NHS Education for Scotland **NES/19/16**

AGENDA FOR THE ONE HUNDRED AND FORTY-SIXTH BOARD MEETING

Date: Thursday 28th March 2019
Time: 10.15 a.m.
Venue: Meeting Rooms 1 & 2, Westport 102, Edinburgh

1. Chair's introductory remarks

2. Apologies for absence

3. Declarations of interest

4. Public Health Reform Programme *(K. Wilson and M. Bain)* NES/19/17
To receive a briefing paper and presentation. (Enclosed)

5. Minutes of the One Hundred and Forty-Fifth Board Meeting NES/19/15
To approve the minutes of the meeting held on 31st January 2019. (Enclosed)

6. Actions from previous Board Meetings NES/19/18
For review. (Enclosed)

7. Matters arising from the Minutes

8. Chair and Chief Executive Updates

a. Chair's Report — Oral report

b. Chief Executive's Report — NES/19/19 (Enclosed)

9. Governance and Performance Items

a. Educational & Research Governance Committee: 21st February *(D. Hutchens)* — NES/19/20 (Enclosed)
To receive a report and the minutes.

b. Staff Governance Committee: 7th February *(L. Dunion)* — NES/19/21 (Enclosed)
To receive a report and the minutes.

c. Remuneration Committee: 31st January *(D. Steele)* — NES/19/22 (Enclosed)
To receive a summary.

d. Finance & Performance Management Committee: 20th February *(D. Garbutt)* — NES/19/23 (Enclosed)
To receive a report and the minutes.

e. Finance Report *(A. McColl)* — NES/19/24 (Enclosed)
For consideration.

f. Organisational Performance Report *(D. Cameron)* — NES/19/25 (Enclosed)
For consideration.

g. Statutory Equality & Diversity Report *(K. Long)* — NES/19/26 (Enclosed)
For approval.

10. Strategic Items

a. Strategic Plan 2019-24 *(D. Cameron)* — NES/19/27 (Enclosed)
Designed final version for sign-off.

b. Operational Plan 2019/20 and Financial Plan
(D. Cameron and A. McColl)

(i) Annual Operational Plan — NES/19/28 (Enclosed)

(ii) Financial Plan — NES/19/29 (To Follow)

c. Dentistry Trainee Progression Outturn *(D. Felix)* — NES/19/30 (Enclosed)
For consideration.

11. Risk Register — NES/19/31 (Enclosed)

12. Items for Noting

a. Partnership Forum: 22nd January *(C. Lamb)* — NES/19/32 (Enclosed)
To receive a report and the minutes.

b. Training and Development Opportunities for Board Members — NES/19/33 (Enclosed)
For information.

13. Any Other Business

14. Date and Time of Next Meeting

Wednesday 29th May 2019 at 10.15 a.m.

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March 2019
DF/tn/cl/dw

NES **NES/19/17**
Item 4 **(Enclosure)**
March 2019

NHS Education for Scotland

Board Paper Summary

1. **Title of Paper**

   Public Health Workforce Development in Scotland – Update March 2019

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

   Ruth Robertson, Head of Programme, Public Health
   Karen Wilson, Director of Nursing, Midwifery and Allied Health Professionals
   Lesley Whyte, Associate Director of Nursing, Midwifery and Allied Health Professionals

3. **Purpose of Paper**

   This paper provides an overview of the public health workstreams already underway in NES and supports a presentation by Professor Marion Bain, Co-Director of the Executive Delivery Group for the Public Health Reform Programme, which is likely to have implication for NES.

4. **Key Issues**

   - NES currently undertakes a wide variety of activity which supports public health in Scotland and this paper summarises this.

   - The Scottish Government Public Health Reform Programme is likely to have implications for the future work of NES. Professor Bain will describe the Public Health Reform Programme and some of the emerging themes and findings.

   - It is timely for the Board to consider business as usual, `to consider the likely implications of the new Public Health Scotland body and the wider ambitions of the Public Health Priorities.

5. **Educational Implications**

   NES have a significant amount of activity which is geared towards improving the public health of Scotland and this paper endeavours to pull this together into one place. And the far-reaching ambition of the new Public Health priorities are likely to result in additional education and workforce development needs and requests. This is likely to be at under-graduate and post-graduate levels and involve the health and social care workforce if the ambitions are to be achieved.

6. Financial Implications

There are no funding implications attached to this paper, but any additional work associated with the reform of public health would require to be funded.

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

NES will deliver consistent evidence-based excellence in education for an excellent workforce

NES will deliver innovative educational support infrastructure covering people, technology and content considering new models of care.

8. Impact on the Quality Ambitions

This work aligns with the Health and Social Care delivery plan and the associated quality ambitions**.**

9. Recommendation(s) for Decision

- Board members are asked to consider and discuss current and potential future education and workforce development implications for NES.

Public Health Workforce Development in Scotland - an update March 2019

1. Purpose of paper

The purpose of this paper is to:

- update the NHS Education for Scotland (NES) board members in relation to key public health workstreams currently being progressed in Scotland as a result of the Scottish Government Public Health Reform which are likely to have a significant impact on the public health workforce
- outline current NES activity supporting both the Public Health Reform Programme and public health workforce (normal business)
- seek advice as to how and if NES wish to further engage and support these rapidly moving developments at this time and to confirm the position of NES in relation to these activities

2. Background

As a result of actions contained in the Scottish Government reports '2015 Review of Public Health in Scotland: Strengthening the Function and re-focusing action for a healthier Scotland '[1]and the subsequent Health and Social Care Delivery Plan, 2016 [2] there is currently considerable activity in relation to public health reform in Scotland. The stated vision of this reform is 'a Scotland where everyone thrives' with an ambition for Scotland to be a world leader in improving the public's health. This reform has resulted in a number of actions two of which are of particular note for NES.

- the development and subsequent publication of public health priorities for Scotland
- the formation in 2019 of a new public health body in Scotland. This body will be called Public Health Scotland.

Further information relating to these actions are now detailed.

i) Public Health priorities

In June 2018 the Scottish Government and COSLA jointly published public health priorities for Scotland, aimed at focusing action across the public sector, voluntary sector and in communities. The priorities are seen as an important first milestone in a wider reform of public health. They are intended to set a direction for Scotland's public services over the next decade, with the aim of organisations and communities working better together to focus on prevention, to reduce health inequality and increase healthy life expectancy.

Six public health priorities were identified:

- A Scotland where we live in vibrant, healthy and safe places and communities.
- A Scotland where we flourish in our early years.

- A Scotland where we have good mental wellbeing.
- A Scotland where we reduce the use of and harm from alcohol, tobacco and other drugs.
- A Scotland where we have a sustainable, inclusive economy with equality of outcomes for all.
- A Scotland where we eat well, have a healthy weight and are physically active.

Further details relating to the priorities can be found at: https://www.gov.scot/publications/scotlands-public-health-priorities

Scottish Government has made it clear that the expectation is that these priorities will be embedded in future policies across Government departments.

ii) Public Health Scotland

In early December 2019 a new lead public health body will be established called Public Health Scotland (PHS). PHS will be a new health body, established in statute as a national Special Health Board under the National Health Service (Scotland) Act 1978. The desired outcome is to create a more integrated, consistent system for protecting public health, driving population health improvement and tackling health inequalities. The Board will be jointly accountable to the Scottish Ministers and to COSLA.

Public Health Scotland will become responsible for the functions currently delivered by NHS Health Scotland and two parts of NHS National Services Scotland - Health Protection Scotland and Information Services Division. It will also have responsibility for new leadership and coordination roles in relation to research, innovation and **workforce development.**

The Public Health Reform team have clearly articulated that for PHS to deliver the desired outcome it needs to meet a number of requirements including:

- taking a whole system approach by enabling others in the public health system to take action together, across organisational boundaries and within communities
- being intelligence, data and evidence led
- being visibly a new and different organisation

The definition of the workforce to be supported by PHS has been challenging with a particular emphasis being placed by the Reform Team on the wider workforce rather than the traditional core workforce such as NHS Public Health teams. This will become increasingly important when consideration is given to supporting this workforce in terms of educational opportunities.

To support the formation and function of Public Health Scotland more than 12 commissions have been initiated by Scottish Government including workforce development, specialist workforce, protecting health and improving health. Details relating to the reform can be found at:

https://publichealthreform.scot

Consultation is currently underway relating to the proposed PHS Target Operating Model (details available on the public health reform website). Colleagues are being strongly encouraged to participate in this consultation process which is rapidly changing based on comments already received.

3. Current NES activity in relation to Public Health

a. Supporting the Scottish Government Public Health Reform

i) Public Health Reform Commissions

As stated above in order to support the formation and function of PHS several commissions have been initiated by Scottish Government. NES is involved in several of these commissions indicated in the table below.

Commission Name	NES Involvement
Leadership for Public Health Workforce development	Commission Lead jointly with Health Scotland and Improvement Scotland (COSLA) Project Board members
Protecting Health	Advisory Group membership
Specialist Workforce	Advisory Group membership
Organisational Development	Advisory Group Membership

ii) Membership of Public Health Reform Programme Board

The Public Health Reform programme operates under a detailed governance structure. One group within this structure is the Public Health Reform Board. **The Public Health Reform Programme Board is responsible for ensuring the Public Health Reform (PHR) programme and its related projects achieve the required outcomes. The board oversees the delivery of the reform programme, reporting to Scottish Ministers and COSLA leaders. The programme board is made up of representatives from national and local government, NHS Scotland, Health and Social Care, Community Planning, third sector and public health experts.**

NES is a full member of the Public Health Reform Programme Board.

b. Internal NES public health activities

i) Formation of NES cross directorate network

In January 2019, Karen Wilson (Director, NMAHP) convened a cross-directorate meeting to progress a cohesive approach to public health workstreams within NES and allow us to be in the best position to support public health reform. It is hoped that this network will help provide a forum for sharing current and future activity in relation to public health and sharing best practice. It was agreed that the group would work together on the development of a public health landing site on the NES website, working virtually to maintain oversight while awaiting the outcomes of the Public Health Reform and possible required actions for NES to become clearer before meeting again.

ii) NES current public health work activity

NES has over a number of years undertaken a key role in the ongoing development and support of the public health workforce through the delivery of specialist educational interventions and facilitating the speciality public health training route. A summary of cross directorate NES public health activity can be found at Appendix 1. Examples of topic activity include:

- Health Protection: e.g. immunisation, sexual health and BBV, TB gastrointestinal and zoonotic disease
- Infection prevention and control: e.g. Scottish Infection Prevention Control Educational pathway and care home train the' trainers' events.
- Antimicrobial resistance: e.g. Nursing and midwifery antimicrobial Stewardship
- Mental Health and suicide prevention
- Dementia
- Oral health e.g. 'child smile'

- Psychology e.g. behavioural change
- Training pathways- Public Health- speciality training, dental public health, public health clinical scientist support and psychology
- Leadership programme e.g. 'Place to be' training public health programme

In addition, since 2006 NES has participated in a strategic partnership with Health Protection Scotland in relation to the delivery of national health protection workforce education. A key component of this is a joint senior education post across NHS Education for Scotland and Health Protection Scotland. This partnership model has been highlighted in the Public Health Reform workforce development commission as an example of good practice.

iii) Future NES public health activity

NES currently undertakes considerable activity in relation to public health across the directorates. It is anticipated that this work will continue to be a core component of NES work and in light of the embedding of the national public health priorities and the establishment of PHS the 'ask' of NES may increase.

