board and Governance Committees and recorded in minutes.	3. The NES Equality & Human Rights Team continue to promote and offer learning opportunities to staff on ED&I, including 'conscious inclusion' sessions, anti-racism, cultural humility, promoting of learning and guidance from the business disability forum and also guidance for mitigating bias during recruitment. New EDI Strategy and action plan being produced for 2025-2029. Team completing work in relation to gender equality as part of the Equally Safe at Work accreditation programme. Update March 2025 - Progressing work on the equally safe at work accreditation programme which includes an all staff survey and focus groups with more lower paid female staff. This will inform our priorities for NES on gender equalities. NES EDI Strategy and Anti-Racism Action Plan will be presented to March Board for approval.	30/06/2025
4. Monitor and report on the composition of the NES workforce and sex/gender/ethnicity/disability pay gaps to the Board.	Effective - Annual Workforce Report presented to Board and Governance Committees and recorded in minutes.	4. Development of Talent Attraction Strategy. - Update March 2025 - Talent management approach embedded in our Succession Planning framework where we align development support through a tailored PDP for the pool of ready soon and ready now candidates.  5. Workforce planning to be carried out across NES as part of the 25/26 Operational Planning process. Update March 2025 - To be discussed by Executive Team with onward submission to Scottish Government.	30/06/2025  30/06/2025
5. Risk based decisions regarding termination of temporary staff in the event of uncertainty of funding.	Effective - Decisions recorded in ET minutes.	6. Finance/HR and Planning to advise the CEO on risk based decisions needed during FY 24/25 and FY 25/26 so that decisions on the retention or termination of staff in temporary contractual arrangements can be made in a timely fashion and be communicated in a planned way to staff.	Closed
6. Workforce planning is integrated in Operational Planning	Effective - Included in AOP documentation.	Update March 2025 - All communication shared with those impacted was sent by end of December 2024 - Action Closed	

### STRATEGIC RISK 14

<b>Risk no:</b>	SR14					
<b>Risk Short Title:</b>	Inadequate Board governance, systems, processes and scrutiny of them.					
<b>Risk Owner:</b>	Karen Reid	<b>Date Added to Register:</b>	19/04/2023			
		<b>Review Date:</b>	01/06/2025			
		<b>Frequency of Review:</b>	Quarterly			
		<b>Committee/Group overseeing</b>	NES Board			
<b>Risk Category(s)</b>	Governance					
<b>Risk impacts on NES Strategy Key Area of Focus :</b>						
<b>Date of Score</b>	<b>Net Score</b>	<b>Current Net Risk Rating: (Priority 1, 2, 3 or 4)</b>	<b>Risk Movement: (↑,↔,↓)</b>	<b>Board Appetite</b>		<b>Within Board Appetite</b>
08/04/2024	4	Low		Averse	1-5	
20/06/2024	4	Low	↔			
12/09/2024	4	Low	↔			
03/12/2024	4	Low	↔			
03/03/2025	4	Low	↔			

<b>Gross Impact (1-5)</b>	<b>Gross Likelihood (1-5)</b>
5	3
<b>Gross Total:</b>	<b>15</b>

<b>Net Impact (1-5)</b>	<b>Net Likelihood (1-5)</b>
2	2
<b>Net Total:</b>	<b>4</b>

<b>Board Risk Appetite v Net Total</b>	
Averse	1-5
Low	4

**Existing control rating:** Effective

<b>Cause:</b>		<b>Effect:</b>	
NES does not put sufficient arrangements in place in relation to Board governance, systems, processes and scrutiny of them		This could lead to corporate non-compliance and failure to comply with statutory, legislative and climate emergency/sustainability requirements	
<b>Result:</b>		This could result in a loss of credibility towards the Board, from the Scottish Government as well as a range of audit and scrutiny bodies, which could pose a threat to the general credibility and future of NES	
<b>Control:</b>	<b>Effectiveness:</b>	<b>Actions:</b>	<b>Due Date:</b>
1. Standing committees responsible for each governance domain supported by Executive Groups.	Effective - Terms of Reference, Schedule of Business. Governance Route Flowchart, Assurance Framework.	1. Development of Blueprint Action Plan to strengthen governance. Update June 2024 - Action Plan submitted to Scottish Government and ongoing actions reported through ARC	Ongoing
2. Individual committees review effectiveness at every committee meeting and provides an annual report to Audit Committee detailing how it has discharged its remit.	Effective - Annual reports and minutes of meetings.	2. ET review outstanding Audit actions - quarterly	Ongoing
3. Comprehensive programme of internal audit.	Effective - Approved and recorded in minutes.	3. Scottish Government sign off of ADP - completed 2023/24 Update June 2024 - Verbal feedback received from Scottish Government awaiting final sign off.	Ongoing
4. Board Governance included as part of Corporate Induction.	Effective - Induction Attendance Records/ Participant Feedback	Update Sept 2024 - Written acceptance of ADP received from Scottish Government and presented to August 2024 Board. Update Dec 2024 - Development of 2025/26 ADP underway. Update March 2025 - Submission of final draft ADP 17/03/2025.	Yearly Submission
5. An Assurance framework has been developed in line with the 'Blue Print for Governance' and the Assurance and Audit Committee Handbook .	Effective - Approval route recorded and minuted.	4. Board Governance Training at Board Development Events Update June 2024 - Board Governance Development Event completed 19th January 2024.	Ongoing
6. Blueprint Action Plan been submitted to Scottish Government.	Effective - Approval route recorded and minuted.	5. New refreshed Board and committee Assurance Framework has been developed and discussed with the Board at a development session. This will be further developed before final implementation. Update June 2024 - Action closed as agreed at ARC and Board that this work would be paused and superseded by Action 6.	Closed
7. Ensure corporate awareness of relevant statutory regulatory oversight, and maintain close working with relevant professional and other regulatory bodies	Effective - Annual report to EQC on compliance with statutory regulations and professional bodies requirements, recorded and minuted.	6. Take forward due diligence review against legislative and public duties. Update Sept - Review undertaken and 1 area of noncompliance identified (reporting of trade union time). Arrangements being put in place within an appropriate schedules of business to secure compliance. Update Dec - Schedule of business of relevant committee has been adapted. Action Closed.	Closed
8. New Planning & Performance Committee established from April 2025 that will provide further scrutiny of Board governance, systems and processes.	Effective - Terms of Reference, Schedule of Business. Governance Route Flowchart, Assurance Framework.	7. Internal Audit of Board Governance scheduled for 2025/26.	31/08/2025

### STRATEGIC RISK 15

<b>Risk no:</b>	SR15					
<b>Risk Short Title:</b>	NES is not an evidence based data driven organisation, lacking intelligence and insights from its Information Assets.					
<b>Risk Owner:</b>	Christopher Wroath	<b>Date Added to Register:</b>	14/12/2023			
		<b>Review Date:</b>	01/06/2025			
		<b>Frequency of Review:</b>	Quarterly			
		<b>Committee/Group overseeing</b>	Planning & Performance Committee			
<b>Risk Category(s)</b>	Governance	Reputational	Strategic			
<b>Risk impacts on NES Strategy Key Area of Focus :</b>						
<b>Date of Score</b>	<b>Net Score</b>	<b>Current Net Risk Rating: (Priority 1, 2, 3 or 4)</b>	<b>Risk Movement: (↑,↔,↓)</b>	<b>Board Appetite</b>		<b>Within Board Appetite</b>
13/03/2024	6	Medium		Averse	1-5	
02/07/2024	6	Medium	↔			
20/09/2024	6	Medium	↔			
04/12/2024	6	Medium	↔			
03/03/2025	6	Medium	↔			

<b>Gross Impact (1-5)</b>	<b>Gross Likelihood (1-5)</b>
3	4
<b>Gross Total:</b>	<b>12</b>

<b>Net Impact (1-5)</b>	<b>Net Likelihood (1-5)</b>
2	3
<b>Net Total:</b>	<b>6</b>

<b>Board Risk Appetite v Net Total</b>	
Averse	1-5
Medium	6

**Existing control rating:**  Acceptable

<b>Cause:</b>		<b>Effect:</b>	
Lack of strategic application of data quality standards. Lack of outcome focussed in our information gathering and structures.		Inefficiency and waste of resources in all aspects of NESs work in support of our strategic outcomes.	
		<b>Result:</b>	
		This could result in a loss of credibility towards NES, from the Scottish Government and scrutiny bodies, which could pose a threat to the general credibility and future of NES	
<b>Control:</b>	<b>Effectiveness:</b>	<b>Actions:</b>	<b>Due Date:</b>
1. Transformation Programme is now operational. There is a specific focus from the Corporate Improvement Programme on efficiency and effectiveness of data collection, storage and management.	Effective - Meetings minuted and regular reports on progress presented and recorded at Transformation Group.	1. Development of an overt data plan as part of the Corporate Improvement Plan. Update Sept 2024 - In progress Update March 2025 - Continuing to be progressed.	30/06/2025
2. Plans for automation and preparation for artificial intelligence will drive new and improved data collection, storage and management.	Not Tested	2. Planned rollout of CoPilot to all NES staff on completion of the pilot. Update Dec 2024 - Pilot completed and report developed, planned rollout unable to commence until M365 contract renegotiation is completed - expected completion May 2025	31/05/2025
3. Development of the Implementation Plan for the M365 Viva Suite of applications will drive new and improved data collection, storage and management.	Not Tested	3. NTS have agreed to an internal audit on their ability to support a data driven organisation - scheduled for April 2025	30/06/2025
4. Outcome of the pilot of the M365 Copilot Application will drive intelligence and knowledge on required improvements and restructuring of all NES data and information.	Effective - recordings of outcomes minuted.		

STRATEGIC RISK 16

<b>Risk no:</b>	SR16					
<b>Risk Short Title:</b>	Inability to meet core responsibilities and objectives due to HR Performance.					
<b>Risk Owner:</b>	Karen Reid	<b>Date Added to Register:</b>	03/12/2024			
		<b>Review Date:</b>	01/06/2025			
		<b>Frequency of Review:</b>	Quarterly			
		<b>Committee/Group overseeing</b>	Staff Governance Committee			
<b>Risk Category(s)</b>	People/Workforce	Reputational	Finance			
<b>Risk impacts on NES Strategy Key Area of Focus :</b>						
<b>Date of Score</b>	<b>Net Score</b>	<b>Current Net Risk Rating: (Priority 1, 2, 3 or 4)</b>	<b>Risk Movement: (↑, ↔, ↓)</b>	<b>Board Appetite</b>		<b>Within Board Appetite</b>
03/12/2024	15	High		Open	12-16	
03/03/2025	15	High	↔			
	-					
	-					
	-					

<b>Gross Impact (1-5)</b>	<b>Gross Likelihood (1-5)</b>
4	5
<b>Gross Total:</b>	<b>20</b>

<b>Net Impact (1-5)</b>	<b>Net Likelihood (1-5)</b>
3	5
<b>Net Total:</b>	<b>15</b>

<b>Board Risk Appetite v Net Total</b>	
Open	12-16
High	15

**Existing control rating:** Ineffective

<b>Cause:</b>		<b>Effect:</b>	
HR service not performing effectively.		An ineffective HR function may fail to foster a positive workplace culture or support professional development, leading to a poor experience workplace experience, lack of employee motivation and misalignment with organisational goals. Overall, this underperformance creates a gap in meeting both operational and strategic objectives. Underperformance of the HR function can lead to increased turnover, longer recruitment lead times, lower productivity, decreased employee morale, and legal risks associated with non-compliance with laws and regulations.	
<b>Result:</b>		NES could fail to meet its legal and statutory requirements, as well core responsibilities such as employee engagement, retention, performance management, and wellbeing. This could result in an increased risk of employee relations issues and ultimately increased employment tribunal activity.	
<b>Control:</b>	<b>Effectiveness:</b>	<b>Actions:</b>	<b>Due Date:</b>
1. Internal and external audits completed between Workforce and Finance Directorates that looked at financial and workforce data quality processes across NES. Recommendations and management actions are being reported through the audit and risk committee.	Effective - Reported at Audit & Risk Committee and minuted.	1. Recommendations and management actions from internal and external audit being progressed and reported through the Audit & Risk Committee. Update March 2025 - Ongoing progress being reported through Audit & Risk Committee	30/06/2025
2. Corporate Improvement Programme on the Lead Employer Model for DDIT in place which ensures operational processes, financial and management information controls and risk management practices across NES, NHS Placement Boards and GP Practices to provide assurance that the programme is operating within the NES risk appetite.	Effective - Process in place and reported to governance groups and committees and minuted.	2. Corporate Improvement Programme on the Lead Employer Model for DDIT in place which ensures operational processes, financial and management information controls and risk management practices across NES, NHS Placement Boards and GP Practices to provide assurance that the programme is operating within the NES risk appetite.	30/06/2025
3. Extensive HR Transformation Programme is underway to address the key aims of recovery, stabilisation and transformation.	Effective - Programme Board reporting to Transformation Group and to NES Board via CEO Report. Reporting to PPC will commence once established.	3. Refresh of the internal job evaluation process to ensure alignment with national job evaluation scheme. Update March 2025 - Work is ongoing, all AFC job evaluation staff have received job evaluation refresher training from the National Job Evaluation leads and new panellists have been trained by the National Job Evaluation leads to widen the pool of panellist for upcoming job evaluations.	30/06/2025
		4. Organisational change process being developed to redesign the structure of the Workforce Directorate and recruitment to vacant leadership roles (Director and Associate Director) is being progressed. Update March 2025 - Significant progress been made to realign the Workforce Directorate as part of the Exec Team Organisation Change	30/04/2025

## Summary of Strategic Risks Exposure

Table 1 - Current Position - May 2025

Current Risk Exposure (Total Score)	Very High	High	Medium	Low	Total	% of Total
Strategic		1	1		2	12.5%
Operational		1	2		3	18.8%
Finance			2		2	12.5%
Reputational					0	0.0%
Governance		1	2	1	4	25.0%
Technology					0	0.0%
People/Workforce		1	4		5	31.3%
Health & Safety					0	0.0%
Enviromental Sustainability					0	0.0%
Transformation/ Innovation					0	0.0%
TOTAL EXPOSURE		4	11	1	16	100.0%
% of Total	0.0%	25.0%	68.8%	6.3%		

Table 2 - Last Reported Position - January 2025

Current Risk Exposure (Total Score)	Very High	High	Medium	Low	Total	% of Total
Strategic		1	1		2	12.5%
Operational	1		2		3	18.8%
Finance			2		2	12.5%
Reputational					0	0.0%
Governance		1	2	1	4	25.0%
Technology					0	0.0%
People/Workforce		2	3		5	31.3%
Health & Safety					0	0.0%
Enviromental Sustainability					0	0.0%
Transformation/ Innovation					0	0.0%
TOTAL EXPOSURE	1	4	10	1	16	100.0%
% of Total	6.3%	25.0%	62.5%	6.3%		

## NES Risk Matrix, Scoring and Risk Categories

## APPENDIX 4

Risk Matrix and Score –

Risk Level	
Very High	20 - 25
High	12 - 16
Medium	6 - 10
Low	1 - 5

	Impact / Consequences				
Likelihood	Negligible	Minor	Moderate	Major	Extreme
Almost Certain	Low (5)	Medium (10)	High (15)	Very High (20)	Very High (25)
Likely	Low (4)	Medium (8)	High (12)	High (16)	Very High (20)
Possible	Low (3)	Medium (6)	Medium (9)	High (12)	High (15)
Unlikely	Low (2)	Low (4)	Medium (6)	Medium (8)	Medium (10)
Rare	Low (1)	Low (2)	Low (3)	Low (4)	Low (5)

NES Scoring Definitions – Likelihood -

Descriptor	Rare	Unlikely	Possible	Likely	Almost Certain
<b>Likelihood</b>	Cannot believe this event would happen – will only happen in exceptional circumstances. Risk will not materialise more regularly than every 10 years.	Not expected to happen, but definite potential exists – unlikely to occur. Risk will materialise on average once every 5 – 10 years.	May occur occasionally, has happened before on occasions – reasonable chance of occurring. Risk will materialise on average once every 3 – 5 years.	Strong possibility that this could occur – likely to occur. Risk will materialise on average once within each year.	This is expected to occur frequently/in most circumstances – more likely to occur than not. Risk will materialise within 6 months.

NES Scoring Definitions – Impact/Consequence –

Types of Risk	Negligible (1)	Minor (2)	Moderate (3)	Major (4)	Extreme (5)
<b>Strategic</b> <i>(Risk could impact on achievement of strategic objectives)</i>	<ul style="list-style-type: none"> <li>Negligible impact on achievement of strategic objectives.</li> <li>No loss of confidence from key stakeholders.</li> <li>Negligible impact on services.</li> </ul>	<ul style="list-style-type: none"> <li>Minor impact on achievement of limited number of strategic objectives.</li> <li>Minor loss of confidence from some key stakeholders.</li> <li>Reduced ability to support some services.</li> </ul>	<ul style="list-style-type: none"> <li>Some strategic objectives will not be achieved.</li> <li>Loss of confidence from key stakeholders in specific areas.</li> <li>Inability to support specific services.</li> </ul>	<ul style="list-style-type: none"> <li>Significant proportion of strategic objectives will not be achieved.</li> <li>Loss of confidence from key stakeholders in several areas.</li> <li>Inability to support several services.</li> </ul>	<ul style="list-style-type: none"> <li>Inability to deliver on strategic objectives.</li> <li>Loss of confidence from key stakeholders including Scottish Government.</li> <li>Inability to support service.</li> </ul>
<b>Financial</b> <i>(Risk could impact on financial position)</i>	<ul style="list-style-type: none"> <li>Some adverse financial impact but not sufficient to affect the ability of the service/department to operate within its annual budget (up to £100k).</li> </ul>	<ul style="list-style-type: none"> <li>Adverse financial impact affecting the ability of <b>one or more</b> services/ departments to operate within their annual budget (£100k – 250k).</li> </ul>	<ul style="list-style-type: none"> <li>Significant adverse financial impact affecting the ability of <b>one or more</b> directorates to operate within their annual budget (£250k - £500k).</li> </ul>	<ul style="list-style-type: none"> <li>Significant adverse financial impact affecting the ability of the organisation to achieve its annual financial control total (£100k-1m).</li> </ul>	<ul style="list-style-type: none"> <li>Significant aggregated financial impact affecting the long-term financial sustainability of the organisation (£&gt;1m).</li> </ul>
<b>Governance</b> <i>(Risk could impact on the governance of the organisation and services)</i>	<ul style="list-style-type: none"> <li>Small number of potential issues affecting minor quality improvement issues.</li> <li>Minor non-compliance with governance requirements</li> </ul>	<ul style="list-style-type: none"> <li>Potential issues which can be addressed by low level of management action.</li> <li>Isolated failures to meet internal standards or follow protocols.</li> </ul>	<ul style="list-style-type: none"> <li>Challenging issues that can be addressed with appropriate action plan.</li> <li>Repeated failures to meet internal standards or follow protocols.</li> </ul>	<ul style="list-style-type: none"> <li>Mandatory improvement required to address major issues.</li> <li>High level action plan is necessary.</li> <li>Major failure to meet legal requirements or governance standards.</li> </ul>	<ul style="list-style-type: none"> <li>Major governance issues leading to the threat of prosecution.</li> <li>Board level action plan required.</li> <li>Systematic failure to meet legal or governance standards.</li> </ul>
<b>Reputational</b> <i>(Risk could impact on public/stakeholder trust and confidence, and affect organisation's reputation)</i>	<ul style="list-style-type: none"> <li>Adverse comments/feedback, no media coverage.</li> <li>Little effect on staff morale.</li> </ul>	<ul style="list-style-type: none"> <li>Adverse local media coverage – short term.</li> <li>Some public embarrassment.</li> <li>Minor impact on staff morale and public/political perception and confidence in the organisation</li> </ul>	<ul style="list-style-type: none"> <li>Adverse local or social media coverage – long-term adverse publicity.</li> <li>Significant effect on staff morale and public/political perception of the organisation</li> </ul>	<ul style="list-style-type: none"> <li>Adverse national media coverage, less than 3 days.</li> <li>Public/political confidence in the organisation undermined.</li> <li>Use of services affected</li> </ul>	<ul style="list-style-type: none"> <li>Adverse coverage in national/International media - more than 3 days.</li> <li>MSP/MP concern (Questions in Parliament).</li> <li>Court Enforcement.</li> <li>Public Enquiry</li> </ul>
<b>Operational</b> <i>(Risk could impact on the NES operations and delivery of products and services)</i>	<ul style="list-style-type: none"> <li>Interruption in a service which does not impact on the ability to continue to provide service.</li> </ul>	<ul style="list-style-type: none"> <li>Short term disruption to service with minor impact on quality-of-service provision.</li> </ul>	<ul style="list-style-type: none"> <li>Some disruption in service with unacceptable impact on service provision.</li> <li>Temporary loss of ability to provide service.</li> </ul>	<ul style="list-style-type: none"> <li>Sustained loss of service which has serious impact on delivery of services.</li> <li>Major Contingency Plans invoked.</li> </ul>	<ul style="list-style-type: none"> <li>Permanent loss of core service or facility.</li> <li>Disruption to facility leading to significant “knock on” effect.</li> </ul>
<b>Technology</b> <i>(Risk could impact on delivery of services due to technological systems/processes/development and resilience)</i>	<ul style="list-style-type: none"> <li>Negligible impact on delivery of services due to inadequate or deficient system/process development and performance or inadequate resilience.</li> </ul>	<ul style="list-style-type: none"> <li>Minor impact on delivery of services due to inadequate or deficient system/process development and performance or inadequate resilience.</li> </ul>	<ul style="list-style-type: none"> <li>Late delivery of services due to inadequate or deficient system/process development and performance or inadequate resilience.</li> </ul>	<ul style="list-style-type: none"> <li>Failure to deliver services due to inadequate or deficient system/process development and performance or inadequate resilience.</li> </ul>	<ul style="list-style-type: none"> <li>Non delivery of services due to inadequate or deficient system/process development and performance or inadequate resilience.</li> </ul>
<b>Workforce</b> <i>(Risk could impact on staff wellbeing, staffing levels and competency)</i>	<ul style="list-style-type: none"> <li>Short term staffing issues temporarily reduces service provision and quality.</li> <li>Short term staffing issues, where there is no disruption to service quality.</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing staffing issues reduce service quality.</li> <li>Minor errors due to ineffective training / implementation of training.</li> </ul>	<ul style="list-style-type: none"> <li>Late delivery of a key objective / service due to staffing issues</li> <li>Moderate error due to ineffective training / implementation of training.</li> </ul>	<ul style="list-style-type: none"> <li>Failure to meet key objective / service due to staffing issues.</li> <li>Major error due to ineffective training/implementation of training.</li> </ul>	<ul style="list-style-type: none"> <li>Non delivery of key objectives/service due to staffing issues</li> <li>Loss of key/high volumes of staff.</li> <li>Critical error due to ineffective training / implementation of training.</li> </ul>
<b>Health and Safety</b> <i>(Risk could impact on staff/public/volunteer, or a patient out with delivery of care)</i>	<ul style="list-style-type: none"> <li>Adverse event leading to minor injury not requiring first aid.</li> <li>Temporary, local disruption to operations due to health and safety issues</li> <li>No staff absence</li> </ul>	<ul style="list-style-type: none"> <li>Minor injury or illness, first aid treatment required.</li> <li>Up to 3 days staff absence</li> <li>Local disruption of operations for up to one week due to health and safety concerns</li> </ul>	<ul style="list-style-type: none"> <li>Agency reportable, e.g., Police (violent and aggressive acts)</li> <li>Significant injury requiring medical treatment and/or counselling.</li> <li>RIDDOR over 7- day absence due to injury/dangerous occurrences</li> <li>Local disruption to operations for a period of more than one week due to health and safety concerns.</li> </ul>	<ul style="list-style-type: none"> <li>Major injuries/long term incapacity /disability (e.g., loss of limb), requiring, medical treatment and/or counselling.</li> <li>RIDDOR over 7- day absence due to major injury/dangerous occurrences.</li> <li>Widespread disruption to operations for a period of up to one week due to health and safety concerns.</li> </ul>	<ul style="list-style-type: none"> <li>Incident leading to death(s) or major permanent incapacity.</li> <li>RIDDOR Reportable/FAI</li> <li>Widespread disruption to operations for an extended period due to health and safety concerns</li> </ul>
<b>Environmental Sustainability / Climate Change</b> <i>(Risk could impact on environment, ability to comply with legislation/targets or environmentally sustainable care)</i>	<ul style="list-style-type: none"> <li>Limited damage to environment, to a minimal area of low significance.</li> <li>Negligible impact on ability to comply with climate legislation/targets or ability to reach net zero.</li> </ul>	<ul style="list-style-type: none"> <li>Minor effects on biological or physical environment.</li> <li>Minor impact on ability to comply with climate legislation/targets or ability to reach net zero.</li> </ul>	<ul style="list-style-type: none"> <li>Moderate short-term effects but not affecting eco-system.</li> <li>Moderate impact on ability to comply with climate legislation/targets or ability to reach net zero.</li> </ul>	<ul style="list-style-type: none"> <li>Serious medium term environmental effects.</li> <li>Serious impact on ability to comply with climate legislation/targets or ability to reach net zero.</li> </ul>	<ul style="list-style-type: none"> <li>Very serious long term environmental impairment of eco-system.</li> <li>Critical non-compliance with climate legislation/targets or ability to reach net zero.</li> </ul>
<b>Transformation/Innovation</b> <i>(Risk could impact on an operational/technology risk)</i>	<ul style="list-style-type: none"> <li>Barely noticeable reduction in scope/quality/ schedule.</li> <li>Negligible impact on achievement of intended benefits.</li> </ul>	<ul style="list-style-type: none"> <li>Minor reduction in scope/quality/ schedule.</li> <li>Minor impact on achievement of intended benefits.</li> </ul>	<ul style="list-style-type: none"> <li>Reduction in scope/quality/project/programme objectives or schedule.</li> <li>Some intended benefits will not be achieved.</li> </ul>	<ul style="list-style-type: none"> <li>Significant project/programme over-run.</li> <li>Significant proportion of intended benefits will not be achieved.</li> </ul>	<ul style="list-style-type: none"> <li>Inability to deliver project/programme objectives.</li> <li>Inability to achieve sustainable transformation.</li> </ul>

## NES Risk Categories –

- Strategic** - Risks arising from the achievement of NES's Strategy due to failure in supporting the delivery of commitments, plans or objectives due to a changing macro-environment.
- Finance** - Risks arising from not managing finances in accordance with requirements and financial constraints resulting in poor returns from investments, failure to manage assets/liabilities or to obtain value for money from the resources deployed, and/or non-compliant financial reporting.
- Governance** - Risks arising from unclear plans, priorities, authorities and accountabilities, and/or ineffective or disproportionate oversight of decision-making and/or performance.
- Reputational** - Risks arising from adverse events, including ethical violations, a lack of sustainability, systemic or repeated failures or poor quality or a lack of innovation, leading to damages to reputation and or destruction of trust and relations.
- Operational** - Risks arising from inadequate, poorly designed or ineffective/inefficient internal processes resulting in fraud, error, impaired customer service (quality and/or quantity of service), non-compliance and/or poor value for money.
- Technology** - Risk arising from technology not delivering the expected services due to inadequate or deficient system/process development and performance or inadequate resilience.
- People/Workforce** - Risks arising from ineffective leadership and engagement, suboptimal culture, inappropriate behaviours, the unavailability of sufficient capacity and capability, industrial action and/or non-compliance with relevant employment legislation/HR policies resulting in negative impact on performance.
- Health & Safety** - Risks arising from inefficient safety management resulting in non-compliance and/or harm and suffering to employees, contractors, service users or the public.
- Environmental Sustainability/  
Climate Change** - Risk arising from ineffective management of natural resources resulting in harm to the environment and non-compliance with climate legislation/targets or ability to reach net zero.
- Transformation /  
Innovation** - Risk arising from major transformation projects and innovations resulting in inability to achieve planned changes and reduced effectiveness of delivering on objectives.

**NHS Education for Scotland**

**NES/25/39**

**Agenda Item: 9c**

**Date of meeting: 22 May 2025**

**Public Board Meeting**

**1 Title of Paper**

1.1 Quarter 4 Strategic Key Performance Indicators Report

**2 Author(s) of Paper**

2.1 Rob Coward, Principal Educator, Planning & Corporate Resources  
Debbie Lewsley, Performance & Corporate Governance Manager, Planning  
& Corporate Resources

**3 Lead Director(s)**

3.1 Christina Bichan, Director of Planning, Performance and Transformation

**4 Situation/Purpose of paper**

4.1 The purpose of this report is to present to the Board the quarter four Strategic Key Performance Indicators (SKPIs) update for 2024/25 for review and approval.

4.2 The Board is also asked to consider and approve the proposed amendments for SKPI reporting as outlined in Section 6.7.

**5 Background and Governance Route to Meeting**

5.1 Delivery of the NES Strategy 2023-26 requires NES to work differently as an organisation, ensuring we focus our attention and resources on the areas where impact can be maximised and the greatest benefit for the health and social care system is generated.

- 5.2 Implementing the refreshed mechanism for performance management assists the Board in executing good governance, seek assurance on the measuring and monitoring of impact and the reach of NES strategic activities.
- 5.3 In May 2023 the NES Board approved 41 Strategic Key Performance Indicators in parallel with the NES Strategy, these were structured around the three key themes of the strategy - People, Partnership and Performance.
- 5.4 Board standing committees receive quarterly reports on Strategic Key Performance Indicators that relate to their remitted responsibilities. This enables an assessment of the assurance provided by the SKPI data.
- 5.5 The Q4 Strategic Key Performance Indicators Report was presented to the Planning and Performance Committee for consideration and approval in advance of 22 May 2025 Board meeting.

**6 Assessment/Key Issues**

**6.1 Overview**

- 6.1.1 There are 41 strategic key performance indicators, spanning 51 individual metrics that form NES’s reporting suite as presented in Appendix 2.
- 6.1.2 A summary of the RAG status for the 51 SKPI metrics is presented in Table 1.

Table 1: SKPI RAG Status Summary – April 2025

Green	Amber	Red	Blue (Complete)	RAG parameters to be set
30	5	4	1	11

- 6.1.3 The number of RAG parameters still to be set can be attributed to the new reportable measures and the outstanding measurements in development. The RAG status of each established reported measure has been determined.

- 6.1.4 At its February 2025 meeting, the NES Board approved a new measure as recommended by the Education & Quality Committee. SKPI14d – Dental Funded Trainee Placement – Non completion rate (Dental Speciality Training), this will be reported on from Quarter 1 2025/26.
- 6.1.5 In addition, the Board requested that a timeline for when the actions noted in the insights and actions column would be completed. An additional column has been added to the SKPI reporting template to capture ‘Target Action Completion Date’ and implemented for Q4 reporting. Work will continue to embed this information into routine reporting in the Q1 2025/26 reporting period.

**6.2 Q4 Reporting Overview**

- 6.2.1 In Quarter 4 data has been recorded for 23 SKPI metrics as shown in Appendix 1. The reporting of 7 SKPIs was delayed with further information provided in 6.2.3. Other measures have not been updated due to their frequency of reporting meaning that they were not due in this reporting period.
- 6.2.2 A summary of the RAG status for the 23 SKPI’s with updated performance information is presented in Table 2.

Table 2: RAG Status Summary – SKPIs reported in Q4 2024/25

Green	Amber	Red	RAG parameters to be set
15	5	2	1

- 6.2.3 There has been one new SKPI reported this quarter, SKPI29b – ‘Number of collaborations to support employability and engagement of young people’. This replaces SKPI29a – ‘Number of young people participating in a school-based pilot pathway’ which was closed. The development of the RAG parameters for this measure will be completed prior to Q1 2025/26 reporting.
- 6.2.4 Seven of the annually and bi-annually reported SKPIs were due for reporting this quarter, however the data for these measurements will not be available until Q1 or Q2 2025/26. This has been reflected in the Insights and Actions column for the individual measures.

6.2.5 Reporting of data for SKPI34 '*CO2 emissions (estates)*' has been paused due to the multiple reconfigurations to NES's office space. A period of stability is required to produce a reliable benchmark. A comprehensive data set will be developed and presented to the Audit & Risk Committee at its October 2025 meeting.

### 6.3 **Q4 Performance Highlights for SKPI's with Green RAG Status**

6.3.1 SKPI03 – 'Staff retention rate (voluntary leavers)'

The staff retention rate continues to be maintained at a high level with consistently strong retention reported across the year.

6.3.2 SKPI05 – 'Sickness Absence Rate'

NES continues to outperform in this measurement compared to other national boards and there has been a significant decrease of absences in this reporting period.

6.3.3 SKPI13a – '*Medical Funded trainee placements - Vacancy Rate (WAS Fill rate)*' Core training programmes have an increased fill rate this year.

Recruitment of resident doctors in training is currently live. Round 1 has been completed and this year there are no programmes with a less than 85% fill rate. At the time of completing this KPI - 736 out of a total number of 741 posts have been filled in round 1 training programmes in Scotland.

6.3.4 SKPI21b – '% of learner products which include value based health and social care'

This will remain unchanged as this is currently reported as the number of resources developed by the NES Quality Improvement (QI) Team to support values based care. The QI Team has now completed its Scottish Government commission for seven new resources and no further developments are planned in this area. A review of this measure will be undertaken by the Education and Quality Committee to consider other data that could potentially be reported

6.3.5 SKPI28 – '% of technology, data and digital development which are shaped by staff, learner and partners feedback'

This measure will continue to be reported at 100% due to the deployment of Agile methodology in all aspects of NTS development. This means user and stakeholder co-design is inherent in all deliverables. SKPI28 will be reviewed to consider its purpose and value.

6.3.6 SKPI31 – 'Achievement of agreed savings % against annual budget'

This measurement has a green RAG status to reflect that NES has exceeded its full year savings target by £1.4m. All individual directorates met their savings targets.

#### 6.4 **Q4 Performance on SKPI's with Amber RAG Status**

- 6.4.1 SKPI13b – ‘*Dental Funded trainee placements - Vacancy Rate (WAS Fill rate)*’ These vacancies relate to non-mandatory Dental Core Training. The data reflects trainees leaving during the course of the year for a variety of reasons. Discussions continue with the placement board on whether they wish to attempt to recruit.
- 6.4.2 SKPI23 – ‘Number of education, research and strategic collaborations’  
The reporting methodology for this measure has been refined and a review of the RAG parameters will be undertaken to ensure they reflect this change prior to the next reporting period.
- 6.4.3 SKPI24 – ‘Number of innovation initiatives invested in, including those in collaboration with other stakeholder organisations’  
NES’s innovation initiatives were reviewed to align with the revised approach set out in the emerging Research and Innovation Plan. This involves some consolidation of innovation projects. A review of the RAG parameters for this measure will be undertaken to ensure they reflect this, prior to the next reporting period.
- 6.4.4 SKPI32 - ‘% of audit actions which are completed within agreed timescale’  
This measure currently has an amber RAG status due to overdue audit actions requiring national agreement and implementation. NES continues to drive these actions forward with timelines updated to reflect the wide level of engagement required.
- 6.4.5 SKPI38 – ‘Number of unplanned outages to NES systems (internal and external)’  
There were two unplanned outages during Q4. One of these was outwith NES’s control, with neither having any impact on delivery of service.

