

**NES
Item 4
August 2017**

**NES/17/60
(Enclosure)**



CHIEF EXECUTIVE'S REPORT

Caroline Lamb, Chief Executive

August 2017

1 INTRODUCTION

At our Board meeting today we will receive a presentation on the work that we are doing to support Quality Improvement across NHS Scotland and the broader public sector. We will also have an opportunity to discuss the National Workforce Plan (see below); an update on progress against our Strategic Outcomes, and our joint work with the Scottish Funding Council.

2 STRATEGIC UPDATE

The National Health and Social Care Workforce Plan, Part 1 - A framework for improving workforce planning across NHS Scotland, was published in June 2017. This is included on our Board agenda today. The Plan includes a number of actions for NES and we are engaging with Scottish Government to understand their expectations. We will give an update at the Board.

The Audit Scotland report on Workforce Planning in NHS Scotland will be published on Thursday July 27th. We have not included this on the agenda for the Board but will circulate a copy of the report with the Board papers as it will also inform our discussion.

We remain on track, despite a number of challenges, to become the employer of a cohort of GPST trainees in NHS Grampian through all of their placements from August 2017.

The National Boards have also been continuing to work up our National Board Delivery Plan. The first draft of this has to be submitted by the end of September. We therefore plan to bring it to the NES Board for consideration at our September Board meeting.

3 MEDIA INTEREST AND COMMUNICATIONS

June saw two launches at the NHSScotland Conference: for the Scottish Infection Prevention and Control Education Pathway, promoted by the Cabinet Secretary, and also a cross-NHS campaign to promote the role of NHS Librarians, promoted by Paul Gray. Overall, we were one of the most active presences at the conference, with stands, workshops and our material being shared widely on social media.

Both of these were the subject of media releases, as were a new NHSScotland SQA qualifications finder website; guidance for dental professionals on medication-related osteonecrosis of the jaw; the national knowledge and skills framework for trauma; and the short list for Scotland's Dementia Awards.

We also provided a quote for a City of Glasgow College news release on a new HNC qualification in Facilities Management.

The latest Medical recruitment figures were of interest to the media: we worked with Scottish Government on a joint news release for this.

Our social media continues to perform well, with followers up to 17,000.

4 DIGITAL

Turas development work has continued to focus in the last quarter on improving and enhancing the quality and resilience of the core application and platform code. In addition, Turas Foundation Portfolio has gone live for Malta Foundation trainees, this was a challenge as they start their year earlier than the rest of the UK Foundation. Work is also preparing for Northern Ireland Foundation to go live in August.

Extensive work has been put into the Discovery stages for Turas TPM to support fewer employers of doctors and dentists in training; Turas Appraise application to address the loss of eKSF from April 2018 (including an interface to e:ESS); and funding to develop the collection and reporting of data application for Family Nurse Partnership. All three are to be delivered by end of March 2018. Work to recruit the necessary staff to undertake these developments is well advanced. Programming will begin in the next quarter.

The Director of Digital continues to support NSS in their Digital Transformation and is leading with NHS24 the development of the National Boards Digital Collaboration hub. The meeting to determine shape and requests for funding took place at the end of June and a formal Terms of Reference will be agreed at the end of August.

5 DENTAL, OPTOMETRY, HEALTHCARE SCIENCE & KNOWLEDGE INTO ACTION

Directorate's Scottish Dental Clinical Effectiveness Programme

In 2016, the four UK Chief Dental Officers approached the Dental Directorate's Scottish Dental Clinical Effectiveness Programme (SDCEP) for help in addressing emerging concerns about requirements for providing dental sedation, including reduced provision impacting on patient access to care. In response to their request, SDCEP has updated and recently published a new edition of its *Conscious Sedation in Dentistry* guidance. This involved a thorough review of the available evidence, professional regulations and other relevant information, following SDCEP's NICE accredited methodology and, importantly, takes into account the recent work of Intercollegiate Advisory Committee for Sedation in Dentistry. This new guidance provides accessible, up-to-date advice on many aspects of the provision of sedation, including: facilities, equipment and staffing; preparation for sedation; sedation techniques and staff training. The updated guidance has been endorsed by the dental faculties of the Royal Colleges in the UK and Republic of Ireland and is being promoted by the Royal College of Anaesthetists. Given the political sensitivity of this topic, this level of support is highly significant as it is recognition of the quality of the SDCEP guidance and the robust process used for its development, and it demonstrates widespread professional support for the guidance recommendations across the UK.