References

1. Scottish Government (2016) 2015 Review of Public Health in Scotland: Strengthening the Function and re-focusing action for a healthier Scotland ISBN: 9781786520142 http://www.gov.scot/Publications/2016/02/8475

2. Scottish Government (2016). Health and Social Care Delivery Plan ISBN: 978-1-78652-701-1 (web only). http://www.gov.scot/Resource/0051/00511950.pdf

Authors: KW/LW/RR March 2019

Appendix 1

A summary of NES Cross directorate Public Health activity

The table below represents a summary of current NES activity in relation to Public Health in three areas.

The three areas are:

- Current activity matched where possible to specific Scottish Government public health priorities although much of the work is in reality cross cutting across many priorities (each activity noted only once)
- Activity relating to protecting the population from communicable and environmental threats
- The role NES has in relation to supporting the workforce involved in supporting the public health effort. This involves the development and facilitation of training routes across health and social care settings.
  Please note there are several multidisciplinary and multisectoral training routes supported by NES where public health is a component but not necessarily the primary focus. For the purposes of this paper it was not felt appropriate to list all these training routes.

Public Health Priority	**Activity**	**Activity**	**Activity**	**Activity**	**Activity**	**Activity**
Priority 1: A Scotland where we live in vibrant, healthy and safe places and communities	**NMAHP:** Supporting environmental public health work as required through the Scottish Health Protection Network e.g. environmental hazard training					
Priority 2: A Scotland where we flourish in our early years	**NMAHP:** -Family Nurse Partnership programme - Compassionate Connections programme-	**NMAHP:** Scottish Multiprofessional Maternity Development Programme	**NMAHP:** Supporting the Scottish Immunisation Programme	**Dentistry:** Support the implementation of the national oral health	**Psychology:** -Advanced Infant Mental Health training (Video Interaction	**Psychology:** Psychology of Parenting Project (Incredible

	aims to show how compassionate person-centred approach to care improves clinical outcomes and the health and well-being of vulnerable pregnant women, newborns and infants.		through the development of educational programmes vaccine specific and eLearning e.g. pertussis, flu, Men B	initiatives aimed at priority groups to improve oral health and reduce inequalities in access to oral care. Childsmile (early years)	Guidance and Mellow Babies for 0-18 months -Perinatal Mental Health Curricular Framework -Connecting with Parents' Motivations training -Solihull approach training-emotional health and well-being work with children and families	Years Preschool and Level 4 Group Triple P for 3-6 year olds)
Priority 3: A Scotland where we have good mental wellbeing	**NMAHP:** Educational programmes and initiatives to support national policy regarding dementia -Promoting excellence - A framework for health and social care staff working with people with dementia and their families and carers.	**NMAHP:** Educational programmes and initiatives to support national policy regarding mental health and suicide prevention (partnership Health Scotland)	**Psychology:** Early Intervention Framework for Children and Young People's Mental Health	**NMAHP:** Spiritual care Chaplaincy led programme e to help people discover hope, resilience and inner strength in terms of illness, injury, transition and loss	**Psychology & Medicine** Scottish advisory group on the wellbeing of the medical profession, co-chaired by David Garbutt and Dame Denise Coia.	
Priority 4: A Scotland where we reduce the use of	**NMAHP:** Educational resources supporting the Scottish Government BBV and	**Pharmacy:** CPD for registered pharmacist regarding Hepatitis C				

and harm from alcohol, tobacco and other drugs	sexual health framework e.g. -Hepatitis Band C -HIV -Injecting equipment guidelines					
Priority 5: A Scotland where we have a sustainable, inclusive economy <u>with equality of outcomes for all</u>	**NMAHP:** Development of educational resources to support equality of outcomes e.g. a. HPV vaccination programme and b. TB for underserved populations The theatres non-medical taskforce -ensuring geographical inclusion for health needs by enabling educational programmes.	**Psychology:** Educational Framework on psychological interventions for practitioners working with adults with learning disabilities in Scotland.	**Dental:** Developed and continue to support the delivery of an SQA qualification in oral health for care home workers aimed at supporting their role in the daily care of care home residents' oral health.	**Dental:** Improve oral health and reduce inequalities in access to oral care. Caring for Smiles (dependent older people), Smile4Life (homeless), Mouth Matters (prison population), Open Wide (Adults with Additional Needs).	**Dental:** Delivery of a course for dentists to support them in applying the adults with Incapacity legislation. This is of relevance when treating patients where capacity to consent is an issue. This course allows dentists to sign AWI certificates related to dental treatment, facilitating the delivery of oral care to this group of patients.	
Priority 6: A Scotland where we eat well,	**NMAHP** Supporting the CNO Health & Wellbeing Group which has emerged from the Nursing 2030 Vision	**NMAHP:** Supporting the Scottish Government Health and Social Care Physical Activity Delivery Group.	**Psychology:** MAP Programme of training for Behaviour Change for			

have a healthy weight and are physically active	(Scotland) - Chaired by NMAHP Director		health and social care practitioners			
Protecting the population from communicable and environmental threats	**NMAHP:** Established strategic leadership partnership working with Health Protection Scotland	**NMAHP:** Supporting health protection workforce education requirements through collaborative working with national Scottish Health Protection Network. CPD topics include: - Sexual health and BBV e.g HIV PrEP, Hep C, HIV -Public health microbiology e.g. whole genome sequencing -Immunisation detailed above - Respiratory infection: TB, legionella, influenza -Gastro-intestinal and Zoonosis : STEC, lyme disease, rabies	**NMAHP:** Health protection preparedness CPD: e.g.pandemic flu and ebola	**NMAHP:** Supporting the healthcare associated infection and infection prevention and control work as directed by Scottish Government e.g -Development and ongoing facilitation of the Scottish Infection Control educational pathway **-**Bespoke training courses for carehome and hospice settings	**NMAHP:** Supporting the antimicrobial resistance national strategy by for example developing national resources relating to antimicrobial stewardship and antibiotic review in close partnership with the Scottish Antimicrobial Prescribing Group	
Workforce development including training pathways	**NMAHP:** Supporting the CNO Transforming roles programme and specialist pathways e.g.: -Health Visiting	**Healthcare science:** Sponsorship of clinical scientists' trainees, that may-subject to resources- include public health scientists - Sponsorship of other health care science trainees to	**Psychology:** Health psychology Stage 2 training programme; 4 Health	**Dental:** Supports a number of training posts in Dental Public Health across Scotland.	**Leadership Unit:** Workforce - Place to Be Leadership Development for Existing and Aspiring Directors of Public Health.	**Medicine:** Facilitation of the Specialist Public Health training

	-School Nursing -Midwifery -Child Health -Mental Health - Learning disabilities - Health Protection	underpin the diagnostics service	Board based psychology trainees per annum		Delivered jointly with the King's Fund with coordination by Health Scotland.	route (NES employees) Supports delivery of public health educational opportunities within other training routes e.g. GP training
Other	**NMAHP:** Development of a national public health learning and development framework for health and social care staff					

IN CONFIDENCE **NES/19/15**

NHS Education for Scotland

MINUTES OF THE ONE HUNDRED AND FORTY-FIFTH BOARD MEETING HELD ON THURSDAY 31st JANUARY 2019 AT WESTPORT 102, EDINBURGH

Present: Mr David Garbutt, Chair
Ms Anne Currie, Non-executive member
Mrs Linda Dunion, Non-executive member
Ms Liz Ford, Employee Director
Mr Douglas Hutchens, Non-executive member
Professor Stewart Irvine, Medical Director
Ms Caroline Lamb, Chief Executive
Mrs Audrey McColl, Director of Finance
Dr Doreen Steele, Non-executive member
Dr Andrew Tannahill, Non-executive member
Ms Sandra Walker, Non-executive member
Mrs Karen Wilson, Director of NMAHP

In attendance: Mr David Ferguson, Board Services Manager (Board Secretary)
Dr David Felix, Postgraduate Dental Dean
Ms Dorothy Wright, Director of Workforce
Mr John Burnham, Head of Programme, NMAHP (particularly for agenda item 9c)
Mr John MacEachen, Head of Corporate Communications

1. CHAIR'S INTRODUCTORY REMARKS

The Chair welcomed everyone to the meeting.

It was noted that John Burnham, Head of Programme, NMAHP, was observing and would join the meeting for agenda item 9c: Scotland's Paramedic integrated National Education programme.

2. APOLOGIES FOR ABSENCE

Apologies for absence were received from Donald Cameron, Christopher Wroath and Geoff Huggins.

3. DECLARATIONS OF INTEREST

There were no declarations of interest, other than those logged previously.

4. MINUTES OF THE ONE HUNDRED AND FORTY-FOURTH BOARD MEETING (NES/18/107)

The minutes of the meeting held on 29th November 2018 were approved.

Action: DJF

5. ACTIONS FROM PREVIOUS BOARD MEETINGS (NES/19/02)

The Board noted that all of these actions had been completed or were in hand.

Some discussion took place on an action point from the April 2018 Board meeting concerning communication with the IJBs and community planning partnerships, which had been considered in the context of the recent arrangements for consultation on NES's strategic plan for 2019-24. The Board recognised the need to communicate with these bodies on matters of common interest and that this might be facilitated through the development of closer links with the Chief Officers' Group. This point might also be usefully raised with the National Boards Collaborative Group.

6. MATTERS ARISING FROM THE MINUTES

a. Board responsibility for policies and strategies **(NES/19/02(a))**

The Board noted a paper which had been produced to summarise the strategies and policies which require Board approval, as requested at the previous meeting.