#### 6.5 **Q4 Performance on SKPI's with Red RAG Status**

- 6.5.1 SKPI04 – ‘*Vacancy Rate*’  
A review of this measure will be undertaken to consider its purpose and value.
- 6.5.2 SKPI35 - ‘CO2 emissions (staff and business travel)’  
CO2 emissions have continued to reduce in this reporting period, however this may be impacted by the relocation from Westport and will be monitored closely once a new location has been agreed. Further development of targets and RAG status parameters for this measurement will be undertaken within this financial year.

## 6.6 SKPI Reporting Development for Outstanding Measures

- 6.6.1 There are currently nine measures which have not yet been reported on. Work continues to develop SKPI data collection and reporting capabilities in the short-term while addressing structural challenges affecting the scope and consistency of data collection, data quality and comprehensive reporting. This is primarily through the implementation of the NES Learning and Education Strategy and associated Corporate Improvement Programmes and is therefore a longer-term approach.
- 6.6.2 A consistent approach to evaluation is being planned in regard to SKPI11 ‘% of learners that tell us their education & training will improve their practice’ and SKPI12 ‘% of learners who score their learning experience as 80% or above.’ A technical solution is being developed to take this forward, the timeline for this is dependent on the prioritisation of necessary capacity and skills within NTS. This is being considered as part of digital prioritisation activity.
- 6.6.3 SKPI16 ‘Clinical Training Environment’  
As part of developing a more consistent approach to managing clinical training environments, we are reviewing contemporary practice in other UK countries and beyond. This includes developing our understanding of approaches to monitoring and evaluation of the practice-learning environment. This work is being undertaken as part of the Learning and Education Quality System Programme.
- 6.6.4 SKPI18 ‘Uptake of learning products by sector as % of total reach’  
The creation of a centralised learner record as part of the Digital Learning Infrastructure Programme will support reporting for this measurement.
- 6.6.5 SKPI19 ‘% of learners and trainees from the 20% most deprived data zones in Scotland (SIMD)’  
This metric requires changes to the way we collect data on learners, questions on postcodes and selected characteristics will be piloted in Spring 2025.
- 6.6.6 SKPI20 ‘% of learners and trainees by protected characteristics as compared to population of Scotland’  
Equalities monitoring questions have been developed for piloting in Spring 2025.
- 6.6.7 SKPI21a ‘% of learning products which include sustainability’  
A short-term proposal on reporting of engagement of the National Climate Change and Sustainability modules will be implemented, data will be reported in Q1 2025/26.

- 6.6.8 SKPI26 ‘% of % of health and social care workforce who report being confident in using digital ways of working’.  
The Digital Capabilities and Confidence Programme was established in Q3 of 2024/25. As part of this programme it was identified that the workforce in NES would be asked to complete a digital self-assessment, this work will be undertaken in Q1 2025/26. Data will be reported thereafter on the digital capability and confidence of the NES workforce. A mechanism for reporting this at the health and social care workforce level is not currently available.
- 6.6.9 SKPI27 ‘Number of NES programmes that can demonstrate active engagement of people with lived or living experience in the development of educational resources designed to support interaction with those who use health and social care services.’  
Data will be reported on this measure following the launch of the Involving People and Communities Framework, which is subject to testing at present.

## 6.7 **Proposed Amendments for SKPI Reporting**

- 6.7.1 SKPI12 - is currently presented as ‘*% of learners who score their learning experience as 80% or above*’. While this clearly relates to learner satisfaction with NES education products, the phrasing of the SKPI presents some difficulties in identifying relevant measures. This was highlighted in recent work to develop core learner feedback questions for all NES education projects. To address this issue the Education and Quality Executive Group (EQEG) proposed that the SKPI be re-phrased to better align with the core feedback question on learner satisfaction. The proposed phrasing is as follows: *% of learners indicating they are ‘satisfied’ or ‘very satisfied’ with their learning experience*. Responses to this question will enable measurement of all positive responses to NES learning experiences. The Education and Quality Committee approved this proposal and the benchmark that both the learners experience scored as 80% and above and 60% and above would be reported.
- 6.7.2 SKPI21b - ‘% of learning products which include value based health and social care’.  
The Education and Quality Committee recommend that this measurement is reported biannually instead of quarterly.
- 6.7.3 These proposed amendments were approved by the Education and Quality Committee in March 2025 and the Planning and Performance Committee at its May 2025 meeting.

## **6.8 Key Matters Arising from the Planning & Performance Committee**

- 6.8.1 The Q4 Strategic Key Performance Indicators Report was presented and approved by the Planning and Performance Committee at its May 2025 meeting.
- 6.8.2 The Committee highlighted that almost half of the measures have either not been reported on during this period or have a red or amber RAG status. It was recognised that further work needs to be undertaken to focus on improvement actions with clear target completion dates identified. The benefit of having clear trajectories for each measure was also noted and work to develop these will be taken forward during the next quarter.
- 6.8.3 It was noted that a number of measures will be reviewed to consider their purpose and value. This will be conducted as part of the SKPIs Annual Review which will also consider the RAG tolerance for each measure, ensuring that these are informed by evidence and benchmarking. The review will be conducted alongside development of the next NES Strategy to ensure alignment.
- 6.8.4 The Committee recognised the progress that has been made to date on the reporting of NES's SKPIs with data now reported for 80% of the SPKIs overall and 82% of the individual metrics. Work planned for the next reporting period will provide supplementary reporting on the recorded data to enable year on year comparisons, trend analysis and benchmarking as appropriate.

## **7 Recommendations**

The Board is invited to:

- 7.1 To review and approve NES Strategic Key Performance Indicators Q4 update and provide any feedback as appropriate.
- 7.2 To consider and approve the proposed amendments for SKPI reporting as outlined in Section 6.7.

Author to complete **checklist**.

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

**a) Have Educational implications been considered?**

Yes

No

**b) Is there a budget allocated for this work?**

Yes

No

**c) Alignment with [Our Strategy 2023 – 26 People, Partnerships and Performance](#)**

1. People Objectives and Outcomes

2. Partnership Objectives and Outcomes

3. Performance Objectives and Outcomes

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

Yes

No

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

Yes

No

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

Yes

No

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

Yes

No

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

Yes

No

Author name: Rob Coward, Debbie Lewsley, Christina Bichan

Date: May 2025

NES

## Overview of SKPI Position as of Quarter 4, 2024/25

Measure ID	Measure Name	RAG Status
<b>SKPIs reporting updated data this quarter</b>		
SKPI03	Staff retention rate (voluntary leavers)	
SKPI04	Vacancy Rate	
SKPI05	Sickness Absence Rate	
SKPI13a	Medical Funded trainee placements - Vacancy Rate (WAS Fill rate)	
SKPI13b	Dental Funded trainee placements - Vacancy Rate (WAS Fill rate)	
SKPI17	Total accesses of the NHS Scotland Careers Website	
SKPI21b	% of learning products which include value based health and social care	
SKPI23	Number of education, research and strategic collaborations	
SKPI24	Number of innovation initiatives invested in, including in collaboration with other stakeholder organisations	
SKPI25	% of Service Providers who report utilising NES provided workforce data	
SKPI28	% of technology, data and digital developments which are shaped by staff, learner and partners feedback	
SKPI29b	Number of collaborations to support employability and engagement of young people	NEW SKPI - RAG to be developed
SKPI30	Number of NES programmes of education and training which are SCQF credit rated	
SKPI31	Achievement of agreed savings % against annual budget	
SKPI32	% of audit actions which are completed within agreed timescale	
SKPI33	Benefits realisation/ ROI from corporate change activities	
SKPI35	CO2 emissions (staff and business travel)	
SKPI36	Projected variance of budgeting within 0.5% at year end	
SKPI37	Number of complaints or concerns upheld and partially upheld	
SKPI38	Number of unplanned outages to NES systems (internal and external)	
SKPI39	% NIS Audit Compliance Score for Cybersecurity	
SKPI40	% RAG status for delivery against Annual Delivery Plan	
SKPI41	Adverse events: Number of Category 1 Information Governance events and events requiring reporting under RIDDOR	
<b>SKPIs - Not Reported this Quarter</b>		<b>Data Due</b>
SKPI01	Employee Engagement Index	Data Due Q1
SKPI02	Proportion of staff who report having the time and resources to support their learning and growth	Data Due Q1
SKPI06a	Gender pay equality	Data Due Q2
SKPI06b	Disability pay equality	Data Due Q2
SKPI06c	Ethnicity pay equality	Data Due Q2
SKPI07a	% of disabled staff	Data Due Q2
SKPI07b	% of Minority Ethnic staff	Data Due Q2
SKPI07c	% of LGB staff	Data Due Q2
SKPI08	Staff Inclusion Score (WAS: % of staff who experience NES as an inclusive organisation)	Data Due Q2
SKPI09	Total number of accesses to NES learning products	Data Due Q4
SKPI10	Number of health and social care staff accessing NES learning products as a % of the health and social care workforce	Data Due Q4
SKPI14a	Medical Funded trainee placements - Non-completion rate	Data Due Q1
SKPI14b	Dental Funded trainee placements - Non-completion rate (Vocational Training)	Data Due Q1
SKPI14c	Dental Funded trainee placements - Completion rate (Core Training)	Data Due Q1
SKPI15a	Employee Engagement Index – Doctors in Training	Data Due Q1
SKPI15b	Employee Engagement Index - Dentists in Training	Data Due Q2
SKPI22	Net Promoter Score for stakeholders who rate themselves likely to recommend NES to colleagues and associates	Data Due Q1
SKPI34	CO2 emissions (estates)	Data Due Q2
SKPI29a	Number of young people participating on a school-based pilot pathway	SKPI Closed
<b>SKPIs - Not Measured</b>		<b>Current Status</b>
SKPI11	% of learners that tell us their education & training will improve their practice	No Data
SKPI12	% of learners who score their learning experience as 80% or above	No Data
SKPI16	Clinical Training Environment	No Data
SKPI18	Uptake of learning products by sector as % of total reach (10)?	No Data
SKPI19	% of learners and trainees from the 20% most deprived data zones in Scotland (SIMD)	No Data
SKPI20	% of learners and trainees by protected characteristics as compared to population of Scotland	No Data
SKPI21a	% of learning products which include sustainability	No Data
SKPI26	% of health and social care workforce who report being confident in using digital ways of working	No Data
SKPI27	Number of NES programmes that can demonstrate active engagement of people with lived or living experience in the development of educational resources designed to support interaction with those who use health and social care services	No Data

ID	Measure Name	Definitions	Inclusion/Exclusion
SKPI01	Employee Engagement Index	Number of responses for each point on scale (Strongly Agree to Strongly Disagree) multiplied by its number value (6 to 1). Scores added together and divided by overall number of responses	Staff Only
SKPI02	Proportion of staff who report having the time and resources to support their learning and growth	% score of I am given the time and resources to support my learning growth	All staff who complete iMatter question
SKPI03	Staff retention rate (voluntary leavers)	Number of permanent staff at the start of the period / Number of permanent staff at end of the period with 12 months service x 100	Includes only permanent staff
SKPI04	Vacancy Rate	Total number of vacancies advertised in the quarter	Includes only NES core vacancies
SKPI05	Sickness Absence Rate	Hours Lost / Total contracted hours x 100	
SKPI06a	Gender pay equality	Average Hourly Rate Male - Average Hourly Rate Female / Average Hourly Rate Male x 100	
SKPI06b	Disability pay equality	Average Hourly Rate Not Disabled Staff - Average Hourly Rate Disabled Staff / Average Hourly Rate Not Disabled Staff x 100	
SKPI06c	Ethnicity pay equality	Average Hourly Rate Non-BAME Staff - Average Hourly Rate BAME Staff / Average Hourly Rate Non-BAME Staff x 100	
SKPI07a	% of disabled staff	The percentage of staff in the NES core workforce with a disability disclosed	
SKPI07b	% of Minority Ethnic staff	The percentage of staff in the NES core workforce who are from a Minority Ethnic background	
SKPI07c	% of LGB staff	The percentage of staff in the NES core workforce who are LGB	
SKPI08	Staff Inclusion Score (WAS: % of staff who experience NES as an inclusive organisation)		
SKPI09	Total number of accesses to NES learning products		
SKPI10	Number of health and social care staff accessing NES learning products as a % of the health and social care workforce		
SKPI11	% of learners that tell us their education & training will improve their practice		
SKPI12	% of learners who score their learning experience as 80% or above		
SKPI13a	Medical Funded trainee placements - Vacancy Rate (WAS Fill rate)	Percentage of programmes which have a fill rate of below 85%	
SKPI13b	Dental Funded trainee placements - Vacancy Rate (WAS Fill rate)	Percentage of programmes which have a fill rate of below 85%	<ul style="list-style-type: none"> <li>•Pre-reg dental nurse programme</li> <li>•Orthodontic therapy</li> <li>•Post-reg programmes</li> <li>•Vocational Training</li> <li>•DCT 1,2,3</li> <li>•Specialty training</li> </ul>
SKPI14a	Medical Funded trainee placements - Non-completion rate	Trainees who did not receive an outcome 1 or 6 in their ARCP	
SKPI14b	Dental Funded trainee placements - Non-completion rate (Vocational Training)	Trainees who did not receive Satisfactory completion or Extension of training - Vocational Training.	Vocational Training and Core Training included. Dental nurses excluded.
SKPI14c	Dental Funded trainee placements - Non-completion rate (Core Training)	Trainees who did not receive Satisfactory completion or Extension of training - Core Training.	NES core staff
SKPI15a	Employee Engagement Index – Doctors in Training	Overall satisfaction of Doctors in Training as measured by GMC NTS data	
SKPI15b	Employee Engagement Index - Dentists in Training	Vocational Training data from the end of year VT survey, Core/Speciality Training data from the National trainee survey.	Vocational Training and Core/Speciality Training included. Other cohorts excluded.
SKPI16	Clinical Training Environment		
SKPI17	Total accesses of the NHS Scotland Careers Website	Number of 'engaged sessions' (sessions lasting longer than 10 seconds, or having a conversion event, or having 2 or more page or screen views)	
SKPI18	Uptake of learning products by sector as % of total reach (10)?		
SKPI19	% of learners and trainees from the 20% most deprived data zones in Scotland (SIMD)		
SKPI20	% of learners and trainees by protected characteristics as compared to population of Scotland		
SKPI21a	% of learning products which include sustainability		
SKPI21b	% of learning products which include value based health and social care	First 6 months - number of learning products dedicated to VBH&C. From 2024-25 Quarter 3, number of NES learning products which include VBH&C over number of resources in the NES prospectus.	
SKPI22	Net Promoter Score for stakeholders who rate themselves likely to recommend NES to colleagues and associates	Net Promoter Score from -100 to +100 of people who would recommend NES to a colleague	Defined list from stakeholder survey
SKPI23	Number of education, research and strategic collaborations		
SKPI24	Number of innovation initiatives invested in, including in collaboration with other stakeholder organisations	<p>Delivery of a baseline report including number of innovation workstream activities developed or in development categorised by</p> <ul style="list-style-type: none"> <li>•Innovation partnership activity (eg ANIA/CSO/CEP)</li> <li>•Collaborative strategic partnerships with external stakeholders (eg DHI/NMIS)</li> <li>•Workforce diversification activity established or establishing (eg MAPs, OMFS, ODP GA)</li> </ul> <p>Report cumulative as year proceeds, and inclusive of measurable outputs as applicable for individual workstream activity</p>	
SKPI25	% of Service Providers who report utilising NES provided workforce data	<p>"% of Service Providers utilising NES workforce analysis services"</p> <p>"Service providers" defined as: NHS Boards plus Public Health Scotland plus Scottish Government.</p> <p>"NES workforce analysis services" defined as:</p> <ul style="list-style-type: none"> <li>•the decomposition of turnover in the Official Statistics;</li> <li>•the workforce planning tool; the dental workforce report and Dental Student Intake Reference Group;</li> <li>•an assessment of the impact of TERS (Targeted Enhanced Recruitment Scheme);</li> <li>•responding to Fols (Freedom of Information requests), IRS (Information requests) and PQs (Parliamentary Questions);</li> <li>•the Nursing and Midwifery Student Intake Reference Group; the performance management of pre-registration nursing and midwifery providers;</li> <li>•the allocation of Allied Health Professional students between NHS Boards;</li> <li>•the number of International Recruits and their retention in NHS Scotland.</li> </ul>	
SKPI26	% of health and social care workforce who report being confident in using digital ways of working		
SKPI27	Number of NES programmes that can demonstrate active engagement of people with lived or living experience in the development of educational resources designed to support interaction with those who use health and social care services	Initial, baseline report, on numbers of educational programmes in development or developed, where people with lived experience have supported the design or delivery of programme content. The intention would then be to report cumulatively, building on this number and ultimately to look at more qualitative measures relating to impact, effectiveness.	
SKPI28	% of technology, data and digital developments which are shaped by staff, learner and partners feedback		
SKPI29a	Number of young people participating on a school-based pilot pathway	Number of young people participating on a school-based pilot pathway	
SKPI30	Number of NES programmes of education and training which are SCQF credit rated	Number of programmes which are delivered by NES and are SCQF credit rated	Excluding: programmes funded by NES but developed and delivered by other organisations
SKPI31	Achievement of agreed savings % against annual budget	Value of savings that are generated through agreed schemes	Excluding: Non realisable procurement savings
SKPI32	% of audit actions which are completed within agreed timescale	% of audit actions arising from internal audits which are completed within the timescale agreed with the Audit and Risk Committee	
SKPI33	Benefits realisation/ ROI from corporate change activities	Total amount of savings achieved vs total amount of savings in financial plan	
SKPI34	CO2 emissions (estates)	tons of CO2 produced by NES estates	
SKPI35	CO2 emissions (staff and business travel)	tons of CO2 produced by NES staff during travel by air and rail	Excluding: trainees, car travel
SKPI36	Projected variance of budgeting within 0.5% at year end	Value of year end under/overspend as a percentage of anticipated total core revenue funding	Only includes core revenue
SKPI37	Number of complaints or concerns upheld and partially upheld	Stage 2 complaints - those reported to and investigated by the corporate complaints team.	Excluding whistleblowing concerns and Stage 1 complaints investigated at the front line.
SKPI38	Number of unplanned outages to NES systems (internal and external)	Number of unplanned outages as defined in NIS Audit report	systems not delivered or supported by NES
SKPI39	% NIS Audit Compliance Score for Cybersecurity	as defined in NIS Audit report	
SKPI40	% RAG status for delivery against Annual Delivery Plan	Of the total number of deliverables within the NES Annual Delivery Plan for the year of reporting, the % that are delayed, demonstrated by having a red or amber status at the time of reporting.	Excluding: deliverables with a green or blue status.
SKPI41	Adverse events: Number of Category 1 Information Governance events and events requiring reporting under RIDDOR	Number of Category 1 Information Governance events and RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations) events.	Category 2 etc. IG events

**NHS Education for Scotland**

**NES/25/40**

**Agenda Item: 10a**

**Date of meeting: 22 May 2025**

**Public Board Meeting**

**1 Title of paper**

1.1 Executive Lead Annual Whistleblowing Report 2024/25

**2 Author(s) of paper**

2.1 Nancy El-Faragy, Planning and Corporate Governance

**3 Lead director(s)**

3.1 Christina Bichan, Director of Planning, Performance and Transformation

**4 Situation/purpose of paper**

4.1 In line with the requirements of the National Whistleblowing Standards (the Standards)<sup>1</sup>, all NHS Scotland boards are required to produce an Annual Whistleblowing report.

4.2 Since the introduction of the Standards, we have continued to build on the knowledge and insights gained, while fostering a culture in which all individuals feel empowered to raise concerns in the public interest. Our ongoing efforts have focused on engaging with staff to cultivate a workplace environment that values openness and transparency, and on ensuring that all concerns raised are investigated thoroughly and impartially.

4.3 The attached report presents our fourth NHS Education for Scotland (NES) Annual Whistleblowing Report, covering performance over 01 April 2024 to 31 March 2025 (inclusive).

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<sup>1</sup> Independent National Whistleblowing Officer (2021) 'The National Whistleblowing Standards - April 2021'. Edinburgh: Scottish Public Services Ombudsman. Available at: <https://inwo.spso.org.uk/sites/inwo/files/Standards/NationalWhistleblowingStandards-AllParts.pdf> (Accessed: 24 January 2022).

## **5 Background and governance route to meeting**

5.1 In line with the Standards, all NHS Scotland boards are required to publicly report on any whistleblowing concerns on a quarterly basis and to publish an annual report. The attached report brings together the 2024-2025 quarterly whistleblowing performance reports, which were tabled at the Staff Governance Committee meetings on 22 August 2024, 11 November 2024, 20 February 2025, and 01 May 2025. The NES Board received an update on quarter one to quarter three activities at its meetings on 26 September 2024, 21 November 2024, and 27 March 2025. The attached Annual Whistleblowing Report was endorsed at the Staff Governance Committee meeting on 01 May 2025.

## **6 Assessment/key issues**

- 6.1 During 2024-2025, one whistleblowing case at stage two was investigated. This was received on 02 October 2024 and acknowledged the next day. The concerns were related to the safety of a staff member and the lack of urgency given towards staff protection. The concern raised was fully upheld. In tandem with the report write up, it was agreed to work with colleagues to help close off the remedial actions. The investigation report was issued on 26 November 2024, covering a period of 40 working days to conclude. Further work is ongoing to ensure the adequate completion of the requested actions (KPI1). The case has provided learning opportunities for all parties involved – including those directly linked to the issues raised, the case investigators, and others (KPI1, KPI2). The stress and inconvenience experienced by the whistleblower were noted (KPI2). A quantitative summary of KPIs 4-10 can be seen in the attached report (Table 3).
- 6.2 With respect to whistleblowing learning and awareness raising, all NES line managers are required to complete the line manager-level training on TURAS Learn. This e-Learning module forms part of NES's suite of 'essential learning'. Compliance with essential learning was once again included in the personal objectives for all staff, with the intent of improving overall organisational performance. As of 10 April 2025, our compliance rate was 88% (330/373), with 43 yet to complete the training (KPI3). This is a slight change from the quarter three position (90%, 307/343). Staff are typically reminded of their essential learning requirements via communications such as all-staff newsletters and targeted emails. The Staff Governance Committee routinely receives and scrutinises reports on essential learning compliance and seeks assurance on performance.
- 6.3 Staff had the opportunity to find out more about the whistleblowing agenda during the 2024 Speak up Week (KPI3). Karen Reid, Chief Executive opened Speak up Week with a video message to all staff, reaffirming our commitment to speaking up. Gillian

Mawdsley, Whistleblowing Champion, hosted an all-staff webinar as part of the week's activities.

- 6.4 In the Scottish Government letter dated 06 February 2025, the Cabinet Secretary for Health and Social Care requested an annual return from our Whistleblowing Champion and Non-Executive Director, Gillian Mawdsley. A response was provided on 31 March 2025 and included information on our activities delivered since April 2024.
- 6.5 Since the launch of the Standards in April 2021, we have formally recorded one concern under stage one and three concerns under stage two of the procedure.
- 6.6 We continue to maintain a speak up culture where all our employees, volunteers, agency staff, and contractors, etc, are encouraged to speak up.

## 7 Recommendations

- 7.1 This attached Annual Whistleblowing Report 2024-2025 is for review and approval.

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### Checklist

- a) Have educational implications been considered?
- Yes
- No
- b) Is there a budget allocated for this work?
- Yes
- No
- c) **Alignment with [Our Strategy 2023-2026 People, Partnerships and Performance](#)**
1. People objectives and outcomes
2. Partnership objectives and outcomes
3. Performance objectives and outcomes
- d) Have key strategic risks and mitigation measures been identified?
- Yes
- No
- e) Have equality, diversity, human rights and health inequality issues been considered as per [Fairer Scotland Duty: Guidance for Public Bodies](#) and Corporate Parenting as per the [Children and Young People \(Scotland\) Act 2014](#)?
- Yes
- No

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

Yes

No

g) Have you considered emergency climate change and sustainability implications as per [DL \(2021\) 38](#)?

Yes

No

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

Yes

No

**Author:** Nancy El-Farargy

**Date:** Friday 09 May 2025

NHS Education for Scotland (NES)

## **Annual Whistleblowing Report 2024-2025**

### **NHS Education for Scotland**

Last updated:  
**09 May 2025**

## Contents

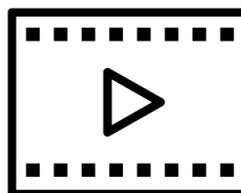
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<b>1. Whistleblowing 2024-2025: At-a-glance.....</b>	<b>3</b>
<b>2. Introduction.....</b>	<b>4</b>
<b>3. The whistleblowing procedure .....</b>	<b>5</b>
<b>4. Activities during 2024-2025.....</b>	<b>8</b>
<b>5. Whistleblowing annual return and key performance indicators.....</b>	<b>12</b>
<b>6. Conclusion .....</b>	<b>14</b>
<b>7. Appendix A: Context and background .....</b>	<b>15</b>
<b>8. Appendix B: Key Performance Indicators .....</b>	<b>17</b>

## 1. Whistleblowing 2024-2025: At-a-glance

# NHS Education for Scotland Whistleblowing 2024-2025 At-a-glance

Activities during Speak up Week included a video introduction from Karen Reid and an all staff webinar, which was hosted by Gillian Mawdsley.



NES enrolled on the 'Equally Safe at Work' initiative - an employer accreditation programme.

**88%** of line managers completed the required training.

Concerns	Stage one	Stage two
Upheld	-	1
Partially upheld	-	-
Not upheld	-	-

**1**  
**CONCERN RECEIVED**

In the national 2024 'iMatter' survey, NES achieved the **highest score** (in NHS Scotland) on the whistleblowing statements:

- Confident to safely raise concerns about issues in the workplace.
- Confident that concerns will be followed up and responded to.



**Figure 1:** Whistleblowing 2024-2025 'at a glance' summary.

## 2. Introduction

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- 2.1. The Public Services Reform (The Scottish Public Services Ombudsman) (Healthcare Whistleblowing) Order 2020<sup>1</sup> created the new role of a National Whistleblowing Officer (INWO) for the NHS in Scotland. The INWO is based in the Scottish Public Services Ombudsman (SPSO) and has the authority to establish the overall procedure for handling whistleblowing concerns in NHS Scotland. The high-level principles and procedure for handling concerns are outlined in the April 2021 National Whistleblowing Standards<sup>2</sup> (the Standards).
- 2.2. In line with the Standards, all NHS Scotland boards are required to publicly report on any whistleblowing concerns on a quarterly basis and to publish an annual report. This report brings together the 2024-2025 quarterly whistleblowing performance reports, which were tabled at the Staff Governance Committee meetings on 22 August 2024, 11 November 2024, 20 February 2025, and 01 May 2025. The NES Board received an update on quarter one to quarter three activities at its meetings on 26 September 2024, 21 November 2024, and 27 March 2025. The annual report was endorsed at the Staff Governance Committee meeting on 01 May 2025.
- 2.3. This is the fourth NHS Education for Scotland (NES) Annual Whistleblowing Report, presenting whistleblowing performance for the period 01 April 2024 to 31 March 2025 (inclusive).
- 2.4. Since the introduction of the Standards, NES has continued to build on the knowledge and insights gained, while fostering a culture in which all individuals feel empowered to raise concerns in the public interest. Ongoing efforts have focused on engaging with staff to cultivate a workplace environment that values openness and transparency, and on ensuring that all concerns raised are investigated thoroughly and impartially.
- 2.5. This annual report is structured as follows:
- An overview of the whistleblowing procedure (p. 5).
  - A chronological summary of activities during 2024-2025 (p. 8).
  - The whistleblowing annual return and Key Performance Indicators (KPIs) (p. 12).
  - A concluding section (p. 14).
  - Background information on whistleblowing (Appendix A) and on KPIs (Appendix B).

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<sup>1</sup> Crown Copyright (2020) 'Scottish Statutory Instruments. 2020 No. 5. The Public Services Reform (The Scottish Public Services Ombudsman) (Healthcare Whistleblowing) Order 2020'. Available at: <https://www.legislation.gov.uk/ssi/2020/5/made> (Accessed: 22 October 2020).

<sup>2</sup> Independent National Whistleblowing Officer (2021) 'The National Whistleblowing Standards - April 2021'. Edinburgh: Scottish Public Services Ombudsman. Available at: <https://inwo.spsso.org.uk/sites/inwo/files/Standards/NationalWhistleblowingStandards-AllParts.pdf> (Accessed: 24 January 2022).

### 3. The whistleblowing procedure

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- 3.1. The National Whistleblowing Standards came into force for all NHS Scotland boards on 01 April 2021, replacing any local whistleblowing policies. Appendix A provides a summary of the context that informed the development of current whistleblowing arrangements in NHS Scotland.
- 3.2. The Standards comprise of:
- The whistleblowing principles, which underpin the approach to handling any concerns.
  - Definitions of “whistleblowing” and “whistle-blower”.
  - An overview of the procedure, including who can raise a concern and a summary of how such concerns are handled.
  - The required governance arrangements.
  - Arrangements for Health and Social Care Partnerships, organisations providing student and trainee placements, and volunteers.
- 3.3. Concerns may be best addressed initially through routine operational processes. Staff are encouraged to raise issues locally, with the reassurance that such concerns will be addressed professionally, promptly, and constructively. Early resolution at this stage can be instrumental in preventing issues from escalating. While not typically part of the formal whistleblowing procedure, these early steps can serve as important precursors and may help demonstrate that reasonable efforts were made to resolve matters. Where business-as-usual processes have been exhausted, or are simply unsuitable – for example, in cases involving serious or high-risk concerns – a formal whistleblowing concern may be the most appropriate course of action. Whistleblowing is generally considered as a measure of last resort.
- 3.4. “Whistleblowing” is defined as<sup>3</sup>:
- “...when a person who delivers services or used to deliver services on behalf of a health service body, family health service provider or independent provider (as defined in section 23 of the Scottish Public Services Ombudsman Act 2002) raises a concern that relates to speaking up, in the public interest, about an NHS service, where an act or omission has created, or may create, a risk of harm or wrongdoing.”*

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<sup>3</sup> Crown Copyright (2020) ‘Scottish Statutory Instruments: 2020 No. 5. Public Services Reform: Scottish Public Services Ombudsman. Public Health. National Health Service. The Public Services Reform (The Scottish Public Services Ombudsman) (Healthcare Whistleblowing) Order 2020’. The Stationery Office. Available at: [https://www.legislation.gov.uk/ssi/2020/5/pdfs/ssi\\_20200005\\_en.pdf](https://www.legislation.gov.uk/ssi/2020/5/pdfs/ssi_20200005_en.pdf) (Accessed: 21 April 2022).

- 3.5. Under the Standards, all whistle-blowers are entitled to support, legal protection, and confidentiality. A formal whistleblowing concern may be raised when:
- The issue is not solely related to a personal employment or Human Resources matter.
  - The concern is in the public interest (for example, patient safety).
  - The concern is raised within six months, which is the generally accepted time limit.
  - Business-as-usual processes have been followed through and concluded (where applicable).
- 3.6. If a whistle-blower chooses not to raise their concern under the Standards, the organisation will determine the most appropriate course of action. It is considered 'good practice' to investigate any concerns raised, regardless of whether they fall within the remit of the Standards.
- 3.7. Anonymous and "unnamed" concerns cannot be formally investigated under the Standards. An anonymous concern is one where the whistle-blower's identity is unknown, whereas an unnamed concern is one where the individual raising the issue does not wish their details to be recorded within the whistleblowing system. Both these types of concerns limit the protections available to the whistle-blower and cannot be referred to the INWO. However, it is considered good practice to investigate all issues raised regardless of whether they fall under the Standards.
- 3.8. The Standards outline a three-stage procedure. At the conclusion of stage two, whistle-blowers are directed to the (INWO) (Table 1).

**Table 1:** Summary of the stages involved.

<p><b>Stage one:</b> NHS Education for Scotland</p>	<ul style="list-style-type: none"> <li>• Little or no investigation required.</li> <li>• A response, with an explanation of outcome, is normally issued within five working days.</li> <li>• Any actions taken in response to the concern raised are outlined.</li> <li>• Information on the stage two process is provided.</li> </ul>
<p><b>Stage two:</b> NHS Education for Scotland</p>	<ul style="list-style-type: none"> <li>• For issues that are complex and require investigation.</li> <li>• The stage two process is also used for issues that have been escalated from stage one.</li> <li>• Acknowledged within three working days.</li> <li>• A detailed response is normally issued within 20 working days.</li> </ul>
<p><b>Stage three:</b> Independent National Whistleblowing Officer</p>	<ul style="list-style-type: none"> <li>• Offer of independent external review.</li> </ul>

- 3.9. To support the Standards, all NHS Scotland boards are required to have a dedicated Whistleblowing Champion as a Non-Executive Director. The role provides independent oversight of the whistleblowing agenda and assures the board of the organisation's compliance with the Standards. The Whistleblowing Champion has no operational responsibility regarding the application of the whistleblowing policy or the investigation of concerns. This dedicated role replaced the previous position of the then-nominated Non-Executive Director, who held additional whistleblowing responsibilities<sup>4</sup>.
- 3.10. Board members are required to monitor the number of concerns raised on a quarterly basis during their public board meetings. An annual report outlining whistleblowing performance must also be produced.
- 3.11. Confidential Contacts are appointed in each NHS Scotland board to provide support and advice to whistle-blowers (or potential whistle-blowers). They offer a safe and supportive environment to discuss concerns and can direct individuals to appropriate support, where applicable. Confidential Contacts are not involved in the operational investigation or management of concerns. Their role is to encourage individuals to speak up and help build trust in the process.
- 3.12. The National Whistleblowing Standards are part of the 'Once for Scotland' Workforce Policies programme<sup>5</sup>. These are single, standardised policies that apply to all NHS Scotland employees. There are currently 18 policies under this banner, and include Bullying and Harassment, Grievance, Whistleblowing and the workforce policies investigation process.

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<sup>4</sup> Gray, P. (2015) 'Non-Executive Whistleblowing Champion. Letter to NHS Scotland Health Board Chairs (29 September 2015)'. Edinburgh: Scottish Government.

<sup>5</sup> Crown copyright (NHS Scotland) (2024) 'Workforce policies'. Available at: <https://workforce.nhs.scot/policies/> (Accessed: 11 April 2024).

## 4. Activities during 2024-2025

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- 4.1. This section of the report provides a summary of activities, actions and responses undertaken in support of the whistleblowing agenda. During 2024-2025, the organisation continued to promote the Standards, encourage staff to raise concerns in the public interest, and respond appropriately to any whistleblowing issues raised.
- 4.2. Following its presentation to the NES Executive Team, the Staff Governance Committee and the NES Board, the third Annual Whistleblowing Report was published in May 2024. It was subsequently shared with the INWO team in June 2024. In parallel, Gillian Mawdsley, in her role as Non-Executive Director and Whistleblowing Champion, presented her annual assurance report to the Board at its May 2024 meeting.
- 4.3. Chaired by Christina Bichan, Director of Planning and Performance, the NES Whistleblowing Steering Group met on five occasions throughout 2024-2025 to discuss and progress the whistleblowing agenda. Topics discussed included:
- A benchmarking exercise for the role of Confidential Contacts.
  - Planning and delivery of the third 'Speak up week' (30 September 2024 to 04 October 2024).
  - Updates to the Line Manager's handbook and the NES 90-day induction site.
  - A Continuing Professional Development (CPD)/training session for the NES Confidential Contacts.
  - The publication of biographies for each Confidential Contact.
  - Review of the 2024 'iMatter' results (based on the NHS Scotland-wide staff survey).
  - Plans for learning sessions aimed at line managers and during 'Learning at Work Week'.
  - Availability of sexual harassment training.
  - Preparations for the upcoming Speak up Week (29 September 2025 to 03 October 2025).
  - Consideration of the recruitment of an additional confidential contact.
- 4.4. There has been ongoing engagement with the INWO team. Correspondence included:
- A request to all NHS Scotland boards to consider publishing their Confidential Contacts on external websites.
  - A timetable of activities planned for this year's 'Speak up Week' – 30 September 2024 to 04 October 2024.
  - A letter to all NHS Scotland boards regarding quarterly and annual reporting.