Priority Groups

To further enhance the 'Caring for Smiles' national oral health initiative for dependant older people, NES Dental Priority Groups in collaboration with NHS Health Scotland and health board Oral Health Improvement teams is working with the Scottish Charity 'Let's Talk About Mouth Cancer' to raise awareness of mouth cancer for this section of the population. The charity encourages individuals to check their own mouths for possible signs of the disease and the new initiative is aimed at enabling carers to do so for the dependant elderly who are unable to do this for themselves. NES Priority Groups hosted a 'Caring for Smiles' coordinators' event in June where the initiative was launched. An instructional leaflet and demonstration video have also been produced.

Dental Core Training (DCT) - Current fill:

DCT1: 38/40 = 95%

DCT2: 32/32 = 100%

DCT3: 22/22 = 100%

From 2017 NES is the sponsor for Tier 2 visas for dentists in training posts in Scotland. Sponsorship for Tier 2 visas for Dental Core Training (DCT) candidates raised an issue regarding the minimum salary requirements. These requirements were changed by the Home Office in May 2017 (after offers to candidates had been made) to reflect the salary scales in the new junior doctor contract 2016 (England). The salary scales in Scotland are lower than those in England and as a result, DCTs in Scotland may not make these minimum requirements and will not be eligible for a visa. A solution has been found for the trainees who found themselves in this position having been offered posts. We have ensured that SG are well briefed on the issues that this has caused.

Healthcare Science

Commissions: We have introduced a new process for receiving and prioritising expressions of interest for supernumerary pre-registration clinical scientist training in 2018. Since 2008 when NES Healthcare Science commenced, we have moved from supporting four core training schemes to a predicted 18 in 2018. Our two-stage process ties expressions of intent from service to workforce need in terms of vacancy and retirements. The new process is relatively light-touch and we hope will serve a better picture of demand to build a case for future central resourcing of training. Information about this approach is sign-posted at our latest *Healthcare Science Notice Board <15> Summer 2017* <https://tinyurl.com/y7ztfvrx>

Of particular note in the policy domain is the recent DH CMO report *Genomic Generation July 2017*, which highlights significant new Healthcare Science training strands in the realm of Bioinformatics, Genomic Science and Clinical Computing. Service appetite in Scotland for these disciplines is beginning to become apparent, with a clear future training resource implication.

CPD: The Autumn generic CPD programme for Healthcare Science has been finalised and made available on Portal, comprising Early Career Programme, Refreshing Leadership, and Train-the-Trainer and Trainees-in-Difficulty.

Quality monitoring: As reported to Board in the last update, four of our six HCS Specialty Leads have left the organisation. The work of this team has taken us to a natural milestone in assuring that standards of postgraduate scientist training are consistent across the various disciplines and types of healthcare science, and meets the standards required by the Health and Care Professions Council. Our process involved independent chair and lay reps (from the medical deanery) as part of the scrutiny of representatives of 120 departments and 170 postgraduate trainees.

The two remaining Specialty Leads will focus on training progression monitoring. The work of the NES Healthcare Science has developed considerably since its inception as a "special project" in late 2008. The Healthcare Science team changes recently represent an opportunity to rethink and reset this work stream, which is being explored with the Dental Dean.

6 PHARMACY

Pharmacy Postgraduate Career Framework Review in Scotland

Professor Rose Marie Parr, Chief Pharmaceutical Officer (CPhO) in Scotland, has asked the Pharmacy Postgraduate Dean, Anne Watson, to chair an expert educational group to provide advice to the Scottish Government CPhO into the future options and development of a Pharmacy Postgraduate Career Framework for pharmacists across Scotland. The areas that will be under review are: Support for Early careers, Advanced practice level careers, Consultant pharmacist level careers, Postgraduate qualifications, Clinical and Professional leadership, Professionalism in pharmacy as well as Pharmacy Regulatory and Professional issues. The review group is currently being set up and will report in the early part of 2018.