At the suggestion of one of the members, it was agreed that it would also be useful to produce a synopsis of external policies and strategies which impact on the work of NES. **Action: CL**

7. CHAIR AND CHIEF EXECUTIVE REPORTS

a. Chair's Report

The Chair gave a verbal report on recent meetings and activities, including the following:

- A recent planning meeting regarding the appointment of two new non-executive members for the NES Board (one to replace Andrew Tannahill, who will retire from the Board on 30th April 2019). These appointments have now been advertised, with the intention to fill the positions with effect from 1st May 2019.
- A meeting with the Chair and Vice Chair of the Chief Executives' Group to discuss a more collaborative approach between the Chairs' Group and the Chief Executives' Group. A joint meeting of the two groups is now scheduled for the end of February.
- A useful meeting with Dorothy Wright to discuss the NHS workforce landscape. This may be a useful subject to cover at a forthcoming Board Development Session.

- A meeting between the Chairs' Group and the Cabinet Secretary, who advised that her major priorities are waiting times, mental health, health and social care integration and governance.
- Attendance at a Project Lift Winter Gathering event.
- The Westport Charity Christmas Carol Concert on 13th December 2018.
- Development of a new regular newsletter to the Board Chairs on the work of NES.
- Opened the Scottish Improvement Leaders Cohort Graduation.
- Attended a Digital Sub-Committee meeting on 17th December 2018.
- A meeting with the Doctors Health and Wellbeing Group. A business case is being developed for a new programme for doctors and there are plans to mirror this for other staff groups in future.
- A productive meeting with the Chief Nursing Officer, including discussion of the need to consolidate funding streams.
- A meeting of the National Boards Collaborative Group.
- A special meeting between the Board Chairs and Paul Gray to discuss the Cabinet Secretary's priorities and the associated requirements from Scottish Government.
- NES's successful mid-year review with Scottish Government on 30th January 2019.
- A recent conference call with the Vice Chair.
- A meeting with Sharon Millar to discuss the development needs of Board members.
- A meeting with the Chair of SAS to discuss paramedic education.
- A meeting of the Global Citizenship Board.

b. Chief Executive's Report **(NES/19/03)**

Before introducing her report, the Chief Executive drew attention to a recent development, whereby the team who developed Turas Learn have been shortlisted for a Public Finance Award in the category of Digital Project of the Year.

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

- Attention was drawn to the recent appointment of Dr Maria Pollard as an Associate Director in NMAHP.
- Congratulations were offered to Donald Cameron, former Associate Director for Optometry in NES, who was awarded an OBE in the New Year Honours list.
- Congratulations were also offered to Susan Douglas-Scott, a former NES Board member, who was awarded a CBE in the New Year Honours List.
- Following the Scottish Government's allocation of NES's budget for 2019/20, discussions are ongoing on how to bridge the funding gap which has emerged as a result. A detailed paper on the proposed budget will be brought to the F&PM Committee in February, with final proposals submitted to the March Board meeting.
- The consultation on NES's proposed Strategic Plan for 2019-24 has produced a very positive set of responses, which will be presented, with an analysis, to the Board Development Session on 28th February.

- The Chair and Chief Executive will meet the Cabinet Secretary on 19th February to discuss workforce issues. In the meantime, the Cabinet Secretary has sent a very positive written response to NES in relation to the Annual Review held in November 2018. This letter, which contains no action points for NES, will be circulated for information. **Action: DJF**
- At a meeting held on 30th January, Scottish Government agreed to provide funding for a number of additional paediatric training posts.
- Progress on developing a national eRostering system.
- The award to NES of £10.7 million over 3 years to extend CAMHS capacity in support of work to reform Scotland's approach to children and young people's mental health.
- Ongoing work in relation to the governance of collaborative working and communications and engagement, which will be aligned with the Scottish Government's evolving Corporate Governance Blueprint.

The following points arose in discussion:

- In relation to the above item on eRostering, it was noted that the current contract with Atos is due to run until 2022, although there will be opportunities to reduce expenditure over the course of the contract.
- Members welcomed the additional CAMHS funding and noted that this will enable expansion in both general and specialist capacity. It will be important to seek to target the areas of greatest need in children and young people's mental health.
- Some discussion took place on the new 'Career for You in Health' resource and the importance of measuring the impact of this initiative.

8. GOVERNANCE AND PERFORMANCE ITEMS

a. Finance Report **(NES/19/04)**

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

- The position as at the end of December 2018 is an underspend of £1.4 million and the current year-end forecast outturn is an overspend of £0.7 million. The increased forecast spend is primarily due to a significant movement in the cost of medical training grades from the position forecast at the end of November 2018. An error in the previous month's forecast model delayed the recognition of this emerging trend.
- A detailed report was submitted to Scottish Government in November 2018, highlighting the risks created by the multiple funding arrangements currently in place, including the reliance on funds released from less than full time gaps, which is not sustainable.
- To support management of the 2018/19 year-end position, the Executive Team has suspended all authority to vire across budgets and imposed a requirement that all purchase orders are reviewed by the Director of Finance. There will also be a review of provisions to identify any potential budget availability.

- In view of the updated trend information, the assumptions used for the creation of the 2019/20 training grade budget will be reviewed.
- Provided there are no further significant movements, it should be possible to balance the 2018/19 budget, although it will be challenging to manage.

Discussion of the paper generated the following points:

- It was pointed out that the recent letter from the Cabinet Secretary providing feedback on NES's 2018 Annual Review underlined the importance of creating a sustainable workforce and the Board was clear that this cannot be achieved without adequate investment. It was pointed out that NES has been under-funded for the training grades year on year and that it will not be possible for NES to continue absorbing additional work without extra resource. The point was also made that these additional pressures on the organisation have a considerable effect on NES staff. It was therefore agreed to write to the Cabinet Secretary to highlight the Board's concerns on these issues and to emphasise that it will not be possible for NES to deliver on its strategic plan for 2019-24 without adequate resourcing. This opportunity will also be taken to make the case again for NES to be treated as a patient-facing Board.

  Action: CL and DG
- It was confirmed that NES has already made a significant contribution to the National Boards Collaborative savings target of £15 million and is unable to contribute further.

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

b. Educational & Research Governance Committee: 13th December **(NES/19/05)**

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

In discussion, it was noted that the transitional issues relating to the use of Turas Learn by NHS Boards are being managed at local level and a full update will be provided to the Committee for its next meeting. **Action: CL**

c. Digital Sub-Committee: 17th December **(NES/19/06)**

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

In discussion, it was confirmed that external consultation on the development of a national digital platform has included the third sector.

d. Audit Committee: 16th January **(NES/19/07)**

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

It was noted that KPMG have been appointed to succeed Scott-Moncrieff as NES's internal auditors with effect from April 2019.

e. Finance & Performance Management Committee: 22nd November **(NES/19/08)**

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

Much of the discussion had centred on NES's challenging financial position, with particular reference to the medical training grades budget.

It was noted that there will be a session on the Corporate Dashboard at the February Board Development Session, including a brief demonstration on drilling through to particular performance targets and risks.

In terms of efficiencies moving forward, it was agreed to seek to maximise the use of the existing meeting spaces across the NES estate.

9. STRATEGIC ITEMS

a. Medical Trainee Progression Outturn **(NES/19/09)**

Professor Stewart Irvine introduced a paper providing a brief overview of progression and performance management in postgraduate medical education and training (PGMET) and reporting on the training year 2017-18 output of doctors following completion of training. The following points were highlighted:

- The information provided includes an analysis of the outcomes of the Annual Review of Competency and Progression (ARCP) and an analysis of the doctors leaving training through achievement of the Certificate of Completion of Training (CCT).
- A total of 7688 ARCPs were completed in 2017-18.
- Good progress has been made in achieving consistency across Scotland.

The following points arose in discussion:

- It was noted that a common reason for a resignation from training in Scotland is to take up a training post in another part of the UK.
- There is a recruitment process for lay advisers to the review panels and training is provided.
- The report was welcomed and it was agreed that it would be useful to receive this information annually. Consideration will be given as to whether the report should be considered by the E&RGC, en route to the Board.

  Action: DSI, DH and DG
- It was noted that an equivalent report on postgraduate dental education and training will come to a future Board meeting.

This useful report was noted by the Board.

b. Medical Revalidation **(NES/19/10)**

Professor Stewart Irvine introduced a paper providing an update on the important area of medical revalidation. The following associated reports were included with the paper:

- Medical Revalidation: Quality Assurance Review 2017-2018 (NES, November 2018 – produced on behalf of the Revalidation Delivery Board for Scotland (RDBS).

- Effective clinical governance for the medical profession: A handbook for organisations employing, contracting or overseeing the practice of doctors (General Medical Council, November 2018).

The following points were highlighted:

- NES supports appraisal and revalidation across Scotland by offering appraisal training, supporting the network of lead appraisers and hosting the Scottish Online Appraisal Resource (SOAR).
- Revalidation takes place on a five-yearly cycle.
- This year, NES assumed the responsibility for producing the annual quality assurance review report.
- There is a statutory difference between the Responsible Officer (RO) role in England and the rest of the UK.
- There is a formal requirement to report annually to NHS Boards on Medical Revalidation.

Discussion of the paper resulted in the following main points:

- It was noted that service pressures can occasionally lead to difficulties in releasing trained appraisers to carry out this role.
- In relation to section 11 of the cover paper (Health Inequalities), it was suggested that there could be an adverse impact on health inequalities if challenges faced in achieving revalidation were skewed towards doctors working in disadvantaged areas. In this context, it may be useful to suggest that the RDBS carry out a risk assessment on this point. **Action: DSI**
- In relation to the tension between the concentration of secondary care revalidation activity in February/March and service pressures at that time of year, it was noted that it would be possible for NHS Boards to achieve some staggering of revalidation activity over the year.
- It was noted that the recommendations on page 19 of the annual quality assurance review report have been put forward on behalf of the RDBS. It may be useful for the Chairs of the RDBS and the NES Board to discuss how such recommendations should be presented in future. **Action: DG**
- It was noted that NES is currently developing a section on educational governance at Board level for incorporation in the Scottish Government's developing work on a Corporate Governance Blueprint for NHS Scotland.

Following discussion, the paper was noted by the Board.

c. <u>Scotland's Paramedic integrated National Education programme (SPiNE)</u>

Karen Wilson introduced this item, drawing attention to the complex nature of the SPiNE programme and the need to provide clarity on the respective roles of NES and the Scottish Ambulance Service (SAS) and the risks involved.