- 4.5. A dedicated whistleblowing email address was established in September 2024, providing a clear, distinct, and discreet channel for correspondence aligned specifically with whistleblowing matters.
- 4.6. In June 2024, the Executive Team agreed that NES should enrol on the ‘Equally Safe at Work’ initiative, which is managed by ‘Close the Gap’. This employer accreditation programme is designed to advance gender equality in the workplace. It supports organisations in understanding how gender inequality and workplace violence affect women in the workforce, while providing a framework for driving change. To achieve accreditation, NES must meet criteria across six key themes that align with workplace gender equality: leadership; data; flexible working; occupational segregation; workplace culture; and violence against women. The first meeting of the Equally Safe at Work working group was held in September 2024. Amongst other items discussed, the group reviewed a set of milestones outlining the actions required for accreditation. All working group members were encouraged to enrol on the training delivered by Close the Gap, entitled ‘Equally Safe at Work: Applying a gender lens workshop’.
- 4.7. As in the national 2023 ‘iMatter’ staff experience survey, the same two optional whistleblowing statements were included in the 2024 edition (Table 1). Although the average scores for 2024 are slightly lower, the overall results indicate that staff remain confident in their ability to raise concerns and in the organisation’s commitment to follow through and respond appropriately. NES recorded the highest scores for both measures compared to the rest of NHS Scotland<sup>6</sup>.

**Table 2:** Whistleblowing statements – NES results obtained during the 2023 and 2024 iMatter Staff Experience Report (Source: Staff Governance Committee meeting paper of 07 November 2024).

These statements on raising concerns were optional.	2023		2024	
	Number of respondents	Average score	Number of respondents	Average score
I am confident that I can safely raise concerns about issues in my workplace.	1048/1075	86	1054/1079	85
I am confident that my concerns will be followed up and responded to.		83		81

<sup>6</sup> Scottish Government (2024) ‘iMatter Health & Social Care Staff Experience Survey 2024’. Edinburgh: Scottish Government. Available at: <https://www.gov.scot/publications/imatter-health-social-care-staff-experience-survey-2024/documents/> (Accessed: 17 April 2025).

- 4.8. Karen Reid, Chief Executive, launched the 2024 Speak up Week on 30 September through a pre-recorded video message, accompanied by an intranet article and an all-staff email. In her message, she emphasised the importance of fostering a speak up culture across the organisation and underscored the value of diverse perspectives and experiences of all staff. She also highlighted that:
- NES is committed to listening to concerns with respect and openness.
  - NES is committed to protecting whistleblowers from any form of retaliation.
  - Hearing concerns, ideas, or suggestions for improvement is a cornerstone of NES's commitment to quality and excellence.
  - Whistleblowing plays a vital role in upholding the highest standards of safety and quality.
  - NES is actively participating in the 'Equally Safe at Work' scheme.
- 4.9. Speak up Week was also marked by an interactive all-staff webinar on 02 October 2024, focused on the importance of speaking up. Hosted by Gillian Mawdsley (Non-Executive Director and Whistleblowing Champion), the panel featured Lynnette Grieve, Karen Wilson, Graham Paxton, Christina Bichan, Pamela Renwick, and Lindsay Donaldson. Discussions centred on empowering individuals across the NHS to voice their concerns, build trust, and support a culture of psychological safety. With over 100 in attendance, the webinar also provided staff with an opportunity to hear from directly from the Confidential Contacts and to find out more about arrangements for raising concerns.
- 4.10. The NES Confidential Contacts – Karen Wilson (Director of NMAHP and Deputy Chief Executive (Clinical)), Graham Paxton (Principal Lead), Pamela Renwick (General Manager), and Lindsay Donaldson (Deputy Medical Director) – play a key role in promoting a speak-up culture within NES. They may serve as the first point of contact for individuals seeking to raise a concern, as well as for those looking for advice on alternative procedures or sources of information. Biographies of all four Confidential Contacts were published during quarter three.
- 4.11. Notable contextual developments during 2024-2025 include:
- On 01 October 2024, the Scottish Workforce and Staff Governance Committee (SWAG) approved the next suite (phase 2.2) of refreshed NHS Scotland-wide workforce policies, along with four accompanying guides. Of relevance here, the documents included a Gender-Based Violence policy and a guide on sexual harassment.
  - The Worker Protection Act 2023 came into force on 26 October 2024 and placed a new duty on all employers to take reasonable steps to prevent sexual harassment of their employees<sup>7</sup>.

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<sup>7</sup> Independent National Whistleblowing Officer (INWO) (2025) 'Legislation comes into force'. Available at: <https://inwo.spsso.org.uk/news/legislation-comes-force> (Accessed: 30 January 2025).

- 4.12. During quarter three, NES received one whistleblowing concern – the only such concern reported in 2024-2025. This is discussed further in the next section.
- 4.13. In preparation for the Annual Staff Governance Monitoring Return, the Staff Governance Committee received a copy of the proposed Scottish Government submission at its November 2024 meeting. The Staff Governance Monitoring process aims to provide assurance to the Scottish Government that the Staff Governance Standard<sup>8</sup> is being fully and properly applied in all boards, and where there are areas of concern, that support is provided. It also aims to provide assurance that good practice is being identified and shared to help drive continuous improvement. A tabled summary of the 2023-2024 whistleblowing cases was included in the return.
- 4.14. In February 2025, an employee survey, designed by ‘Close the Gap’, was issued to all NES staff. It aimed to capture staff attitudes and behaviours towards gender equality and violence against women.
- 4.15. In the Scottish Government letter dated 06 February 2025, the Cabinet Secretary for Health and Social Care requested an annual return from the National Whistleblowing Champion and Non-Executive Director, Gillian Mawdsley. A response was provided on 31 March 2025 and included information on activities delivered since April 2024.
- 4.16. All NES line managers are required to complete the line manager-level training on TURAS Learn. As of 10 April 2025, NES’s compliance rate was 88% (330/373), with 43 yet to complete the training. This is discussed further in the next section.
- 4.17. NES continues to promote a culture of speaking up, where everyone feels safe to voice concerns and where issues are addressed and resolved at the earliest opportunity.

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<sup>8</sup> NHS Scotland (no date) ‘Staff Governance Standard’. Available at: <https://www.staffgovernance.scot.nhs.uk/what-is-staff-governance/staff-governance-standard/> (Accessed: 21 September 2023).

## 5. Whistleblowing annual return and key performance indicators

- 5.1. This section of the report outlines NES’s whistleblowing annual return and the ten Key Performance Indicators (KPIs). Each KPI is annotated within the relevant paragraph and summarised in Appendix B.
- 5.2. Between 01 October 2024 to 31 December 2024, NES received one whistleblowing concern (on 02 October 2024 and acknowledged the next day). The concerns were related to the safety of a staff member and the lack of urgency given towards staff protection. Due to the complexity of matters raised, the concerns were investigated as a stage two case, which were subsequently upheld. In tandem with the report write up, it was agreed to work with colleagues to help close off the remedial actions. The investigation report was issued on 26 November 2024, covering a period of 40 working days to conclude. Further work is ongoing to ensure the adequate completion of the requested actions (KPI1). The case has provided learning opportunities for all parties involved – including those directly linked to the issues raised, the case investigators, and others (KPI1, KPI2). The stress and inconvenience experienced by the whistleblower were noted (KPI2). A quantitative summary of KPIs 4-10 can be seen in Table 3 below.

**Table 3: KPIs 4-10.**

KPI	Description	Total	Percentage
4	The total number of concerns received.	1	-
5	The total number of concerns closed.	1	-
	Number of concerns closed at stage one.	0	-
	Number of concerns closed at stage two.	1	100%
6	Number of concerns upheld at stage one.	0	-
	Number of concerns partially upheld at stage one.	0	-
	Number of concerns not upheld at stage one.	0	-
	Number of concerns upheld at stage two.	1	100%
	Number of concerns partially upheld at stage two.	0	-
	Number of concerns not upheld at stage two.	0	-
7	Average working days for concerns at stage one.	-	-
	Average working days for concerns at stage two.	40	-
8	Number of concerns at stage one closed within five working days.	0	-
	Number of concerns at stage two closed within 20 working days.	0	-
9	Number of concerns at stage one with authorised extension.	0	-
10	Number of concerns at stage two with authorised extension.	1	100%

- 5.3. With respect to whistleblowing learning and awareness raising, all NES line managers are required to complete the line manager-level training on TURAS Learn. This e-Learning module forms part of NES's suite of 'essential learning'. Compliance with essential learning was once again included in the personal objectives for all staff, with the intent of improving overall organisational performance. As of 10 April 2025, NES's compliance rate was 88% (330/373), with 43 yet to complete the training (KPI3). This is a slight change from the quarter three position (90%, 307/343). Staff are typically reminded of their essential learning requirements via communications such as all-staff newsletters and targeted emails. The Staff Governance Committee routinely receives and scrutinises reports on essential learning compliance and seeks assurance on performance.
- 5.4. Staff had the opportunity to find out more about the whistleblowing agenda during the 2024 Speak up Week (KPI3). Karen Reid, Chief Executive opened Speak up Week with a video message to all staff, reaffirming NES's commitment to speaking up (see paragraph 4.8). Gillian Mawdsley, Whistleblowing Champion, hosted an all-staff webinar as part of the week's activities (see paragraph 4.9).
- 5.5. Since the launch of the Standards in April 2021, NES has formally recorded one concern under stage one and three concerns under stage two of the procedure.

## 6. Conclusion

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- 6.1. This is NES's fourth Annual Whistleblowing Report, which provided an opportunity to reflect on activities throughout 2024-2025 and on learning to date. NES remains committed to ensuring that staff and others have the confidence to raise public interest concerns, and to foster a workplace culture that is open, honest and inclusive.
- 6.2. Over the past year, continued engagement has taken place via staff, the Whistleblowing Steering Group, the Staff Governance Committee and the NES Board. The four Confidential Contacts continue to serve as a key resource, offering a trusted point of contact for staff and others seeking advice.
- 6.3. Looking ahead, priorities for the coming year include increasing awareness, strengthening trust in the process, and ensuring that all staff feel supported and empowered to raise concerns in the public interest. Options to expand the pool of Confidential Contacts will also be explored. In conclusion, NES recognises its role in setting the tone and culture that values staff contributions, supports their confidence to speak up, and remains dedicated to all those who do.

Nancy El-Faragy  
NHS Education for Scotland

**Last updated:** Friday 09 May 2025

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## 7. Appendix A: Context and background

**Table 4:** The context and background behind the current whistleblowing arrangements in NHS Scotland.

<p><b>Staff Governance Standard – a framework for NHS Scotland organisations and employees<sup>9</sup>.</b></p>	<p>The standard outlines the responsibility of employers to ensure that staff feel safe to speak up about any wrongdoing. It also places a responsibility on staff to speak up on issues that may cause upset and alarm, in line with the whistleblowing policy.</p>
<p><b>Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry – Executive Summary<sup>10</sup>.</b></p>	<p>The report highlighted the need for a common patient-centred culture, clear standards and measures of compliance, and openness, transparency and candour throughout ‘the system’. The resulting 290 recommendations aimed to put patients and their safety first, with cultural change required at all levels. The recommendations included patient, public and local scrutiny, performance management and clear metrics on quality.</p>
<p><b>Freedom to speak up: An independent review into creating an open and honest reporting culture in the NHS<sup>11</sup>.</b></p>	<p>The review highlighted the need for additional measures to ensure that all NHS staff can freely raise any patient safety concerns. The report was related to NHS England, however, the Scottish Government welcomed it and used its findings to further support, encourage and promote whistleblowing in NHS Scotland. The findings were also considered in relation whistleblowing arrangements in place at the time and the potential change to NHS Scotland’s whistleblowing approach.</p>
<p><b>Report to the Cabinet Secretary for Health and Sport into Cultural Issues related to allegations of bullying and harassment in NHS Highland<sup>12</sup>.</b></p>	<p>The 2019 report by John Sturrock QC investigated allegations of bullying and harassment in NHS Highland. This was commissioned by the Scottish Government and was submitted to the then Cabinet Secretary for Health and Sport, Jeane Freeman. Proposals for improvement included an independent whistleblowing process and the provision of an independent “guardian” for anyone wishing to report inappropriate behaviour, and for those whom such behaviour is alleged.</p>

<sup>9</sup> Scottish Government (2012) ‘Staff Governance Standard: A Framework for NHSScotland Organisations and Employees’. 4<sup>th</sup> edition. Edinburgh: Scottish Government. Available at: <https://www.staffgovernance.scot.nhs.uk/media/1342/staff-governance-standard-edition-4.pdf> (Accessed: 28 June 2019).

<sup>10</sup> Crown Copyright (2013) ‘Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry, Chaired by Robert Francis QC: Executive Summary’. London: The Stationery Office. Available at: [http://webarchive.nationalarchives.gov.uk/20150407084003/http://www.midstaffpublicinquiry.com/sites/default/files/report/Executive summary.pdf](http://webarchive.nationalarchives.gov.uk/20150407084003/http://www.midstaffpublicinquiry.com/sites/default/files/report/Executive%20summary.pdf) (Accessed: 3 August 2015).

<sup>11</sup> Francis, R. (2015) ‘Freedom to speak up. An independent review into creating an open and honest reporting culture in the NHS.’ Available at: [https://webarchive.nationalarchives.gov.uk/20150218150953/https://freedomtospeakup.org.uk/wp-content/uploads/2014/07/F2SU\\_web.pdf](https://webarchive.nationalarchives.gov.uk/20150218150953/https://freedomtospeakup.org.uk/wp-content/uploads/2014/07/F2SU_web.pdf) (Accessed: 11 November 2019).

<sup>12</sup> Sturrock, J. (2019) ‘Report to the Cabinet Secretary for Health and Sport into: Cultural issues related to allegations of bullying and harassment in NHS Highland’. Edinburgh: Scottish Government. Available at: <https://www.gov.scot/publications/report-cultural-issues-related-allegations-bullying-harassment-nhs-highland/> (Accessed: 30 June 2019).

Cont. Table 4:

<p><b>The Scottish Government response<sup>13</sup> to the Sturrock review.</b></p>	<p>The Scottish Government’s response to the 2019 Sturrock report highlighted the required learning and reflection for all NHS Scotland boards and committed to building a more open, honest and inclusive culture. Several initiatives were subsequently put in place across NHS Scotland, and these included:</p> <ul style="list-style-type: none"> <li>• The establishment of an Independent National Whistleblowing Officer (INWO) for NHS Scotland, to investigate the handling of any whistleblowing complaints.</li> <li>• The appointment of dedicated Whistleblowing Champions (as Non-Executive Directors) to each NHS Scotland board.</li> <li>• A review of the ‘Once for Scotland’ workforce policies<sup>14</sup>.</li> <li>• A standardised ‘Once for Scotland’ procedure for handling any whistleblowing concerns.</li> </ul>
<p><b>The Public Services Reform (The Scottish Public Services Ombudsman (Healthcare Whistleblowing) Order 2020<sup>15</sup>.</b></p>	<p>The order gave power to the Scottish Public Services Ombudsman to take on the INWO role, which in turn gave whistle-blowers the opportunity to seek independent external review. The INWO also has a national leadership role in providing direction, support and guidance to NHS Scotland boards regarding the National Whistleblowing Standards<sup>16</sup>. These Standards were launched in April 2021 and outline the NHS Scotland-wide procedure for handling any whistleblowing concerns.</p>
<p><b>The Public Interest Disclosure Act 1998<sup>17</sup>.</b></p>	<p>The act aims to protect employees who make disclosures in the public interest and allows them to bring action with respect to victimisation. The qualifying disclosures for protection are:</p> <ul style="list-style-type: none"> <li>• A criminal offence.</li> <li>• Failing to comply with a legal obligation.</li> <li>• A miscarriage of justice.</li> <li>• A risk to health and safety.</li> <li>• A risk to the environment.</li> <li>• Concealment of any of the above.</li> </ul>

<sup>13</sup> Scottish Government (2019) ‘The Scottish Government Response to the Sturrock Review: into cultural issues related to allegations of bullying and harassment in NHS Highland’. Edinburgh: Scottish Government. Available at: <https://www.gov.scot/publications/scottish-government-response-report-bullying-harassment-nhs-highland/> (Accessed: 30 June 2019).

<sup>14</sup> Crown copyright (NHS Scotland) (2024) ‘Workforce policies’. Available at: <https://workforce.nhs.scot/policies/> (Accessed: 11 April 2024).

<sup>15</sup> Crown Copyright (2020) ‘Scottish Statutory Instruments. 2020 No. 5. The Public Services Reform (The Scottish Public Services Ombudsman) (Healthcare Whistleblowing) Order 2020’. Available at: <https://www.legislation.gov.uk/ssi/2020/5/made> (Accessed: 22 October 2020).

<sup>16</sup> Independent National Whistleblowing Officer (2021) ‘The National Whistleblowing Standards - April 2021’. Edinburgh: Scottish Public Services Ombudsman. Available at: <https://inwo.spsos.org.uk/sites/inwo/files/Standards/NationalWhistleblowingStandards-AllParts.pdf> (Accessed: 24 January 2022).

<sup>17</sup> Crown Copyright (1998) ‘Public Interest Disclosure Act 1998. Chapter 23’. Available at: <http://www.legislation.gov.uk/ukpga/1998/23/data.pdf> (Accessed: 29 October 2019).

## 8. Appendix B: Key Performance Indicators

**Table 5:** Overview of the Key Performance Indicators (KPIs) reported.

Key Performance Indicators (KPIs)		Report location
<b>KPI 1</b>	A statement outlining learning, changes or improvements to services or procedures as a result of consideration of whistleblowing concerns.	Paragraph 5.2.
<b>KPI 2</b>	A statement to report the experiences of all those involved in the whistleblowing procedure (where this can be provided without compromising confidentiality).	Paragraph 5.2.
<b>KPI 3</b>	A statement to report on levels of staff perception, awareness and training.	Paragraphs 4.8, 4.9, 5.3 and 5.4.
<b>KPI 4</b>	The total number of concerns received.	Paragraph 5.2, Table 3.
<b>KPI 5</b>	Concerns closed at stage one and stage two of the whistleblowing procedure as a percentage of all concerns closed.	Paragraph 5.2, Table 3.
<b>KPI 6</b>	Concerns upheld, partially upheld, and not upheld at each stage of the whistleblowing procedure as a percentage of all concerns closed in full at each stage.	Paragraph 5.2, Table 3.
<b>KPI 7</b>	The average time in working days for a full response to concerns at each stage of the whistleblowing procedure.	Paragraph 5.2, Table 3.
<b>KPI 8</b>	The number and percentage of concerns at each stage which were closed in full within the set timescales of five and 20 working days.	Paragraph 5.2, Table 3.
<b>KPI 9</b>	The number of concerns at stage one where an extension was authorised as a percentage of all concerns at stage one.	Paragraph 5.2, Table 3.
<b>KPI 10</b>	The number of concerns at stage two where an extension was authorised as a percentage of all concerns at stage two.	Paragraph 5.2, Table 3.

**NHS Education for Scotland**

**NES/25/41**

**Agenda Item: 10b**

**Date of meeting: 22 May 2025**

**Public Board Meeting**

**1. Title of Paper**

1.1. Non-Executive Whistleblowing Champion Annual Report 2024/25

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

2.1. Gillian Mawdsley, Non-Executive Director and Whistleblowing Champion

**3. Lead Director(s)**

3.1. Christina Bichan, Director of Planning Performance & Transformation

**4. Situation/Purpose of paper**

4.1. The requirements of the National Whistleblowing Standards (the Standards) are for all NHS Scotland Boards to produce an Annual Report. Paper 10a Whistleblowing Executive Lead Annual Report 2024-2025 comprises this. This is the fourth NHS Education for Scotland (NES) Report and covers the period from 01 April 2024 – 31 March 2025.

4.2. There are similar requirements for the Non-Executive Director and Whistleblowing Champion to bring an Annual Report 2024/2025 to the Board. This paper brings that Annual Report to Board for assurance.

**5. Background and Governance Route to Meeting**

5.1. As required as part of the Whistleblowing Champion role, the 2024/2025 Annual Report was prepared for the Staff Governance Committee on 1 May 2025 as the delegated Committee for whistleblowing governance and scrutiny by the Board. That Report was provided verbally and then reviewed by the Staff Governance Committee. This now forms this 2024/2025 Annual Report which will be progressed to the next Board meeting for approval.

- 5.2. A letter to the Cabinet Secretary for Health and Social Care is normally required annually to be sent. It provides an update on the whistleblowing assurance role from each of the NHS Scotland whistleblowing champions (following previous practices adopted in most years.) The request from the Cabinet Secretary was received on 6 February 2025. It is important to record that the letter thanked everyone involved in undertaking the key role within Boards in relation to whistleblowing and asked that this should be passed on to the staff concerned. The culture of whistleblowing was recognised in that everyone should have the ability and confidence to speak up and know that they are being listened to, about any concerns they may have. It also recognised the crucial oversight and support required in implementing the Standards and ensuring effective delivery of the Whistleblowing policy. This 2024/25 Annual Report forms part of that assurance. This report includes the NES's partnership work with the NHS Scotland Academy.
- 5.3. The response was sent to the Cabinet Secretary on 31 March 2025. The key issues identified below formed part of the content of that 2025 letter which was also shared internally with NES to support the necessary transparency that is vital and central to the successful interaction and continued relationship between the role of whistleblowing champion and the Executive team. It is this basis on which assurance on whistleblowing is provided to the Board. It is understood that the information supplied in the letter is to be used for internal purposes only within Scottish Government and not to be shared with other NHS Boards. A meeting has been arranged with the Cabinet Secretary on 22 May 2025 (now changed) as a catch-up with all the Board champions where more information may be supplied about the way forward.

## 6. Assessment/Key Issues

- 6.1. At the outset, it is important to commend the work of the Director of Planning Performance & Transformation and her team and specifically, Nancy El-Faragy for her organisation and all the demanding work in supporting the whistleblowing work and activities for this year. Ample information is provided in the Annual Report as to their work and activities which shows their continued commitment and innovation in relation to raising awareness of the Standards and embedding them in NES' work. Ensuring that NES has an effective system with well trained staff to recognise and deal with whistleblowing concerns at all levels within the organisation if and when they arise is essential and underpins the assurance which is being provided to the Board.
- 6.2. As highlighted above, this is year four of the implementation of the Standards. It is useful to outline that there have been three stages on which to reflect with reference to para 4.2 of the 2024/2025 Annual Report –
- **Stage 1** followed the original appointment as whistleblowing champion which required initially to consider what was in place. It was a time of Covid-19 and the pandemic which was challenging for all concerned.

Importantly, the role was not about seeking to reinvent the wheel. There had previously been non-executive responsibility for whistleblowing but not a specific champion role which was then created. What was therefore required was a review of the existing procedures and processes. Changes were put in place and in effect, all procedures and processes were strengthened so that assurance could be provided that whistleblowing had been considered, where relevant. Structures in NES were in place, but some refresh/re-invigoration/review was required in order that the process were robust and held up when any whistleblowing concerns were identified.

- **Stage 2** allowed for time for evaluation. The current Executive lead took over responsibility on her arrival and this has brought a spirit of review and consolidation.
- **Stage 3** has allowed for enhancement of the team's work with business as usual but as can be seen seeking out activities on a wider scale. It is within this stage that the current work is being conducted. The commitment, work, and contribution of all NES staff regarding whistleblowing, directly or indirectly, continues to be substantial. There continues to be a prominent level of pro-active engagement, building on NES's earlier commitment to the introduction of the Standards. Though the number of whistleblowing concerns dealt with by the Board remains low, that continued effective vigilance is needed.

6.3. The importance with which NES accords whistleblowing work is amply demonstrated by the Chief Executive Karen Reid when she opened Speak Up week. Speak Up Week ran from Monday 30 September to Friday 4 October 2024. She sought to promote its values in stressing her commitment and that of NES to protect whistle-blowers from retaliation and its role in quality and excellence in NES' work. Speak up week presents a great opportunity to ensure that NES along with other NHS Boards identifies actions to support the promotion of knowledge and understanding of the Standards. The Week provides an impetus and a focus to the work for NES and others. NES sought to expand its scope of national activities regarding whistleblowing to help in the development of learning resources to support confidential contacts which work progressed with the Independent National Whistleblowing Officer (INWO). NES therefore contributes to make a significant contribution to the sharing of good practice, experience, and information.

6.4. Similarly, the All-Staff webinar at speak up week was well attended and achieved its purpose in raising awareness of whistleblowing. What was so encouraging is that that work continues with the 2024/2025 Annual Report outlining not only what has taken place but also highlighting the plans to be developed going forward for the next Speak Up week. These events do not just happen. They take planning and resources to ensure their successful delivery.

- 6.5. What must not be lost sight of is that it is about culture and providing full support to all concerned in the whistleblowing process is vital in accordance with due process. It is also about learning from the whistleblowing concern and embedding that learning going forward. Lessons must be learnt and that can be seen from the handling of the one whistleblowing concern discussed in the Annual Report 2024/2025.
- 6.6. There are a few items to stress for the Board's attention-
- 6.6.1. **Training:** The training rates of line management staff have marginally decreased, a going in the wrong direction. However, at 88%, it is still an improvement on where NES and these rates were before. What is vital is that there is no complacency about that training rate and for the Board to be assured that there is not the case. That trend must continue to be monitored. It should not continue to fall. Additionally, new line managers should be encouraged to complete the relevant training as soon as they can. Regular reports to Committee and Board address these issues and continues to be a topic on which attention is fully focused. These issues will be a feature of the work at the forthcoming Speak Up week too. The NES management team at senior levels continues to support the need for training to be completed and continue to be actively engaged in activities to improve and increase the compliance with the mandatory training available on TURAS.
- 6.6.2. **Independent National Whistleblowing Officer (INWO):** It should be noted that the Independent National Whistleblowing Officer (INWO) continues to support Boards in providing advice and support on implementing the Standards, as well as providing an independent review of Whistleblowing Investigations. There is regular liaison with the INWO and their representatives on a regular basis.
- 6.6.3. **iMatter:** The iMatter Staff Experience Survey provides valuable information about the perception of staff with specific questions aimed at raising concerns. The optionable questions were:
1. I am confident that I can safely raise concerns about issues in my workplace.
  2. I am confident that my concerns will be followed up and responded to.
- 6.6.4. These questions were important for NES as the overall results at 85% and 81% respectively suggested that NES staff were confident that they can raise concerns, and that any concerns will be followed and responded to. The results helped to provide a comparison on staff experience and how staff feel on raising concerns, as well forming part of the Board assurance process. They too have fallen slightly but remain the highest within the NHS Scotland. These results will continue to be monitored on an annual basis and are indicative of the culture and perception of staff.
- 6.6.5. The Annual Report 2024/25 details the significant work of the Steering Group. As whistleblowing champion, this is an observer role which accords with the requirements of the separation and independence of roles as the

whistleblowing champion. It provides a welcome opportunity to hear from all involved as well as engaging in the planning for dissemination of information for NES and inclusion in events taking place during the year. That demonstrates the necessary collaboration and respect which is so vital to the successful operation and delivery of the whistleblowing champion role.

- 6.6.6. With regard to the role of confidential contacts, this important initiative is much welcomed. It was within Stage 2 above that the need for this role within NES was recognised and the initial appointments were made. It should be recognised that those involved as Confidential Contacts are enthusiastic and have energy and commitment to the whistleblowing values. With their numbers having increased over the year and possibly to continue in that direction, this has allowed the Group to share their knowledge and understanding as well as to build on their roles as an internal network. They are on the frontline as it is their listening skills that help to steer and direct any query as well as offering safety and confidentiality to those who contact them. With the numbers appointed now, they now seek to be reflective of all Directorates in NES. The work at the all-staff webinar at Speak Up week raised awareness of their crucial roles. It is important to acknowledge their efforts in taking up their roles and to continue to support their work.
- 6.7. There is a need to refer to work related to the protection of patient safety and lessons to be learnt from the Lucy Letby case. The NHS Board Chairs were asked by the Cabinet Secretary at a meeting on 29th January 2024 if they were assured that the areas were being progressed satisfactorily. Assurance provided from NES touched on some aspects including acknowledgement of the role of the NES Whistleblowing Champion and the existence of the positive relationship supporting the development and consolidation of the whistleblowing arrangements within NES. It recognised that there had been improvements made to enhance the NES position in relation to the incorporation of the Standards. There was also a developing approach to clinical and care assurance and reference was made to the relationship with the HIS Learning from Adverse Events Framework.
- 6.8. Accordingly, appropriate governance routes exist to provide the necessary assurances embedded at various Committee and Board levels. Reporting quarterly to the Staff Governance Committee, is well embedded and working well with clear signposts/systems in place supporting NES's work in relation to whistleblowing along with the provision of resources at all levels. There is a clear commitment to achieving the necessary awareness of whistleblowing and access to advice as and when required.

## **7. Recommendations**

- 7.1. The Board are invited to review this report and confirm if it provides satisfactory assurance.

- 
- a) Have Educational implications been considered?  
 Yes  
 No
- b) Is there a budget allocated for this work?  
 Yes  
 No
- c) Alignment with [Our Strategy 2023 – 26 People, Partnerships and Performance](#)  
 1. People Objectives and Outcomes  
 2. Partnership Objectives and Outcomes  
 3. Performance Objectives and Outcomes
- d) Have key strategic risks and mitigation measures been identified?  
 Yes  
 No
- e) Have Equality, Diversity, Human Rights and health inequality issues been considered as per [Fairer Scotland Duty: Guidance for Public Bodies](#) and Corporate Parenting as per the [Children and Young People \(Scotland\) Act 2014](#)?  
 Yes  
 No
- f) Has an Equality Impact Assessment (EQIA) been completed or in progress for this piece of work?  
 Yes  
 No
- g) Have you considered Emergency Climate Change and Sustainability implications as per [DL \(2021\) 38](#)?  
 Yes  
 No
- h) Have you considered a staff and external stakeholder engagement plan?  
 Yes  
 No

Author name: Gillian Mawdsley Non Executive and Whistleblowing Champion  
Date: 14 May 2025

NES

**NHS Education for Scotland**

**NES/25/42**

**Agenda Item: 11a**

**Date of meeting: 22 May 2025**

**Public Board Meeting**

**1. Title of Paper**

- 1.1. NES Corporate Governance Blueprint Improvement Plan End of Year Report

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

- 2.1. Christina Bichan, Director of Planning, Performance and Transformation

**3. Lead Director(s)**

- 3.1. Jim Boyle, Executive Director of Finance

**4. Situation/Purpose of paper**

- 4.1. This paper brings the NES Corporate Governance Blueprint Improvement Plan End of Year Report for review and approval, prior to submission to Scottish Government if/as required.

**5. Background and Governance Route to Meeting**

- 5.1. All NHS Boards are required to adopt the NHS Corporate Governance Blueprint as the framework to underpin their Board governance.
- 5.2. The Blueprint sets out the need for Boards to have a consistent and systematic approach to assessing their current governance arrangements and identifying any new and emerging issues or concerns.
- 5.3. A key part of this is a Board self-assessment survey which focuses on how effective Boards are against the Blueprint model in relation to the functions, enablers, delivery approaches and evaluation.

- 5.4. All Boards used the same set of questions to self-assess against the Blueprint. Following this the Board held a workshop and then developed the Improvement Plan.
- 5.5. The NES Corporate Governance Blueprint Improvement Plan was approved by Public Board on 28 March 2024 and was then submitted to Scottish Government.
- 5.6. The 28 March 2024 Board approved the governance of progress against the improvement plan actions as follows:
- Audit and Risk Committee (ARC) mid-year review of Action Plan 03 October 2024
  - Annual Review of Action Plan ARC 24 April 2025
  - Annual Review of Action Plan full Board 22 May 2025
- 5.7. The ARC conducted a mid-year review of the progress made against the Action Plan as planned at their 03 October 2024 meeting. The Executive Team further reviewed the progress made against the Action Plan at their 18 March 2025. Both meetings were satisfied with the progress.
- 5.8. This End of Year Report was considered by ARC on 24 April 2025 and approved for onward sequencing to Board.

## **6. Assessment/Key Issues**

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

- 6.1. Good progress has been made with completing our Corporate Governance Blueprint Improvement Plan. Eight out of the ten actions are completed, with one of the in-progress actions due to be completed by May 2025 and the other rolling into the 2025-26 business year for progression.
- 6.2. We understand that Scottish Government intend to issue another Blueprint Self-Assessment questionnaire to Boards again towards the end of the calendar year. It is likely that all Boards will be required to schedule a Board Development workshop at the beginning of 2026 to discuss the findings and prepare a new Corporate Governance Blueprint Improvement Plan for submission to Scottish Government around March 2026.

## 7. Recommendations

- 7.1. The Board is invited to review the NES Corporate Governance Blueprint Improvement Plan End of Year Report and approve it for onward submission to Scottish Government if/as required.

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### Author to complete checklist.