NES Pharmacy shortlisted for Award

NES Pharmacy Team members have once again been nominated and shortlisted for the GB Royal Pharmaceutical Society `Excellence in Education` Award for their collaborative work with a number of Health Boards across Scotland in developing `Teach and Treat` services. The training is multi-professional in delivery and has allowed inactive pharmacist independent prescribers to gain new skills, competencies and confidence to manage caseloads of patients and utilise their prescribing qualification thus improving pharmaceutical care delivery and outcomes for patients. The Teach & Treat services focus on clinical areas of both local and national priorities and include delivery to patients with chronic pain, heart failure, diabetes and respiratory conditions as well as multimorbidity / polypharmacy.

7 NMAHP

Scotland's Dementia Awards 2017

Scotland's Dementia Awards, a partnership between Alzheimer Scotland, NHS Education for Scotland, NHS Health Scotland and the Scottish Social Services Council, has announced the finalists for their 6th annual Awards which set out to recognise the work of those committed to helping people living with dementia and their families.

Rigorously judged by a panel of senior health, social service and third sector professionals alongside people with dementia and carers, the Awards celebrate creative approaches, innovation and best practice in all aspects of information, advice, care and support for people living with dementia.

The Awards will culminate in a celebration event on World Alzheimer's Day, 21st September, at the Glasgow Marriott Hotel, and the NES Chair will attend to present awards.

For more information, see:

[http://www.nes.scot.nhs.uk/newsroom/media-releases/scotlands-leading-dementia-projects-recognised-in-awards-shortlist-\(1\).aspx](http://www.nes.scot.nhs.uk/newsroom/media-releases/scotlands-leading-dementia-projects-recognised-in-awards-shortlist-(1).aspx)

2030 Nursing: A Vision for Nursing in Scotland 2017

The Chief Nursing Officer has just published a document on the vision for nursing in Scotland. The nursing and midwifery team have been actively involved and have influenced the development of the Vision, which has a focus on preparing a nursing workforce that will

be ready and able to meet people's needs through to 2030. Within that context, nurses are needed who can work flexibly across all settings and agencies.

The Vision comprises three key themes of: personalising care, preparing nurses for future needs and roles, and supporting roles.

Whilst all our programmes of work contribute to these themes, specifically we are leading the education component of the transforming roles' programme. This includes the development of sustainable education and career pathways and creating national learning resources for clinical supervision. At an undergraduate level we have a key role in shaping the new NMC Standards for nursing education, and in developing 'once for Scotland' approaches which will strengthen practice learning experiences for undergraduate nursing and midwifery students in health and social care settings.

The Directorate will continue to work closely with CNO Directorate at Scottish Government in the enactment of the Vision through the creation of detailed national action plan.

Link to the Vision <http://www.gov.scot/Publications/2017/07/4277/downloads>

8 PSYCHOLOGY

As part of a pilot project agreed with the Scottish Government, training to staff from two health boards, Lanarkshire and Grampian, has been conducted in June and July to support the delivery of Accessible Depression and Anxiety Psychological Therapies (ADAPT) for patients with diabetes and heart disease. It is anticipated that involvement from additional health boards with extension to other long term conditions will follow evaluation of this pilot.

CALENDAR

1st June: Colin Sinclair, Chief Executive, NSS

I met with Colin Sinclair to discuss Business Systems Work and Analytics and the Health and Social Care Delivery Plan, and the National Implementation Lead role.

1st June: Health and Social Care Delivery Plan – National Programme Board

I attended this meeting in my role as National Implementation Lead. The Cabinet Secretary attended part of the meeting and expressed her personal commitment to the Health and Social Care Delivery Plan. We also discussed the proposed business issues for the Programme Board set out in a paper to agree a forward agenda. Andrew Morris and I gave a presentation on *Innovation, Technology, Data Science, Population Health Intelligence – Options and Opportunities for Health System Transformation*

2nd June: Meeting with Andrew Wilkie

I met with Andrew Wilkie, Director of Communications for SGHSCD, to discuss Health and Social Care Delivery Plan and the National Board Contribution to the plan.