John Burnham, Head of Programme, NMAHP, was welcomed to the meeting and he gave a presentation, “Scotland’s Paramedic integrated National Education Programme (SPiNE)”, which covered the following main areas:

- **Background**: Developments from 2000 to 2018
- Regulatory change: “…the Council agreed that the threshold level should change to ‘Bachelor degree with honours’. We have concluded that this is necessary to deliver the Standards of proficiency for paramedics to the depth required for contemporary practice”. (Health Care Professions Council (HCPC), March 2018)
- **Current provision**: A finite capacity of 250 paramedics in training, in any given year
- **SPiNE**: A collaboration between SAS, NES and SFC
- **Recommendation 1**: NES should undertake the procurement and contract management for the development of a non-controlled accelerated honours degree programme from September 2021, based on a minimum intake of 150 students per year for an initial 5 year period.
- **Recommendation 2**: A full implementation plan should be developed between NES and SAS, which considers the implication and mitigation required for the transitional period, and the preparations required within SAS for the new model from 2021.
- **Recommendation 3**: The SPiNE programme currently has resources allocated until September 2019, in terms of a seconded Head of Programme, and project and administrative support drawn from existing NES structures. In developing the programme further, there is a need to consider the availability of resources beyond 2019 until 2021.
- **Timeline**: March 2018 to August 2021 – Phase 1: Planning; Phase 2 – Commissioning; and Phase 3 – Development and Approval
- **Key Risk**: That funding is not identified to support the transitional period and ongoing tuition costs, resulting in a delay to the procurement process, potential impact on the implementation date, and, as a consequence, organisational reputational risk for NES

The following points were highlighted during the presentation:

- There will be a need for a MoU between SAS and Scottish Government.
- The above recommendations will be incorporated in a detailed business case, which will come forward to the Board in due course.
- Some universities have shown interest in providing an accelerated (3 year) honours degree programme. There are a number of 3 year accelerated/condensed honours degree programmes in Scotland currently.

Discussion of the presentation generated the following main points:

- The intention is for the honours degree programme to include 50% practice placements, split between the ambulance service and the wider health and care sector.
- There was a question as to whether the lack of a salary or bursary during the programme might act as a disincentive, although it was noted that there is already a considerable degree of interest in undertaking the programme.

- There would be a number of routes into the honours degree programme, including graduate apprenticeships, secondments from SAS, access programmes and accreditation of prior learning.
- The HCPC have specified the honours degree programme as the future standard for UK registration as a paramedic.
- There will be no HCPC requirement for current registrants to upgrade their qualifications.
- Tender specifications are being developed, with a view to going out to tender in May/June 2019.

Following discussion, Karen Wilson and John Burnham were thanked for presenting this item and the Board looked forward to receiving the SPiNE business case in due course. **Action: KW and JB**

10. RISK REGISTER (NES/19/11)

Caroline Lamb introduced a paper presenting the NES Risk Register as at January 2019, highlighting the following points:

- Although there are no changes to the risk ratings attached to any of the risks, the mitigating measures have been updated in a number of cases.
- The information in the developing Corporate Dashboard has recently been enhanced to include a summary of directorate and corporate risks, in an interactive format.

In discussion, it was noted that the mitigating measures in relation to Corporate Risk 9 (disaster recovery and business continuity) will be in place by the end of March 2019.

The Board noted the information contained in the report.

11. ITEMS FOR NOTING

a. Annual Review: 21st November 2018 **(NES/19/12)**

The Board received and noted a record of the NES Annual Review held on 21st November 2108.

As noted at agenda item 7b, a positive letter of response has now been received from the Cabinet Secretary and will be circulated for information.

b. Partnership Forum: 19th November **(NES/19/13)**

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

c. Training and development opportunities for Board members **(NES/19/14)**

The Chair introduced this paper, which included information on both structured training events and a wide range of development opportunities with a focus on understanding

more about NES's work. Members were encouraged to take advantage of these opportunities.

The paper was noted.

12. ANY OTHER BUSINESS

There was no other business.

13. DATE AND TIME OF NEXT MEETING

The next Board meeting will take place on Thursday 28th March 2019 at 10.15 a.m.

CLOSED SESSION

David Felix, Dorothy Wright, John MacEachen and John Burnham withdrew from the meeting at this point.

MINUTES OF CLOSED SESSION BOARD MEETING HELD ON 29th NOVEMBER 2018 (NES/18/107(a))

These minutes were approved.

The Chief Executive advised that the business case concerned had now been approved by Scottish Government and that the necessary legalities were being concluded with the Westport 102 landlords.

NES
February 2019
DJF/dsi/cl/at

Actions arising from Board meetings: Rolling list

Minute	Title	Action	Responsibility	Date required	Status and date of completion
Actions agreed at Board meeting on 31st January 2019					
6a	Matters arising: Policies and strategies	Arrange to produce a synopsis of external policies and strategies which impact on NES's work.	Caroline Lamb	N/A	Ongoing
7b	Chief Executive's Report	Circulate the Cabinet Secretary's recent letter regarding NES's 2018 Annual Review	David Ferguson	Completed	Circulated on 1st February.
8a	Finance Report	Letter to Cabinet Secretary regarding the resourcing of NES's work.	Caroline Lamb and David Garbutt	N/A	Letter drafted but not sent pending outcome of discussions with SGH&SCD Finance as outlined in the budget paper which will be presented to the Board on 28/3/2019
8b	E&RGC minutes: 13th December 2018	Arrange to advise the E&RGC that the transitional issues around Turas Learn are being managed at local level and that there is therefore no need to feature this in NES's Corporate Risk Register.	Caroline Lamb	Completed	Discussed at E&RGC meeting in February. Briefing issued.
9a	Medical Trainee Progression Outturn	Consider whether this report should be brought to the E&RGC, en route to the Board, in future (on an annual basis).	Stewart Irvine	Completed	This course of action was agreed (to include the corresponding Dental paper too).
9b	Medical Revalidation	(i) Invite the RDBS to consider carrying out a risk assessment in relation to doctors working in areas of social deprivation.	Stewart Irvine	N/A	Ongoing

Minute	Title	Action	Responsibility	Date required	Status and date of completion
		(ii) Discuss with the RDBS Chair how best to present the recommendations from the annual quality assurance reports in future.	David Garbutt	N/A	Ongoing
9c	Scotland's Paramedic integrated National Education programme (SPiNE)	Bring a business case to the Board in due course.	Karen Wilson and John Burnham	N/A	Ongoing
Actions agreed at Board meeting on 29th November 2018					
5	Board item on Public Health	Consider involving someone engaged in the establishment of the new public health organisation when the Board considers the forthcoming item on public health and health inequalities.	Caroline Lamb and Karen Wilson	Completed	This item features on the March 2019 Board agenda, with Marion Bain (Public Health Reform Scotland) attending to present.
8b	Organisational Performance Report	Organise a Board development session on navigation around the corporate dashboard and drilling down into targets etc.	Donald Cameron	Completed	This item was included in the Board development session held on 28th February.
Actions agreed at Board meeting on 26th July 2018					
9c	The role of Health and Social Care Partnerships in reducing health inequalities	Bring a fuller discussion paper on this topic to a future Board meeting	Caroline Lamb	N/A	To be considered as part of the item on Public Health Reform coming to the March 2019 Board meeting.
10a	Feedback, comments, concerns and complaints Annual Report 2017-18	Take account of the points raised in discussion, as appropriate, in producing the next annual report.	Donald Cameron	July 2019	Ongoing
Actions agreed at Board meeting on 19th April 2018					
8c	E&RGC minutes: 22nd February 2018	Arrange for the Board to receive, at an appropriate time, an update on the corporate position regarding NES's communication with the IJBs and the community planning partnerships.	Stewart Irvine	N/A	IJBs were included in the consultation on NES's Strategic Plan for 2019-24. Further consideration will be given to communication as part of the development of

Minute	Title	Action	Responsibility	Date required	Status and date of completion
					the Communications Strategy
Actions agreed at Board meeting on 8th March 2018					
10d	Medical Revalidation	Consider the suggestion that it may be useful for the Board to consider the questions for boards and other governing bodies set out on pages 46-47 of the Pearson review report.	Stewart Irvine	Completed	The GMC Governance Handbook was considered at the Board meeting on 31st January, in the context of a discussion on Medical Revalidation.
Actions agreed at Board meeting on 24th January 2018					
8d	Revised Audit Committee Remit	Take account of the discussion points when the Audit Committee next reviews its remit.	Audrey McColl	April 2019	Ongoing

NES
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(Enclosure)

CHIEF EXECUTIVE'S REPORT

Caroline Lamb, Chief Executive

January 2019

1 INTRODUCTION

The Board agenda for our March meeting contains a number of important strategic items which will set the direction of our work for 2019/20 and beyond. These are our Strategic Plan 2019-24, our Annual Operational Plan 2019/20 and Financial Plan 2019/20.

Our Annual Operational Plan has been drafted to reflect a strategic, high level approach which is in line with the guidance issued by Scottish Government and importantly seeks to convey the contribution which NES can make to the implementation of the Health and Social Care Delivery Plan.

The Financial Plan sets out the way in which we will deploy our resources to support the Annual Operational Plan and articulates the challenges of achieving a balanced budget.

We will also be receiving a presentation on Public Health Scotland, which is accompanied by a paper detailing the NES contribution to public health; and we will receive a paper on Dental Progression.

There are several governance and performance items for noting which include the Performance Report, Finance Report and the minutes from various NES Committees.

2 ANNOUNCEMENTS

Professor Ronald MacVicar

The Board will wish to note the retirement of Professor Ronald MacVicar from NES at the end of March 2019.

Professor Alan Denison

Professor Alan Denison will take over as Postgraduate Medical Dean within the Scotland Deanery at the beginning of June 2019.

Professor Denison is currently the Deputy Director of the Institute of Education in Medical and Dental Sciences and MBChB Programme Lead with the University of Aberdeen and is an Honorary Consultant Radiologist with NHS Grampian. Professor Denison will be based in our Aberdeen office. In this role he will lead training programmes across Scotland, will co-lead will our work on professional development, and will work closely with colleagues in NHS Grampian, Highland, Shetland, Orkney and the Western Isles, and with colleagues in the University of Aberdeen.