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

- a) Have Educational implications been considered?
- Yes  
 No
- b) Is there a budget allocated for this work?
- Yes  
 No
- c) Alignment with [Our Strategy 2023 – 26 People, Partnerships and Performance](#)
1. People Objectives and Outcomes  
 2. Partnership Objectives and Outcomes  
 3. Performance Objectives and Outcomes
- d) Have key strategic risks and mitigation measures been identified?
- Yes  
 No
- e) Have Equality, Diversity, Human Rights and health inequality issues been considered as per [Fairer Scotland Duty: Guidance for Public Bodies](#) and Corporate Parenting as per the [Children and Young People \(Scotland\) Act 2014](#)?
- Yes  
 No
- f) Has an Equality Impact Assessment (EQIA) been completed or in progress for this piece of work?
- Yes  
 No
- g) Have you considered Emergency Climate Change and Sustainability implications as per [DL \(2021\) 38](#)?
- Yes

No

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

Yes

No

**Author name:** Della Thomas / Christina Bichan

**Date:** May 2025

**NES**

## NES CORPORATE GOVERNANCE BLUEPRINT IMPROVEMENT PLAN

(Note the headings in this table replicate the SG reporting template with the exception of the blue shaded column)

Blueprint Priority Area	Blueprint Sub-heading	High Level Action	Underpinning Actions	Interdependency	Joint Board Leads (Executive/Direct or Lead and non-executive director lead)	Timeline (Target date for completion)	Intended good governance outcome	Progress Update
Function	Setting the Direction	<p>1. Develop NES "Learning and Education Innovation Plan" to underpin delivery of the NES Learning and Education Strategy</p> <p>Develop NES "Learning and Education Research Plan" to underpin delivery of the NES Learning and Education Strategy</p>	<p>Progress NES Learning and Education Innovation Plan to 6 March 2025 EQC for assurance</p> <p>Progress NES Learning and Education Research Plan to 6 March 2025 EQC for assurance</p>	<p>NES Strategy</p> <p>NES Learning and Education Strategy</p>	<p>Director Lead: <b>Kevin Kelman</b></p> <p>Operational Lead: <b>Fiona Fraser</b></p> <p>Director Lead: Kevin Kelman</p> <p>Operational Leads: Jan Clarkson and Peter Johnston</p>	March 2025	Board Members will have received assurance as to the overall strategic direction to facilitate innovation and research to drive change and transform NES service delivery to ensure it supports the future of health and social care and meets the needs of stakeholders.	<p><b>1. In Progress</b></p> <p>Further to the discovery work, it has been recommended that these topics come together as one plan, the "<b>NES Research and Innovation Plan</b>". This plan was discussed at 4 Match ET and is scheduled to 8 May 2025 EQC and 22 May 2025 Board.</p>

Blueprint Priority Area	Blueprint Sub-heading	High Level Action	Underpinning Actions	Interdependency	Joint Board Leads (Executive/Director or Lead and non-executive director lead)	Timeline (Target date for completion)	Intended good governance outcome	Progress Update
Function	Holding to account	2. Embrace and report on Best Value in relation to strategic Once for Scotland and Once for NES Strategic work.	<p>2.1 Provide a revised and improved Best Value Report which embraces a more strategic approach to reporting Best Value and includes a focus on Once for Scotland or Once for NES strategic work through June 2024 ARC and onwards to Private Board</p> <p>2.2 As per agreement at 27 June 2024 Private Board, mature the NES Financial Principles to reflect Best Value principles and include quality and excellence.</p>	Material and data required from across NES for inclusion	<p>2.1 Executive Director Lead: <b>Jim Boyle</b></p> <p>Operational Lead: <b>Laura Howard</b></p> <p>2.2 Executive Lead: Karen Reid</p> <p>Operational Lead: Christina Bichan</p>	<p>March 2024 – June 2024</p> <p>Nov 2024</p>	Public money and resources are being used to secure 'best value' as set out in the Scottish Public Finance Manual demonstrating effective financial stewardship and also quality and excellence.	<p><b>2.1 Complete</b> The revised and improved Best Value Report was approved by ARC and 27 June 2024 Private Board</p> <p><b>2.2 Complete</b> This item was considered and approved at the 03 October 2024 Audit and Risk Committee. The Best Value Principles have been used to assist the development of the 2025-26 Annual Delivery Plan and 2025-26 Annual Budget process.</p>

Blueprint Priority Area	Blueprint Sub-heading	High Level Action	Underpinning Actions	Interdependency	Joint Board Leads (Executive/Direct or Lead and non-executive director lead)	Timeline (Target date for completion)	Intended good governance outcome	Progress Update
Function	Managing Risk	3.Continue work to embed the corporate approach to risk management across the organisation, focusing on the inclusion of risks associated with clinical governance/clinical assurance.	<p>Continue to progress and improve the overall approach to corporate risk</p> <p>Consider the strategic clinical governance risks for NES and revise risk register accordingly including the actioning of any required mitigations.</p>	ARC and EQC governance interdependency	<p>Executive Director Leads: <b>Karen Wilson and Emma Watson</b></p> <p>Operational Lead: <b>Debbie Lewsley</b></p>	March 2024 – March 2025	The Board will have agreed NES risk appetite, approved risk management strategies and ensure they are communicated to the organisation's workforce considered current and emerging risks for all categories of healthcare governance, including clinical governance and overseen an effective risk management system that assesses the level of risk, identifies the mitigation	<b>3.Complete</b> NES has continued to embed the overall approach to risk management. The Audit and Risk Committee (ARC) receive regular overall reports, Committees receive regular reports on their Board delegated strategic risks and the Board receives quarterly strategic risk reports, Risk appetite is reviewed on an annual basis by the ARC and the Board. The Education and Quality Committee (EQC) approved the formation of the Clinical and Care Assurance Sub-Group. The EQC approved the Terms of reference for this Group. The Group aim to begin meeting in April 2025.

Blueprint Priority Area	Blueprint Sub-heading	High Level Action	Underpinning Actions	Interdependency	Joint Board Leads (Executive/Direct or Lead and non-executive director lead)	Timeline (Target date for completion)	Intended good governance outcome	Progress Update
							required and provides assurance that risk is being effectively treated, tolerated or eliminated.	
<b>Function</b>	<b>Engaging Stakeholders</b>	<p>4. Develop NES stakeholder engagement reporting to reflect Community Planning Partnerships, third sector and those less represented in our work and consider benchmarking through liaison with the 3 other UK sister organisations.</p> <p>Continue to engage internally with staff through webinars and networks.</p>	<p>Develop the Stakeholder Engagement Strategy to embrace these aspects.</p> <p>Develop a mechanism for reporting progress to Board.</p> <p>Consider if these aspects are adequately reflected in the SKPIs as part of performance management review.</p>	<p>Links with Anchors Strategic Plan</p> <p>Strategic Key Performance Indicators (SKPIs)</p>	<p>Director Lead: <b>Christina Bichan</b></p> <p>Operational Lead: <b>Nick Hay</b></p>	<p>April 2024 – March 2025 iterative and continuing</p>	<p>NES have considered community empowerment through the lens of communities of interest and communities of practice in the workforce context and embraced our role in promoting community empowerment via the health and social care workforce. Our systems of governance are developed</p>	<p><b>4. Complete</b></p> <p>NES Stakeholder Survey issued, and analysis undertaken. Report presented to 21 November 2024 Board along with refreshed Stakeholder Map and update on collaborations and strategic partnerships. Action Plan approved to take forward resulting actions. Progress will be reported through annual Engaging Stakeholders Report to Board.</p>

Blueprint Priority Area	Blueprint Sub-heading	High Level Action	Underpinning Actions	Interdependency	Joint Board Leads (Executive/Direct or Lead and non-executive director lead)	Timeline (Target date for completion)	Intended good governance outcome	Progress Update
							<p>to enable and provide assurance on the effectiveness of our approach to community empowerment.</p> <p>NES continue to apply the principles of the staff Partnership Agreement and engage effectively with staff.</p>	
<b>Enablers</b>	<b>Diversity, Skills and Experience</b>	5.Influence equality and diversity representation improvements in the appointments process for non-executives.	5.1A priority development for NES Board and requires discussion with Public Appointment Commissioner This is a priority development for the NES Board Development Programme.	Public Appointments Unit  Board Chairs Group  Existing priority initiatives for the NES Board	Non-Executive Director Leads: <b>Chair David Garbutt</b>  Operational Lead: <b>Della Thomas / Claire Sweeney</b>	April 2024 to March 2025 Iterative and continuing	This links with the responsibility of the Scottish Government, working with the NES Board Chair, to ensure the necessary diversity, skills	<b>5.1 In Progress</b>  Some initial thinking and scoping for a Once for Scotland approach to increasing diversity on NHS Boards has been prepared as detailed below in action 6. Second phase of Board Room Apprentice proposes a

Blueprint Priority Area	Blueprint Sub-heading	High Level Action	Underpinning Actions	Interdependency	Joint Board Leads (Executive/Direct or Lead and non-executive director lead)	Timeline (Target date for completion)	Intended good governance outcome	Progress Update
			5.2 Discuss approaches to including a strengthened focus in the appointment process for our current non-executive director vacancy.	Development Team			and experience are present across the NES Board. This includes determining the Board's requirements during the recruitment of new Non-Executive Members and the on-going development of the skills of existing Board Members.	development of an additional component for the NHS in Scotland and this work is continuing into 2025-26.  <b>5.2 Complete</b> We have now appointed to our non-executive director vacancy. The Chair discussed our aim to increase applications from people with diverse backgrounds with the Public Appointment Unit aiming to increase applications.
<b>Enablers</b>	<b>Diversity, Skills and Experience</b>	6. Explore participation in a Board member apprenticeship scheme	Identify a plan of implementation and support for a Board Apprenticeship scheme	NES Board and sponsor approval  Participation in "Board Room Apprentice Scheme"	Executive Lead: <b>Karen Reid</b> Together with <b>Chair David Garbutt</b>  Operational Lead: Della Thomas / Claire Sweeney	June 2024	Provide the opportunity for a younger voice around the Board room table with the potential to also introduce a care experienced or a lived experienced	<b>6. Complete</b> We have been successful in securing a Boardroom Apprentice. Louise Harker is our Boardroom Apprentice from 1 January – 31 December 2025.

Blueprint Priority Area	Blueprint Sub-heading	High Level Action	Underpinning Actions	Interdependency	Joint Board Leads (Executive/Direct or Lead and non-executive director lead)	Timeline (Target date for completion)	Intended good governance outcome	Progress Update
							individual to support the collective knowledge and understanding at Board level, in relation to equality, diversity and inclusion.	
<b>Delivery</b>	<b>The Assurance Framework</b>	7.Continue to improve how the organisation evidences impact, performance and improvement to the Board through the further development of the new performance management approach.	Undertake a review of the strategic KPI approach and report outcome and any arising recommendations to Board for approval.	7.1Outcome of Internal Audit on Performance Management  7.2Implementa tion of new National Performance Indicators for NHS Boards	Director Lead: <b>Christina Bichan</b>  Operational Lead: <b>Simon Williams</b>	April 2024 – March 2025 iterative and continuing	The Board receive effective and measurable assurance in relation to strategic delivery	<b>Complete</b> <b>7.1</b> A new process for the governance of SKPIs was approved by 15 August 2024 Board. The creation of a new NES Committee which will include a performance remit was approved at the 26 September 2024 Board. The Planning and Performance Committee Terms of reference were approved by 6 February 2025 Board and the Committee begins it work as of 1 April 2025.  <b>7.2 Complete</b> Both of the relevant measures within the

Blueprint Priority Area	Blueprint Sub-heading	High Level Action	Underpinning Actions	Interdependency	Joint Board Leads (Executive/Direct or Lead and non-executive director lead)	Timeline (Target date for completion)	Intended good governance outcome	Progress Update
								national suite of performance indicators for NHS Boards are being routinely reported via the quarterly Strategic KPI report.

Della Thomas  
Board Secretary  
NES March 2025

**NHS Education for Scotland**

**NES/25/43**

**Item** 12a  
**Date of meeting** 27 March 2025

**NES Board**

**1 Title of Paper**

Financial and Operational Planning Update 2025/26 to 2027/28

**2 Author(s) of Paper**

Jim Boyle, Director of Finance  
Laura Howard, Deputy Director of Finance  
Alan Young, Head of Finance Business Partnering  
Ellie Biddulph, Senior Finance Business Partner

**3 Lead Director(s)**

Jim Boyle, Director of Finance

**4 Situation/Purpose of paper**

- 4.1 This report provides the Board with the Operational and Financial Plans for 2025/26, including the internal planning approach, impact of the Scottish Government funding for next year, as announced on 4 December 2024 and the updates since the draft paper which was presented at the private Board session on 6 February 2025. This covering report summarises a more detailed report at Appendix 1. The report seeks Board approval for the Financial Plan set out in this report to be implemented, subject to approval by the Scottish Government.

**5 Background and Governance Route to Meeting**

- 5.1 In recent years the Audit and Risk Committee has received updates in January on the emerging financial plans for the forthcoming financial year. This is to provide assurance on the detailed work that is going on within NES in preparation for bringing robust financial plans to the NES Board. The draft version of this report was considered by the ARC on 16 January and by the Board at the private session on 6 February.

- 5.2 This report has been prepared drawing from information used during the Operational Planning process that has taken place from October to December 2024 and also incorporates the funding levels that Boards have been notified of following the Scottish Government Draft Budget announcement on 4 December 2024.
- 5.3 The final financial plan is presented for approval, and reflects the draft financial plan submitted to Scottish Government Finance on 18 March.

## **6 Assessment/Key Issues**

- 6.1 The financial situation for NHS Scotland in recent years has significantly tightened due to the impact of the Covid pandemic, the recovery from the pandemic and the general increases in demand for health and social care services right across the system. In the current financial year (2024/25) it is forecast that there will be a significant overall portfolio deficit mainly driven by Territorial Boards and Health and Social Care Partnerships, although there are also some pressures in National Boards. Within NES, previous financial reports to the Board have indicated that a breakeven position at the end of the financial year is likely.
- 6.2 However, when NHS funding for 2024/25 was announced back in December 2023, some National Boards had a 3% baseline funding reduction applied, and for NES that was a total of £15.7m. NES was subsequently asked by the Scottish Government not to apply any pass-through funding reductions to Territorial Boards when adjusting our spending plans to match the 3% baseline funding cut. Given that achieving this from the remaining NES baseline activity was agreed to not be feasible, SG provided NES with an anticipated allocation of £12.1m to cover this funding gap, on the proviso that NES took steps to minimise the draw on the £12.1m by reducing spending where possible during 2024/25.
- 6.3 The attached detailed report (Appendix 1) presents the final Operational and Financial Plans for 2025/26 that have been developed in recent months, and this has been discussed by the Executive Team in March.
- 6.4 The key financial messages from the report are:
- 6.4.1. A deficit position of at least £1m is presented for Years 1-3 of the plan, with likely additional costs to be incurred in relation to property matters.
  - 6.4.2. Boards have been funded for the pay awards agreed for 2024/25, and these have now appeared in funding allocation letters.

- 6.4.3. The NES budgets prepared during operational planning were broadly in line with funding assumptions, subject to the issues around the 2024/25 3% baseline reduction as set out in paragraph 6.2 above and before consideration of internal new funding requests received. The Plan has been updated to reflect the funding commitments and changes set out in section 6.13.
- 6.4.4. An uplift of 3% has been applied to the baseline funding for the duration of the planning period for all Boards, but this is to cover the expected costs of the pay deals and also provides funding for non-pay costs to support inflationary pressures.
- 6.4.5. No further funding commitment has yet been made in respect of pay uplift for 2025/26 for non-recurrently funded Scottish Government commissions, and this will be subject to further discussion between the Scottish Government and individual Boards.
- 6.4.6. The underfunding of Resident Doctors expansions in recent years still persists, and no additional funding has been provided to NES for this. This means that the “recycling” of funding for less than full time trainee posts and vacancies will still be required in 2025/26, resulting in continued pressures in Territorial Boards to maintain shift rotas.
- 6.5 Funding levels for 2025/26 as set out in this report, have only been confirmed for baseline activity, and the letter from the Director of Health and Social Care finance setting out baseline funding is attached as Appendix 2 to this report. Funding, mainly non-recurrent, to support additional commissions has yet to be confirmed. Deliverable workshops with NES and SG have been arranged for March and April to agree the funding for current and future non-recurrent commissions and the savings plans. The Board will be informed of any actions or decisions that may impact the Financial Plan with options and recommendations to ensure NES remain in financial balance.
- 6.6 Although around £100m of funding has been moved to baseline for 2025/26, there is still a significant amount of non-recurrent funding that will come to NES, so an element of managing funding risk remains. The anticipated level of remaining non-recurrent funding may therefore be substantially adjusted, as it is based on existing or previously anticipated levels of activity which cannot be fully relied on. Even for the £100m confirmed as being moved to the NES baseline, this has still to be formally confirmed in an allocation letter, but this is expected to feature in the first allocation letter of 2025/26.

## Spending Reduction Plans

- 6.7 The Scottish Government has been working closely with NHS Boards in recent year to drive out as many financial and operational efficiencies as possible to protect funding that is directed to front line patient care. Since 2023/24 this activity has been co-ordinated via a “15 Box Grid” programme, which covers a wide range of activity that Boards are required to address. While most of the activities do not apply directly to NES, there are some that do. The 2025/26 15 Box Grid programme is attached as Appendix 3 of this report.
- 6.8 The Executive Team has been reviewing a programme of budget spending reductions to meet the annual 3% efficiency target that all Boards are expected to achieve as well as the stretched target of 15% of the baseline by 2026/27. The stretched target is clearly extremely challenging given the existing deliverable expectations and the inability to make significant short-term reductions in the size of the permanently employed workforce.
- 6.9 The Executive team and SG sponsorship team have reviewed the spending reduction options, taking into consideration any impact on ministerial commitments and the programme for government.
- 6.10 Table 1 presents a summary of the spending reduction options by directorate and Table 2 by reduction type. The total of the spending reductions presented in this report for approval is £8.447m for 2025/26, with further reduction impacts in 2026/27 of £3.099m and in 2027/28 of £2.193m. The Scottish Government has been requiring Boards to identify recurrent options where possible, as the long-term financial stability of NHS Scotland can only be secured via recurrent means. The over-reliance by Boards on non-recurrent measures in recent years leads to an underlying instability in financial planning and cannot be sustained in the long term. Non-recurrent spending reductions either have to be repeated the following year, or else expenditure budgets have to be reinstated if they cannot be.
- 6.11 The NES spending reduction plan identifies recurrent options of £4.436m (52%) and £4.012m of non-recurrent options (48%). This significant shift to recurrent spending reductions has been driven by financial efficiencies from the NES property estate rationalisation, moving £1.5m of the vacancy lag savings from non-recurrent to recurrent and through directorates identifying a higher level of recurrent spending reductions.

**Table 1**

		<b>2025/26 Savings Options by Directorate</b>				
<b>Directorate</b>	<b>No. of Options</b>	<b>Recurrent £000</b>	<b>Non- Recurrent £000</b>	<b>Amber £000</b>	<b>Green £000</b>	<b>Total £000</b>
<b>Dental</b>	12	242	1,385	0	1,627	<b>1,627</b>
<b>Finance &amp; PFM</b>	13	556	41	386	210	<b>596</b>
<b>Healthcare Science</b>	3	10	369	0	379	<b>379</b>
<b>Medical</b>	21	1,295	89	1,055	329	<b>1,384</b>
<b>NHSSA Learning &amp; Innovation</b>	10	103	5	21	87	<b>108</b>
<b>NMAHP</b>	14	236	111	0	347	<b>347</b>
<b>NES Technology Service</b>	4	69	0	0	69	<b>69</b>
<b>Optometry</b>	3	45	0	0	45	<b>45</b>
<b>Planning &amp; Corp. Support</b>	5	32	0	0	32	<b>32</b>
<b>Pharmacy</b>	1	11	0	11	0	<b>11</b>
<b>Corporate Provisions</b>	2	1,500	1,550	0	3,050	<b>3,050</b>
<b>Psychology</b>	2	64	0	40	24	<b>64</b>
<b>Workforce</b>	8	273	462	52	683	<b>735</b>
<b>Totals</b>	<b>98</b>	<b>4,436</b>	<b>4,012</b>	<b>1,565</b>	<b>6,882</b>	<b>8,447</b>

**Table 2**

Savings Type	2025/26 Savings Options by Type					
	No. of Options	Recurrent £000	Non-Recurrent £000	Amber £000	Green £000	Total £000
General vacancy lag	2	1,500	1,550	0	3,050	3,050
Non filling of vacancies	12	221	92	21	292	313
Properties	10	538	20	365	192	557
Trainee recruitment lag	10	685	1,535	618	1,603	2,221
Educator rationalisation	23	894	45	456	483	939
Training timetable changes	2	0	681	0	680	680
General efficiency	34	455	89	94	450	544
NES internal training	1	12	0	0	12	12
Other	4	131	0	11	120	131
<b>Totals</b>	<b>98</b>	<b>4,436</b>	<b>4,012</b>	<b>1,565</b>	<b>6,882</b>	<b>8,447</b>

6.12 The spending reductions from property rationalisation reported in summary terms to the Board on 6 February were approximately £1m higher than those now reported in the tables above. That is due to the Scottish Government not now consenting to the extension of the Westport lease. That decision will make that saving unrealisable without that consent. It will also result in a dilapidations bill of around £2m now falling due to NES. It is likely to also lead to capital having to be allocated to fund a reconfiguration and fit out of an alternative site to enable the delivery of high-quality education and training, which is the principal purpose of the Westport site. We will of course need to assess the suitability of any alternative location to meet the basic business needs of NES and whether it would allow NES to meet the aims of our Strategic Plan. It is highly likely that there will be additional and significant revenue budget costs arising from the Westport relocation.

#### Changes following draft report to Board on 6 February 2025

6.13 The following funding has been confirmed by SG Finance:

- 6.13.1. The reduction to the NES baseline that was made by the Scottish Government in 2024/25 has now been fully restored. Following the reduction to the baseline in 2024/25 as detailed in section 6.2 and the instruction to NES not to impact any of the reduction to NHS Boards, the

Scottish Government agreed to restore the funding of £12m to the NES baseline in 2025/26. This will provide increased stability to the financial planning of NES and is to be welcomed.

- 6.13.2. The restoration of the baseline will allow the costs of the Digital Learning Infrastructure project (TURAS Redesign) to be funded by NES, with the current estimate costs of the programme now included in the Financial Plan at the following values:
- 2025/26 – £2.256m
  - 2026/27 – £3.378m
  - 2027/28 – £1.76m
- 6.13.3. These values are in line with the recently revised Financial Case element of the project Outline Business Case that was presented to the Programme Board and also to the Health and Social Care Finance Team at Scottish Government, who have asked NES now to include these costs in the Financial Plan.
- 6.13.4. The Financial Plan also now reflects the full cost of the Employers National Insurance increase at £11.8m recurrently.
- 6.13.5. SG have announced that all public sector organisations in Scotland will receive a 60% funding to support the increase in Employers National Insurance. A recurring allocation of £7.1m has been included in the Financial Plan for that cost pressure.
- 6.13.6. SG have also confirmed further Sustainability Funding for National Boards to support cost pressures on a non-recurrent basis. In agreement with SG Health and Social Care Finance the NES Financial Plan now includes £4.7m of Sustainability Funding in each year of the Plan. The Sustainability Funding is intended to cover existing cost pressures and not to fund new activity. For information, Territorial Boards will be allocated a share of £250m of Sustainability Funding for 2025/26 based on their NRAC shares.
- 6.13.7. The NES Financial Plan also includes a cost pressure of £4.7m which is the 40% residual cost of the Employers National Insurance Increase.

## Summary Financial Position

6.14 Based on the information set out in this report, and the appendices, particularly Appendix 1, the summary Financial Position being recommended to the Board is as follows:

<b>Table 3 – Summary Financial Position (Revenue)</b>	<b>2025/26 Budget £000</b>	<b>2026/27 Budget £000</b>	<b>2027/28 Budget £000</b>
<b>Total Confirmed/Anticipated Funding</b>	<b>859,587</b>	<b>886,443</b>	<b>913,758</b>
<b>Total of Directorate/Corporate Spending Plans</b>	<b>860,600</b>	<b>887,457</b>	<b>914,843</b>
<b>Summary Financial Position Surplus / (Deficit)</b>	<b>(1,013)</b>	<b>(1,014)</b>	<b>(1,085)</b>

6.15 Detailed directorate spending totals are set out in Table 3 of Appendix 1 (Final Operational and Financial Planning Report 2025/26 to 2027/28)

## Equality Impacts and EqIA

6.16 To support this overall Financial Plan, an Equalities Impact Assessment (EqIA) has been produced as a companion document to this report for the Board to consider when making decisions on this Budget. The Equalities Impact Assessment assesses the overall budget according to the Board's duties and obligations in respect to its Public Sector Equality Duty, its Fairer Scotland Duty and its duties under the United Nations Convention on the Rights of the Child (UNCRC). The EqIA also makes comments on the impact of individual savings proposals where appropriate, as well as the positive impacts that the work of NES, funded by this budget, will achieve.

6.17 Overall, the EqIA has assessed that the work funded by this budget will not have significant detrimental impact on groups with protected characteristics or on children in terms of the UNCRC, and that we will promote equality of opportunity, tackle discrimination and harassment and promote good relations through our work.

## Strategic Risks

6.18 The Financial Plan presented in this report contains a number of delivery risks, some that are contained internally to NES, and some that are principally driven by external factors.

**Table 5 – Financial Plan Key Delivery Risks**

Risk	Potential Value	Rating	Comment / Possible Mitigations
Non-delivery of spending reductions programme	Up to £9.5m	Low	Executive Team have scrutinised the spending reduction plan and are satisfied that the options are deliverable without significant adverse impact on the NES Strategic Plan. Budgets will be removed at source following Board approval. Executive Team to identify corresponding reductions in spending programmes for undelivered programmes.
Elements of spending reduction plan not delivered due to SG policy teams' opposition to the reduction in deliverables	Unknown	Medium	Tripartite discussion between NES, Sponsor team and policy teams to agree reduced deliverables to meet Financial Plan
Scottish Government do not meet the Medical Training Grade Salaries deficit	Unknown	Low	Reduction on operational activity or other corporate spending budgets. No indication in change of policy by SG.
Principle of recycling of vacancies and less than full-time posts for MTGS is withdrawn or amended	c.£22m	Low	This would require a significant change in SG/NES policy, and additional SG funding
Permanent staffing not covered by SG commissions funding	£4.2m	Medium	Prioritise funding the permanent posts from funding received
Pay awards for 2025/26 not fully funded by SG	c.£5m for each 1%	Medium	Informal confirmation that settlement will be funded, and SG has awarded baseline funding for the first 3% of awards.

Risk	Potential Value	Rating	Comment / Possible Mitigations
2024/25 allocations due to be baselined in 2025/26 are not baselined	c.£100m	Low	Confirmation from SG that this will be feature in the first 2025/26 allocation letter.
Vacancy fill rates significantly speed up and vacancy lag savings reduce	Up to £2.75m	Low	Reprioritisation of recruitment and adjustment of spending plans accordingly
Inability to reconfigure the NES property estate in line with our stated plans	<p>£1m revenue saving not realisable</p> <p>Additional costs of relocation – still to be quantified</p> <p>£2m dilapidations liability (one-off revenue)</p> <p>Estimated £2m-£3m capital required to fit out alternative location</p> <p>Additional revenue budget implications</p>	Very High	NES will work with SG and other partners to explore the implications of a relocation to alternative premises, and report the details to the Board at the earliest opportunity

## 7 Recommendations

That the Board:

- 7.1 Approves the 2025/26 Financial Plan as shown in this report, summarised in Table 3 (paragraph 6.14, and shown in detail in Table 3 and Annexe 3 of Appendix 1, taking account of:
  - 7.1.1. proposed directorate spending
  - 7.1.2. the proposed spending reductions set out in the report, totalling £8.447m; and
  - 7.1.3. financial provision for the Digital Learning Infrastructure project (Turas Redesign) as set out in 6.13.2
  - 7.1.4. the potential inability to achieve financial balance given the detrimental budget impact of estates rationalisation.
- 7.2 Approves confirmation to the Scottish Government of the budget plans as set out in this report.
- 7.3 Notes the risks to the Financial Plan as set out in the report and note that reports will be brought back to the Board throughout 2025/26 that reflect any updates to the risk profile.

### Appendices

1. Appendix 1 – Final Operational and Financial Planning Report 2025/26 to 2027/28
2. Appendix 2 – Scottish Government Budget 2025-26 – letter from Director of Health and Social Care Finance
3. Appendix 3 – NHS Scotland Financial Improvement – Refreshed 2025-26 15 Box Grid

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Author to complete **checklist**.

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

a) **Have Educational implications been considered?**

Yes

No

b) **Is there a budget allocated for this work?**

Yes

No

c) **Alignment with [Our Strategy 2023 – 26 People, Partnerships and Performance](#)**

1. People Objectives and Outcomes

2. Partnership Objectives and Outcomes

3. Performance Objectives and Outcomes

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

Yes

No

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

Yes

No

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

Yes

No

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

Yes

No

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

Yes

No

Author name: Jim Boyle, Director of Finance

Date: 19 March 2025

NES

FINAL OPERATIONAL &  
FINANCIAL PLANNING  
2025/26 – 2027/28

Christina Bichan/ Ellena Biddulph/Jim Boyle/Laura Howard/Alan Young

NHS EDUCATION FOR SCOTLAND

## Contents

1.	Introduction .....	2
2.	Background .....	2
3.	Changes to the NES Operational Planning Process.....	2
4.	Scottish Government Guidance .....	3
5.	Timetable .....	3
6.	Scottish Government Budget Announcement.....	4
7.	Provisional Financial Position.....	5
8.	Key messages .....	8
9.	Key Themes .....	12
10.	Challenges and Risks .....	12
11.	Spending Reductions Plan.....	13
12.	Strategic Workforce Plan .....	13
13.	Digital Support Requests.....	13
14.	Next Steps .....	14
	Annexe 1 – SG Confirmed Baseline Funding Position 2025/26 for NES .....	15
	Annexe 2 – Proposed Spending Reductions 2025/26 to 2027/28 .....	16
	Annexe 3 – Core Revenue Resource – Anticipated Allocations.....	17

## 1. Introduction

All NHS Boards are required by the Scottish Government (SG) to produce an integrated Financial and Delivery Plan for 2025 to 2028. This report sets out the process and timetable within NES to ensure we meet this requirement.

## 2. Background

NHS Boards undertake a comprehensive range of planning at various levels, dependent on the services to be delivered. The purpose of an NHS Board Delivery Plan and Three-Year Financial Plan is to provide the overarching planning and prioritisation context which sets out, at a Board-wide level, the planning for the key services the Board will deliver, while reflecting the realities of the financial environment that the Board is working within. It should be suitably informed by appropriate quality, and workforce planning, as well as setting the context for more detailed planning for the delivery of specific services and the effective running of the organisation, such as digital, governance, and other corporate functions.

The financial environment is currently extremely challenging, with a current 2024/25 budget gap in the Health and Social Care portfolio of c.£280m. The Scottish Budget announcement on 4 December 2024, set out plans for £2.2bn of investment for the NHS, however the majority of that investment will support the ongoing costs of pay awards already agreed for 2024/25, as well as funding made recurrent from the previous financial year (2023/24). It also contains a 3% uplift to baseline funding to cover the first 3% of any pay awards and non-pay pressures in each year of the plan.

## 3. Changes to the NES Operational Planning Process

Last year within NES we took the opportunity to review and improve the operational planning process within NES, by significantly reducing the number of deliverables from c.600 to c.150 and giving Directorates responsibility for shaping their planning meetings and enabling a more strategic conversation to take place. To support this direction a detailed review of the financial information was undertaken by the Finance Team prior to the directorate meetings to ensure that the budget assumptions are applied consistently, and budgets and savings are recorded accurately.

We have improved the process further this year by developing integrated planning guidance for Directorates, removing the complexity of adding individual deliverables in our planning system (Mitracker) and creating the ability for Directorates to record digital, workforce, procurement and savings requirements against each deliverable.

As a result of the challenging financial position across NHS Scotland and the specific savings target for NES set by SG in the 2024/25 confirmed baseline, this year directorate plans are focused on savings and what deliverables can be reduced, paused or stopped to meet the targets by the Scottish Government. There is very little scope for expanding our activities from within the existing baseline funding.

There has been good feedback from all involved in the Operational Planning process and we have captured feedback in the learning log to enable future improvements to the process.

## 4. Scottish Government Guidance

The Scottish Government issued the Financial and Delivery Planning Approach for 2025/26 to all NHS Boards on 2 December 2024. The core aim is to support Boards' Three-Year Delivery Plans with detailed actions for 2025/26 which are both aligned to Boards' Three-Year Financial Plans as well as to ministerial priorities.

The guidance focusses on the significant financial and operational challenges for the years 2025/26 and beyond, recognising the need for greater collaboration among Boards in their planning efforts.

The newly established NHS Scotland Executive Group is pushing for enhanced joint planning and action among NHS Boards to achieve financial sustainability and service transformation, emphasising the integration of financial, delivery, and workforce planning.

NHS Boards must develop detailed financial plans for 2025/26 to 2027/28, aiming for 3% recurring savings on baseline budgets and improved financial positions year-on-year. The financial planning assumptions set out in the guidance have been agreed by NHS Boards at the Corporate Finance Network and at Directors of Finance meetings.

The Scottish Government met with NES in January to support with the preparation of their Financial Plans, providing early feedback given on draft submissions, the first draft was submitted on 27 January 2025 with the final draft submitted subject to Board approval on 17 March 2025. Feedback on the first draft included a requirement to increase the level of recurrent savings and also to include the financial implications of proceeding with the development and implementation of the Digital Learning Infrastructure project (Turas Redesign programme).

The Scottish Government also met with NES in February to provide feedback on the initial draft of the Annual Delivery Plan and no changes or additions were requested.

## 5. Timetable

**Table 1 - Internal and government timelines**

Activity	Governance Group	Completion/ Submission Date	Progress
Directorate draft plans 2025-2027	Directorates	December 2024	Complete
Directorate operational planning meetings	Director of Finance	04 December 2024	Complete
First draft planning paper	Executive Team	17 December 2024	Complete
Initial review of red risk savings	Executive Team	07 January 2025	Complete
First draft planning paper	Audit & Risk Committee	16 January 2025	Complete
Updated Financial planning position, Savings & Prioritisation of digital requests	Executive Team	21 January 2025	Ongoing
NES Financial and Delivery Plan 2025-26	Executive Team	21 January 2025	Complete
First draft of both Financial Plan and Annual Delivery Plan to SG	Scottish Government	27 January 2025	Complete

NES Financial and Delivery Plan 2025-26	NES Board	6 February 2025	Presented
25/26 Delivery Plan submission	Scottish Government	17 March 2025	Complete
Final Financial Plan to SG	Scottish Government	17 March 2025	Complete
NES Final Financial Plan	Executive Team	18 March 2025	Complete
Final Financial Plan	NES Board	27 March 2025	Presented
Formal confirmation to Boards that SG content with the plans	Scottish Government	April 2025	Not started
Annual Delivery Plan presented for Board approval in public	NES Board	22 May 2025	Scheduled

The timetable for the ADP and Financial Plan final submissions have been aligned by SG this year. The final plans were submitted to SG on 17 March 2025 subject to Board approval.

## 6. Scottish Government Budget Announcement

The Finance Secretary announced a £2.2bn increase for the NHS budget in 2025/26 in parliament on 4 December 2024. Following this announcement the Director of Health & Social Care Finance issued a letter to all Boards confirming the application of this increase. That letter is attached as Appendix 2 of this report. The largest element of the £2.2bn uplift relates to items that are recurring allocations in 2024/25 totalling £1.6bn and therefore does not represent funding for new initiatives. It relates to the following items:

- Recurrent allocations from 2023/24 that are baselined in 2024/25 £513.4m
- Pay awards for 2024/25 (recurring) £721.8m
- Agenda for Change Reform £150.0m
- Pensions uplift £156.9m
- Adult Drug Policy (Territorial Boards) £2.0m
- Waiting Times Reduction (Territorial Boards) £50.0m

A further £461.4m has also been allocated to the baseline for all Boards as an uplift of 3% for 2025/26. This uplift will be used to support the first 3% of any pay award agreed for 2025/26 with the remainder expected to be funded by SG, should pay awards for 2025/26 settle higher than 3%. £55.6m has also been allocated to Territorial Boards to maintain NRAC parity, taking the overall increase from 2024/25 to 2025/26 to £2,166.7m.

In December 2023, some National Boards had a 3% baseline funding reduction applied, and for NES that was a total of £15.7m. NES was subsequently asked by the Scottish Government not to apply any funding reductions to Territorial Boards when adjusting our spending plans to match the 3% baseline funding cut. Given that achieving this from the remaining NES baseline activity was agreed to not be feasible, SG provided NES with an anticipated allocation of £12.1m to cover this funding gap, on the proviso that NES took steps to minimise the draw on the £12.1m by reducing spending where possible during 2024/25. Since the presentation of the draft financial plan to the Board on 6 February 2025 SG

have agreed to restoration of £12m to the NES baseline which provides security of funding for NES in the long term. NES have agreed as part of the restoration of baseline to fund the TURAS refresh programme.

## 7. Provisional Financial Position

The tables below set out the indicative financial position by Directorate, following the completion of the initial phase of the Operational/Financial Planning process.

Table 2 shows the combined totals of the funding for NES baseline-funded activity as well as activity anticipated to be funded by additional SG commissions for the current financial year and the three years of the Financial Plan. Baseline funding is as confirmed by the Scottish Government on 4 December 2024, plus the restoration of the baseline, and funding to cover the additional commissioned work is based on best estimates of funding at this stage. Following discussions with SG policy teams, the funding for additional commissions will be confirmed, and associated expenditure budgets will be formalised into the NES budget.