5th June: NHSScotland National Boards – Future Ways of Working Workshop

Along with Angiolina Foster (National Implementation Lead) and Pauline Howie, (Chief Executive Scottish Ambulance Service, and Vice Chair of the Chief Executives Group) I led a workshop for senior staff from the National Boards on 'Future Ways of Working'. This was an opportunity to discuss how we will develop our National LDP and how we will work together differently to achieve improved outcomes. After some introductory sessions on

ways of working and governance we had received a briefing on the development of Regional Plans from the 3 Regional Planners; and on Public Health from Gerry McLaughlin, Chief Executive of NHS Health Scotland. We then broke out into facilitated sessions to give people an opportunity to contribute to discussions of some of our emergent workstream priorities: Service Transformation, Digital Transformation, Once for Scotland and Data and Analytics to support Regional Planning.

7th June: Managed Agency Staffing Network Steering Group

I chaired this meeting and we discussed progress to establish a National Critical Care and Theatre Bank, and Regional Medical Banks; an analysis of spend on locum and agency staff, and the new Agency Framework Contract.

12th June: Health and Social Care Delivery Plan: National Implementation Lead Role

I met with Gerry McLaughlin, (Chief Executive) and Andrew Fraser (Director of Public Health Service) to discuss the role of National Implementation Lead and individual Board's contribution to the Health and Social Care Delivery Plan

13th June: Replacement meeting for the NHSScotland Senior Leaders Forum

Paul Gray convened a meeting of the Implementation Leads, the Chairs who are members of the Health and Social Care Delivery Plan Programme Board, the Chair and Vice Chair of the Chief Executives Group and the Chair and Vice Chair of the Chairs Group. This meeting was to consider the future arrangements for NHS Board Chairs and Chief Executives meetings, future arrangements for the Senior Leaders Forum, relationship with the Health and Social Care Delivery Plan Programme Board and next steps.

13th June: NHSScotland Board Chief Executives Private Meeting

I attended the Board Chief Executives private meeting and items for discussion included terms of reference, facilities shared services, management of the recent cyber attacks, duty of candour, financial planning and the sustainability and value board. Following this meeting, Paul Gray met with Chief Executives in private session and challenged us to produce a plan which would deliver £500m of savings over the next few years.

14th June: NHSScotland Board Chief Executives Strategy Meeting

I attended the NHSScotland Board Chief Executives Strategy meeting. Jean Freeman, MSP and Minister for Social Security discussed social security with particular emphasis on the Agency and the Bill. After that we used the remaining time to discuss the challenge presented to us by Paul to set out what would have to happen to deliver £500m savings.

19th June: Meeting with the Princes Trust

Shirley Rogers, Kerry Chalmers and I met with representatives from the Princes Trust to discuss ways in which we could work with the Trust to enhance youth employment opportunities in NHSScotland.

21st June: NHSScotland Event

I attended the NHSScotland Event which took place at the SECC in Glasgow.

22nd June: 12th National Digital Conference 2017 – Leading Digital Transformation

I attended the 12th Annual National Digital Conference which covered all aspects of Digital Transformation and Leadership across the UK. The Conference was attended by digital leaders, politicians, policy makers, innovators and speakers who debated the key actions needed by leaders from across all sectors. The themes of the day looked at leadership and leaders who are responsible for leading the UK's Digital transformation and challenges.

27th June: NHSScotland Strategic Communicators Group Meeting

I was invited to the Strategic Communicators Group meeting to speak about the National Implementation Lead role and the key themes being developed for inclusion in the National Board Delivery Plan.

27th June: Teleconference with Lesley Maclay (Chief Executive) and John Connel (Chair), NHS Tayside

The Assurance and Advisory Group report on NHS Tayside was released and I had a teleconference with Lesley MacLay and John Connel to discuss my role leading the Transformation Support Team.

5th July: NHS Tayside

I met with Lesley MacLay and Andrew Russel (Medical Director). I also met separately with the other members of the Transformation Support Team (TST) and we discussed our Remit, workplan and ways of working. We have now established weekly catch up calls for the TST and I have a weekly update call with Christine McLaughlin, Director of Finance SGHSCD who is Executive Sponsor for this work.