Dr Andrew Tannahill, Non Executive Board Members

This is Andrew Tannahill's final Board meeting as a Non-Executive Board Member. Andrew's term of appointment ends on 30 April 2019. During his six-year term,

Andrew was Chair of the Educational & Research Governance committee and served on the Staff Governance and Remuneration Committees. I would like to thank Andrew for his very significant contribution to the organisation.

Public Finance Awards – Turas People

I am delighted to report to the Board that Turas People has been short-listed for a Public Finance Award in the category of Digital Finance Project of the year. The winner of the awards will be announced at an event on 1 May.

First Prize for Vocational Training Poster

On the 8th February 2019, Fiona McMillan, NES Principal Lead for Vocational Training and Leadership Development, attended the Royal Pharmaceutical Society Research Winter Summit and presented her NES poster "A mixed methods evaluation of the cross-sector Pharmacist Vocational Training Foundation Programme: is the training programme fit for purpose?". The research is ongoing in collaboration with the Scottish Medical Education Research Consortium (SMERC) with Professor Jennifer Clelland and Professor Christine Bond. We were delighted that Fiona was awarded first prize for the poster.

3 STRATEGIC UPDATE

Meeting with Jeane Freeman MSP, Cabinet Secretary for Health and Sport
David Garbutt and I held a positive meeting with the Cabinet Secretary and the Chief Medical Officer on the 19 February 2019. The focus of the meeting was the medical workforce where we discussed attracting, recruiting and retaining staff, particularly in the north and south west of Scotland.

A meeting with Shirley Rogers to discuss the follow up to this meeting has been scheduled for 4 April.

NHS Tayside Assurance and Advisory Group

The Board will wish note Sir Lewis Ritchie and I provided our third and final report on NHS Tayside. The Scottish Government has agreed that NHS Tayside should be monitored in-line with other NHS Boards who have an escalated status. The full report can be found here**.**

Board Members will also like to note OSCR report on NHS Tayside has been published and can be found here**.**

4 MEDIA INTEREST, COMMUNICATIONS AND EVENTS

In February 2019, we issued the first 'News from NES', a newsletter for NHS Board Chairs, highlighting the contribution that we make across the country. This will sit alongside the e-newsletter 'NES Current' as our regular stakeholder communication channels.

We also issued news releases about new funding for student pharmacists, a learning event at the V&A in Dundee, the appointment of a Postgraduate Medical Dean, the use of Virtual Reality headsets to help patients in remote areas and a NES dental nurse getting top marks in the country.

More information about communications is available in our 'Quarterly Report" document, which is attached (appendix 1).

5. Dental

Development Award in Supporting the Healthcare Team in the Workplace (SCQF Level 8)

One of NES' Lead Dental Care Professional Tutors has written a qualification for Scottish Qualifications Authority (SQA) "Supporting the Healthcare Team in the Workplace", which has now been approved by SQA as a new Professional Development Award (PDA).

This PDA is aimed at those required to induct and mentor an existing or new member of staff, thereby ensuring safe practice in the workplace. The qualification also examines the value of effective performance management processes within an appraisal system.

Although it will be delivered by NES Dental, other Directorates are encouraged to promote it to relevant groups to support healthcare teams in providing safe, effective and high-quality patient care in a variety of settings.

Launch of 'Open Wide'-a guide for trainers with the aim of better oral care for adults with additional care needs

The launch of this new national oral health initiative took place on Thursday 7th March 2019 in Edinburgh.

The launch was hosted by the NES Dental Directorate with 107 delegates attending in person and a further 77 joining by VC from seven different hubs in Kirkwall, Lerwick, Invergordon, Campbelltown, Aberdeen, Dunoon and Borders.

The programme for the day began with an introduction by Tom Ferris, Chief Dental Officer (interim) followed by a number of speakers from health and social care. The

delegate list also reflected the diversity of agencies and organisations represented from health, social care and third sector.

The final speaker of the day summarised how the launch of 'Open Wide' bridges the gap between Childsmile (aimed at children) and Caring for Smiles (aimed at the dependent elderly) to produce a transition through oral health improvement programmes for those requiring support with oral care through the ages.

'Open Wide' has been produced through collaborative working between representatives from territorial health boards, NHS Education for Scotland, NHS Health Scotland and the Care Inspectorate and is based on a pilot carried out in East Ayrshire to improve the oral health of adults with learning disabilities. The scope of 'Open Wide' has been broadened to include adults with physical, cognitive or medical difficulties which impact on their ability to care for their own oral health needs.

Open Wide is a training pack for delivering training in oral health improvement to those who provide daily oral care for adults with additional care needs. It provides practical advice and recommendations and can also be used as a reference manual. This priority group often face considerable challenges to maintaining good oral health which is a key element in maintaining overall health and wellbeing. 'Keys to Life' (2013), a Scottish Government report, highlighted significant health inequalities and recognised that oral health is poor in this group.

NES look forward to continuing to work collaboratively with our partners in health, social care and third sector to roll out this new guide nationally. Individuals in this group are often cared for at home by family and other carers and there will be challenges in identifying the people who are responsible for their personal care in order to offer training and support. A collaborative and flexible approach will be essential.

Open Wide is a welcome addition to the existing Scottish oral health improvement initiatives for other priority groups.

5 DIGITAL

The Turas FNP application team continues to prepare for migration of data from the legacy system. NES Digital have completed the data access and governance processes and have been granted access to the national CHI registry. This is the primary identifier for clients and infants and is therefore essential to the application go live. Live and staging environments have been created and will be populated with data. The staging environments will also be tabled for the approval of the Patient Benefits and Privacy Panel (PBPP) and the NES Executive Team.

Work has begun to automate the activation of Training Programme Management medical trainees. This involves the implementation of an electronic acknowledgement of the *Conditions of Joining a Training Programme*. This will

remove the requirement for manual acknowledgement from the Training Management teams.

By the end of March 2019, NES will have moved most of its content from LearnPro to Turas Learn. However, in order to mitigate risks and alleviate concerns of Boards that use LearnPro, but still need to access NES-generated mandatory content and report on compliance, NES has implemented an outline agreement with LearnPro to extend the hosting of 20 mandatory and embedded modules on LearnPro for a period of 3 months. This will ensure continued access to these modules by the Boards via LearnPro during which time NES will work to establish data links to facilitate compliance reporting. NES Digital is working with the eESS implementation team to develop a link between e:ESS OLM and Learn. In addition NES will explore longer term technical solutions to improve the situation for individual learners and Board compliance reporting by linking records of Turas Learn, LearnPro and e:ESS OLM. The target solution is one where learners can complete learning on any of the 3 learning management systems and benefit from a unified learning record, while satisfying their employing board's reporting requirements

6. NES Digital Service

Our work with NHS Forth Valley continues to develop a digital version of the ReSPECT form, the first product from NDS. We have also met with NHS Grampian to discuss the growing clinical interest in implementing ReSPECT - their eHealth team is keen to collaborate around finding ways to integrate with NDS.

Conversations with the University of Glasgow are also progressing positively around Digital Innovation Hubs, with further meetings planned.

There has been significant progress regarding recruitment, with a particular focus on Product. Three Clinical Leads have started with NDS, Dr Sam Patel, Dr Steve Baguley and Dr Paul Miller. NDS' Associate Director for Data, Dr Steve Pavis has also joined the team. In March, there will be a further three new members of staff joining us.

We had a positive meeting with eHealth Leads in which they expressed support for the wider product roadmap.

Geoff Huggins gave the keynote presentation and took part in a panel discussion at the Holyrood Digital Health and Care Event on 20-21st February. One of NDS' new Clinical Leads, Dr Steve Baguley, also took part in the panel discussion. Feedback following the event has been extremely positive, resulting in a substantial increase in social media interest.

Consideration of approaches for product development are increasing in frequency (re. genomics, cancer summaries; online education; etc.) with partners, suggesting more support for the approach generally across the system.

An NDS Communications Strategy, Frequently Asked Questions and Website redevelopment plan have been drafted. We have published two blogs - the first, by NDS' Chief Technical Officer, Alistair Hann on "The Road to the National Digital

Platform" and the second, from one of NDS' new Clinical Leads, Dr Paul Miller on his role and background.

We communicated news of the successful collaborative bid on a "Sprint" Exemplar Innovation Project" funded by Health Data Research UK in January.

We hosted a visit from an Italian delegation from the University of Trento in relation to the HDR UK Sprint project.

Geoff Huggins was interviewed by Computerworld UK, on the Office 365 rollout to NHS Scotland and the links to the Digital Platform. The article was published on 14th Feb and has been promoted via social media.

We have also published an advert for the National Digital Platform Cloud procurement - this has had a positive uptake in the trade press.

7 Medicine

Training & education for examiners of victims of rape & sexual assault

NHS Education for Scotland (NES) was commissioned by the Scottish Government over the 2017-18 and 2018-19 years to support the work of the Taskforce for the improvement of services for adults and children who have experienced rape and sexual assault. The initiatives that were taken forward as part of this work, led by Professor MacVicar include:

1. Redesign of the '*Essentials in Sexual Offences Examination and Clinical Management (Adults and Adolescents) – Best Practice for Scotland'* course to make it more portable and accessible, and to provide Sexual Offences Examiner (SOE) training for a target number of 100 doctors in the new course over the two financial years, with a focus on training female examiners for the role. With one course to be delivered in March 2019 we are on track to meet this target of delivering training to 100 doctors at no cost to the participants, and approximately 80% of these are female. Accreditation of the new course by the Faculty of Forensic and Legal Medicine is in place and as a result, Standard 4 of Healthcare Improvement Scotland's Standards published in December 2017 (Healthcare and Forensic Medical Services for People who have experienced Rape, Sexual Assault or Child Sexual Abuse: Children, Young People and Adults) can be met by Boards by supporting their SOEs to participate in the Essentials course.
2. Establishing an annual update *conference* to provide a forum for Continuing Professional Development, peer-referencing and peer-support. The first annual update conference was held in Glasgow in November 2018 and was attended by almost 100 delegates. Evaluation was extremely positive.
3. Providing a sustainable system of support for clinicians that show interest in training, and through the journey from showing interest to trained examiner in substantive examiner role. Potential delegates are required to apply for a place on the course, providing justification and an intention to contribute to the

service. These applications are screened by our Associate Postgraduate Deans and places are allocated only to those that are appropriate.