<b>Table 2 – Revenue Funding Position</b>	<b>2025/26 Budget £000</b>	<b>2026/27 Budget £000</b>	<b>2027/28 Budget £000</b>
NES Baseline Funding	648,900	810,769	835,092
Anticipated SG Funding for Additional Commissions			
• Recurrent	138,254	0	0
• Non-recurrent / Earmarked	72,433	75,674	78,666
<b>Total Funding</b>	<b>859,587</b>	<b>886,443</b>	<b>913,758</b>

The Financial Plan sets out a balanced financial position for each year of the Plan shown against anticipated funding set out in Table 2, on the proviso that the savings plan is approved by both the NES Board and the Scottish Government.

The figures in Table 2 also include the savings, recurrent and non-recurrent that have been identified by directorates and reviewed by the Executive Team and Scottish Government sponsorship team. The detailed list is presented in Appendix 3.

The budget has been developed on the following assumptions:

- The restoration of the previous reduction of £12.0m to the NES baseline, as confirmed by SG
- 2025/26 budget includes savings of £9.5m (£5.5m recurrent and £4.0m non-recurrent) which have been reviewed by ET and SG. Further details on that plan are presented in Annexe 2
- 2025/26 position includes £0.3m pressure for NES to continue delivering Board approved 24/25 recurrent savings following request from Health Workforce Director to continue delivery.

- The recycling of funding across Boards by NES to cover the underfunding of Resident Doctor numbers expansion is still built into the budget assumptions, and no additional funding has been provided by SG. Estimated shortfall is £22m.
- Full funding for the 2024/25 pay awards has been confirmed as part of the budget announcement on 4 December.
- 3% baseline uplift in each year of plan to support pay awards and non-pay pressures.
- Any 2025/26 pay awards above 3% will be funded in full by SG.
- 60% of the Employers National Insurance increase is funded through a recurring allocation included in the Plan
- The plan includes non-recurrent Sustainability Funding of £4.7m to offset cost pressures in each year of the Plan.
- Cost pressure of £4.7m has been built into the Financial Plan to cover the 40% pressure from increase to Employers National Insurance from 1 April 2025.
- Directorates will continue to absorb the impact of the Reduced Working Week from 37.5 hours to 37 hours.
- SG commissions that are included are on the basis of being fully funded by SG policy teams.
- Property rates have been uplifted by 5% in line with SG assumptions.
- Other non-pay costs have been uplifted in line with contract terms and latest information.
- For 2025/26 £1.5m has been allocated to cover the costs of the completion of the property moves. No commitment has been made beyond Year 1 of the Plan.
- Digital Learning Infrastructure project (TURAS refresh programme) is funded from NES baseline

Excluded from these figures:

- Potential for a further 20% increase for Microsoft 365 based on latest information from NSS.
- Savings from the planned lease extension at Westport and the collaboration/space sharing arrangement with NHS Lothian, as ministerial consent to extend the lease has not been obtained, despite the collaboration demonstrating significant revenue cost savings for both Boards.

The figures above also include savings in each year of the plan of £3.1m from vacancy lag (£1.5m recurrent and £1.25m non-recurrent) and procurement savings of £0.3m, based on 24/25 budgets. It should be noted that the forecast vacancy lag savings in 24/25 is expected to exceed the target of £2.75m by £1.3m in 2024/25.

Based on the detailed work carried out through the Operational and Financial Planning period and the subsequent examination by the Executive Team, the proposed spending plan totals by directorate and for the Board as a whole are set out in Table 3. 2025/26 is a firm Financial Plan, while the figures for 2026/27 and 2027/28 should be regarded as provisional at this stage. Table 3 also shows the confirmed

and anticipated funding for each year as shown in detail in Annexe 3 (and summarised above in Table 2) and taken together shows a deficit position for 2025/26, 2026/27 and 2027/28.

**Table 3 – NES Provisional Baseline Budget for 2025/26**

Table 3 – NES expenditure by Directorate NES (BAU and Savings) and SG commissions	2025/26 Budget	2026/27 Budget	2027/28 Budget
	£k	£k	£k
Medical	194,014	199,762	202,788
Pharmacy	17,402	17,430	17,473
Dental	58,521	58,567	57,830
NMAHP	16,975	15,936	15,767
Psychology	49,131	49,221	49,252
Healthcare Science	4,329	3,974	3,981
Optometry	2,157	2,172	2,193
NHS Scotland Academy, L&I	11,438	12,492	10,955
Social Care	1,095	559	567
NES Technology	22,688	23,112	23,604
Workforce	12,155	12,215	12,384
Finance & Procurement	3,809	3,846	3,905
Properties & Facility Management	7,094	7,247	7,350
Planning	3,194	3,210	3,229
Provisions	4,193	1,694	3,222
3% Centrally-held Inflation Uplift	18,500	42,115	66,438
<b>Total (excluding MTG)</b>	<b>426,694</b>	<b>453,552</b>	<b>480,938</b>
Medical Training Grades	433,905	433,905	433,905
<b>Total NES Spending Plans</b>	<b>860,599</b>	<b>887,457</b>	<b>914,843</b>
<b>Total Funding (table 2)</b>	<b>859,587</b>	<b>886,443</b>	<b>913,758</b>
<b>Variance (deficit)</b>	<b>(1,012)</b>	<b>(1,014)</b>	<b>(1,085)</b>

The Financial Plan is being shown as unbalanced at this stage due to the planned saving of £1.012m from the rationalisation of the occupation of Westport now unlikely to be achieved. Despite presenting a strong commercial case, with a collaboration between NES and NHS Lothian yielding over £2m of revenue saving per annum, the Scottish Government has not granted consent to extend the lease. Instead, it has prioritised the filling of unused property in the public sector, regardless of whether any surplus space can meet the business needs of NES.

As well as not allowing NES to capture a revenue saving of over £1m per annum, these will be an almost immediate need to fund dilapidations for the Westport site, which will be in the region of £2m. Furthermore, if NES is required to relocate to an alternative location, it is likely that capital will have to be allocated by the Scottish Government to provide fit out and reconfiguration works to make a property suitable for use as an education and training facility. NES has not been allocated capital for 2025/26 and so this would have to be provided by the Scottish Government, as well as revenue funding to meet the cost of dilapidations.

Work will continue to explore the viability of any alternative locations, including the value for money of any investment decisions. However, the saving from Westport cannot now be relied on.

## 8. Key messages

### **Financial Plan**

During 2024/25 SG have converted £100m of the non-recurring funding for commissions to recurring funding, which provides increased, although not full stability for the NES baseline. In addition, NES along with all other NHS Boards have received a 3% uplift to the baseline for 2025/26, however the majority of this uplift is to support the first 3% of all pay awards agreed in 2025/26, and non-pay pressures.

Through the 2025/26 operational planning directorate submissions total provisional savings of £9.5m have been identified.

As part of the process the Finance team has carried out an in-depth review of all the Financial Plans to ensure they are robust. The savings plans have been reviewed and challenged by both the ET and SG sponsorship team.

In the absence of a balanced Financial Plan at the start of 2025/26, NES will have to work closely with the Scottish Government to ensure that additional funding is secured to complete the property reconfiguration, or to decommission other work to bring the Plan into balance.

### **Delivery Plan**

Through 25/26 operational planning 280 deliverables have been identified and articulated. The initial draft ADP contained 155 confirmed deliverables and 46 which remained subject to funding. Following review and finalisation, the updated position is 154 confirmed and 38 subject to funding, giving an overall total of 192, with the remainder being appropriate for management at a Directorate level. The breakdown of deliverables by Directorate along with a comparison against the 2024/25 position is provided in Table 4.

As part of this year's operational planning processes Directorates were asked to outline their contributions to delivering the NES Strategy 2023-2026 and Figure 1 provides an overview of the

number of deliverables aligned to People, Partnerships and Performance with Figure 2 breaking this down further to alignment to our core functions. As can be seen the majority of deliverables relate to “People” and the delivery of education and training for the health and social care workforce. As part of Directorate presentations, high level 3-year intentions were set out. These have been collated into one slide deck which is available herewith for Director’s information: [2025-26 Op Plan - Directorate 3-Year Ambition Slides](#).

As the ADP is a live document there will continue to be movement throughout the year as deliverables evolve and new work comes on stream through the commissioning process. These will be subject to our internal change control arrangements and associated governance, with reporting to the Planning and Performance Committee and NES Board as part of quarterly delivery reports.

**Table 4. Breakdown of 2025/26 Deliverables by Directorate**

Directorate / Business Area	Total No. of 25/26 Deliverables (submitted during Op Planning)	25/26 ADP Deliverables	25/26 ADP Subject to Funding Deliverables	25/26 Directorate Deliverables
Corporate & QI	-	3		1
Dental	29	20	1	3
Finance & Procurement (incl. PFM)	6	3	0	2
Healthcare Science	13	7	3	3
Medical	45	27	3	12
NHSS Academy, L & I	31	19	4	7
NMAHP	48	18	22	1
NTS	32	9	1	11
Optometry	8	8	0	0
PCR	14	9	0	8
Pharmacy	10	7	3	0
Psychology	7	5	0	2
Social Care	14	7	1	5
Workforce	23	10	0	4
Corporate	-	2	0	0
<b>Total</b>	<b>280</b>	<b>154</b>	<b>38</b>	<b>59</b>

Figure 1: 2025/26 ADP deliverable alignment to People, Partnerships and Performance

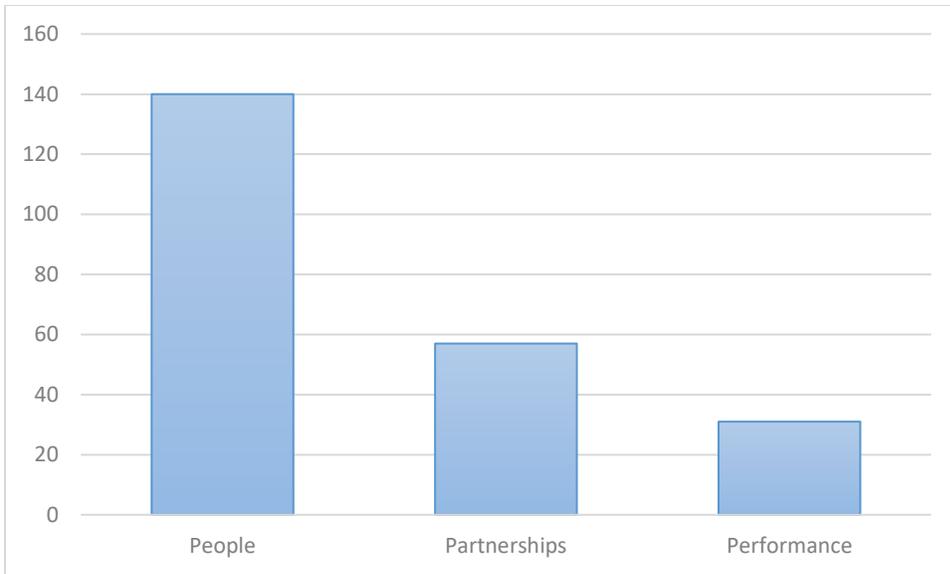
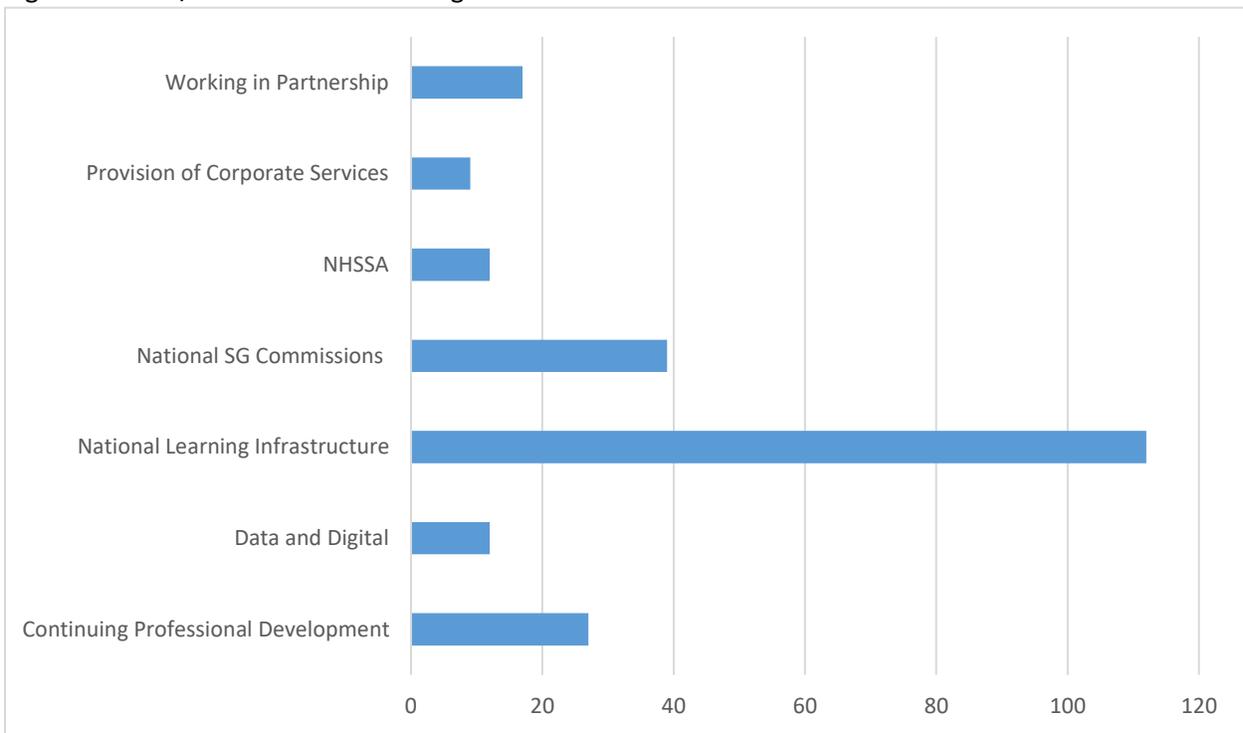


Figure 2: 2025/26 ADP deliverable alignment to NES core functions



## 9. Key Themes

Below is a list of key issues/ themes from across the directorates.

- Increasing demands and public commitments without the security of funding to support
- Recruitment of permanent posts with non-recurring funding in place. Total value of posts in this category has reduced from £6.2m to £4.2m due to baseline funding received in 24/25.
- We continue to work with SG to convert non-recurring funding to baseline where appropriate.
- Expansion of independent prescribing and multidisciplinary training – Pharmacy and Optometry
- Challenges where multiple policy teams support areas/activities and may not be aligned with each other.
- Directorates looking to upskill staff on digital to support increasing demand.
- HR is the only directorate proposing full transformational change. Any potential savings from this process have still to be identified.
- Directorate transformational or organisational change will require dedicated HR support.
- Savings plans are focused on Year 1 of the planning period. We have not yet met the 3% recurring savings in Years 2 and 3.
- Corporate services delivered by directorates – need to evaluate the impact resilience and professional expertise to ensure corporate services meet the requirements of the directorates.

## 10. Challenges and Risks

- The baseline budget set out in this report faces significant financial pressures over the planning period such as:
  - Incremental pay pressures of £405k in Year 1 rising to £695k in Year 3
  - Re-banding of dental nurses £173k (no provision has been made at this stage for any other job evaluations currently under review across the organisation).
  - Digital Library contract increase £304k
  - National system cost increases £183k (M365 & eFinancials)
- There are a number of digital requests and national system changes over the period of the plan, which will have an impact on NES Technology for the delivery of the requests, as well as having impacts on the Financial Plan when the NES contribution to the changes for national systems is known. This national systems replacement will have far-reaching consequences for all Boards, including NES, and the full cost and funding implications are not yet known, as the project is still at Outline Business case stage. The Executive Team and the Transformation Board are currently assessing the short, medium and long-term resource implications for NES, and further update reports will be brought to future meetings of the Board.
- Directorates are still reliant on a significant amount of non-recurring funding from SG to support our workforce. This results in a risk to NES of £4.2m to support the permanent workforce.

There is also the risk of short/fixed term contracts and having to paying premium rates for employment when funding is confirmed late. This also impacts our ability to attract and retain staff and increases the administrative burden associated with short term recruitment.

- There remains a risk that the recurring funding received of £100m in 2024/25 does not include the 3% uplift for pay award funding for 2025/26.

## 11. Spending Reductions Plan

Individual directorates have identified £8.447m of spending reduction options in the next financial year and these have been reviewed by the Executive Team. There are 98 proposals put forward by directorates , of which 17 are rated as Amber and 86 are rated Green. The Red/Amber/Green rating relates to the impact and not to the feasibility of delivery.

The provisional savings options re split between recurring savings of £4.4m (52%) and non-recurring savings of £4.0m (48%). A detailed analysis of current savings proposals is set out in Annexe 2. Savings have been categorised as follows:

- General vacancy lag
- Properties
- Trainee recruitment lag
- Educator rationalisation
- Training timetable changes
- General efficiency
- NES internal training
- Other

These spending reductions have been included in response to all Boards being required to contribute towards the severe financial challenge facing NHS Scotland. The Executive Team have identified this programme of reductions via the operational panning process and following subsequent Executive Team scrutiny, and the Board is invited to approve the programme.

## 12. Strategic Workforce Plan

Representatives of both Human Resources and Organisational Development, Leadership and Learning participated in each of the Directorate meetings. Information obtained through the Directorate presentations and supplementary conversations is being utilised to inform workforce planning, including the requirements for workforce development funding requirements and to understand proposed areas of organisational change. This work has also informed a recent workforce planning submission which was requested from all Boards by Scottish Government.

## 13. Digital Support Requests

Representatives of NES Technology Service and NHSS Academy, Learning & Innovation have participated in each Directorate review meeting. A collated list of 2025/26 digital support requests has been subsequently produced, providing an overview of the activity needed to progress each of the deliverables as currently described. This information has been reviewed by Directorates and

subsequent detail added to enhance digital planning and prioritisation. Based on the details that have been provided thus far, there are no resulting capacity issues from the perspective of the NHSS Academy, Learning & Innovation TEL/eLearning/Learn Content teams that would impact on being able to deliver the required level of support during 2025/26. Work is ongoing to develop the NTS workplan which will support achievement of the ADP and to identify any areas of prioritisation required.

Looking ahead, in order for requests to be met, the timely availability of capacity within Directorates to review/ develop learning content, etc. to enable digital developments to then be progressed is crucial.

## 14. Next Steps

Further to the timetable of paper submissions reported previously, these are the activities to take forward:

- Consideration/approval of the Financial Plan by the NES Board on 27 March 2025
- Confirmation to SG of the NES Board decision on the approval/amendment of the Financial Plan
- Receipt of final SG approval of the ADP and Financial Plan – expected early April 2025
- SG Policy Team/NES Deliverable Agreement Workshops to confirm additional commissions funding – April 2025
- Delivery of the NES Financial Plan – from 1 April 2025
- Further discussions with SG and NES on the resolution options for the financial gap caused by the property rationalisation shortfall

## Annexe 1 – SG Confirmed Baseline Funding Position 2025/26 for NES

<b>NES Baseline as per Budget Announcement 3 Dec 2024</b>	<b>£m</b>	<b>£m</b>
Baseline Funding 2024/25 (as per Dec 23 budget announcement )		550.2
Recurring allocations from 2023/24 baselined in 2024/25		6.6
<b>2024/25 Pay Award and Pensions Funding</b>		
Agenda for Change	6.8	
Medical and Dental	11.1	
Doctors and Dentists in Training	47.5	
Executive and Senior Management	0.1	
Pensions	7.7	
		73.2
<b>Updated Baseline 2024/25</b>		<b>630.0</b>
3% Baseline Uplift		18.9
<b>Baseline Funding 2025/26</b>		<b>648.9</b>
<b>Recurring allocations for 2024/25 to be baselined in 2025/26</b>		
Postgraduate medical training posts	41.00	
Undergraduate medical school places	37.20	
National Digital Platforms	6.00	
Pharmacy ACTP & FTY	3.96	
Increase to ACT Tariff	3.52	
General Dental Services Aberdeen	3.42	
NHSSA Core Costs	1.32	
Workforce Development Programme	0.95	
NTC Programme	0.86	
Eyecare	0.61	
FTY Infrastructure and Programme Costs	0.36	
Vaccination workforce education	0.21	
UK Foundation Programme Office and National recruitment costs	0.54	
Delivery and Staffing for 'Leading to Change'	0.97	
NHS Scotland Academy Core Costs	0.09	
Aberdeen Dental School - Pay Uplift	0.19	
		<b>101.2</b>
<b>Allocation expected to be recurring in 2024/25 and baselined 2025/26</b>		
Social Care Core Team and £12m recurrent baseline restated		<b>12.41</b>

## Annexe 2 – Proposed Spending Reductions 2025/26 to 2027/28

This document was considered and approved by the Board on 27 March 2027. Until the Scottish Government fully approves the Annual Delivery Plan, and the Deliverable Agreement Workshops take place with SG policy teams, the spending reductions detail will remain for private consideration.

## Annexe 3 – Core Revenue Resource – Anticipated Allocations

### **Core Revenue Resource - Anticipated Allocations**

	<b>2025-26 £000</b>	<b>2026-27 £000</b>	<b>2027-28 £000</b>
<b>Baseline Allocation</b>	<b>648,900</b>	<b>810,769</b>	<b>835,092</b>
<b>Further Anticipated Allocations</b>			
<b>Recurrent</b>			
2024/25 Recurring Allocation Adjustment	101,234		
Restoration of baseline reduction made in 2024/25	12,000		
Medical Training Grades	11,813		
Employers NI Increase (60%)	7,080		
Sustainability Fund	4,720		
Other Anticipated Allocations	978		
Social Care	429		
	<b>138,254</b>	<b>0</b>	<b>0</b>
<b>Non-Recurrent / Earmarked</b>			
Mental Health	31,779	31,845	31,866
Pharmacy Contractors Remuneration	7,855	7,855	7,855
Medical ACT	7,272	11,952	14,454
Medical Education Package (cost offset by overseas levy)	4,052	5,335	6,101
Medical Training Grades	4,002	4,002	4,002
Primary Care	3,015	2,851	2,030
Digital Front Door	2,500	2,723	2,801
Digital Prescribing	2,500	2,573	2,629
Pharmacy Achieving Excellence in Pharm Care	2,251	2,254	2,263
Chief Nursing Officer	2,172	1,094	848
Flu and Covid Vaccination Programme	1,254	1,281	1,268
Remote and Rural Centre	994	993	993
Medical ACT	943	98	
Other Anticipated Allocations	906	926	935
Substance Misuse (including Trauma)	830	830	830
Eyecare	752	736	754
Digitally Enabled Workforce (DEW)	606	634	650
Social Care	483		
Workforce Armed Forces Talent Programme	448	448	451
PharmaPress	384	384	384
Other Anticipated Allocations	364	(28)	(76)

Healthcare Science	363		
NES Digital	206	179	252
Realistic Medicine RM Network Costs	191	191	198
Medical ACT - Primary Care	121	329	491
Pharmacy Remedial FTYs	120	120	120
Forensic Medical Services	83	83	83
Centre for Workforce Supply - Social Care	81	81	81
Healthy Weight Management & Childhood Obesity	67	63	64
Distinction Awards	7	7	7
Dental ACT Overseas levy	(1,054)	(1,054)	(1,054)
Depreciation (removed from Core RRL)	(1,112)	(1,112)	(1,112)
Transfers between Resource and Capital	(2,000)	(2,000)	(1,500)
	<u>72,433</u>	<u>75,674</u>	<u>78,666</u>
<b>Core Revenue Resource Limit (RRL)</b>	<u><u>859,588</u></u>	<u><u>886,443</u></u>	<u><u>913,758</u></u>

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04/12/2024

Chief Executives, NHS Scotland

Copy to: NHS Chairs  
NHS Directors of Finance  
Integration Authority Chief Officers  
Integration Authority Chief Finance Officers

***Issued via email***

4 December 2024

Dear Chief Executives

**Scottish Government Budget 2025-26**

Following the announcement of the Scottish Government's Budget for 2025-26 by the Cabinet Secretary for Finance and Local Government in Parliament today, I am writing to provide details of the indicative funding settlement for NHS Boards. A breakdown of the total is provided in **Annex A** to this letter.

This budget provides a platform for the health and social care system to focus on reform and innovation. We must work as a whole system and across organisational boundaries to improve outcomes and deliver the best possible care within our available resources.

As in previous years, the budget announced will be subject to any amendments agreed through the Scottish Parliament's Budget Bill process.

**Budget Uplift**

NHS Boards will receive a 3% uplift on baseline funding in 2025-26. This is to meet the expected costs of the 2025-26 pay deal in line with public sector pay policy with pay remaining fully funded and provides a 3% uplift for non-pay to support inflationary pressures. In addition to this, recurring funding has been included for 2024-25 pay deals as well as moving appropriate recurring funding into the baseline.

Funding of £55.6 million ensures no Board is further than 0.6% from NRAC parity.

£150 million of funding has been included to support continued implementation of the reforms committed to as part of the 2023-24 Agenda for Change pay deal. This will be issued on an NRAC basis and be recurring. This is less than the £200 million in 2024-25 however, costs remain uncertain moving into 2025-26. This will be kept under review as the year progresses and we have final confirmation of the timeline of moving to the 36-hour working week.

Further discussion will take place in due course on the impact of the changes to National Insurance.

The budget includes a commitment of additional funding to reduce waiting lists and to help support reduction of delayed discharge; as well as a commitment to renew our primary care enhancements, including new core funding to GMS to deliver enhanced frailty, cardiovascular disease and other essential services in General Practice, a critical dental workforce and training package and a community eye care programme to transfer patients from waiting lists. Further details of the allocation of funding will follow and will be linked to delivery plans and commitments to deliver key outcomes.

In 2025-26, NHS payments to Integration Authorities (IA) for delegated health functions must pass on an uplift of 3% over 2024-25 agreed recurring budgets.

## **2025-26 approach to brokerage**

The brokerage requirement of NHS Boards has been increasing sharply in recent years. This is unsustainable and is creating inequity in the system between those Boards who are operating within their statutory responsibility to break-even and those in receipt of brokerage.

Moving into 2025-26, brokerage will no longer be available, and all NHS Boards must work towards break-even. Historic outstanding brokerage balances will be re-paid when the NHS Board returns to financial balance. Further discussions will be held with each Board to review their three-year financial plans and to agree how we can work with you to achieve a position of financial balance. Should financial balance not be achieved this would be shown as an overspend in financial statements, leading to potential qualification of accounts and Section 22 report, as well as consideration of escalation status.

## **Three Year Financial Planning**

A joint letter from myself and the Chief Operating Officer was issued on 29 November setting out our expectation for Board Delivery Plans for 2025-26 and development of robust three-year financial plans. Updated planning assumptions will be shared with colleagues following this budget announcement. In developing savings plans, Boards should continue to undertake the appropriate impact assessments prior to implementation.

In the three-year plans we expect to see clear evidence of proposed service redesign and a stepped change in more joined up, whole system working.

## **Financial Savings**

There are a number of areas of work underway to support NHS Boards and collectively improve the financial position as set out below.

### 15 box grid

The 15 box grid approved by Board Chief Executive on 14 November 2023 sets out 15 areas of focus for Boards to progress. The areas included in this will be revised ahead of 2025-26. National and local data and benchmarking must be used to drive evidence-based decision making to facilitate the ongoing improvement in service design and delivery. There are various national programmes of work supporting implementation of improvement opportunities at a local level.

### Productivity

There will be a renewed focus on productivity and delivering more within the resources we already have. Improving productivity is vital to meet growing demand driven by an aging population, advancements in medical technology, and increasing public expectations, all within limited budgets. The steps Boards are taking to improve productivity should be set out clearly within their Annual Delivery Plans.

Key opportunities to enhance NHS productivity include adopting digital technologies, streamlining care pathways, reducing waste, and fostering collaborative practices across the whole system.

### Value Based Health and Care

Linked to the 15 box grid work we must focus on ensuring that expenditure which is incurred delivers the best value for the investment made and drives improvement in outcomes. Value Based Health and Care (VBHC) emphasises the quality and effectiveness of care. By aligning incentives with measurable outcomes, this approach encourages delivery of more efficient and personalised treatments, reduce unnecessary interventions, and enhancing patient satisfaction. Key components include the use of data analytics to track outcomes, collaboration across the whole system, and a focus on preventive care. VBHC aims to create a sustainable health and care system that delivers high-value care while reducing financial burdens on patients and systems alike. We expect that VBHC will become more prominent in Board plans as a key contribution towards optimising best use of our resources. The Value Based Health and Care Action Plan published in October 2023 sets out specific actions.

## Reform and Medium Term Financial Framework

This budget provides the opportunity to signal a clear intent to progress reform within health and social care. Now is the time to drive forward our vision of a Scotland where people live longer, healthier and more fulfilling lives. This will be reflected in a programme of reform focused on prevention and early intervention, maximising access and improving population health.

The newly formed Scottish Government Reform Executive and NHS Scotland Executive Forum will provide the leadership to deliver long-term planning for fundamental reform and our focus on the use of digital technology and innovation to drive improvements in efficiency and prevent ill-health. During 2025-26, we intend to publish a revised Medium-Term Financial Framework.

## Policy Funding

In addition to the baseline uplift, funding aligned to policy commitments will be allocated to Boards in 2025-26. It is our intention to provide early indication of allocations and to align this to the planning guidance that will be issued in relation to Annual Delivery Plans, setting out the priorities for health and social care in the coming year. We remain committed to reducing the number of in year allocations and ensuring early notice is given on the value of in-year allocations. We are committing to putting out 80% of allocations in the first quarter.

## Health and Social Care Integration

The Health and Social Care Portfolio will transfer additional funding of £140 million to Local Government to support social care and integration for 2025-26, which recognises the recurring commitment to provide the Real Living Wage to adult social care workers in the third and private sectors of £12.60 per hour (£125 million) and inflationary uplift on Free Personal Nursing Care rates (£10 million). Funding from prior year for Real Living Wage (£230 million) and inflationary uplift on FPNC rates (£11.5 million) will also be transferred. We have also prioritised £5.0 million to support the commitment to provide additional voluntary sector short breaks funding for unpaid carers.

The funding allocated to IAs should be additional and not substitutional to each Council's 2024-25 recurring budgets for services delegated to IAs and therefore, Local Authority social care budgets for allocation to IAs must be at least £140 million greater than 2024-25 recurring budgets.

As part of the funding for reform and improvement measures, while routed through NHS Boards, elements will support activity in the community and delivered via IAs. Part of this package will be used to directly support our shared ambition to alleviate pressure across the health and social care system.

## Capital

Boards' formula capital will increase by 5% and all contractual commitments relating to our construction programme, IFRS 16 leases and end of contract PFI termination payments will be funded. Following receipt of Board Business Continuity Plans (BCPs) as required by [DL \(2024\) 02](#), we will undertake a further review of capital requirements and whether further allocation of funding can be made available. The health capital programme will be restarted in line with Whole System Infrastructure Planning, with Board's required to progress to the level Programme Initial Agreements setting out a deliverable, whole-system service and infrastructure change plan for the next 20-30 years. Further guidance in relation to the development of Programme Initial Agreements will be issued in the new year and will be the next stage of implementing in full the requirements of [DL \(2024\) 02](#).

Funding will be allocated to support the further development of the business cases for Monklands Replacement Hospital, Edinburgh Eye Pavilion and Belford Hospital.

## Summary

We have a collective duty and responsibility to ensure that the funding we have been allocated is used effectively and delivers on our key priorities. This must include a stepped change in service redesign and a whole system view of how we can maximise outcomes.

I thank you again for your support to date and your continued engagement moving into the next financial year.  
Yours sincerely,



**Alan Gray**

Director of Health and Social Finance

## Annex A – Board Funding Uplifts

	2024/25 Allocation	Recurring Allocations*	Updated Allocation	Uplift**	2025/26 Total Allocation	NRAC Funding	Distance from NRAC Parity
	£m		£m	£m	£m	£m	%
<b>NHS Territorial Boards</b>							
Ayrshire and Arran	883.5	91.4	974.9	31.7	1,006.6	2.4	-0.6%
Borders	260.4	27.5	287.9	15.7	303.7	7.1	-0.6%
Dumfries and Galloway	364.7	48.3	413.0	12.4	425.4	0.0	0.9%
Fife	829.2	81.4	910.6	27.3	937.9	0.0	-0.4%
Forth Valley	658.9	65.9	724.8	27.0	751.7	5.2	-0.6%
Grampian	1,176.4	130.4	1,306.8	40.0	1,346.8	0.8	-0.6%
Greater Glasgow and Clyde	2,733.1	299.4	3,032.5	91.0	3,123.5	0.0	1.1%
Highland	807.1	93.2	900.3	39.8	940.2	12.8	-0.6%
Lanarkshire	1,489.0	147.7	1,636.7	76.3	1,713.0	27.2	-0.6%
Lothian	1,825.5	226.0	2,051.4	61.5	2,113.0	0.0	-0.5%
Orkney	63.6	9.1	72.7	2.2	74.9	0.0	3.1%
Shetland	62.4	10.2	72.6	2.2	74.8	0.0	2.1%
Tayside	951.2	111.2	1,062.4	31.9	1,094.3	0.0	-0.1%
Western Isles	92.9	10.8	103.7	3.1	106.8	0.0	12.8%
<b>Territorials Total</b>	<b>12,197.9</b>	<b>1,352.6</b>	<b>13,550.4</b>	<b>462.1</b>	<b>14,012.6</b>	<b>55.6</b>	
<b>NHS National Boards</b>							
National Waiting Times Centre	81.8	13.3	95.2	2.9	98.0		
Scottish Ambulance Service	349.2	75.2	424.4	12.7	437.2		
The State Hospital	44.5	3.1	47.6	1.4	49.0		
NHS 24	91.4	23.4	114.9	3.4	118.3		
NHS Education for Scotland	550.2	79.7	630.0	18.9	648.9		
NHS National Services Scotland	380.3	35.7	416.0	12.5	428.5		
Healthcare Improvement Scotland	33.8	2.7	36.5	1.1	37.6		
Public Health Scotland	57.5	8.3	65.8	2.0	67.8		
<b>Nationals Total</b>	<b>1,588.9</b>	<b>241.5</b>	<b>1,830.4</b>	<b>54.9</b>	<b>1,885.3</b>		
<b>Total NHS Boards</b>	<b>13,786.7</b>	<b>1,594.1</b>	<b>15,380.8</b>	<b>517.0</b>	<b>15,897.9</b>		

\* Includes recurring allocations from 2023-24

\*\* Includes NRAC parity adjustments.

**Director General for Health & Social Care  
and Chief Executive of NHS Scotland**  
Caroline Lamb



**Scottish Government**  
Riaghaltas na h-Alba  
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NHS Board Chief Executives  
NHS Board Chairs

Cc. Directors of Finance  
Chief Finance Officers

By email only

13 March 2025

## **NHS Scotland Financial Improvement – Refreshed 2025-26 15 Box Grid**

Dear all,

I am writing to confirm detail of our refreshed 15 Box Grid (the 'Grid') together with the underlying actions I require from each Board in 2025-26 to improve financial and service sustainability across NHS Scotland.

NHS Scotland's financial challenge remains a significant concern. Despite ambitious savings targets, NHS Boards are forecasting a net deficit position in 2025-26, and continued efforts to increase the delivery of recurring savings must be made.