7th July: Implementation Leads Meeting

I attended the NHSScotland Implementation Leads meeting and items for discussion included an update on the shared services radiology business case, proposed National Programme Board agenda, infrastructure funding, National Delivery Plan and the OD support which NES has commissioned..

10th July: Health and Social Care Delivery Plan National Programme Board

I attended the National Programme Board meeting and we discussed the programme reporting, feedback process for National and Regional Delivery Plans, and Shifting the Balance of Care. Angiolina Foster and I presented the developing themes for our National Delivery Plan, these were well received and we also got some helpful feedback on some presentational items, the need to demonstrate pace and to identify pay back on investment.

11th July: National NHS Board Chief Executives Group

During this meeting we discussed the draft governance framework, communications plan, the output from the workshop which took place on 5th June, update from the National Programme Board of 10th July, a shared services update, financial planning, OD support, and the outline programme for the Parliamentary Event

11th July: Teleconference with Richard Lohead MSP

Stewart Irvine and I had a teleconference with Richard Lohead to discuss the issues with regard to sustainable rotas in Dr Gray's hospital, Elgin.

11th July: Teleconference with Paul Hawkins, Chief Executive NHS Fife

I had a teleconference with Paul Hawkins to discuss his involvement in the Assurance and Advisory Group for NHS Tayside.

13th July: Teleconference with Sir Lewis Richie.

I had a teleconference with Sir Lewis to discuss his role as Chair of the Assurance and Advisory Group for NHS Tayside.

18th July: Executive Team Regional Visit – Edinburgh

The Executive Team hosted a staff meeting in Edinburgh at which we received presentations on our work for Carers, on Psychology of Parenting and Leadership and Management development.

19th July: NHS Tayside

I met with a number of staff in NHS Tayside and attended the meeting of their Area Partnership Forum.

20th July: NHS Tayside

Members of the Transformation Support Team met with the Executive Team at NHS Tayside.

RISK REGISTER

There are no changes to the risk ratings. The narrative of a few risks have been updated to reflect the new financial year. The narrative against risk 4 has also been updated to reflect the stretch on the organisation as a result of senior staff being asked to take on more national roles.

Key Corporate Risks - August 2017

		Current Period						Last Period	
Brief Description	I x L	Inherent Risk	I x L	Residual Risk	Notes	Appetite	I x L	Residual Risk	
Strategic/Policy Risks									
1	Retaining a strong focus on the importance of education and training through structural change	4 x 4	Primary 1	4 x 4	Primary 2	The Health and Social Care delivery plan published in December 2016 clearly sets out the requirement for organisations to work together differently in order to support the delivery of health and care in the future. We have had supportive feedback from SG in relation to our LDP		4 x 4	Primary 2
2	Significant pressure on budgets for 2017/18 and beyond	5 x 5	Primary 1	4 x 4	Primary 1	The Board has approved a draft budget for 2017/8 which includes a relatively high level of unidentified savings to be delivered from programmes of work within NES, and also through collaboration across the National Special Health Boards	Open	4 x 4	Primary 1
3	Lack of capacity and continuity at SGHD	4 x 4	Primary 1	3 x 3	Contingency	High inherent risk due to staffing reductions at SGHD which risks the loss of some corporate memory which is important in UK wide discussions. Increasingly NES is the repository for this level of expertise and experience. There is an opportunity for us to demonstrate this through joining up some of the data we hold, and through working with other organisations, such as NSS.		3 x 3	Contingency
17	Approach to workforce development is driven by HEE without due attention to requirements and views of the devolved nations	4 x 4	Primary 1	3 x 4	Primary 2	High inherent risk due to size of England as compared to other nations and extent of cross border flow. In response to this NES continues to work with the other devolved nations, with SG and to meet regularly with HEE.		3 x 4	Primary 2
18	Challenges in managing changing relationships with partner organisations	4 x 4	Primary 1	3 x 4	Primary 2	The changing environment will also drive shifts in our relationships with existing partners and identify new partners. Of particular importance will be our ability to craft collaborative relationships which play to each of our strengths, with the other national NHS Boards, and to build supportive relationships with the emerging regional structures.		3 x 4	Primary 2
Operational/Service Delivery Risks									
4	Ability to continue to support core business and respond to new demands in an agile and responsive manner.	5 x 5	Primary 1	3 x 4	Primary 2	We continue to experience pressures in maintaining core business in the face of increasing demands, and in the face of our Senior staff being asked to take on more national roles. We continue to review areas where we have the potential to release capacity and to use our workforce resource differently. Equally we will press SG for additional resources where possible.		3 x 4	Primary 2
6	Dependency on key individuals	4 x 4	Primary 1	3 x 3	Contingency	Over the last year we have experienced some considerable turnover in senior roles and we have demonstrated our resilience in managing this. We are also now moving forwards with the development of our 'Potential and Career Management Strategy'.		3 x 3	Contingency
7	Turbulence and lack of cohesion due to internal organisational changes	4 x 4	Primary 1	3 x 3	Contingency	A number of significant organisational changes have been fully implemented. The budget paper that was considered by the Board in March highlighted a number of further areas that we will now be considering, we are committed to bringing a paper on our full programme of work to a future Board meeting.		3 x 3	Contingency