4. Support for regional approaches to continuing professional development for examiners, including opportunities for peer review, peer referencing and peer support. This is work in progress. A survey of the key individuals in SOE/ FME service provision in the North, Southeast and West of Scotland, was undertaken in late 2018.
5. Adapting the Essentials course so it is appropriate for the nurses that support examiners and victims. This area of work resulted from the Chief Medical Officer placing an expectation on Board Chief Executives that examinations should only take place in the presence of a trained nurse. This has been developed and implemented with the first cohort of nurses trained in December 2018 alongside medical examiners and a similar course planned in March 2019. An additional nurse-specific Essentials course is planned in February in the north of Scotland to help try to meet a regional demand for nurse training.

We have recently submitted proposals for the further development of this important work to SG, with a view to forward funding support.

Credentialing

Since September, the GMC has been engaging widely on their draft credentialing framework. This followed a period of rescoping of their position during 2017-18, following developments such as Shape of Training, the flexibility review, and new curriculum standards, and building on earlier proposals. Feedback has been generally positive, with many welcoming the opportunity for more consistency and quality assurance in areas that need more attention and to skill up doctors where needed. Doctors in training continue to voice concerns about perceived risks to training, but a number of them are appreciative of the prospects for improved flexibility and lifelong learning, noting the potential to help fill service gaps and enable individual doctors to gain extra skills they need to do their jobs.

It is anticipated that a final proposal will go to GMC council very shortly, and UK discussions are already advanced in terms of priority areas for implementation. It is likely that one of these will be remote and rural care, led by NES.

8 NMAHP

Future Nurse/Future Midwife National Event

The NMAHP Practice Education Team hosted a national event which brought together practice stakeholders from across health and social care and representatives from Scotland's universities to engage in discussions around the new NMC standards framework for nursing and midwifery education which was published in May 2018.

By participating in the event delegates had the opportunity to:

- learn about the Once for Scotland Approach underlying the implementation of the NMC Standards for Education
- listen to updates in relation to the progress of the six areas within the Scottish Future Nurse and Midwife Programme Board workplan
- participate in facilitated discussions around the Standards for Student Supervision and Assessment (pre and post-registration)
- review and comment on the first draft of the Scottish Practice Assessment document for future nurse pre-registration students
- join a facilitated discussion to share good practice and horizon scan Future Nurse and Midwife practice learning experiences of the future
- network with colleagues from across Scotland.

Two-hundred delegates from across Scotland attended the event. The event is part of a series of stakeholder engagement events to ensure a collaborative approach to the future implementation of the new educational framework in 2020.

Networking Sharing and Learning with the AHP Practice Education Network
In early March 2019 the AHP Practice Education Leads (PELs) within each Health Board were brought together for a two-day CPD event.

The role of the PEL includes increasing capacity and capability of high-quality work-based learning for the AHP workforce, covering fourteen professions, to support delivery of both national and local practice education priorities. Their roles are unique within Health Boards and a key priority within the Practice Education programme is to ensure there are robust structures and mechanisms in place to provide support, supervision and CPD.

This year the programme included workshops to enable the PELs to develop and use non-technical and technical aspects of clinical skills to support clinical skills development within their own areas. These were facilitated by Jean Ker, Associate Post Graduate Dean of Clinical Skills and Simulation in NES, Emma Phillips, from the Scottish Centre for Simulation and Clinical Human Factors, and Nic Richardson, one of our PELs but also AHP Clinical Skills National Lead. Activities included opportunities to build clinical-skills teaching scenarios, discuss teaching techniques and a practical session set within the Mobile Skills Unit.

In addition, Alex Urquhart, Stakeholder Communications Officer from the Health & Care Professions Council (HCPC) the regulatory body for AHPs joined an interactive discussion on effective future support for AHPs considering return to practice and exploring potential solutions to encourage other AHPs to re-join the AHP workforce in Scotland.

Paramedic and Healthcare Chaplain Practice Educators also attended this CPD event and Sandra Walker, NES Board Member, joined us for an afternoon to meet our network and visit the Mobile Skills Unit.

Some initial feedback
"I really enjoyed the 2 days, it definitely made a difference not having so many different speakers and topics over the two days. People were more relaxed, and I think retained the information better. This also gave more opportunity to reflect on the learning with each other as well as networking" AHP Practice Education Lead

"I found it such a stimulating experience joining with such a great bunch of enthusiastic and highly skilled people - so thank you for the opportunity to attend" Healthcare Chaplain Practice Educator

9. Pharmacy

Improving the quality of over-the-counter (OTC) consultations for simple analgesics (painkillers)

In response to recent Which? articles which highlighted issues with over the counter consultations in Community Pharmacies, and most recently with the sale of simple analgesics, NES pharmacy has developed a number of resources to support these consultations. The most recent of these resources is 'Improving the quality of over-the-counter (OTC) consultations for simple analgesics' workbook. In February 2019 every community pharmacy in Scotland received a copy of this resource and the Scottish Government circular (PCA (P)(2019) 2) requested completion of the resource. NES Pharmacy have now developed further resources to complement this resource and support over the counter analgesic consultations in the community. These resources are a **Consultation Prompt Card** which is intended to further help support community pharmacy staff cover the main aspects of an effective consultation and a set of **Product Prompt Cards** which highlight counselling points that should be covered when discussing specific analgesic products with the patient.

Quality Improvement activity within community pharmacy
The recent Scottish Government Circular (PCA (P)(2019) 4) advises community pharmacy contractors and NHS Boards of initiatives to continue to strengthen and raise the profile of Quality Improvement activity within community pharmacy. For 2019-20, community pharmacy contractors in Scotland will progress the QI activity in their pharmacy, through the introduction of an enhanced NSAID Safer Care bundle. To support this initiative, NES Pharmacy has developed a webinar which is will be delivered on the 21st of March 2019 and will be recorded and available through Turas Learn. In addition, NES has organised a series of face to face events in all health boards areas to support the implementation of the NSAID Safer Care Bundle, sharing of best practice from practitioners who have already implemented this bundle in practice, and supporting teams to improve error reporting and learning from error through good conversations.

10. Psychology

The Perinatal Mental Health Curricular Framework

A framework for maternal and infant mental health, was successfully launched on 19th February in Edinburgh. NES developed this resource in collaboration with leads from the Perinatal Mental Health Network Scotland (PNMH-S), as well as a wider multi-agency stakeholder working group, including those with lived experience of perinatal mental ill health. The launch, which was chaired by Judy Thomson, was opened by the NES Chair, David Garbutt, and included speakers from NES Psychology, the PMHN-S, Royal College of Midwives, NSPCC as well as a maternal mental health change agent with lived experience. The event was well very well attended by approximately 40 colleagues across the Women and Families workforce, and those in attendance shared positive feedback both in relation to the event, as well as the Framework itself. The Framework is hosted on Turas Learn, and links to the resource have been shared widely among networks.

Psychology of Parenting Project

The Psychology of Parenting Project (PoPP) is aimed at improving the availability of high-quality evidence-based parenting approaches (the Incredible Years Preschool Basic and Level 4 Group Triple P interventions) for families with children aged 3-6 years who have elevated levels of behaviour problems. Since January 2013, 732 practitioners have been trained to deliver these interventions and overall 805 PoPP groups have been delivered (or are currently being delivered) to 5,060 families. Outcome data (in the form of pre and post group Strength and Difficulties Questionnaires) has been collected on 2,744 children; consistently over the years 81% of children have demonstrated an improvement, with 61% of children who started in the clinical range moving out of this high-risk range by the time that their parents had completed a group.

Supervision Conference

The NES Celebrating Supervision conference on 28.2.19 focused on the Restorative aspects of supervision within psychological therapies and interventions. It was attended by 100 multi-professional delegates from across Scotland. Delegates valued the opportunity to reflect on supporting staff wellbeing within supervision. Drivers from governing bodies (e.g. HCPC) on the delivery of supervision within nursing and Allied Health Professions were considered and interdisciplinary links were made with regards to how to implement supervision in wider settings.

11. Workforce

EU Withdrawal

NES continues to work closely with Scottish Government to ensure that we are fully informed of developments and take appropriate action as required. The focus from Scottish Government has been to ask Boards to promote Settled Status and we have issued a further communication to staff and also written to managers to

highlight the advice and support available to them. Very few questions have been raised with us and we have been careful to ensure that there is clear signposting to a range of on-line information. We will continue to engage with Scottish Government on emerging issues and requirements.

Health Care Support Worker- Learning and Development Event - Make Learning Work for You

Over the last few years NES has run a national Health Care Support Worker Conference. Based on feedback and with a view to keeping the format fresh, the Educational Development Team, put on a Learning Event for the North Region for Business and Administration and Estates and Facilities Staff (Bands 2-4). This was the first event of its type we have run, and the early feedback is very positive. Having considered the feedback received, we are working towards holding similar learning events in the West and East Regions.

This change in format and approach, allowed a clear focus on learning for staff groups that do not always have the opportunity to meet and learn together. The aim of the event was to raise awareness of learning and development, identification, access, planning and recording of learning. There was also a focus on managers being more aware of how they can support the learning and development of their staff.

CALENDAR

21 January

Digital Health & Care - Strategic Portfolio Board Meeting

I attended this meeting, where the focus of the discussion was on the overall governance framework for the Strategy. It was agreed that a collaborative approach to whole system governance was required, with an appropriate structure set up around the domains in the Strategy. The work of the National Digital Platform was also discussed, with it agreed that further discussions with local government were required to ascertain their involvement in both the design and the governance. The other substantive agenda item was workforce, with it agreed that the proposal as presented was the correct focus and the cross-sectoral development of it was welcomed.

Interviews of Dean of Postgraduate Medicine- Scotland Deanery, North Region
I Chaired the interview panel for the recruitment of this post. As noted in the announcements Professor Alan Denison was the successful candidate. Professor Alan Denison will take over as Postgraduate Medical Dean within the Scotland Deanery at the beginning of June 2019.

22 January

All Staff Meeting - NES Partnership Forum, Dundee
An all-staff meeting was held with Partnership Forum members. This provided staff the opportunity to ask any questions/raise any issues or concerns.

NES Partnership Forum
The Partnership forum discussed papers on the National Board Shared Services Target Operating Model, Dorothy Wright and an update on the Lead Employer Partnership Arrangements for Doctors in Training. Other updates received included the National Boards Collaborative Plan and shared services.

NHS Tayside AAG Update
The purpose of this meeting was to discuss progress with the NHS Tayside AAG Report

23 January

Christine McLaughlin, Director of Health Finance, Scottish Government
Christine and I discussed the agenda for the Business Systems Programme Board on the 24 January.