The recurring savings target set by Scottish Government of 3% against baseline funding will continue into 2025-26 and would acknowledge that through your collective efforts in 2024/25 that we again increased the overall level of savings we delivered on a recurring basis. The Grid will remain central to helping Boards achieve this target and has become a well-established financial improvement tool. The Grid effectively collates savings opportunities and provides robust benchmarking data to allow NHS Boards to assess their performance and highlight the largest areas of opportunity.

The Grid has been refreshed for 2025-26 to remain aligned with national priorities and to continue to provide targeted opportunities for NHS Boards to deliver in 2025-26. The refreshed Grid is provided below, and a detailed list of requirements is provided in the **Annex**.

15 Box Grid		
Innovation & Value-Based Healthcare	Workforce Optimisation	Service Optimisation
1. Sustainable Prescribing	6. Agency Reduction	11. Theatres Optimisation
2. Clinical Variation Review	7. Sustainable Staff Bank Usage	12. Remote Outpatient Appointments
3. Digitally Enabled Savings	8. Sickness Absence Reduction	13. PLICS Roll Out
4. Energy Efficiency Schemes	9. Non-Compliant Rotas Review	14. Length of Stay Reductions
5. Prescribing Savings	10. Central Functions Job Family Review	15. Non-pay Spend Review

Key changes to the Grid in 2025-26 include:

- **Key ‘themes’ for financial improvement** (e.g. digitally enabled savings, sustainable prescribing, and non-pay spend review). Together with the requirements set out below, NHS Boards will be encouraged to identify their own opportunities in these areas which will be shared across NHS Scotland by the Finance Delivery Unit (‘FDU’).
- **Clearer expectations.** The Grid has been aligned with key policy areas across Scottish Government and will ensure alignment between finance and performance within the scope of the Grid (which remains a tool for financial improvement).

The Grid is intended to supplement, not replace, local cost improvement programmes which should also continue to deliver against savings targets. The FDU will continue to provide benchmarking in 2025-26 which will identify areas of opportunity within your own NHS Board.

The Grid will remain a key focus of quarterly finance reviews and a recurring agenda item at key forums including Board Chief Executives, Directors of Finance, and Corporate Finance Network.

Yours sincerely,

**Caroline Lamb**



**Chief Executive of NHS Scotland and Director General Health and Social Care**

## Annex – 15 Box Grid requirements in 2025-26

Innovation and value-based healthcare			
Area		Action required	More information
1	Sustainable Prescribing	<ol style="list-style-type: none"> <li>1. Implement pathway development to increase and mainstream polypharmacy reviews in line with findings from <a href="#">iSIMPATY</a> and polypharmacy guidance.</li> <li>2. Optimisation preventative therapy for asthma care, reducing overuse of short-acting beta agonist inhalers.</li> <li>3. Enhance Planned Preventative Maintenance on all piped medical gases to mitigate system loss and improve medical gas management.</li> <li>4. Minimise patient stockpiling using patient advice and education.</li> </ol>	<p>Benchmarking will be available in the 15 Box Grid benchmarking pack.</p> <p>Polypharmacy reviews must be consistently coded in line with <a href="#">guidance</a>. Refreshed guidance will be published shortly.</p> <p>New guidance on medical gas management to be released summer 2025.</p> <p>Boards should review <a href="#">NHS Dorset model</a> to minimise patient stockpiling and monitor impact.</p>
2	Clinical Variation Review	<ol style="list-style-type: none"> <li>1. Once available, implement the refreshed guidance to ensure appropriate access to Procedures of Limited Clinical Value ('PLCV').</li> <li>2. Engage with Centre for Sustainable Delivery on Patient Initiated Review (PIR) and Active Clinical Referral Triage (ACRT) and Opt-in pathways.</li> <li>3. Develop and implement a local Realistic Medicine action plan for 2025-26.</li> <li>4. Review available resources to identify and reduce unwarranted variation.</li> </ol>	<p>Refreshed Exceptional Referral Protocol guidance for PLCV to be published in Spring 2025.</p> <p>Quarterly information will be collected from Centre for Sustainable Delivery in relation to number of appointments released through ACRT &amp; PIR.</p> <p>Realistic Medicine Action Plans should be delivered in accordance with NHS Scotland's Chief Medical Officer's <a href="#">Annual Report</a>.</p> <p>Resources include Public Health Scotland Atlas of Variation Reports, Discovery dashboards, and Chief Medical Officer's Annual Report (linked above).</p>
3	Digitally Enabled Savings	<ol style="list-style-type: none"> <li>1. Review options to continue to reduce printing and posting costs through, for example, increasing take up of e-payslips, sending letters digitally and using automation to reduce manual time.</li> </ol>	<p>Benchmarking will be available in the 15 Box Grid benchmarking pack.</p>

		<ol style="list-style-type: none"> <li>2. Conduct a review to identify digital savings opportunities and share nationally, leaning on the national eHealth Leads Finance Group.</li> <li>3. Remain aware of development in the national Operational Delivery Group for M365, developing local plans for implementation and benefits realisation.</li> </ol>	
4	Energy Efficiency Schemes	<ol style="list-style-type: none"> <li>1. Implement best practice across estates, including switching off lights, Anaesthetic Gas Scavenging Systems (AGSS), and Heating, Ventilation and Air Conditioning (HVAC) outside working hours.</li> <li>2. Set multi-year targets and progress work to deliver a 30% reduction in the total weight of clinical waste (yellow and orange). NHS Boards should be actively reviewing waste data for opportunities.</li> <li>3. Urgently embed waste segregation across all theatres.</li> </ol>	<p>Boards should consult the MRI Energy Portal (more information on the portal can be provided by the FDU).</p> <p>Boards should use the invoice data from clinical waste supplier invoices.</p>
5	Prescribing Savings	<ol style="list-style-type: none"> <li>1. Ensure medicine switches are implemented as soon as possible once the originator medicine has lost exclusivity and a generic/biosimilar alternative is clinically appropriate and provides more value for money.</li> <li>2. Boards should implement Medicines of Low and Limited Clinical Value guidance, including: <ul style="list-style-type: none"> <li>• appropriate IV to oral switches</li> <li>• appropriate liquid to tablet/capsule switches</li> <li>• optimise course length of prescribed medicine (i.e. 5 day antibiotic prescribing for lower respiratory tract infections)</li> </ul> </li> </ol>	<p>Available switches are outlined in the quarterly NSS Medicines Procurement Newsletter.</p> <p>Biosimilar uptake is shared within 15 Box Grid benchmarking packs.</p> <p>National uptake of medicines switches are monitored by National Procurement.</p> <p>Spend on Medicines of Low and Limited Clinical Value will be tracked on a quarterly basis.</p>
<b>Workforce optimisation</b>			
<b>Area</b>	<b>Action required</b>		<b>More information</b>

6	Agency Reduction	<ol style="list-style-type: none"> <li>1. Boards should continue to review staffing establishments to plan for current and future workforce needs.</li> <li>2. Ensure ongoing compliance with agency controls and best practice as identified by the Supplementary Staffing Task &amp; Finish Group and the Medical Locum Engagement Task and Finish Group.</li> <li>3. Where possible, Boards should implement additional recruitment and capacity building measures (e.g.) international medical recruitment.</li> <li>4. Adopt direct engagement for, at least, medical locums and Allied Health Professions ('AHPs'). Where possible this should be extended further to other staffing areas.</li> </ol>	<p>Bank and agency usage will be regularly monitored and will form part of quarterly finance reviews.</p> <p>Direct engagement uptake will be monitored through Financial Performance Returns.</p>
7	Sustainable Staff Bank Usage	<ol style="list-style-type: none"> <li>1. Ensure best practice checklists are used for staff bank recruitment.</li> <li>2. Use national staff bank marketing materials.</li> <li>3. Develop bank facilities for the AHPs and medical workforce where this does not currently exist.</li> </ol>	<p>Staff bank practice checklists can be shared by the FDU.</p> <p>Staff Bank National Marketing Materials are available on <a href="#">TURAS</a>.</p>
8	Sickness Absence Reduction	<ol style="list-style-type: none"> <li>1. Implement the Once for Scotland (OfS) absence management policies by employers. Boards must ensure adherence to policies and compliance with the Staff Governance Standard.</li> <li>2. Ensure regular reporting on areas of concern on sickness absence are discussed at Board meetings with improvement plans agreed and set into action.</li> </ol>	<p>An Absence Analysis Report will shortly be available on TURAS. Colleagues from the FDU will share as soon as possible.</p>
9	Non-Compliant Junior Doctor Rotas Review	<ol style="list-style-type: none"> <li>1. Reduce number of non-compliant Junior Doctor rotas in 2025-26 vs. 2024-25.</li> </ol>	<p>The FDU will gather quarterly spend data which will be shared within 15 Box Grid benchmarking packs.</p>

		<ol style="list-style-type: none"> <li>2. Establish drivers of non-compliant rotas at local level and ensure non-compliant rotas are challenged where appropriate.</li> <li>3. Create an action plan to reduce non-compliant rotas within existing frameworks and T&amp;Cs, including robust job planning processes.</li> </ol>	
10	Central Functions Job Family Review	<ol style="list-style-type: none"> <li>1. Implement a plan to rationalise WTE in central functions job families. The plan must work within NHS Scotland's employment terms and conditions and consider: <ul style="list-style-type: none"> <li>• Effective vacancy panels.</li> <li>• Skills mix and grade profile.</li> <li>• Opportunity to automate roles</li> <li>• Shared services between Boards</li> </ul> </li> </ol>	<p>Central functions should align with the definition found on <a href="#">TURAS</a>.</p> <p>The FDU will provide frequent updates through the 15 Box Grid benchmarking pack.</p>

### Service optimisation

Area	Action required	More information
11 Theatres Optimisation	<ol style="list-style-type: none"> <li>1. Review specialties with highest inefficiency at appropriate local meetings and set an action plan to improve.</li> <li>2. Complete implementation of digital theatre scheduling tool before the end of December 2025. Roll out to two specialties and develop a local plan for rollout to all surgical specialties.</li> </ol>	More information can be found on Discovery and will be shared via 15 Box Grid benchmarking packs.
12 Remote Outpatient Appointments	<ol style="list-style-type: none"> <li>1. Continue adopting digital first options to deliver care, with an emphasis on enhancing productivity and reducing costs. E.g. utilisation of national services such as Near Me and Connect Me.</li> </ol>	More information can be found on Discovery and will be shared via 15 Box Grid benchmarking packs.
13 PLICS Roll Out	<ol style="list-style-type: none"> <li>1. Adhere with national timelines set by the FDU.</li> </ol>	Guidance and information on timelines can be provided by the FDU.
14 Length of Stay Reductions	<ol style="list-style-type: none"> <li>1. Review specialties with the highest lengths of stay and understand from service managers what</li> </ol>	More information can be found on Discovery and will be shared via 15 Box Grid benchmarking packs.

		corrective action can be taken. E.g. integrated planned date of discharge process and practice, compliance with discharge before noon rates, and planned discharge dates.	
15	Non-pay Spend Review	<ol style="list-style-type: none"> <li>1. Ensure Buyers' Guides issued by NSS National Procurement are fully considered and implemented.</li> <li>2. Review non-pay spend to identify and remove any unwarranted variation to be shared across NHS Scotland.</li> </ol>	Buyers Guide implementation will be discussed at quarterly finance meetings.

# Equality, Fairer Scotland and Children's Rights Impact Assessment

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## **NHS Education for Scotland Financial Plan and Annual Delivery Plan 2025-2026**

# Contents

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1.	Introduction .....	3
2.	Purpose/objective of proposed work .....	3
3.	Evidence .....	6
4.	Summary.....	6
5.	Making a difference.....	8
6.	Monitoring .....	9
7.	Sign-Off.....	9
	Annex A: Impact on Equality & Socio-Economic Disadvantage .....	10
	Annex B: Impact on UNCRC rights .....	21

# 1. Introduction

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NES directorate or department:

- Finance and Procurement
- Corporate Planning and Performance

Equality, Fairer Scotland and Children's Rights Impact Assessments help us to make good decisions. It's a process to help us think about how we can:

- Take action to advance equality
- Eliminate unlawful discrimination, harassment and victimisation
- Foster good relations
- Develop better technology, education and learning and workforce planning solutions to contribute to Scotland's health and care
- Support us to be a diverse and inclusive employer
- Demonstrate how we have considered equality and children's rights in making our decisions.

Impact Assessment is a helps us to consider how our work will meet the Public Sector Equality Duty and it is an important way to mainstream equality into our work at NES.

## 2. Purpose/objective of proposed work

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As the education, training, workforce development, data and technology provider for health and social care in Scotland, NHS Education for Scotland (NES) supports people who work in health and social care to get the education, training and skills they need to provide good quality care for people in Scotland.

Our vision and purpose are set out in our [Corporate Strategy 2023-26](#), and through the delivery of our work programmes we are seeking to create a workforce that meets the needs of the health and social care system and the people of Scotland - by working in partnership with our staff, learners and stakeholders.

We are firmly committed to improving population health, reducing health inequalities and working nationally and locally with partners to make a positive and lasting impact to the wellbeing of the people of Scotland.

The NES Annual Delivery Plan for 2025/26 sets out our intended areas of focus for the financial year in the context of the NES strategy. The proposed NES baseline budget for 2025/26 is £648.9 million. This will be supplemented by additional in-year funding from Scottish Government as well as further baselining from allocations confirmed in 2024/25, with the total sum not finally confirmed at this stage. However, it is estimated that the total funding available to NES in 2025/26 will be in the region of £860 million.

The Scottish Government 2025/26 Annual Delivery and Financial Plan guidance asks Boards to achieve the target of 3% recurring savings on baseline budgets, which has been the case in the last three financial years. Given the challenging financial circumstances across NHS Scotland, all Boards have been asked to drive out as many cashable financial savings as possible to divert as much resource towards frontline patient care, and to help bring the Health and Care portfolio budget closer to balance. NES has responded to this request and has identified a range of savings options, both recurrent and non-recurrent, that will achieve the target set. Those savings will have some delivery implications, but the Executive Team have assessed the impacts and are content to recommend the options to the Board for implementation. This Impact Assessment also sets out any implications arising from the savings plan and the budget overall.

In shaping their delivery plans and prioritising areas of focus, Directorates are encouraged to give thought to the following planning principles:

### **1. Strategic Alignment**

Directly supporting the delivery of our statutory responsibilities, as well as the furtherance of NES's corporate strategy and objectives and those of NHS Scotland and the broader public sector where appropriate.

### **2. Best Value and Efficient Use of Resources:**

- Optimising the use of resources to deliver the best outcomes for the health and social care workforce adhering to best value principles in public spending and demonstrating effectiveness in improving workforce capabilities, learner outcomes and return on investment.
- Striving for quality and excellence in all we do and ensuring that both are at the forefront of decision-making processes.
- Embedding continuous improvement methodologies and supporting a culture of learning within NES and the broader health and social care system.

### **3. Person-centred and Preventative Approaches**

Ensuring that the workforce is equipped to address current and future health challenges by prioritising education and training that builds capacity and capability in:

- the delivery of value-based health and care, enabling shared decision-making and personalised care

- supporting prevention and early intervention approaches to improve population health outcomes.

#### **4. Innovation, Transformation and Sustainability**

- Supporting innovation in service delivery, workforce sustainability and diversification, to address health inequalities and prepare the workforce for evolving models of care.
- Enhancing digital skills and leveraging technology to improve learning accessibility and effectiveness as well as the delivery of services.

#### **5. Collaboration, Integration, and Teamwork:**

- Leveraging partnerships between educational institutions, health and social care organisations, public sector bodies and other relevant organisations to maximise value and impact as well as cross-directorate partnerships which increase efficiency, effectiveness and Once for NES ways of working. Promoting interdisciplinary collaboration across the health and social care system and internally within NES.
- Cultivating a culture of teamwork and partnership both internally and externally, ensuring that collaborative efforts enhance the quality of learning and service delivery.

#### **6. Equity, Social Justice, and Compassion:**

- Ensuring that learning and education activities promote equity and reduce disparities in access and outcomes. Focussing on supporting vulnerable and marginalised groups within the health and social care workforce.
- Developing and delivering our education, training, workforce development, data and digital services with empathy, care, and respect, recognising the diverse backgrounds and needs of learners and those we serve.

NES also undertakes equality and children's rights impact assessment on its work. Guidance, training and support is provided to staff and these are published on the NES website.

NES has undertaken an impact analysis demonstrating the work that NES undertakes to educate, train and develop the health and social care workforce and the implications and risks associated with the reduction, cessation or rescheduling of that work.

A proposed savings submission has been made to Scottish Government and the equality impact assessment considers the impact of these proposals on how we meet the Public Sector Equality Duty. The proposed Annual and Three-Year Delivery Plans will reflect final decisions that are made on the proposed financial savings.

This report is a summary of this assessment.

## 3. Evidence

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The following evidence was used to inform the equality impact assessment of the savings plan:

- [Scottish Budget 2025 to 2026: Equality and Fairer Scotland Budget Statement - gov.scot](#)
- [NES Strategy 2023-2026 EQIA](#)
- [NES Learning and Education Strategy EQIA](#)
- [United Nations Convention on the Rights of the Child \(Incorporation\) \(Scotland\) Act 2024](#)
- [Supporting documents - UNCRC \(Incorporation\) \(Scotland\) Act 2024 - part 2: statutory guidance - gov.scot](#)
- [Children and Young People \(Scotland\) Act 2014](#)
- [The Promise Scotland Plan 24-30](#)
- NES's Equality, Diversity and Inclusion Strategy

## 4. Summary

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We have considered how the NES Savings Plan will impact on the Public Sector Equality Duty (See Annex A). This includes how it might affect people differently, taking account of protected characteristics and how these intersect, including with poverty and low income. This is important as a national NHS Board in our work to address health inequalities.

The NES savings plan has categorised savings in the following ways:

- General efficiency savings
- Trainee recruitment lag
- Non-filling of vacancies
- Properties
- Training timetable changes
- Educator rationalisation

We have identified the following who will be affected by the savings plan and NES's Annual Delivery Plan:

- NES workforce
- Health and social care workforce
- People using health and care services in Scotland and population health

We have sought to reduce spending in areas that will have the minimal impact on the wider NHS Scotland and to mitigate any potential negative impacts.

We do not consider that any of the proposed savings will directly discriminate against any of the protected characteristics. We have considered the proposed budget savings for direct discrimination and negative impacts on different protected characteristics, children's rights and socio-economic circumstances. We have set out how our Delivery Plan will seek to advance equality of opportunity and foster good relations.

In summary, we will promote equality of opportunity, tackle discrimination and harassment and promote good relations by:

- Undertaking equality, fairer Scotland and child rights impact assessments on our work programmes
- Providing training and opportunities for learning to our staff on anti-racism, equality and human rights issues to increase the knowledge and skills in the NES workforce
- Supporting the health and social care workforce in education and training on equality, diversity and inclusion by producing training products for the wider health and social care workforce on Turas Learn.
- Considering the equality impact of future financial savings on our staff, the wider health and social care system and population health to inform decision-making.
- Delivering NES's Equality, Diversity and Inclusion Strategy Action Plan.

NES sets out in its commitment to equality, diversity and inclusion, including how we will meet the Public Sector Equality Duty and Fairer Scotland Duty in our Equality, Diversity and Inclusion Strategy (2025-2029).

We have also considered Children's Rights, our role as a corporate parent and the Fairer Scotland Duty.

NES is committed to the realisation of Children's Rights in Scotland. The cross-directorate children's rights subgroup is progressing key improvements to embed a culture of everyday responsibility for children's rights across the organisation.

***The Impact assessment has led us to conclude currently that there is no potential for unlawful discrimination, and we have built in actions to advance equality of opportunity and foster good relations.***

## 5. Making a difference

The impact assessment has informed the following proposed action(s):

Issue or Risk identified	Proposed changes/action	Timescale
Consideration of the Public Sector Duty in financial decision-making at Directorate and team level is not reflected in the overall EQIA.	As part of Directorate financial decision-making for 2026-2027 planning, EQIA to be undertaken and summary shared with corporate planning and finance to assess cumulative impact of decision-making.	October 2025

## **6. Monitoring**

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This impact assessment is an assessment of the anticipated impacts from NES's savings plans and the overall Annual Delivery Plan for 2025-6. The report will be shared with the Board and the Executive Team and will be reviewed during the financial year to understand the actual impacts of the work. This will inform spending plans and the Delivery Plan for the following year.

## **7. Sign-Off**

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Director : Jim Boyle, Executive Director of Finance

Date : 20 March 2025

## Annex A: Impact on Equality & Socio-Economic Disadvantage

Guide: Using the evidence you have collected, explain if your proposal could

- be discriminatory and/ or put a group of people sharing one of these characteristics at a disadvantage for a reason connected to that characteristic.
- Have a positive impact on reducing inequalities experienced by groups of people sharing these characteristics.

Note – answer yes/ no and if yes provide brief reasons.

Relevant group	Could your work result in unlawful discrimination?	Could your work put people at a disadvantage/ make their lives worse?	Can your work advance equality of opportunity [reduce disadvantage, meet needs, increase participation]	Can your work foster good relations? [reduce prejudice + increase tolerance]
People in different age groups	No	There could be a differential impact on those in younger age groups due to lack of opportunity to progress due to limited recruitment opportunities.	Yes, NES’s work aims to support the health and social care workforce across the life course with programmes of work aimed to support the health and care of babies and children, young people and families, working age	Yes, NES aims to address prejudice and stigma through a range of its work programmes and through the education and training of our staff.

Relevant group	Could your work result in unlawful discrimination?	Could your work put people at a disadvantage/ make their lives worse?	Can your work advance equality of opportunity [reduce disadvantage, meet needs, increase participation]	Can your work foster good relations? [reduce prejudice + increase tolerance]
			people and older people.	
Disabled people	No	Potential impact on mental health of the workforce from increased pressures across the system.	<p>Ensuring our office premises are accessible.</p> <p>Promoting resources to support training and education on disability such as the resources on the Equality and Diversity Turas Zone and the actions to support an inclusive workplace culture in the NES Equality, Diversity and Inclusion Strategy.</p> <p>NES programmes of work specifically in</p>	<p>Yes, NES aims to address prejudice and stigma through a range of its work programmes and through the education and training of our staff.</p> <p>Mental health programmes of work aim to address prejudice and stigma.</p> <p>NES has access to resources from the Business Disability Forum to support an inclusive workplace and tackle discrimination and harassment.</p>

Relevant group	Could your work result in unlawful discrimination?	Could your work put people at a disadvantage/ make their lives worse?	Can your work advance equality of opportunity [reduce disadvantage, meet needs, increase participation]	Can your work foster good relations? [reduce prejudice + increase tolerance]
			relation to mental health and learning disabilities.	
Trans and non-binary people	No	No specific differential impact from the proposed budget savings.	NES is contributing to better transgender care through supporting the NHS workforce with education and training through the Trans Health Care Knowledge and Skills Framework.	Through our education to support the knowledge and skills framework on Transgender Care.
People who are pregnant or on maternity leave	No	No specific differential impact from the proposed budget savings.	NES aims to be an inclusive employer.	There is an action in the NES EDI plan to review support for career progression. This will include ensuring staff on maternity leave are aware of opportunities.

Relevant group	Could your work result in unlawful discrimination?	Could your work put people at a disadvantage/ make their lives worse?	Can your work advance equality of opportunity [reduce disadvantage, meet needs, increase participation]	Can your work foster good relations? [reduce prejudice + increase tolerance]
People from different ethnic backgrounds	No	No specific differential impact from the proposed budget savings.	NES has developed an anti-racism action plan and has identified a fresh set of equality outcomes to progress equality and tackle discrimination and harassment.	NES has set out actions to increase knowledge on anti-racism and will promote the cultural humility digital resource and further work on allyship and active bystander training.
People with religious or protected beliefs	No	No specific differential impact from the proposed budget savings.	We aim to be an inclusive organisation for our people and our learners, recognising and including the diversity of religion and protected beliefs.	Yes, we aim to recognise the range of religious and protected beliefs and to reduce stigma and prejudice towards people who hold different religious and protected beliefs.
Men and women [This may include carers, because many are women.]	No	No specific differential impact from the proposed budget savings.	NES is working towards Equally Safe at Work accreditation to promote gender equality in the workplace.	

Relevant group	Could your work result in unlawful discrimination?	Could your work put people at a disadvantage/ make their lives worse?	Can your work advance equality of opportunity [reduce disadvantage, meet needs, increase participation]	Can your work foster good relations? [reduce prejudice + increase tolerance]
People who are heterosexual, lesbian, gay or bisexual	No	No specific differential impact from the proposed budget savings.	Our EDI strategy sets out our work to be an inclusive learning organisation.  This includes a staff network on LGBTQ+	
People who are married or in a civil partnership [only in employment situations]	No	No specific differential impact from the proposed budget savings.	NES aims to be an inclusive organisation.	
Care experienced people	NOTE - there is no legal protection from discrimination on basis of care experience.	No specific differential impact from the proposed budget savings.	Our work to support The Promise and our Corporate Parenting Plan sets out our actions as an organisation.	

Relevant group	Could your work result in unlawful discrimination?	Could your work put people at a disadvantage/ make their lives worse?	Can your work advance equality of opportunity [reduce disadvantage, meet needs, increase participation]	Can your work foster good relations? [reduce prejudice + increase tolerance]
People living in remote, rural and island communities	NOTE - there is no legal protection from discrimination on basis of living in a remote, rural or island community.	No specific differential impact from the proposed budget savings.	The NES national centre for Remote and Rural healthcare aims to support the delivery of improved care for remote, rural and island communities across Scotland; to reduce remote, rural and island health and wellbeing inequalities; and to achieve this through focused work on improving the sustainability, capacity, and capability of remote, rural and island Primary care and community-based workforce and service delivery.	

Relevant group	Could your work result in unlawful discrimination?	Could your work put people at a disadvantage/ make their lives worse?	Can your work advance equality of opportunity [reduce disadvantage, meet needs, increase participation]	Can your work foster good relations? [reduce prejudice + increase tolerance]
<p>People experiencing health inequalities caused by socio-economic disadvantage [This may include people living in different or difficult circumstances such as people experiencing homelessness, who are in prison or are ex-offenders, people with addictions and people involved with prostitution. Note – links between socio-economic factors and education.]</p>	<p>NOTE - there is no legal protection from discrimination on basis of socio-economic disadvantage.</p>	<p>Living in poverty impacts on people’s health and how they use health services. People living in the most deprived areas have higher prevalence of mental ill-health, uptake of preventative services like screening is lower and there was higher prevalence and hospitalisation from Covid-19. The current cost of living pressures has been found to be having more of an impact on the physical and mental health of those living in the most deprived areas. Child poverty can lead to a cycle of poorer outcomes across the life stages, affecting health and wellbeing, education and opportunities for good work and health in later life.</p>	<p>Health Inequalities programme of work to raise awareness about health inequalities in NES and embed a health equity approach across NES’s work.</p> <p>EQIA includes consideration of socio-economic disadvantage.</p> <p>NES’s EDI strategy (2025-2029) sets out the need to consider how we can promote a health equity approach in our work.</p>	<p>Promote understanding and awareness about the causes of health inequalities and tackle the stigma and prejudice around poverty.</p>

Relevant group	Could your work result in unlawful discrimination?	Could your work put people at a disadvantage/ make their lives worse?	Can your work advance equality of opportunity [reduce disadvantage, meet needs, increase participation]	Can your work foster good relations? [reduce prejudice + increase tolerance]
		<p>Poverty can be experienced differently e.g. due to other forms of marginalisation and discrimination. It is important to consider how poverty can be compounded by protected characteristics, people experiencing homelessness, people involved in the criminal justice system, people with multiple morbidities, remote and rural communities for example.</p> <p>Groups living in the most deprived communities are more likely to experience digital exclusion e.g., the impact of the cost of living on broadband A shift to digital approaches to health</p>		

Relevant group	Could your work result in unlawful discrimination?	Could your work put people at a disadvantage/ make their lives worse?	Can your work advance equality of opportunity [reduce disadvantage, meet needs, increase participation]	Can your work foster good relations? [reduce prejudice + increase tolerance]
		<p>and care will need to consider digital inclusion.</p> <p>Health inequalities and improving population health is a key strand of NHS Scotland's Recovery Plan.</p>		
<p>People experiencing employment inequalities caused by socio-economic disadvantage [This may include people living in different or difficult circumstances, such as people experiencing homelessness, who are in prison or ex-offenders, people with addictions, ex-</p>	<p>NOTE - there is no legal protection from discrimination in employment on basis of socio-economic disadvantage.</p>	<p>Reduce funding to support dental nursing pre-registration textbook. Students will have to purchase this.</p> <p>Decisions to not fill vacancies will affect opportunities for employment and progression.</p>	<p>The Scottish Government has an ambition for Scotland to be a Fair Work Nation. NES has opportunities to do so through applying the Fair Work principles and our work as an Anchor Institution.</p> <p>NES has set out its approach to be an inclusive employer and meet the public sector equality duty in its EDI</p>	<p>NES has set out work to address prejudice and stigma and promote good relations in its EDI strategy and action plan.</p>

Relevant group	Could your work result in unlawful discrimination?	Could your work put people at a disadvantage/ make their lives worse?	Can your work advance equality of opportunity [reduce disadvantage, meet needs, increase participation]	Can your work foster good relations? [reduce prejudice + increase tolerance]
<p>service personnel/veterans and people involved with prostitution. Note – socio-economic factors and the links to education and opportunities for employment.]</p>			<p>Strategy and anti-racism strategy.</p>	
<p>Carers</p>	<p>NOTE - there is no legal protection from discrimination on basis of caring responsibilities. Women continue to have the majority of caring responsibilities and can be put at a particular disadvantage in connection with this. This may be unlawful</p>	<p>No specific differential impact from the proposed budget savings.</p>	<p>NES has carer positive accreditation and a NES Parent and Carer’s Network.  NES’s Social Care Directorate has a specific workstream on carers.</p>	<p>NES promotes an inclusive workplace culture and as a carer positive employer aims to tackle prejudice or stigma in relation to carers in the workplace.</p>

Relevant group	Could your work result in unlawful discrimination?	Could your work put people at a disadvantage/ make their lives worse?	Can your work advance equality of opportunity [reduce disadvantage, meet needs, increase participation]	Can your work foster good relations? [reduce prejudice + increase tolerance]
	indirect sex discrimination.			

## Annex B: Impact on UNCRC rights

**We all have a legal responsibility to ensure the work we do does not adversely affect children’s rights, both directly and indirectly. Children’s rights are now enshrined in Scottish law through the UNCRC (Incorporation) (Scotland) Act 2024, which places a legal duty on public authorities not to act incompatibly with the UNCRC requirements. If you do not consider that your work affects children and young people under 18 do not complete this section. You should state that you have made this decision in the summary of your impact assessment (See Section 4 above).**

If your proposal affects children and young people, use the evidence you have collected to explain how your proposal could impact children’s rights. Not all UNCRC rights may apply to your proposal. If this is the case, simply say ‘Not relevant’ or ‘no known relevance’. You can access this summary of the UNCRC articles for more information [UNCRC summary-1 1.pdf \(unicef.org.uk\)](https://www.unicef.org.uk/uncrc-summary-1)

You can find out more about children’s rights at [Childrens Rights \(UNCRC\) | Turas | Learn \(nhs.scot\)](https://www.nhs.uk/childrens-rights)

UNCRC right	How will your work limit or restrict this right?	How will your work progress this right?	Are any groups of children particularly impacted
3 – best interests of the child	Not all budgetary measures or financial savings will affect children, directly or indirectly. Areas where there is potential impact are some reductions to the provision of educational resource in areas such as Psychology; Postgraduate fellowships (GP and AHP); and in Dental Therapy Vocational Training (which is acknowledged as not compulsory and not impacting scope of practice).	As a public authority, NES will ensure compliance with the duty not to act incompatibly with the UNCRC requirements. Implementing the UNCRC (Incorporation) (Scotland) Act 2024 across NHS Scotland has a transformative impact on children's rights by embedding the principles of the UNCRC.	As a public authority, NES will ensure compliance with the duty not to act incompatibly with the UNCRC requirements. Implementing the UNCRC (Incorporation) (Scotland) Act 2024 across NHS Scotland has a transformative impact on children's rights by embedding the principles of the UNCRC.

UNCRC right	How will your work limit or restrict this right?	How will your work progress this right?	Are any groups of children particularly impacted
<p>4. making rights real</p>	<p>Not all budgetary measures or financial savings will affect children, directly or indirectly. Areas where there is potential impact are some reductions to the provision of educational resource in areas such as Psychology; Postgraduate fellowships (GP and AHP); and in Dental Therapy Vocational Training (which is acknowledged as not compulsory and not impacting scope of practice).</p> <p>Reducing funding for Central Legal Office fees could impact our ability to seek advice and guidance on UNCRC legislation, for example, if we receive complaints from children and young people or are legally challenged regarding breaches to the UNCRC Act. Mitigations are in place as priorities emerge.</p>	<p>NES will continue to promote and protect children’s rights by embedding children’s rights into our policies, strategies, education, training and workforce development and everyday interactions.</p>	<p>Groups such as children living in remote and rural areas, children with poor oral health, and children requiring support/interventions to promote emotional health and wellbeing. These potential impacts are considered minor with mitigations including reduction in provision rather than no provision.</p>

UNCRC right	How will your work limit or restrict this right?	How will your work progress this right?	Are any groups of children particularly impacted
5 – family guidance as children develop	It is not anticipated that the budgetary measures or financial savings will limit or restrict this right.	NES will continue to promote and protect children’s rights by embedding children’s rights into our policies, strategies, education, training and workforce development and everyday interactions.	No
6 – life, survival and development	It is not anticipated that the budgetary measures or financial savings will limit or restrict this right.	NES will continue to promote and protect children’s rights by embedding children’s rights into our policies, strategies, education, training and workforce development and everyday interactions.	No.
7 – name and nationality	No known relevance		
8 – identity	No known relevance		

UNCRC right	How will your work limit or restrict this right?	How will your work progress this right?	Are any groups of children particularly impacted
9 – keeping families together	No known relevance		
10 - contact with parents across countries	No known relevance		
11 – protection from kidnapping	No known relevance		
12 – respect for children’s views	The budgetary measures or financial savings are not expected to restrict or limit this right.	The NES Strategy outlines a commitment to actively involve partners and those with lived or living experience of health and social care in the design of of our education, learning, workforce, and technology development, to support achievement of the outcomes that matter most to people.	This impacts all children.

UNCRC right	How will your work limit or restrict this right?	How will your work progress this right?	Are any groups of children particularly impacted
13 – sharing thoughts freely	Not all budgetary measures or financial savings affect children, directly or indirectly. An area of consideration is understanding and utilising different engagement methods and information sharing with children and young people. There may be an indirect impact of stopping media engagement and therefore limiting access to information for children and young people and the workforce who provide care for them.	It is not anticipated that the budgetary measures or financial savings will progress this right.	Children and young people who prefer to gain information through social media. This impact is minor within the current financial plan.
14 – freedom of thought and religion	No known relevance		
15 –freedom of association and peaceful assembly	No known relevance		
16 – protection of privacy	No known relevance		

UNCRC right	How will your work limit or restrict this right?	How will your work progress this right?	Are any groups of children particularly impacted
17 – access to information	Not all budgetary measures or financial savings affect children, directly or indirectly. An area of consideration is understanding and utilising different methods of engagement and information sharing with children and young people. There may be an indirect impact of stopping media engagement and therefore limiting access to information.	It is not anticipated the budgetary measures or financial savings will progress this right.	Children and young people who prefer to gain information through social media. This impact is minor within the current financial plan.
18 – responsibility of parents	Not all budgetary measures or financial savings will affect children, directly or indirectly. Areas where there is potential impact are some reductions to the provision of educational resource in areas such as Psychology; Postgraduate fellowships (GP and AHP); and in Dental Therapy Vocational Training (which is acknowledged as not compulsory and not impacting scope of practice).	As a public authority, NES will ensure compliance with the duty not to act incompatibly with the UNCRC requirements. Implementing the UNCRC (Incorporation) (Scotland) Act 2024 across NHS Scotland has a transformative impact on children's rights by embedding the principles of the UNCRC.	This impacts all children.