Key Corporate Risks - August 2017

		Current Period					Last Period		
Brief Description	I x L	Inherent Risk	I x L	Residual Risk	Notes	Appetite	I x L	Residual Risk	
16	Challenges in workforce supply in some areas	4 x 4	Primary 1	3 x 4	Primary 2	We are experiencing difficulties in recruitment to a number of key medical specialties and this is making it difficult to sustain services in some areas. There is a risk that NES is blamed for some of this, equally it is an opportunity for us to promote the position that good quality training and employment environments are essential to recruitment & retention; and to think creatively and innovatively about what we can do to maximise recruitment and retention and to support the contribution of other groups.		3 x 4	Primary 2
19	We lose the integrity of some of our reporting systems as a result of the introduction of e:ESS	5 x 5	Primary 2	3 x 4	Primary 2	NES is committed to the implementation of e:ESS and we have now implemented core e:ESS. We are continuing to experience some difficulties in replicating our reporting from the new system and this is causing some issues for us. We now have a direct influence on the review of NHS Business Systems which will help to drive developments in this area.		3 x 4	Primary 2
8	Major adverse incident - impacting on business continuity	4 x 4	Primary 1	2 x 4	Housekeeping	We have significantly improved our resilience in this area through roll out of more agile working, and the recent implementation of O365 has further enhanced our capabilities here.		2 x 4	Housekeeping
Finance Risks									
9	Risk of underspends & resulting negative perception	4 x 5	Primary 1	3 x 3	Contingency	We achieved a modest underspend for 2016/17. We will be managing our budgets very carefully in 2017/8		3 x 3	Contingency
10	Reduction of resources puts NES into deficit	4 x 5	Primary 1	3 x 4	Primary 2	The budget approved by the Board includes a high level of unidentified efficiency savings.	Averse	3 x 4	Primary 2
Reputational/Credibility Risks									
11	NES is unable to demonstrate that it makes a positive contribution to patient safety/patient experience	4 x 5	Primary 1	3 x 4	Primary 2	This has been identified as a key objective in our refreshed strategic framework. Work is underway to identify existing data and ways of using this to demonstrate impact. We have also considerably increased our external PR activity, particularly on social media.		3 x 4	Primary 2
12	NES does not deliver on key targets	4 x 5	Primary 1	3 x 2	Contingency	Strong measures in place to demonstrate performance against key targets and to identify and remedy areas where performance falls behind.	Cautious	3 x 2	Contingency
Accountability/Governance									
13	Failure in Corporate Governance	5 x 5	Primary 1	2 x 2	Negligible	Very strong internal audit opinion relating to system of internal controls. Good quality reporting from all NES Committees to Audit Committee.	Averse	2 x 2	Negligible
14	Data security issue	4 x 5	Primary 1	3 x 2	Contingency	We have strong data security processes in place. We were not impacted by the recent ransom attack on the NHS		3 x 2	Contingency