Wendy Regan, Deloitte
Christopher Wroath and I met with Wendy and we discussed the progress of work that has been made to date on the national solution for eRostering.

Bank, Agency and Rostering Steering Group (BAR Group)
I chaired the BAR Group meeting where the discussion focused on the progress made with the implementation of the national solution for eRostering. Other substantive agenda items discussed included updates on nursing and medical banks, agency spend for consultants and a paper on radiography was provided by Anne MacPherson, Human Resource Director, Greater Glasgow and Clyde.

24 January

NHS Business Systems Programme Board
I chaired the meeting NHS Business Systems Programme Board Meeting. The focus of this meeting was to discuss a refresh of NHS Business Systems Roadmap. Other items discussed included the governance of the group and the requirement for representation from Local Government. Updates on O365, eFinancial and Turas Applications were also received.

NHS Tayside AAG Update
The purpose of this meeting was to discuss progress with the NHS Tayside AAG Report

25 January

National Planning Board
I co-chaired the National Planning Board with Angiolina Foster. The agenda items included discussion on the Transformation Funding, Draft Health &Social Care Workforce Plan. Other substantive items included TAVI and radiology transformation.

Caroline Sharp, Workforce Director, NHS Dumfries and Galloway
Caroline and I discussed the STAC paper on Agenda for Change Pay & Progression paper.

28 January

Lorraine MacMillan, Local Government
Lorraine and I discussed the optimum way of ensuring that Local Government interests are reflected in the areas of the Digital Health and Care Strategy where NES has a lead role.

29 January

NES Executive Team
The NES Executive Team discussed various items which included the February Board Development Session and budget, operational planning and corporate priorities for 2019/20. Other items discussed included Organisational Performance Report and Statutory Equality Progress Report.

30 January

NES Mid-Year Review with Scottish Government
The NES mid-year review was held with the Sponsor Team and the Scottish Government. The meeting was led by Sean Neil and we discussed NES's performance against the 2018-19 operational planning, performance and finance targets and the NES strategic framework 2019-24.

31 January

NES Board
The agenda for the Board meeting included a paper on Medical Trainee Progression Outturn. A paper on Medical Revalidation was also discussed; and Karen Wilson and John Burnham provided the Board with a presentation on Scotland's Paramedic integrated National Education Programme (SPiNE).

There were several governance and performance items for noting which include the Performance Report, Finance Report, notes from the Annual Review: 21st November 2018 and the minutes from Board sub-committees.

NES Remuneration Committee
The Remuneration Committee noted the outcomes from the Executive Performance Reviews 2017/18. The Committee also noted the performance management process for the Director of NES Digital Service. The other agenda items discussed was the remit of the committee.

1 February

Transcatheter Aortic Valve Implantation (TAVI) Telephone Call
I participated in a telephone call Angiolina Foster, Ralph Roberts and Graeme Smith. This was to discuss how the service will be provided across Scotland.

National Programme Board – Modelling
I attended a workshop provided an overview of the Delivery Plan modelling tool. The workshops included interactive group discussion.

4 February - Transcatheter Aortic Valve Implantation (TAVI) Telephone Call
I had a telephone call with Karen Grieve, NSS, this was to discuss how the service will be provided across Scotland.

5 February

Angiolina Foster, Pauline Howie and Greg Thompson
I participated in a catch-up call which discussed the development in the work that we are taking forward as implementation leads for National Boards.

NHS National Boards Collaborative Programme Board
The National Boards Collaborative received updates on stakeholder engagement, the ISST Project Board and finance updates.

NHS Chief Executive Private Meeting
Professor Stewart Irvine and Ann Gow, Director of Nursing, Midwifery and Allied Health Professionals, HIS provided the Chief Executives with a presentation on the Sharing Intelligence for Health & Care Group (SIHCG) Annual Summary Report. The Chief Executives also received updates on O365, Waste Management, Capital Investment Strategy and TAVI.

8 February

Pete Locke, Deloitte, Financial Framework for the Digital Health and Care Strategy
I had a telephone call with Pete Lock, Pete provided me with an update on the progress of work to date that had been made with the financial framework.

Implementation Leads - Business Meeting
The Implementation Leads received updates on Transformation Fund, regional planning and TAVI.

11 February

NES Forward Look Forward, Scottish Government
David Garbutt and I met with Shirley Rogers, Sean Neil, John Colvin & Dave Caesar. The meeting was to discuss the NES Strategic Plan and a look Forward to 2019/20. We also discussed current Issues including Medical Trainee Grades, National Workforce the Data Platform, Nursing numbers, AHPs and Leadership.

Digital Health Financial Framework Short Life Working Group
The short life working group discussed the results of the Expenditure Survey and future funding priorities.

12 February

NES Executive Team
The NES Executive Team discussed the Budget, operational planning and corporate priorities for 2019/20 and the Health and Social Care Staff Experience Report 2018

Senior Leadership Management Team
The SLMT discussed financial planning and savings requirement for 2019/20 and beyond. Other agenda items included a summary of consultation papers, corporate communications quarterly report and the outcomes of the Digital Library Subscription Tender.

13 February

Martin McKechnie, Scottish Trauma Network National Clinical Lead and Alison Gilhooly, Scottish Trauma Network Programme Manager
This meeting was to discuss the budget, remit and focus of the Scottish Trauma Network.

NES & Scottish Government Catch-up
Penni Rocks and I discussed the Digital Health and Care Portfolio Board and the financial framework.

14 February

NHSS Payroll Services Sub Groups Chairs Meeting
I was invited to join this meeting for an agenda item which discussed ePayroll. The group received an update on the end of year ePayroll situation.

18 February - Elective Centre Programme Board
The Elective Centre Programme Board received updates on the Waiting Times Plan Operational Performance Board and programme updates from regions. Other agenda items included a paper on the National Position on Capital, Revenue and Capacity Delivery for the Elective Centre Programme.

19 February

Meeting with Jeane Freeman MSP, Cabinet Secretary for Health and Sport
An update on this meeting is included in the strategic update of this report.

20 February

NES Finance & Performance Management Committee
At this meeting the committee discussed the finance report, finance management and the draft operational plan. Items for information included internal audit reports and the external audit draft plan 18-19**.**

National Health and Social Care Workforce Planning Programme Board
I attended this meeting and the items for discussion included the updated terms of refence, the vision for the Programme Board and the Integrated Workforce Plan. I provided updates on the Turas Data Workforce Platform.

25 February

Teleconference with Geoff Huggins, Lynne Huckerby and Angiolina Foster
Angiolina Foster and I joined a teleconference with Geoff and Lynne to discuss the governance of Domain C and E of the Digital Health and Care Strategy.

Joint Meeting of NHS Chairs & Chief Executives
The Chairs and Chief Executives participated in workshop facilitated by Tom Powers.

26 February

NES Executive Team
The agenda for the Nes Executive team included several strategic items. The final draft of the Strategic Plan 2019-24, priority targets, assurance framework and the primary 1 risk review were l discussed. The date of the NES Staff conference was also confirmed and will be held on the 23 September 2020.

Sean Neill, Scottish Government
Sean Neill and I met to discuss progress with developing the arrangements for transfer of responsibility for workforce data from NSS to NES.

27 February - Wendy Regan, Deloitte
Christopher Wroath and I met with Wendy Regan. We discussed the progress of work that has been made to date on the national solution for eRostering.

28 February - NES Board Development Session
The Board Development session focused on the NES Strategic Plan and Operational Plan. Stewart Irvine provided a summary paper and presentation which provided a comprehensive update on the Medical Workforce Development in a UK context.

1 March 2019

Health and Social Care Delivery Plan National Programme Board
I provided an update on educational capacity in Primary Care. The paper highlighted the challenges of ensuring there is educational capacity for the delivery of The National Health and Social Care Workforce Plan: Part 3 – Improving workforce planning for primary care. Other items included update son the Health and Social Care Integration Review and Elective Centres.

Martyn Wallace, Digital Office, Scottish Local Government Office
Christopher Wroath & I met with Martyn to discuss the programme of work underway on business systems in NHSS and the applicability of this to Local Government.

4 March – Phillip Couser, Director Public Health and Intelligence, NSS
Phil and I discussed Public Health Scotland.

5 March

Kate Burley, Associate Director, Scottish Trauma Network
Kate Burley and I discussed the Scottish Trauma Network, which I chair.

Pete Locke, Deloitte, Financial Framework for the Digital Health and Care Strategy
I had a telephone call with Pete Lock, Pete provided me with an update on the progress of work to date that had been made with the financial framework

6 March

Future Sustainability and Resourcing of Scottish Improvement Science Collaborative Centre (SISCC)
I was invited by Professor Jason Leitch to attend this meeting to discuss the future sustainability and resourcing of SISCC.

Board for Academic Medicine
I attended the Board for Academic Medicine on behalf of Stewart Irvine. I discussed the issue of expansion of undergraduate medical training places with the Board. Other items for discussion included building clinical academic capacity. It was agreed that David Garbutt would be invited to attend a meeting to gain an overview of the work of the Board.

7 March - Norma Shippen, Director, Central Legal Office
The meeting with Norma was to discuss NES powers and to consider the requirement for any extension.

8 March - Implementation Leads - Business Meeting
The Implementation Leads received updates on Tranche One Funding and Scottish Government updates. Other agenda items discussed included partnership working which was led by Annie Ingram.

NHS Education for Scotland

Corporate Communications

Quarterly Report

Quarter 3, Oct to Dec, 2018-19

Summary

In this period, we ran successful campaigns promoting the RRHEAL 10th anniversary, the launch of the NES Annual Report and our Christmas Baubles campaign. All three sets of resources received good coverage.

The Christmas Baubles campaign reached almost 95,000 users and generated almost 17,000 video views across Facebook and Twitter. Twitter performance was on a par with 2017, and about double that of 2016 and 2015. We saw much higher rates of engagement in instances where there was an existing online community interested in the subject, and where we were able to engage with this community. This helps explain the success of Project Lift, where the community based around Project Lift's own social media accounts engaged fully with the campaign and shared our posts.

In terms of design, the comprehensive **'Career for You in Health'** resource was designed for a particularly wide audience including a teacher's guide, series of lesson plans, slide packs for each lesson, quizzes, and a 70 page guide to every job family in Scotland. We are working with stakeholders to promote it over the coming months.

We also supported NDS in two sets of interviews, one for FutureScot and one for the Times, setting out the thinking behind the new workstream.