UNCRC right	How will your work limit or restrict this right?	How will your work progress this right?	Are any groups of children particularly impacted
19 – protection from violence	No known relevance		
20 – children without families	No known relevance		
21 – children who are adopted	No known relevance		
22 – refugee children	No known relevance		
23 – disabled children	No known relevance		
24 – enjoyment of the highest attainable standard of health	Not all budgetary measures or financial savings will affect children, directly or indirectly. Areas where there is potential impact are some reductions to the provision of educational resource	As a public authority, NES will ensure compliance with the duty not to act incompatibly with the UNCRC requirements. Implementing the UNCRC (Incorporation) (Scotland) Act	This impacts all children.

UNCRC right	How will your work limit or restrict this right?	How will your work progress this right?	Are any groups of children particularly impacted
	in areas such as Psychology; Postgraduate fellowships (GP and AHP); and in Dental Therapy Vocational Training (which is acknowledged as not compulsory and not impacting scope of practice).	2024 across NHS Scotland has a transformative impact on children's rights by embedding the principles of the UNCRC.	
25 – review of a child’s placement	No known relevance		
26 – social and economic help	No known relevance		
27 – food, clothing and safe home	No known relevance		
28 – access to education	No known relevance		

UNCRC right	How will your work limit or restrict this right?	How will your work progress this right?	Are any groups of children particularly impacted
29 – aims of education	No known relevance		
30 – minority culture, language and religion	No known relevance		
31 – rest, play, culture, arts	No known relevance		
32 – protection from harmful work	No known relevance		
33 – protection from harmful drugs	No known relevance		
34 – protection from sexual abuse	No known relevance		

UNCRC right	How will your work limit or restrict this right?	How will your work progress this right?	Are any groups of children particularly impacted
35 – prevention of sale and trafficking	No known relevance		
36 – protection from exploitation	No known relevance		
37 – children in detention	No known relevance		
38 – protection in war	No known relevance		
39 – recovery and reintegration	No known relevance		
40 – juvenile justice	No known relevance		

UNCRC right	How will your work limit or restrict this right?	How will your work progress this right?	Are any groups of children particularly impacted
41 – best law for children	No known relevance		
42 – knowledge of rights	Not all budgetary measures or financial savings affect children, directly or indirectly. An area of consideration is understanding and utilising different methods of engagement and information sharing with children and young people. There may be an indirect impact of stopping media engagement and therefore limiting access to information.	NES is currently funded to support all NHS Scotland health boards in implementing the UNCRC (incorporation) (Scotland) Act 2024. As a public authority, NES will ensure compliance with the duty not to act incompatibly with the UNCRC requirements. Implementing the UNCRC (Incorporation) (Scotland) Act 2024 across NHS Scotland has a transformative impact on children's rights by embedding the principles of the UNCRC.	This impacts all children.

## AUDIT AND RISK COMMITTEE

NES/AR/25/21

### Minutes of the Nineteenth NES Audit and Risk Committee held on Thursday 16 January 2025 via Microsoft Teams.

**Present:** Jean Ford, (JF) Non-Executive Director and Committee Chair  
Ally Boyle, (AB) Non-Executive Director  
Olga Clayton, (OC) Non-Executive Director  
Gillian Mawdsley, (GM) Non-Executive Director - Whistleblowing Champion  
(from 10:00)

**In** Jenn Allison, (JA) Committee Secretary

**Attendance:** Christina Bichan, (CBi) Director of Planning and Performance (item 11 & 14)  
Jim Boyle, (JB) Executive Director of Finance  
Nancy El-Faragy, Specialist Research Lead (item 14)  
David Garbutt, (DG) Chair of NES  
Laura Howard, (LH) Head of Finance  
Debbie Lewsley, (DL) Risk Manager (item 16)  
James Lucas, (JL) Internal Audit, KPMG  
Christopher McClelland, (CM) External Audit, Audit Scotland  
Karen Reid, (KR) Chief Executive  
Syed Shah (SS) Internal Audit, KPMG  
Richard Smith, (RS) External Audit, Audit Scotland  
Della Thomas, (DT) Board Secretary & Corporate Governance Principal Lead  
Christopher Wroath, (CW) Director of NTS (item 8a)

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

- 1.1 The Chair welcomed everyone to the meeting, particularly Richard Smith, who was attending his first NES ARC meeting from Audit Scotland. The Chair updated the Committee that Helen Russell has retired and Carole Grant has relocated to another area of Audit Scotland.
- 1.2 The Committee noted that Christopher Wroath would be in attendance for item 8a Internal Audit Cyber report. Christina Bichan, Director of Planning and Performance would be in attendance for item 11 Draft Operational and Financial Planning 2025/26 to 2027/28 and item 14, Update on Policy for Controlled Documents. Nancy El-Faragy, Specialist Research Lead, would also be in attendance for item 14 and Debbie Lewsley would be in attendance for item 16 Risk reports.

#### 2. Apologies for absence

- 2.1 None.

#### 3. Declarations of interest

- 3.1 There were no declarations of interest in relation to the items of business on the agenda of this meeting.

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

4.1 No other business items were identified.

#### **5. Audit and Risk Committee Minutes 03 October 2024**

(NES/AR/25/02)

5.1 The minutes were approved as a correct record.

#### **6. Action Status Report**

(NES/AR/25/03)

6.1 The Committee noted that 10 of the 12 actions have been marked as complete and that 2 are not yet due and remain in progress.

#### **7. Matters arising from the Minutes**

7.1 There were no matters arising from the previous minutes.

#### **8. Internal Audit Reports**

Items were taken in order 8b, c then a.

##### **a) Cyber - Business continuity, resilience and recovery - Cloud Services**

(NES/AR/25/04)

8.1 The Chair welcomed Christopher Wroath to the meeting, who was in attendance to answer any questions from the Committee.

8.2 The Chair invited James Lucas to introduce the report for ARC review and to note management actions.

8.3 James Lucas informed the Committee that the audit reviewed the business continuity plans and processes covering Azure and Amazon Web Services (AWS), including recovery time and point objectives (RTOs and RPOs), roles and responsibilities, testing, and crisis management frameworks.

8.4 The Committee noted that the audit provided an overall assessment of 'significant assurance with minor improvement opportunities' (Green/Amber) reporting areas of good practice, including the documentation of a business continuity plan, which supports business continuity planning, resilience and backup, and incident management across Azure and AWS. This includes clearly defined roles and responsibilities, crisis management frameworks and major incident response processes.

8.5 The Committee noted that 2 medium risk findings were raised regarding defining RPOs and evidencing business continuity testing. Christopher Wroath advised the Committee that these areas are already covered as part of NES' business impact assessments, however agreed the actions were helpful to ensure that the processes are formally documented.

8.6 The Committee noted the report, and the assurance provided, noting the report will be submitted to the Technology and Information Committee (TIC).

8.7 The Chair thanked Christopher Wroath for joining and he left the meeting.

**b) Status update Progress Report**

(NES/AR/25/05)

8.8 The Chair invited Syed Shah to introduce the report for ARC review, comment and assurance.

8.9 Syed Shah informed the Committee that the 2024/2025 internal audit plan is on track, with 3 of 6 planned internal audits complete: Establishment Controls; Workforce HR and Finance Data; and Cyber - Business continuity, resilience and recovery - Cloud Services.

8.10 The Committee noted that fieldwork for Transformation Assurance is complete, and the Climate Change report is in the planning stage. These reports will both be reported to the April ARC meeting. The planned Property transaction monitoring report is not necessary for 2024/25 as no property transactions have concluded in the year.

8.11 The Committee noted that 12 management actions have been closed within the current reporting period and that 23 actions are outstanding, 13 of which are not yet due and 10 are overdue. James Lucas explained that the overdue actions are all near to completion and it is expected they will be closed prior to the 24 April 2025 ARC meeting.

8.12 More information was requested regarding the delay to an outstanding action in relation documenting the formal expectations and priorities with Scottish Government (SG) regarding ACT funding. Syed Shah explained that NES have developed the documents to support this, which have been cascaded to the relevant stakeholders in SG and that it is expected that a response from all stakeholders will be received before end March 2025.

8.13 Laura Howard informed the Committee that discussion and collaboration with SG has been constant and consistent in relation to development of documentation and informed the Committee she will review the timeline with SG with the aim to have the actions closed as soon as possible. **Action: LH**

8.14 Jim Boyle added that communication has been wide, extensive and regular with SG, including discussion taking place during stakeholder meetings that were set up between NES and SG.

8.15 The Committee were content that the report provided them with assurance. They were also content with the progress of the internal audit plan and progress in implementing outstanding recommendations.

**c) Draft Summary Internal Audit Plan 2025/2026**

(NES/AR/25/06)

8.16 The Chair invited James Lucas to introduce the Draft Plan for ARC review and comment.

- 8.17 James Lucas informed the Committee that KPMG use a risk-based approach to planning audits, starting with the overall strategy and key corporate risks facing NES as an organisation.
- 8.18 The Committee noted that 7 audits have so far been scheduled for 2025/2026 which provide coverage over the key areas required to provide NES with an internal audit opinion to inform NES' Annual Governance Statement at the end of 2025/2026. The planned audits are: Core Financial Controls – Accounts Payable; Board Governance; Freedom of Information; Learning Experience and Outcome; Financial Sustainability; Information Assets – NTS Support; and Property Transaction Monitoring.
- 8.19 Jim Boyle informed the Committee the NES Executive Team have been consulted on the plan and they were content that it represents a good mix of areas.
- 8.20 A query was raised regarding the Board Governance audit, raising concern that this would be taking place after the NES Board Secretary retires. Karen Reid advised the ARC that this has been discussed with the Board Chair and confirmed that the full scope of the audit would be agreed with relevant colleagues in due course, which will include consulting with the NES non-executive members.
- 8.21 The Committee noted that regular follow up reports will also be submitted to the ARC as well as draft internal audit plan for 2026/2027.
- 8.22 James Lucas confirmed that Internal Auditors will expand the indicative scopes further in discussions with the key stakeholders and provide the ARC with a final draft Internal Audit Plan for approval at the 24 April 2025 ARC meeting, which will also include the KPMG internal audit charter.
- 8.23 The Committee noted that no changes have been made to the KPMG Charter since it was last reviewed by the ARC.
- 8.24 The Committee asked if it may be useful to conduct a follow up internal audit in relation to salary overpayments. Karen Reid agreed that this may be a useful review for the future, noting that the initial internal audit covered this area last year. James Lucas informed the Committee he would add this to the shortlist of reviews for future years. **Action: JL**
- 8.25 The Committee were content to approve the draft internal audit plan and Internal Audit charter and noted that a final draft would be submitted to the ARC for final approval on 24 April 2025.

## **9. External Audit Planning Update**

(NES/AR/25/07)

- 9.1 The Chair invited Richard Smith to introduce this paper to update on the progress of the external audit planning for the 2024/25 audit year, for the Committee's assurance.
- 9.2 Richard Smith informed the Committee that he took over as Senior Audit Manager for NES from Helen Russell, who retired in December 2024. The Committee noted that Richard has been involved in a number of External Audits

for Territorial Health Boards previously. Richard assured the Committee that a hand over has taken place with Helen and that he has met with NES Management.

- 9.3 Richard Smith informed the Committee that Lisa Duffy will take over from Carole Grant as Audit Director and introductory meetings are scheduled to take place with NES Management in due course. The Committee noted that Lisa will be in attendance at the 24 April 2025 ARC meeting.
- 9.4 Christopher McLelland informed the Committee that due to the changes in the External Audit team, the Annual Audit Plan will be drafted by the end of January 2025.
- 9.5 The Committee noted that External Audit are in the process of meeting with key NES staff and Internal Auditors to identify the significant audit risks which will become the focus of the 2024/2025 audit work. It was noted that a draft Annual Audit Plan will be circulated to members and formally presented to the April 2025 ARC for approval.
- 9.6 Christopher McLelland informed the Committee that it is likely the External Audit will begin to take place on 06 May. Jim Boyle advised the Committee that to allow External Audit with adequate time to conduct the audit the date for the June ARC meeting will be changed from 12 June to Monday 16 or Tuesday 17 June.
- 9.7 The Committee were content with the update and confirmed that it provided them with assurance.
- 9.8 Syed Shah left the meeting.

## **10. External Audit Recommendations**

(NES/AR/25/08)

- 10.1 The Chair invited Laura Howard to introduce this item to update on the progress of the external audit recommendations, for ARC assurance.
- 10.2 Laura Howard updated that the external audit report from 2023/2024 included three recommendations for improvement by Audit Scotland, all with a completion date of 31 March 2025. The Committee noted that all three recommendations are on track for completion.
- 10.3 The Committee were content with the report and confirmed it provided them with assurance.

## **11. Draft Operational and Financial Planning 2025/26 to 2027/28**

(NES/AR/25/09)

- 11.1 The Chair welcomed Christina Bichan to the meeting, who was in attendance to answer any questions regarding planning.

- 11.2 The Chair invited Jim Boyle to introduce the paper to update on the work to develop Operational and Financial Plans for 2025/2026, for ARC Assurance. The paper included information regarding the impact of SG funding for next year, as announced on 04 December 2024.
- 11.3 Jim Boyle presented the key financial messages:
- Boards have been funded for the agreed 2024/2025 pay awards and these have now appeared in funding allocation letters.
  - A further 100m of non-recurrent funding has moved into the baseline during 2024/2025, which is welcomed. This was not in the letter in December that accompanied the Draft Scottish Budget announcement, however verbal and written assurances have been received from SG that this will follow.
  - The NES budgets prepared during Operational Planning were broadly in line with funding assumptions, subject to the issues around the 2024/2025 3% baseline reduction and before consideration of internal new funding requests received.
  - Any internal new funding requests identified by directorates during the Operational Planning process will be reviewed by the ET. An uplift of 3% has been applied to the baseline funding for 2025/2026 for all Boards to cover the expected 2025/2026 pay costs and to support inflationary pressures of non-pay costs.
  - No funding commitment has yet been made in respect of pay uplift for 2025/2026 for non-recurrently funded SG commissions, subject to further discussion with SG.
  - No additional funding has been provided for the continued underfunding of resident doctors expansions. This means that the “recycling” of funding for less than full time trainee posts and vacancies will still be required in 2025/2026, resulting in continued pressures in Territorial Boards in order to maintain shift rotas.
  - All Boards have been asked to find a recurrent 3% efficiency saving, NES has been asked to identify 15% by 2026/2027. SG have been made aware that this is not possible at this time.
- 11.4 Jim Boyle summarised that the 3% baseline funding reduction to 2024/2025 budget, applied in December 2023, was a total of £15.7m for NES. SG subsequently requested that funding reductions are not applied to Territorial Boards. Given that achieving this efficiency was not feasible, SG provided NES with an allocation of £12.1m to cover this funding gap, on the proviso that NES takes steps to minimise the draw on the £12.1m by reducing spending where possible during 2024/2025. Jim Boyle informed the Committee that for 2025/2026 this baseline funding has not been formally restored, although SG have confirmed that the anticipated allocation will still be available in 2025/2026.
- 11.5 Christina Bichan updated the Committee that the change in format to the Operational Plan has been beneficial to Directorates and has helped to focus discussions on pressures, legislative requirements, change as well as raise digital and workforce priorities. Christina added that the Delivery Plan submission timings to SG are now aligned with submission of the Financial Plan.
- 11.6 A query was raised regarding how the NHS Scotland Executive Group was working together to support Boards. Karen Reid explained that the group, which was recently established, is made up of all 22 Chief Executives to take a cohesive strategic overview of NHS Reform programmes. Karen Reid assured the Committee that she

will continue to promote the NHSS wide benefits of the various NES and NHS Academy Programmes of work.

- 11.7 The Committee recognised that there continue to be significant financial challenges and queried how much is realistically possible to save recurrently. Jim Boyle explained that the savings so far have largely been non-recurrent, however this is not sustainable. Jim advised the Committee that the ET will continue to work on identifying savings. He confirmed that the recurrent savings already identified for 2025/2026 are more than 2024/2025, however it is unlikely that NES will be able to reach 15% recurrent savings in the next 2 years. Jim assured the Committee that SG are aware of this.
- 11.8 The Committee asked if there were key areas of work that have lower budgetary assurances that the Committee should be aware of. Jim Boyle informed the Committee that the levels of non-recurrent funding are still a risk, the assumptions are based on previous allocations. It is hoped that continued discussions with SG over the coming months will bring more clarity in this area. Jim added that it is encouraging that £100m has been moved from non-recurrent to recurrent.
- 11.9 The Committee asked about the potential impact of the further reduction of working week hours from 37 hours to 36 hours. Jim Boyle informed the Committee that colleagues have been able to accommodate the 30 minute reduction to hours, from 37.5 hours to 37 hours, by adjusting working patterns. Jim Boyle informed the Committee, however, that NES cannot accommodate the reduction from 37 hours to 36 hours without additional funding from SG to employ additional staff, or by removing current areas of work to match the current staffing compliment, or a combination of both.
- 11.10 It was requested that a list of Policy areas that will be affected by efficiencies is attached to future reports. Karen Reid informed the Committee that information regarding alignment to programme for Government / Ministerial priorities is included in the Directorate returns and a further column will be introduced to identify if commissions may be breached due to reduction of funding. **Action: JB**
- 11.11 The Committee asked if there was also an expected uplift of 3% to the £100m which has been moved from non-recurrent to recurrent. Jim Boyle confirmed that this is expected but is not definitive, therefore remains a risk.
- 11.12 The Committee asked that clarification is made in relation to the overall provisional savings total of £9.7m noted in the report to confirm that the £3.4m of recurrent savings highlighted is part of the overall £9.7m. This was noted and would be clarified in the further reports to the Board. **Action: JB**
- 11.13 The Committee thanked colleagues for the report and confirmed it provided them with assurance and noted that further detailed reports will be brought to the Board on 06 February 2025 and 27 March 2025 for review and approval.
- 11.14 The Chair thanked Christina Bichan for joining and Christina left the meeting.

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

- 12.1 The Chair invited Della Thomas to introduce the Corporate Governance Package for annual review and approval for submission to the Board on 06 February 2025.
- 12.2 Della Thomas outlined that the paper brings the following elements of the Board Corporate Governance Package to the ARC for strategic overview and review. Changes are shown as tracked changes.
- Board Standing Orders
  - Board Code of Conduct
  - Board Scheme of Delegation
  - Standing Financial Instructions (SFIs)
  - ARC Terms of Reference (ToRs)
  - Remuneration Committee ToRs
  - Staff Governance Committee (SGC) ToRs
  - Education and Quality Committee (EQC) ToRs
  - Generic Committee ToRs
- 12.3 Della Thomas confirmed that the Technology and Information Committee (TIC) ToRs have not been included in the pack as the Committee will be dissolved as of 31 March 2025. The Committee noted that the last meeting of the TIC is Monday 27 January 2025.
- 12.4 Della Thomas advised the Committee that ToRs for the Planning and Performance Committee (PPC), which is scheduled to meet formally for the first time on 02<sup>nd</sup> May, will be developed in due course. The Committee noted that once the PPC ToRs are drafted, they will be submitted to the ARC for approval by correspondence.
- 12.5 Discussion took place regarding taking a strategic overview of the package as a whole rather than as individual elements and the role of the Committee in this regard. This role will be clarified as part of the Corporate Governance Pack paper to February Board. **Action: DT**
- 12.6 The Committee commended the quality of the Corporate Governance pack and the significant work that had gone into producing it and requested no further changes.
- 12.7 The Committee reviewed each element of the Corporate Governance package and approved the item for onward progression to the 06 February 2025 Board.

### 13. ARC 2025-26 Schedule of Business

(NES/AR/25/11)

- 13.1 The Chair invited Della Thomas to present the 2025/2026 draft Schedule of Business (SoB). She advised the Committee that the SoB has been prepared based on the rolling SoB for 2024/2025 and that changes were highlighted in the cover paper.
- 13.2 The Committee approved the 2025/2026 ARC SoB, noting that the June meeting date will be changed from 12 June 2025 to Monday 16 or Tuesday 17 June 2025. The date will be confirmed in due course.
- 13.3 Della Thomas left the meeting.

### 14. Update on Policy for controlled documents

(NES/AR/25/12)

- 14.1 The Chair welcomed Christina Bichan and Nancy El-Faragy to the meeting to introduce the paper, for ARC assurance.
- 14.2 Nancy El-Faragy updated that since the approval of the Policy for controlled documents by the NES Board on 08 February 2024, several NES policies have since been updated/renewed using the new policy template.
- 14.3 Nancy El-Faragy informed the Committee that the online registers are available on the Corporate Hub SharePoint site and offer a snapshot of (historical and recent) controlled documents across NES. The updates to these registers are a live/ongoing process.
- 14.4 The Committee noted that the Policy for controlled documents was made available to all staff via the intranet and although no formal training and awareness sessions have yet been delivered across NES, there has been engagement with a wide range of staff.
- 14.5 The Committee noted that since the NES Climate Emergency and Sustainability Strategy 2024-2027 was approved by the NES Board on 15 August 2024, the template now includes information regarding climate change and sustainability as a core requirement.
- 14.6 Nancy El-Faragy informed the Committee that policies and other controlled documents will be reviewed and updated as they reach the review date and that the Senior Organisational Leadership Group (SOLG) will continue to manage the review process, including removal of documents that may no longer be relevant.
- 14.7 A query was raised about the use of confidential, restricted access grading and if this should be something to incorporate. Christina Bichan noted that discussions will be held with the Information Governance team in relation to this. **Action: CBi/NEF**
- 14.8 The Committee agreed the report provides them with adequate assurance and noted the draft implementation plan and the updated Equality Impact Assessment (EQIA). It was agreed that an update should come to the ARC in a year.

14.9 The Chair thanked Christina Bichan and Nancy El-Farargy for joining and they left the meeting.

### **15. ARC delegated Strategic Key Performance Indicator (SKPI) report**

(NES/AR/25/13)

15.1 The Chair invited Jim Boyle to present the paper, for ARC review and approval.

15.2 The Committee noted that the report provided an update on 2 of the 4 SKPIs relevant to the ARC for the period Q3 2024/2025.

15.3 Jim Boyle updated the Committee that data for the remaining 2 SKPI regarding CO2 emissions is currently being reviewed and they are expected to be rated amber.

15.4 Discussion took place regarding setting tolerances on the red, green and amber ratings. Jim Boyle informed the Committee that conversations regarding this will be taking place and it is hoped that an update can be provided at the 24 April 2025 meeting.

**Action: JB**

15.5 The Committee confirmed they were content to approve the report.

### **16. Strategic Risk**

#### **a) Q3 Risk Report, including delegated ARC risks**

(NES/AR/25/14)

16.1 The Chair welcomed Debbie Lewsley to the meeting and invited her to introduce the Q3 strategic risk update for 2024/2025, for ARC review and approval.

16.2 Debbie Lewsley updated that following the implementation of an approach to provide assurance on risk controls, further refinement has been made to ensure a consistent approach to the overall control ratings, as per a request from the ARC.

16.3 The Committee noted that within the last reporting period there has been movement to the scoring of several risks and a new risk has been escalated to the Strategic Risk Log. The Committee approved the suggested scorings and the addition of Strategic Risk 16.

16.4 Debbie Lewsley informed the Committee that within the next reporting period consideration will be given to the risk ratings of Strategic Risk 3 and 10 following a review of the Scottish Government Budget and any consequences identified that may impact on NES's funding.

16.5 The Committee requested that the overall score of Strategic Risk 12 is reviewed and that the definition of Strategic Risk 16 is further clarified.

**Action: DL**

16.6 The Committee approved the proposal to submit Directorate risks to Committees and requested that some summary information on High/ Very High scored Directorate risks is provided, highlighting in particular any risks which may be close to escalation to the Strategic Risk Register.

**Action: DL**

16.7 The Committee were pleased with the further improvements and thanked Debbie Lewsley and NES Management.

16.8 The Committee approved the Strategic risks, scorings and overall control ratings, subject to the agreed reviews of risks 12 and 16.

**b) Annual Review of Strategic Risk, Risk Appetite and Strategy** (NES/AR/25/15)

16.9 The Chair invited Debbie Lewsley to introduce the paper, for ARC review and approval.

16.10 The Committee approved the NES Strategic Risks, Appetite and Strategy with no further comments and noted the progress that has been made in enhancing NES's risk management approach. The Committee approved the alignment of the six proposed Strategic Risks to the new Planning and Performance Committee with Risk SR12 to be reported to PPC only rather than jointly to EQC.

16.11 The Committee noted that the Annual Review of Risk, Risk Appetite and Strategy will be submitted to the Board for final approval.

16.12 The Chair thanked Debbie Lewsley for joining, and Debbie left the meeting.

**17. NES Losses - Write off of salary overpayment** (NES/AR/25/16)

17.1 The Chair invited Laura Howard to present the paper, for ARC assurance.

17.2 Laura Howard informed the Committee that at 31 March 2024 salary overpayments totalled £856k, with £407k recovered. A further £159k has since been recovered, leaving a balance of £289k and a further recovery of £94k in progress.

17.3 The Committee noted that a write off of £25k for one over payment has been processed and is presented in the next paper for approval.

17.4 The Committee noted an overpayment relating to 2023/24 of £94k which is unlikely to be recovered. Laura Howard assured the Committee that investigations are ongoing to contact the individual and that a final decision on the write off will be taken at the end of the financial year.

17.5 Laura Howard informed the Committee that in 2024/2025 a further £665k of overpayments has been identified, with £224k (34%) recovered to date. Laura explained that the increase in the last quarter relates to the August rotation and the work carried out on the reconciliation of data across which highlighted historical issues. The Committee noted that work is ongoing to agree payment plans for recovery for the outstanding amount.

17.6 Laura Howard pointed out that 95% of the salary overpayments identified in 2024/2025 relate to Doctors and Dentists in training (DDiTs). A project team has been established to address the issues identified and ensure the regular

reconciliation of data across systems and improve communication, engagement and the quality of data received from placement boards.

- 17.7 The Committee asked if other Lead Employer Boards are experiencing similar issues and Laura Howard confirmed that is the case and that Health Boards are working together to help identify improvements in both systems and processes.
- 17.8 Discussion took place regarding the issues around the various HR and Finance business systems that are in use, which include systems that cannot be integrated to easily share data. Karen Reid informed the Committee that the NHS Business Systems Programme Board are aware of the issues and stressed that use of certain systems is out of NES' control.
- 17.9 Karen Reid added that process improvements will help to prevent further human error and suggested that if salary overpayments continue to be an issue, that Placement Boards could be asked to cover the costs. The Committee supported this suggestion.
- 17.10 Karen Reid reminded the Committee that costs of overpayments remain low at around 2% of the NES budget. The Committee asked that future reports include percentages. **Action: LH**
- 17.11 The Committee noted they are content the report provides assurance.

#### **18. NES Losses - Write off of salary overpayment** (NES/AR/25/17)

- 18.1 The Chair invited Laura Howard to present the paper to seek approval from the Committee to write off a loss as a result of a salary overpayment which is above NES's delegated authority.
- 18.2 Laura Howard informed the Committee that the write off has been approved by the Director of Finance and the Chief Executive and is required, under process set by SG, to be approved by the ARC.
- 18.3 The Committee noted that the gross overpayment of salary is £25k and that the loss arose due to an error in the calculation of back pay as a result of retrospective changes to the banding for a doctor in training over the tax years 2022/2023 and 2023/2024.
- 18.4 Laura Howard explained that in applying the guidance when assessing a write off, it has been concluded that the individual was not at fault and the individual has acted in good faith to try to ensure that their pay was correct.
- 18.5 The Committee noted that due to limitations of the ePayroll software the presentation of arrears in the payslip is complex and would not be easily identified by the individual. Laura Howard informed the Committee that information regarding how to interpret payslips is being developed for communication.

18.6 This is being brought to the Committee outwith the normal cycle to provide the employee with assurance that the debt will be written off and ease the stress and anxiety they are currently experiencing.

18.7 The Committee approved the salary overpayment write off.

## **19. Counter Fraud Update**

(NES/AR/25/18)

19.1 The Chair invited Laura Howard to present the paper, for ARC assurance.

19.2 Laura Howard updated that Counter Fraud Services (CFS) have agreed with Chief Executives of all NHS Boards that there will be a one-year extension to the partnership agreements between boards and CFS. This will enable the alignment partnership agreement with the review of the CFS national strategy and local counter fraud policy.

19.3 The Committee noted there have been 0 declarations received since the previous report in either the register maintained for all staff nor the board Members' Register of Interests. An all-staff communication will be issued to remind staff of their responsibilities to declare any gifts and hospitality received.

19.4 The Committee noted CFS have issued 3 alerts to date in this financial year and noted that 2 cases had been referred to CFS in quarter 3.

19.5 Laura Howard informed the Committee that NES are preparing for the 2024/2025 bi-annual National Fraud Initiative exercise and NES are progressing well with the implementation of the NHS Scotland Counter Fraud Standard. At end of 2024/2025 we expect to meet the standard for 11 of the 12 components.

19.6 The Committee noted the report and confirmed it provided assurance that NES is fulfilling its requirements to counter Fraud in the NHS.

## **20. Climate Emergency and Sustainability**

(NES/AR/25/19)

20.1 The Chair invited Jim Boyle to update the Committee on progress against the NES Climate Emergency and Sustainability Action Plan and note the revised Climate Emergency and Sustainability Group (CESG) Terms of Reference, for ARC assurance.

20.2 Jim Boyle informed the Committee that the Emergency and Sustainability Group meet quarterly in advance of ARC meetings to ensure the Committee receive a timely update on progress.

20.3 Jim Boyle informed the Committee that NES continue to work with colleagues at NSS to initially host resources to raise awareness of Climate Emergency and Sustainability in NHS Scotland. The Committee requested that a link to this resource is added to the Board Development site for Non-Executives for ease of access.

**Action: JB**

- 20.4 Jim Boyle added that the CESG are looking at ways of increasing uptake of the resources across NES and will discuss the possibility of the module becoming part of the essential learning.
- 20.5 The Committee noted that no feedback has been received yet from the Public Bodies Climate Change Duties Report to the Sustainable Scotland Network and the Annual Climate Emergency and Sustainability Report to the Scottish Government, which were distributed to the Committee via correspondence in October and submitted on 30 November.
- 20.6 The Committee noted the Action Plan provided as an appendix and requested that due dates are provided for each action. **Action: JB**
- 20.7 The Committee confirmed they were content with the report and that it provides assurance and noted the Climate Emergency and Sustainability Group ToRs.

## **21. Audit Scotland Reports**

- 21.1 The Committee noted the following Audit Scotland Reports:
- a) NHS in Scotland 2024: Finance and performance
  - b) Climate change annual report 2023/24
  - c) Public service reform in Scotland: how do we turn rhetoric into reality
  - d) Fiscal sustainability and reform in Scotland
  - e) The Accounts Commission's role in supporting reform
  - f) Scottish Government annual audit 2023/24

## **22. Review of Meeting Effectiveness**

- 22.1 The Committee agreed that the meeting had been effective, with quality papers which generated good questions with relevant suggested improvements and adequate representation from NES management.

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

- 23.1 The Committee noted the next meeting of the Audit and Risk Committee will be held on Wednesday 24 April 2024 at 09:30.
- 23.2 It was noted that a private meeting between ARC members and Auditors would take place after the meeting.

**Approved by the Audit and Risk Committee, 24 April 2025**

NES  
January 2024  
JA/CD/DT/JF/LH/JB

Approved

NHS EDUCATION FOR SCOTLAND

NES/SGC/25/22

**Minutes of the Eighty Seventh Staff Governance Committee held on Thursday  
20 February 2025, 10:15 am – 12:25 pm.**

\*\*\*The meeting was held in hybrid format via Microsoft Teams and in-person at the NES Westport office in Edinburgh.

**Present:** Nigel Henderson (NH), Committee Chair  
Lynnette Grieve (LG), Non-Executive Director / Employee Director  
Gillian Mawdsley (GM), Non-Executive Director, Whistleblowing  
Champion  
James McCann (JMcC), Ex-Officio member, Staff Side (Unison)

**In attendance:** Karen Reid KR), Chief Executive and Accountable Officer  
(Executive Lead for this meeting)  
Christina Bichan, Director of Performance and Planning  
Rob Coward (RC), Principal Educator, Planning & Corporate  
Resources (Item 13)  
Nancy El-Faragy (NEF), Manager, Planning and Corporate  
Resources (Item 14)  
Ann Gallacher (AG), Senior Admin Officer / Committee Secretary  
(Minute-Taker)  
David Garbutt (DG), Chair of NES Board  
Janice Gibson (JG), Associate Director, Organisational  
Development, Leadership and Learning (ODLL)  
Clair Graham (CG), Head of Programme (Education), NHS  
Scotland Academy (Observer)  
Katy Hetherington (KH), Equality & Diversity Lead (Items 9, 10, 17  
and 18)  
Debbie Lewsley (DL), Planning & Corporate Governance Manager  
(Item 13)  
Barbara Anne Nelson (BN), Human Resources, Senior  
Management (Item 11)  
Muriel Russell (MR), Senior Specialist Lead, Human Resources  
(Item 16)  
Della Thomas (DT), Board Secretary & Corporate Governance  
Principal Lead (Corporate Governance)

<b>1.</b>	<b>Chair's welcome and introductions</b>	
1.1	The Chair welcomed everyone to the 87 <sup>th</sup> Staff Governance Committee meeting especially Clair Graham, Head of Programme (Education), NHS Scotland Academy who observed as part of her personal development.	
<b>2.</b>	<b>Apologies for absence</b>	

2.1	Apologies for absence were received from the following Committee member: Matt Newman Ex-Officio Member/ British Medical Association (BMA).	
2.2	Apologies for absence were received from regular attendee: Ameet Bellad, Senior Specialist Lead, Workforce.	
<b>3.</b>	<b>Notification of any other business</b>	
3.1	There were no notifications of any other business.	
<b>4.</b>	<b>Declarations of interests</b>	
4.1	As per the Model Code of Conduct, the Chair asked Committee members if there were any declarations of interest in relation to the business of today's meeting and if so, to clarify to which item this related.	
4.2	There were no declarations of interest.	
<b>5.</b>	<b>Draft Minutes of Staff Governance Committee meeting held on 07 November 2024</b>	<b>NES/SGC/25/02</b>
5.1	The Committee highlighted minor typographical errors on the minutes and the paragraph points had been emailed to Ann Gallacher for correction.	
5.2	The Committee confirmed the minutes were an accurate record of the meeting and were happy to approve the minutes with the typographical errors amended.	
<b>6.</b>	<b>Action Status Report and other matters arising</b>	<b>NES/SGC/25/03</b>
6.1	The Committee noted that fifteen actions were marked as complete on the action list and three actions were in progress.	
6.2	The Committee noted that Action 9.5 in relation to the Workforce, HR and Finance Data comparative baseline will be taken forward by Barbara Anne Nelson.	
6.3	The Committee noted the progress of Actions 20.4 and 21.3 relating to Non-Executive training on information security and data policies and the transfer of information relating to personal devices. The Committee noted that the training will take place at the end of a Board Development Session.	
6.4	The Committee approved the completed actions and confirmed that the progress made with the open actions provided satisfactory assurance.	
	<b><u>Lead Executive Report</u></b>	
<b>7.</b>	<b>Director of Workforce Report</b>	<b>NES/SGC/25/04</b>

7.1	The Chair invited Karen Reid to introduce the Director of Workforce report and highlight that this paper was taken as read.
7.2	Karen Reid thanked all for the work done on the report and highlighted the key topics to the Committee. These were the Developing Digital Workforce Confidence and Capability (DCC) programme of work, the Line Managers Handbook, the NES Wellbeing Framework, the new Employee Assistance Programme animation, the iMatter planning cycle, and the salary discrepancy work. Karen Reid also highlighted the recruitment reduction and explained this was due to the fiscal environment.
7.3	The Non-Executive Director, Whistleblowing Champion welcomed the report and suggested adding wording at the Employee Relations Casework section in relation to the number of whistleblowing cases. Karen Reid responded that they cannot state the number of whistleblowing cases especially where numbers are low as this may identify individuals. Christina Bichan confirmed the wording is correct as an individual may choose to take forward a whistleblowing concern after the process is complete.
7.4	The Committee noted the mandatory training figures. Karen Reid reported that the Executive Team are reminding staff in their directorates to complete all mandatory training.
7.5	The Committee welcomed the report and asked what the recommendations were in relation to the Year of the Manager project work. Janice Gibson responded that the recommendations were that Line Managers would get together to celebrate success, ways of improvement and extra support including peer to peer learning, Teams Channels and webinars.
7.6	The Committee asked if climate change had been considered as part of the Line Manager project work. Janice Gibson responded that Line Managers attend a climate change webinar, and added sustainability is being captured as a corporate objective by way of an e-Learning module that all staff must complete.
7.7	<p>The Committee asked if Non-Executives could be included in the Viva Engage communications. Janice Gibson agreed to include Non-Executives in the staff communications for the launch of Viva Engage on 24 March 2025.</p> <p style="text-align: right;"><b>Action: JG</b></p> <p>The Employee Director gave her assurance of the tool and reported that she was on the Viva Engage Steering Group, had engaged with other Boards already using the tool and hopes it helps engagement across NES.</p>
7.8	The Committee asked if there was any information on the Co-Pilot test that was carried out and if the tool would be rolled out across NES and to non-executives. Janice Gibson responded that she discussed this with Christopher Wroath, Director of NES Technology Service and they are scoping out the costs and scale. Karen Reid added that they recognise it is a valuable tool and are scoping out the fiscal costs.

