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NHS EDUCATION FOR SCOTLAND / EXECUTIVE OFFICE	
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Dear *Lindsay*

### NHS EDUCATION FOR SCOTLAND(NES) - ANNUAL REVIEW 2011

1. This letter summarises the main points discussed from the NES Annual Review in Edinburgh on 12 October.
2. As you know, I want to ensure the rigorous scrutiny of NHS Boards' performance whilst encouraging as much direct dialogue and accountability between local communities, key partners, and their Health Boards as possible. That is why, from this year, Ministerial attendance at Board Annual Reviews will be at least every two years, generally on an alternating basis. As one of the Boards that did not have a Review chaired by a Minister this year, you conducted the NES Review meeting in public on 12 October. I asked Government officials to attend your Annual Review in an observing role and the following summarises the main points.

#### Welcome and Overview

3. In reflecting on the past year, you outlined some of the key challenges encountered from both an internal and external perspective, and how NES had responded to these positively. You went on to highlight several key themes that will drive and impact upon NES's future educational and training activities. On the Quality strategy, you recognised the major challenges, but also the opportunities, in ensuring our staff are trained to deliver its ambitions. The Integration work on health and social care was right in principle, and in order to make this work, you mentioned there was useful learning from the Remote and Rural Health initiative. You went on to mention the anticipated impact of these strategic aims across Primary care services, citing the need for effective leadership to influence change and the efforts NES's Leadership Unit were already making to equip senior NHS staff in this regard. You concluded your Introduction by reflecting on the need for Improved workforce modelling to support effective planning, and be responsive to future workforce trends and requirements than at present.

## Main Presentation on Key Achievements and Future Challenges

4. As in previous years, all Boards were asked to submit a written report to Ministers on their performance over the previous year and plans for the forthcoming year. The contents of NES's self-assessment and 'at a glance' reports were available to those in attendance, and formed the basis of Malcolm Wright's presentation. I acknowledge that the preparations of these reports were informed by engagement with your Partnership Forum colleagues.

5. Malcolm began with reference to the wealth of information within these 2 reports which evidenced the significant efforts by NES staff at all levels to support NHSScotland boards deliver for the people of Scotland. Malcolm reiterated the overarching theme was workforce support, development, and education and training to facilitate NHS staff deliver on the Quality strategy ambitions.

### Core Activities

6. Malcolm emphasised that NES's core activities and resources were directed towards recruiting, training and retaining key professionals for NHSScotland. Significant effort is required to manage and monitor some 5,500 Doctors in training towards gaining the Certificate of Completion of Training, fulfilling the educational standards required by their regulator, while also sustaining local NHS services. This required a robust governance and assurance structure, which is underpinned by effective partnership working. This closely aligned with a broad range of infrastructure-related activity, from assessing and developing new education facilities to support undergraduate teaching, to supporting GP appraisal systems. In Dentistry, NES was actively delivering on recommendations from the Dental Action Plan, with more Dentists than ever before in vocational training posts, and 17 'teach and treat' centres, contributing towards improved access to dentistry services across Scotland. In Nursing and Midwifery, Malcolm highlighted the continuing success of the Flying Start programme for newly registered staff, with 10,000 active users of this programme. It was now being rolled-out for use in England's NHS Trusts. Career progression and retention was also being supported through Career fellowship schemes, and advanced practice activities.

7. Malcolm also highlighted how NES were delivering and responding to changes in service need in Psychology, Pharmacy, Healthcare Science and Optometry, in the latter case pointing to the development of 4 regional Optometric centres that are improving local community access in support of the new NHS Optometry contract. In terms of delivering on specific Scottish Government priorities, Malcolm emphasised the support being provided to assist Health Care Support Workers meet mandatory standards, facilitating advanced practice developments to enhance Children and Young People's services, 120 staff completing the early intervention and diagnostic support programme for people with dementia, some 300 individuals graduated in the frontline Leadership programme, funding individuals to complete the Scottish Patient Safety Fellowship Programme, the major improvements in the oral health of children through the Childsmile initiative, and some 13,000 Cleanliness champions.

8. Malcolm referred to the significant educational infrastructure improvements such as the improved Knowledge Network resource enabling all NHSScotland staff access to quality-assured, relevant materials to aid learning and development. Malcolm highlighted to the meeting that this development had also led to efficiency savings of some £750,000, and discussions were ongoing with key partners from the Higher Education sector to explore the potential for similar benefits at undergraduate level.

9. Malcolm concluded this part of his report with reference to the major success of the mobile clinical skills unit, with some 1700 NHS staff benefitting from access to training, many in some of Scotland's most remote locations.

### **Finance, Efficiency and Workforce**

10. Clearly it is vital that NHS Boards achieve both financial stability and best value for the considerable taxpayer investment made in the NHS. I am therefore pleased to note that NES not only met its Efficient Government financial target for 2010-11, but was able to contribute a further £5m saving towards reinvestment in frontline services. I have noted NES has begun the necessary preparatory work towards meeting the requirements of the 25% reduction in senior managers by the end of this Parliament, and will look to you to report progress next year. As mentioned in paragraph 7 above, I am also delighted to note the collaborative purchasing exercise from the Knowledge services review realised significant per annum efficiency savings for NHSScotland. This is a good example of what can be achieved from imaginative scrutiny of existing commitments, and I would encourage your Board to maximise its efforts to realise efficiency gains in other areas.

11. I am also pleased to note achievement of the e-KSF target, with 100% of eligible staff having KSF reviews completed and signed-off by 31 March 2011. I welcome too the continuing efforts to proactively managed sickness absence, and note the average absence rate for 2010/11 was 2.61%. I am delighted to note the extent of partnership working within NES, which is firmly embedded, and conducted in a positive and constructive manner. In particular, I commend the efforts of your staff in responding to the challenges involved with assuming the employer role for some 450 GP trainees. The very positive results from the 2010 staff survey are further evidence of the collaborative working environment within NES, and I very much hope you will continue to prioritise efforts in this important area.

### **Future challenges and opportunities**

12. Malcolm mentioned emerging developments that would require NES input and response, from conclusions arising from the Christie Commission report on early interventions and integration of public services, to protecting training and educational development at a time of public sector financial restraint. Malcolm concluded by emphasising that a great deal had been achieved in meeting, and in some cases surpassing targets set for NES, and that work was ongoing to ensure NES had the right structures and systems in place to support service change. He paid tribute to his senior team and all NES staff who were, collectively, ensuring NES was a high performing organisation, and well positioned to meet the challenges ahead.

### **Public Questions**

13. I understand that you took several questions from those in attendance at the end of the Review. These encompassed how might NES translate the Christie Commission workforce integration recommendations into reality, whether extended roles e.g. Physician Assistant roles might play an increasing role in future workforce re-modelling, whether and how NES's medical training programmes were benchmarked against international standard and, in relation to the Quality strategy aims, how NES's activities would assist the NHSScotland workforce to embed patient-centred best practice. I am grateful to the Board team for their responses in this respect, and to the audience members for their attendance, and considered questions.

## Conclusion

14. I would like to thank you and your team for hosting the Review, and hope the new approach helped towards encouraging more direct dialogue and accountability. I want to put on record my gratitude to the Board, and all NES staff, for a very impressive performance in 2010/11 across a broad spectrum of workforce development, education and support. I know however, that you are not complacent and recognise that there remains much to do taking forward a challenging agenda on a number of fronts, including delivering the Quality agenda, developing workforce solutions to meet frontline service need, and maintaining tight financial control.

*Best wishes*  
*Nicola*

**NICOLA STURGEON**