	The Employee Director welcomed being part of the Co-Pilot test, she appreciated the benefits of the tool and where it could be applied across the organisation and a cost benefit analysis needs to take place.
7.9	The Committee asked for further information on the Trainee Management Scheme and if this was being supported. Janice Gibson responded that the programme is well supported, and the Human Resources Directors (HRD)s are looking to expand the scheme.
7.10	The Committee noted that the You as a Collaborative Leader (YaCL) Programme was due for evaluation in February 2025 and asked if it would be taken forward for wider collaboration. Janice Gibson responded that the programme was evaluating well, the selection process is currently taking place and would continue and work is taking place to share the model across all Health Boards.
7.11	The Committee noted the work involved in the Developing Digital Workforce Confidence and Capability (DCC) programme and asked if this was aligned to a Key Performance Indicator (KPI). Karen Reid responded that this will be picked up as part of the programme of work.
7.12	The Committee discussed the wording at the bottom of section 1.5 in relation to the new Line Manager Induction Checklist, the number of Line Managers within NES and whether there were plans for an Aspiring Line Managers programme. Karen Reid responded that there are a high number of Line Managers within NES . and no current plans for an aspiring managers programme. The Employee Director added that Line Management training should be mandatory for all new Line Managers and existing managers should have this as part of their PDP.
7.13	The Committee asked what NTN Removal was at section 9.2 of the report. Karen Reid responded that this relates to National Training Number.
7.14	The Committee welcomed the HR Service Desk improvements detailed in the report.
7.15	In relation to section 9.6 of the report, the Committee noted the quicker response times and asked for information on the evaluation feedback from stakeholders that they were happy to return to the previous process. Karen Reid responded that this relates to the East Region Recruitment Service (ERRS) process and some of that work could be picked up by the Line Managers rather than ERRS and HR.
7.16	The Committee asked that Janice Gibson and Christina Bichan pass on their thanks to all involved in the work done in the report.
7.17	The Committee approved the Director of Workforce Report and confirmed it provided the Committee with satisfactory assurance.
	<b><u>Governance Items</u></b>

<b>8.</b>	<b>2025-2026 Draft Committee Schedule of Business</b>	<b>NES/SGC/25/05</b>
8.1	The Chair welcomed Della Thomas to the meeting and asked her to introduce the 2025-2026 Draft Committee Schedule of Business. Further to the review and revisions made to the Terms of Reference (ToRs) at the 07 November 2024 Committee meeting, the draft SoB is prepared and aligned with the ToRs.	
8.2	The SoB is used as the basis to ensure all the items that require Committee governance and scrutiny are scheduled and sequenced effectively.	
8.3	There were no questions raised at the meeting.	
8.4	The Committee approved the SGC 2025-26 SoB and were content with the way forward for the items of business listed under 6.2 on the cover paper.	
8.5	The Committee thanked Della Thomas for all her hard work since joining NES and wished her well for her retirement on 30 April 2025. Della Thomas thanked the Committee and left the meeting.	
8.6	Katy Hetherington joined the meeting at 10:49am.	
	<b><u>Performance Items</u></b>	
<b>9.</b>	<b>NES's Equality, Diversity and Inclusion Strategy and Anti-racism Action Plan</b>	<b>NES/SGC/25/06</b>
9.1	The Chair welcomed Katy Hetherington to the meeting and asked her to introduce NES's Equality, Diversity and Inclusion Strategy and Anti-racism Action Plan. The report outlined how NES will meet its legislative requirements under the Public Sector and Fairer Scotland Equality Duties by April 2025.	
9.2	Katy Hetherington reported that the language will be changed at Equality Outcome 5 on page 13 of the report.	
9.3	The Committee welcomed the report and asked for information on the Action Plan referenced in relation to poverty and climate change on page 8 of the report. Katy Hetherington will review the wording at this section to ensure it is clear which Action Plan/Strategy it is referring too.	
9.4	The Committee discussed Non-Executives access to essential learning modules and the complexities around this. A meeting will take place post meeting with the NES Board Chair to discuss Non-Executive access to essential learning modules.  <b>Action: KH/DG</b>	
9.5	The Committee discussed the levels of data that was captured across the organisation, the reason it was being captured and how it was being measured. Karen Reid responded that NES does capture a lot of data and reported on the work taking place to triangulate the data, make it more cohesive and build a narrative around it. Katy Hetherington added that	

	work is taking place to measure the targets to make the progress and outcomes clearer.	
9.6	The Committee asked if NES set up the anti-racism approach and asked how a concern can be taken forward if the person wishes to remain anonymous. Katy Hetherington responded that this was implemented by another Health Board, and they will engage with NES's confidential contacts to discuss how a concern can be progressed if the person wishes to remain anonymous. The Committee will be kept updated of the progress.	
9.7	The Committee welcomed the recommendations from the Expert Reference Group noted at page 40 of the report. Katy Hetherington responded that is in the guidance.	
9.8	The Committee noted NES's legislative requirements under the Public Sector Equality Duty and the requirement by Scottish Government to develop a one-year Anti-racism Action Plan.	
9.9	The Committee approved the Equality, Diversity and Inclusion Strategy and Anti-racism Action Plan to be taken to the NES Board in March 2025 for final approval and publication in April 2025.	
9.10	The Chair thanked Katy Hetherington for the report.	
<b>10.</b>	<b>Public Sector Equality Duties Mainstreaming Report: 2023-2025</b>	<b>NES/SGC/25/07</b>
10.1	Katy Hetherington introduced NES's Mainstreaming Equality Progress 2023-2025 Report. The report provides progress with NES's current equality outcomes since it was last published in April 2023, and the activities relevant to meeting the Duty under the strategic priorities of people, partnership and performance and key learning points.	
10.2	There were no questions raised at the meeting.	
10.3	The Committee approved NES's Mainstreaming Equality Report 2023-2025 for final approval by the NES Board in March for publication in April 2025.	
10.4	The Chair thanked Katy Hetherington for the report and Katy Hetherington left the meeting at 11.11am.	
<b>11.</b>	<b>Human Resource Transformation Update Report</b>	<b>Presentation</b>
11.1	The Chair welcomed Barbara Anne Nelson to the meeting and asked her to present the Human Resource (HR) Transformation Programme Progress Update presentation to the Committee.	
11.2	Barbara Anne Nelson and Janice Gibson presented an update to the Committee on the work that has taken place on HR Transformation Programme since August 2024 including the programme aims, goals, processes and developments.	

11.3	The Committee noted the scale of the changes taking place and asked how the teams were responding. Barbara Anne Nelson responded that they are engaging with all staff to get them to see the bigger picture, keeping the conversations open, honest and transparent and this has meant that staff have been committed and adapting to the changes, and support is given to help staff adapt. Christina Bichan noted the pressure the HR team have been under and welcomed the work that Janice Gibson and Barbara Anne Nelson have done to support this programme of work.	
11.4	The Employee Director gave her assurance that the risk level is decreasing as the programme is alleviating pressure and supporting the team and added that Laura Liddell, the new Associate Director of HR, will also increase stability in the directorate.	
11.5	The Committee thanked Barbara Anne Nelson and Janice Gibson for the update and confirmed it provided satisfactory assurance.	
<b>12.</b>	<b>Delegated SGC Strategic Key Performance Indicator (SKPIs) Report</b>	<b>NES/SGC/25/08</b>
12.1	Karen Reid apologised to the Committee that the report author was unable to attend the meeting and introduced the Delegated SGC Strategic Key Performance Indicator (SKPIs) Report. The report provided an update for the Quarter 3 period from October to December 2024 on organisational performance in relation to the revised Key Performance Indicators (KPIs).	
12.2	Karen Reid highlighted a few key areas of the report including the learning and development figure, the sickness absence figures, the gender pay equality figure, the typo at SKPI08 should say 3.82%, and that the vacancy rate is due to the financial climate. Karen Reid reported that all staff are being reminded to complete their essential learning to increase compliance and highlighted the increased Appraisal elements completion figures at section 1.3. Performance Review and Planning (PRP).	
12.3	The Committee asked for more information in relation to the figure of disabled staff at SKPI07a. Karen Reid agreed that the classification of this SKPI needs to be reviewed as they want staff to report if they have a disability. Christina Bichan agreed to review SKPI07a and will review all the RAG tolerances across KPIs .  <b>Action: CBi/AB</b>	
12.4	The Committee asked in relation to the percentage of staff acting up at section 1.1 of the report if this was a NES target or a national target. Karen Reid responded that this was a NES target.	
12.5	The Committee noted the performance reported in Appendices 2 and 3 of the Delegated SGC Strategic Key Performance Indicator Report and confirmed it provided assurance.	
12.6	The Chair thanked Karen Reid for the update.	

<b>13.</b>	<b>Delegated SGC Strategic Risk Report</b>	<b>NES/SGC/25/09</b>
13.1	The Chair welcomed Rob Coward and Debbie Lewsley to the meeting and asked them to introduce the Delegated SGC Strategic Risk Report.	
13.2	Debbie Lewsley reported that there are five strategic risks considered relevant to Staff Governance and the Committee's Strategic Risks have been subject to a recent review by individual risk owners and the new reporting template presents the control assurance assessment for individual controls. One new risk has been escalated to the Strategic Risk Register which sits within the Staff Governance Assurance Framework.	
13.3	Within the last reporting period Debbie Lewsley updated that there has been movement to one of the risk ratings aligned to the Staff Governance Committee and the risk continues to sit within the agreed Board appetite; however, actions have been identified that will help to further mitigate the risk. There were no changes to the other risks aligned to the Staff Governance Committee.	
13.4	The Committee discussed the HR Transformation Risk 5 that is going to the new Planning and Performance Committee in April 2025 and were satisfied that the risk was categorised correctly. Karen Reid as the Accountable Officer agreed that this risk was correctly categorised, and the Employee Director also agreed that the risk was correctly categorised.	
13.5	The Committee confirmed that the individual risks in the Committee's Strategic Risk Register provided the necessary assurance.	
13.6	The Committee approved the realignment of Strategic Risk 5 to the new Planning and Performance Committee.	
13.7	The Committee noted the commencement of reporting of directorate risks to the Board Governance Committee.	
13.8	The Chair thanked Debbie Lewsley and Rob Coward for the report, and they left the meeting.	
<b>14.</b>	<b>Quarter 3 Whistleblowing Report</b>	<b>NES/SGC/25/10</b>
14.1	The Chair invited Christina Bichan and Nancy El-Faragy to introduce the Quarter 3 Whistleblowing Report which provides an update on NES's whistleblowing performance activities from 01 October to 31 December 2024.	
14.2	Nancy El-Faragy reported that NES received one whistleblowing concern during the last quarter period related to the safety of a staff member and the lack of urgency given toward staff protection and the ongoing work to close off the actions.	
14.3	Nancy El-Faragy highlighted the increased whistleblowing line manager training compliance figure, speak up week for all NHS Boards will run from	

	29 September to 03 October 2025, and the learning at work week in May 2025.	
14.4	Christina Bichan reported that NES is on target to submit the Equally Safe at Work Programme evidence by March 2026, and the Line Managers engagement session will take place on 26 August 2025.	
14.5	There were no questions raised at the meeting.	
14.6	The Chair thanked Nancy El-Faragy and Christina Bichan for the report and the Committee confirmed the Quarter 3 Whistleblowing Performance Report provided assurance.	
<b>15.</b>	<b>Non-Executive Whistleblowing Champion Remarks</b>	<b>(Verbal Item)</b>
15.1	The Non-Executive Director, Whistleblowing Champion thanked Christina Bichan and Nancy El-Faragy and the team for the work since the standards came into place.	
15.2	The Non-Executive Director welcomed the increased compliance figure and reported that a report will be issued to the Cabinet Secretary by the end of March 2025.	
15.3	There were no further questions raised at the meeting.	
15.4	The Chair thanked the Non-Executive Director Whistleblowing Champion for the update and the Committee confirmed it provided the necessary assurance.	
15.5	Muriel Russell joined the meeting at 12:01pm.	
	<b><u>Policy Items</u></b>	
<b>16.</b>	<b>Working Outside the UK Guidance</b>	<b>NES/SGC/25/11</b>
16.1	The Chair welcomed Muriel Russell to the meeting and asked her to introduce the Working Outside the UK Guidance. This report sets out NES's approach and guiding principles for staff and managers to support working outside the UK on a short-term basis if an exceptional/emergency case should arise.	
16.2	The Committee asked that the guidance includes Non-Executive members. Muriel Russell agreed to include Non-Executives Directors in the guidance. <b>Action: MR</b>	
16.3	The Committee discussed the data risk of taking laptops abroad and asked if there was an IT policy for this. Muriel Russell responded that NES Information Security colleagues had reviewed the guidance, and she agreed to cross reference the guidance with IT policy on the use of NES laptops abroad. The Employee Director added that if staff have an emergency that requires them to travel abroad at short notice, they are guided to use Special Leave.	

	<b>Action: MR</b>	
16.4	The Committee noted that the guidance is for working outside the UK.	
16.5	The Committee approved the Working Outside the UK Guidance with the next steps incorporated.	
16.6	The Chair thanked Muriel Russell for the report and Muriel Russell left the meeting at 12:12pm.	
16.7	Katy Hetherington rejoined the meeting.	
<b>17.</b>	<b>NES Relationships at Work Guidance</b>	<b>NES/SGC/25/12</b>
17.1	Katy Hetherington introduced the NES Relationships at Work Guidance, which has been developed to protect the integrity of NES staff and trainees as it is recognised that personal relationships can exist or develop in the workplace. The guidance sets out how to avoid conflicts of interest, ensure relationships are conducted in a professional and fair manner and protect staff and trainees.	
17.2	The Committee welcomed the guidance and that it included all staff.	
17.3	There were no further questions raised at the meeting.	
17.4	The Committee approved the guidance and noted it would be issued to all staff with links to existing NHS Scotland policies.	
<b>18.</b>	<b>Sexual Misconduct Guidance</b>	<b>NES/SGC/25/13</b>
18.1	Katy Hetherington introduced the Sexual Misconduct Guidance which was developed to raise awareness about the prevalence of sexual misconduct and provide guidance to staff in the event of a disclosure. The guidance supports the NHS Scotland Once for Scotland HR policies in relation to bullying and harassment, equality, diversity and inclusion and gender-based violence and will be reviewed annually.	
18.2	The Committee asked if the guidance was replacing a policy or if there was a gap in the policies. Katy Hetherington responded that there was a gap as there was no guidance on sexual harassment and was picked up as part of the "Equally Safe at Work Group" work.	
18.3	The Committee suggested that this is monitored. Katy Hetherington agreed to discuss how this could be monitored at the Equally Safe at Work Group. <b>Action: KH</b>	
18.4	The Committee approved the guidance to support the action of staff, including those in a supervisory and educator role, following a disclosure about sexual misconduct.	
18.5	The Chair thanked Katy Hetherington for the report and Katy Hetherington left the meeting at 12:19pm.	

<b>19.</b>	<b>Identification of any new risks raised at this meeting</b>	<b>(Verbal Item)</b>
19.1	The Committee noted there were no additional risks identified at the meeting.	
	<b><u>Items for Noting</u></b>	
<b>20.</b>	<b>Employment Tribunals</b>	<b>NES/SGC/25/14</b>
20.1	The Committee noted the Employment Tribunal Report.	
<b>21.</b>	<b>Policy/Scottish Government Director Letters as appropriate to Staff Governance Committee</b>	<b>NES/SGC/25/15</b>
21.1	The Committee noted the Policy/Scottish Government Director Letters Report.	
<b>22.</b>	<b>Remuneration Committee List of business by correspondence</b>	<b>NES/SGC/25/16</b>
22.1	The Committee noted the Remuneration Committee List of business by correspondence.	
<b>23.</b>	<b>Change Management Programme Board 07 October 2024 minutes</b>	<b>NES/SGC/25/17</b>
23.1	The Committee noted the Change Management Programme Board 07 October 2024 minutes.	
<b>24.</b>	<b>Health, Safety and Wellbeing Forum 12 December 2024 minutes</b>	<b>NES/SGC/25/18</b>
24.1	The Committee noted the Health, Safety and Wellbeing Forum 12 December 2024 minutes.	
<b>25.</b>	<b>Partnership Forum 19 September 2024 minutes</b>	<b>NES/SGC/25/19</b>
25.1	The Committee noted the minutes from the Partnership Forum 19 September 2024 meeting.	
<b>26.</b>	<b>Any other business</b>	
26.1	There were no other items of business discussed at the meeting.	
<b>27.</b>	<b>Review of Committee Effectiveness</b>	
27.1	The Chair asked, do reports to the Committee communicate relevant information at the right frequency, time, and in a format that is effective? Has the Committee benefited from the right level of attendance from Lead Executive or Directors/Authors/Board Secretary/Others? Are there any	

	areas where the Committee could improve upon its current level of effectiveness?
27.2	The Committee thanked Karen Reid for all her work especially in the absence of a Director of People and Culture
27.3	The Committee noted the inconsistencies of report authors when completing the Emergency Climate Change and Sustainability checklist question. The Committee Secretary will link with report authors to ensure this question is answered correctly. <b>Action: AG</b>
<b>28.</b>	<b>Date and time of next meeting</b>
28.1	The next meeting of the Staff Governance Committee will be held on Thursday 01 May 2025 at 10:15a.m.
28.2	The Chair thanked all for attending the meeting and for their contributions and closed the meeting at 12:25pm.

CB  
NES  
May 2025

**NHS Education for Scotland**

**EDUCATION & QUALITY COMMITTEE**

06 March 2025 from 10:15am to 12:45pm

Approved minutes of the eighteenth meeting of the Educational & Quality Committee (EQC) held on Thursday 06 March 2025 as a hybrid meeting, in person at the Westport Office, Edinburgh and via Microsoft Teams

**Present:** Annie Gunner Logan, Committee Chair, Non-executive Director  
Olga Clayton (OC), Non-Executive Director  
Shona Cowan (SC), Non-Executive Director  
Nigel Henderson (NH), Non-Executive Director  
George Valiotis (GV), Non-Executive Director

**In Attendance:** Rob Coward (RC), Principal Educator, Executive Secretary  
Lindsay Donaldson (LD), Deputy Medical Director  
Chris Duffy (CD), Senior Admin Officer, Minute-Taker  
Janice Gibson (JG), Associate Director, Organisational Development  
Louise Harker (LH), Boardroom Apprentice  
Katy Hetherington (KH), Principal Lead, Equality, Diversity and Human rights  
Kevin Kelman (KK) Director of NHS Scotland Academy (NHSSA), Learning & Innovation  
Debbie Lewsley (DL), Manager, Planning and Corporate Resources  
Clare Mcguire (CM), Head of Programme  
Gordon Paterson (GP) Director of Social Care  
Ryan Reed (RR), Head of Programme NHSSA, Learning & Innovation  
Karen Wilson (KW), Executive Director of Nursing, Midwifery and Allied Health Professions (NMAHP), Deputy CEO (Clinical) and joint EQC Executive Lead

**1. Welcome and Introductions**

1.1 The Committee Chair welcomed all to the meeting. George Valiotis, Non-Executive Director and Louise Harker, Boardroom Apprentice were welcomed to their first EQC meeting.

**2. Apologies for absence**

2.1 There were no apologies received from Committee members.

2.2 Apologies were received from Karen Reid, Chief Executive and Accountable Officer, Emma Watson, Medical Director and joint EQC Executive Lead and Della Thomas, Board Secretary and Principal Lead for corporate governance.

**3. Notification of any other business**

3.1 There were no notifications of any other business.

**4. Declarations of interest**

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

**5. Draft Minutes of the meeting held on 13 December 2024**

5.1 The Chair invited the Committee to review the draft minutes from the 13 December 2024 EQC meeting.

5.2 The Committee approved the draft minute with no amendments required.

**6. Action Status Report and other matters arising**

6.1 The Chair invited the Committee to review the action status report and asked the Committee to note that it contained 10 completed actions with 3 actions in progress.

6.2 The Committee approved the action status report and noted the in-progress actions.

**7. Education & Quality Executive Leads Report**

7.1 The Committee Chair invited Karen Wilson to introduce the report. Karen Wilson highlighted four items. Firstly, the work in Psychology on family-based treatment for eating disorders. The work of the psychology team is helping to recruit staff equipped to do their roles. This has had a huge impact on families and reduced the burden on Child and Adult Mental Health Services (CAMHS). Secondly, the eLearning module suite, Technology Enhanced Learning (TEL) resources. These resources have been supportive to all directorates to ensure NES has the right digital learning products. Thirdly, the Social Care Directorate's Workforce Development Project was identified by the Joint Social Services Taskforce and commissioned by Scottish Government for delivery by NES and the Scottish Social Services Council (SSSC) and is well underway. Also, the update on the social care education resources project which is reviewing the learning resources currently available on Turas Learn and repurposing appropriate resources for the Social Care workforce. This will increase the availability of high-quality learning resources for the Social Care workforce with the aim of improving quality of care, increasing job satisfaction and improving workforce retention.

7.2 The Committee Chair opened the report for comments and questions.

7.3 The Committee thanked colleagues for an excellent report. The Committee requested that colleagues continue to add more context into the report when reporting data to help committee members better understand the quality & performance elements of what they are reading. The Committee also discussed

the recommendation in the paper that it “confirms its assurance with the quality, performance and management of education & training activities featured in [the report]”. The Committee felt that the information provided, often being largely descriptive, did not always enable the Committee to confirm such assurance. Karen Wilson responded, the report is a indeed descriptive account of anything that has happened in the last quarter and agreed to review the recommendation in the cover paper for the next meeting. **Action: Karen Wilson/Rob Coward**

- 7.4 The Committee highlighted the impact demonstrated by the families-based treatment for eating disorders work noting it is a great example of education impacting service delivery. Some areas of work can find it difficult to demonstrate impact. Karen Wilson agreed to take this back to an executive team meeting for further discussion on how to better contextualise best value and return on investment in reporting. **Action: Karen Wilson**
- 7.5 The Committee also asked in relation to the families-based treatment, are the eight region specific supervisors able to roll out locally? Karen Wilson agreed to check this information with Judy Thomson, Director of Training, Psychological Services. **Action: Karen Wilson/Judy Thomson**
- 7.6 In relation to the TEL resources, the Committee asked if these are just available internally in NES or externally also. Kevin Kelman responded, the majority of work is internally within NES, but the TEL resources are available to other NHS Scotland boards. Furthermore, Kevin Kelman, Karen Reid and Gordon Paterson meet regularly with Scottish Social Services Council and are trying to make more resources available for their use.
- 7.7 Louise Harker was pleased to see the update on Leading to Change and asked if further discussion on this subject could be had after the meeting. Janice Gibson agreed to so speak further out with the meeting. **Action: Janice Gibson/Louise Harker**
- 7.8 The Committee commented on the data for Leading to Change, noting 2,424 registrations, 1,3330 attendees and 517 others. It was asked who the others are and what is the drop off rate being attributed to. Janice Gibson confirmed that the others are a combination of third sector and other public services, not just health and social care. The drop-off rate is being investigated as part of the latest evaluation work. It is thought work pressures is the main reason, but this needs to be tested.
- 7.9 The Committee commented on the National Induction Framework and tools and asked what the measures for this work are and how will the Committee know they've done well. Gordon Paterson responded, at this point the work is in development phase with extensive engagement with stakeholders. Whilst it is important for the Committee to receive updates in terms of progress this is a commissioned programme from Scottish Government and the joint social services taskforce. The Committee thanked Gordon Paterson for this update and requested where possible that this information (Where programmes report to) is made clearer in future Lead Executive Reports for all items. The Committee was clear

that whilst its remit relates to assurance regarding quality & performance, it did not wish executives to duplicate reporting; however it is important that the Committee is aware of which other bodies (commissioners, regulators, etc) require (and receive) relevant reports. **Action: Rob Coward**

7.10 The Committee noted the report and looked forward to adjustments to the recommendation with respect to assurance, and to other aspects of reporting, as noted. The Committee thanked colleagues for the continuous improvement applied to this report.

## **8. EQC Strategic Key Performance Indicators (SKPIs)**

8.1 The Committee Chair invited Karen Wilson to introduce this report which highlighted the strategic key performance indicators relevant to the EQC. The report detailed a new measure in relation to dental funded trainee placements. The report also confirmed that the KPI on complaints will move over to the Planning and Performance Committee.

8.2 At the last meeting Committee members asked for more narrative within the report and further detail has been added to the cover paper and in the table alongside the KPIs. Table 2 has noted areas where performance is particularly strong.

8.3 The Committee were asked to consider SKPI12, the benchmark was set at where learners score their experience as 80% or above and the Committee were asked to consider if this could be changed to 60% or above. The Committee asked for both 60% and 80% to be reported. **Action: Rob Coward/Debbie Lewsley**

8.4 The Committee were also asked if the frequency of reporting on partnerships could be changed to six-monthly or annually. The Committee were happy for this to be taken forward with Kevin Kelman and for a proposal to come back to the Committee. **Action: Rob Coward/Debbie Lewsley/Kevin Kelman**

8.5 The Committee thanked colleagues for the additional commentary on performance, noting it was very pleasing to see where the organisation is doing well. However, there was an ask to also highlight the areas where the organisation is not doing so well and commentary as to why. Furthermore, the Committee requested that section 6.5 the areas where there is no data, could timelines be added to this section and the learning and education strategy implementation dashboard. The Committee also encouraged the use of more trends, run chart methodology and time series data. **Action: Rob Coward/Debbie Lewsley**

8.6 The Committee noted SKPI21A on sustainability and asked if this could be disseminated more widely across the organisation. Karen Wilson confirmed that recommendations will be going out to all staff as part of the personal development and planning process.

8.7 The Committee thanked colleagues again for their continuous development of the SKPI Report. The consolidated dashboard was well received and further improvements to the report were identified above. The Committee approved the EQC SKPI Report.

## **9. NES's Mainstreaming Equality Progress Report 2023-25**

- 9.1 The Committee Chair welcomed Katy Hetherington to the meeting. Katy Hetherington introduced this report; NES has legislative requirements to meet under the Public Sector Equality Duty by April 2025. This includes reporting on progress with mainstreaming the Equality Duty and progress with equality outcomes every 2 years. The report has been approved by the Partnership forum and Executive Team and is now presented for Committee approval.
- 9.2 The Committee thanked Katy Hetherington and colleagues for this report which represented a lot of work over a considerable period.
- 9.3 The Committee approved NES's Mainstreaming Equality Report for onward progression to the Board.

## **10 Equality, diversity and inclusion strategy and Anti-racism action plan**

- 10.1 The Committee Chair invited Katy Hetherington to introduce this report which asked the Committee to approve the NES Equality, Diversity and Inclusion Strategy 2025-2029, and Anti-Racism Action Plan 2025-2026 for onward approval by the Board in March 2025.
- 10.2 The Committee noted that the strategy and action plan read across well with the new version of equality outcomes. The Committee asked if areas that have been carried over into new outcomes, for example differential attainment, will have measures that will indicate progress. Katy Hetherington confirmed that the first meeting on the management group in the new financial year will be focussing on outcomes and measures.
- 10.3 The Committee asked if the action plan will continue past one year? It was confirmed that the one-year plan is a specific requirement from Scottish Government, the programme will continue and develop. Reporting requirements may change.
- 10.4 The Committee noted the number of measures to be recorded and asked if NES are confident, they can achieve that? Katy Hetherington confirmed that this has been considered as the report has been edited but they are seen as achievable. There will be opportunity to review and update these as they come through future Committee meetings.
- 10.5 The Committee highlighted a recent issue in NHS Scotland relating to Transgender rights with new guidance for health boards to follow expected imminently. The Committee would be interested in the number of trainees in NES that this effects and assurance they are receiving the support they may require. Lindsay Donaldson confirmed there is a mechanism in NES to view and monitor this once the guidance has been received. Issues can always be raised through a Notification of Concern form or through the General Medical Council (GMCO Survey or Scottish Training Survey (STS). Katy Hetherington also confirmed that the National Equality Leads are pulling together information for the Executive

Team on this subject. The Committee agreed to refer this to the Board, noting the legal uncertainties. **Action: Karen Wilson**

10.6 The Committee approved the strategy and action plan and thanked Katy Hetherington for all the work in the production of these items.

## **11 Annual report on externally regulated programmes 2024-2025**

11.1 The Committee Chair invited Rob Coward to introduce this report, noting with thanks that the suggestions made by the Committee on the last Annual Report had largely been addressed. NES currently develops, delivers, commissions, funds and quality manages programmes subject to external scrutiny by a regulatory body or other organisation. The annual report on NES externally regulated education activities is designed to provide assurance that key relationships with regulatory/scrutiny bodies are managed effectively, and that cases of sub-optimal quality are being addressed. The Committee is asked to discuss the information provided on NES education activities subject to external regulation and scrutiny.

11.2 The Committee Chair opened the report for comments and questions.

11.3 The Committee asked if there is anything further to highlight to the Committee from the report? Rob Coward reported that a follow-up is taking place on NES Glaucoma Award Training (NESGAT) and if there is potential to withdraw or suspend this training if there are serious concerns. Karen Wilson confirmed the Education and Quality Executive Group will review this further and provide a further update in the next Lead Executive Report.

**Action: Rob Coward/Karen Wilson**

11.4 The Committee asked for a short progress update on the overall accreditation of NES as an accrediting body. Ryan Reed confirmed that NES are creating internal structures to quality assure NES' own products, there is intention to submit an application for accreditation in 2025-26.

11.5 The Committee thanked Rob Coward for the report and confirmed it provided assurance.

## **12. Q3 Complaints Report**

12.1 The Committee Chair invited Rob Coward to introduce this report. The Committee receives reports on complaints received by NES in the previous quarter. These reports detail the complaints received, adherence to complaint handling standards and the complaint outcomes. The purpose of this paper was to provide assurance about the handling of NES complaints in quarter three 2024-2025.

12.2 The Committee noted the report and confirmed it provided the necessary assurance.

## **13. Education & Quality Strategic Risks**

- 13.1 The Committee Chair invited Rob Coward to introduce the report.
- 13.2 Rob Coward advised that there are 2 strategic risks relevant to EQC and there have been no significant changes to the report since it was last reviewed by EQC. It was confirmed to the Committee that SR12 on resources for Turas Learn will now transfer to the Planning and Performance Committee.
- 13.3 The Committee noted that this will leave the Committee with only one strategic risk to review despite looking at the bulk of NES corporate activity. Rob Coward confirmed that the next risk report the Committee will view will include risks at a directorate level, this will give further assurance that risk is being managed at different levels.
- 13.4 The Committee noted the report and confirmed that the risks delegated to EQC are managed effectively.

#### **14. EQC Schedule of Business 2025-26**

- 14.1 The Committee Chair invited Rob Coward to introduce the schedule of business which was coming to the Committee for review and approval.
- 14.2 The Committee asked if the number of items at the December meeting could be reviewed and potentially better distributed throughout the year.  
**Action: Chris Duffy/Rob Coward**
- 14.3 The Committee approved the schedule of business.

#### **15. Clinical and Care Assurance Group (CCAG) – Verbal Update**

- 15.1 The Committee Chair invited Karen Wilson to provide a verbal update on the recent CCAG meeting. Karen Wilson updated, the group met for the first meeting, and it was chaired by Emma Watson. The first meeting went through the terms of reference in detail and suggested some changes and ways to make the work of the group clearer. Mapping started on where sources of information will come from including complaints, employment tribunals, regulation conduct and what the process for this is to feed into CCAG. The first official meeting is scheduled for May.
- 15.2 It was noted that members of this Committee Nigel Henderson and Shona Cowan are also members of CCAG. Plus, correspondence has taken place with the whistleblowing champion to confirm information.
- 15.3 The Committee thanked Karen Wilson for the update.

#### **Items for noting**

#### **16. Consultation Log**

- 16.1 The Committee noted the consultation log.

**17. Scottish Government and NES Educational policies**

17.1 There were no policies to report at this meeting.

**18. Committee Effectiveness**

18.1 The Committee confirmed that reports to the Committee had communicated relevant information at the right frequency, time, and in a format that was effective. The Committee felt that they had benefited from the right level of attendance. The Committee made suggestions of improvement for the Lead Executive Report and SKPI Report.

18.2 The Committee also suggested further development for board members on the preparation for undertaking the Board member role. Could a Board development session be held on the context in which NES is working and how does the work of PHS, NSS and territorial boards impinge on what NES are doing. This could also include analytical expertise on data and return on investment. This will be explored further. **Action: Board Secretary**

18.3 The Committee noted the technical issues associated with the in-room speakers and the setting up of the MS Teams Hub.

**19. Any other business**

19.1 There was no other business.

**20. Date and time of next meeting**

20.1 The next meeting of the Education and Quality Committee will be held on 08 May 2025, 10:15am – 12:45pm as a hybrid meeting.

NES  
CD/KW/AGL  
April 2025

**Approved by Annie Guner Logan on 18<sup>th</sup> April 2025.**