Section One: Social Media

Twitter	Notes	Q3 2018	Q3 2017	Commentary
Followers (Corporate)	People who want to receive our material.	22.3k	19.0k (approx)	Top tweets include supporting #futurenurse campaign, launch of TEC and Corporate Parenting resources and Scottish clinical Leadership Fellows recruitment. We also ran successful campaigns promoting the RRHEAL 10th anniversary, the launch of the NES Annual Report and our Christmas Baubles campaign
Tweets issued	Our output	298	166	
Impressions	Number of times tweets show up, either in a feed or as a result of a search	759k	470k	
Likes	Expressing approval of item. A simple indicator of engagement.	2549	1600	
Mentions	Discussing NES or resources. An indicator of engagement	1519	967	
Retweets	Times that item was actively passed on. An indicator of engagement	1788	1400	

Facebook	Notes	Q3 2018	Q3 2017	Commentary
Followers (Corporate)	People who want to receive our material.	10.1k	8.5k	Top posts include November Medical Recruitment. RRHEAL 10th anniversary and Annual Report videos
Posts	Our output.	74	99	
Reach	Number of people who saw the content over the period.	191k	249k	
Likes	Expressing approval of item. A simple indicator of engagement.	1115	1593	
Shares	Times that item was actively passed on. An indicator of engagement.	330	458	

Section Two: Traditional Media

	Q3 2018	Q3 2017	Commentary
News releases issued	5	6	We issued five press releases in the quarter related to new or ongoing projects. These featured: a new Corporate Parenting training resource for NHS staff aims to help them understand their duties to promote the interests of 'care-experienced' young people, as part of their legal 'corporate parenting' responsibilities; Autism across the Lifespan: transitions and change - animation and elearning module - the products of an ongoing collaboration between NES, Autism Network Scotland and the wider autism community; Introduction to Technology Enabled Care, an elearning resource to help staff understand how technology can be used to encourage people to improve and manage their own health and care and stay independent and safe and capture and share information effectively to help staff provide person-centred health and care services. the reappointment of Douglas Hutchens to the NES Board. the publication of the Scottish Medical Training recruitment data for 2018. Reactive enquiries included GP fill rates for 2018 and NES Pharmacy community pharmacy workforce survey planned for early 2019.
Reactive Enquiries	9	8	
NES mentions (print and online)	64	56	

Section Three : NES in-house publications and resources

A Career for you in Health document	Print and PDF
Autism	Animation
Medical Education Research & Innovation Annual Report 2019	Interactive PDF
NES Annual Report:	Website, animations and films
NES Self Assessment Document	PDF
NES Staff Conference	Presentations, certificates, NES Stars Awards
Public Health Scotland	Animations x 2
Sexual Offences Examinations:	eLearning Module
Technology Enabled Care	e-Learning Module

For further information, contact:
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NES **NES/19/20**
Item 9a **(Enclosure)**
March 2019

NHS Education for Scotland

Board Paper Summary: Educational & Research Governance Committee (E&RGC) Minutes

1. Title of Paper

Minutes of the Educational & Research Governance Committee (E&RGC) meeting held on 21 February 2019: copy attached.

2. Author(s) of Paper

Rob Coward, Educational Projects Manager

3. Purpose of Paper

To receive the unconfirmed minutes of the E&RGC meeting held on 21 February 2019.

4. Items for Noting

Minute 9 Medical Deanery Quality Management report
The E&RGC received a comprehensive report on the Medical Deanery's management of the quality of postgraduate training in Scotland. The report summarised data from different sources to provide a detailed overview of education and training quality and the associated quality management processes. The Committee received substantial assurance that 'Fragile systems', including Enhanced Monitoring cases, were being managed appropriately and that the overall picture had improved since the previous report to the E&RGC in 2018.

Members noted that members of Health Boards were not always sighted on the quality of education and training despite the related General Medical Council requirement. This was considered an important issue as the awareness and involvement of board members had proven instrumental in effecting improvement in several cases.

Minute 12 Register of externally regulated NES educational activities
Members considered the first register of NES educational activities subject to external scrutiny and regulation. The E&RGC noted that the register was not as extensive as anticipated, reflecting variations in regulatory approach between professional groups. Several significant programmes were not currently externally regulated. It was noted however that the register would assist the Committee in focusing NES's internal Educational Governance reporting processes.

Minute 7 Review of E&RGC Remit
The Committee reviewed its remit and agreed to recommend an amendment to the Board (please see item 5 below).

5. Recommendations

The Board is asked to note the unconfirmed E&RGC minutes and approve the proposed amendment to the committee remit set out in the attached paper (which follows the minutes).

NES
March 2019
RC/djf

NHS Education for Scotland
21 February 2019

EDUCATIONAL & RESEARCH GOVERNANCE COMMITTEE

Unconfirmed minutes of the thirty-fourth meeting of the Educational & Research Governance Committee held on Thursday 21 February 2019 at Westport 102, Edinburgh

Present: Mr Douglas Hutchens (Chair)
Dr Doreen Steele
Dr Andrew Tannahill (by telephone)
Ms Sandra Walker

In attendance: Professor Stewart Irvine, Director of Medicine/Executive Lead
Mr Rob Coward, Educational Projects Manager/ Executive Secretary
Mr David Garbutt, NES Chair
Professor Alastair McLellan, Postgraduate Dean, Medicine (items 1 to 11)
Mr Duncan Pollock, General Manager, Medicine (items 1 to 11)
Ms Lesley Metcalf, Senior Quality Improvement Manager, Medicine (items 1 to 11)
Dr Kristi Long, Equality and Diversity Adviser

1. Welcome and introductions

Douglas Hutchens welcomed everyone to the meeting noting that it was Andrew Tannahill's final meeting before leaving the NES Board.

2. Apologies for absence

Apologies for absence were received from Caroline Lamb, Chief Executive and Karen Wilson, Director of Nursing, Midwifery and Allied Health Professions.

3. Notification of any other business

There were no other business items notified.

4. Declaration of interests

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

5. Minutes of the Educational & Research Governance Committee (NES(E&RGC)18/45

The unconfirmed minutes of the E&RGC meeting on 13 December were considered by the Committee. These incorporated amendments to an earlier draft suggested by members. The minutes were confirmed as an accurate record of the meeting subject to the correction of the title of one item. **Action: RC**

Members noted the list of items for inclusion in the E&RGC annual report to the Audit Committee at minute 18. It was resolved that future minutes would include a consolidated list of all items for inclusion identified by the Committee during the year. **Action: RC**

6. Action status report and other matters arising (NES(E&RGC)19/02)

The E&RGC considered the report on the status of actions agreed at previous meetings. Members noted that updates were not provided in the report for several items, and that the status information was insufficiently detailed to enable a proper assessment of progress. It was therefore agreed that more information should be provided in future to indicate the status of agreed actions. This would obviate the need for a cover sheet for the action status report, which would stand as an addendum to the minutes. **Action: RC**

The E&RGC observed that some actions agreed at recent meetings had originated from business discussed much earlier. To ensure the Committee can track the progress of agreed actions it was agreed that the action status report would be supplemented by an additional column indicating the date at which the action was first raised. **Action: RC**

It was agreed that future action status reports should be checked to ensure they are page numbered. **Action: RC**

Members commented on specific items as indicated below:

Minute 6, 28 May 2018, Scottish Postgraduate Career Fellowship Scheme
Members commented that the status update provided by the Dental Directorate did not address the original action requested by the Committee. It was therefore resolved that Dental colleagues should be asked to provide further information, relating directly to the minute of the initial request and including a comment on the 'value for money' issue. **Action: RC/LY**

Minute 6, 13 December 2018, E&RGC remit
Members noted the advice provided by the NES internal auditors regarding the need for the involvement of committee/board members in audits. Members queried the advice provided and requested that it be presented to the Audit Committee to obtain clarification on this issue. **Action: RC/Audrey McColl**

Minute 9, 13 December 2018, Turas Learn summary Educational Governance monitoring report
In response to a question regarding the management of specific risks, Stewart Irvine reported that several control measures were in place or in development. It was agreed that a detailed briefing note on this subject developed by Caroline Lamb would be circulated to the Committee as soon as possible. **Action: RC**

Minute 10, 13 December 2018, E&RGC remit
Stewart Irvine advised members that the proposed development of a schedule of policies relevant to Committee would be addressed by the incipient Assurance Framework. It was agreed that more information on progress in this area would be provided in the action status report. **Action: RC**

Minute 13, 13 December 2018, Sharing educational practice
In response to a request for information regarding the sharing of educational practice, Stewart Irvine reported that a short-life working group was being convened to consider solutions. It was agreed that more detail on progress with this action would be provided in the action status report. **Action: RC**

Members noted that progress had been made on several actions agreed at previous meetings and it was agreed that Rob Coward and the Chair would identify items for removal from the list by Chair's action. **Action: RC/DH**

7. Educational & Research Governance Committee remit (NES(E&RGC)19/03)

The E&RGC considered its remit, which had been reviewed at the previous meeting and was the subject of further changes suggested by members. The revised remit was approved for submission to the NES Board subject to the amendment of remit point i. as follows:

'*To alert the Board to, and oversee on its behalf, any issues requiring governance action.*'

Action: RC

8. Educational & Research Governance Executive Group remit (NES(E&RGC)19/04)

The draft ERGEG remit had been revised to take account of the comments made by Committee members during and following the E&RGC meeting on 13 December. The revised remit was approved subject to the amendment of remit point i. as follows:

'develop a plan of work, ensuring that educational and research activities are subject to appropriate scrutiny and monitoring'.

Action: RC

9. Medical Deanery Quality Management report (NES(E&RGC)19/05)

Alastair McLellan presented a report on the Medical Deanery's management of the quality of postgraduate training in Scotland. The report summarised data from different sources to provide a detailed overview of education and training quality and the associated quality management processes. He presented the paper in three sections as follows:

- An update on the deanery process for interacting with the General Medical Council's (GMC's) Online Dean's Report with an overview of current items within the reporting system.
- A summary of the 2018 GMC National Trainee Survey triage process.
- A detailed briefing on current 'fragile systems' in Scotland (including Enhanced Monitoring cases.

In summary of the Online Dean's Report process, Professor McLellan advised that it allowed updates to be made in a timely manner and facilitated continuous feedback between the GMC and the Deanery. The system could however be challenging to use and had no option for the Deanery to alter the status or RAG rating of cases where there may be concerns. This meant that RAG ratings within the system do not reflect the severity of risk in some cases.

NES is participating in a GMC working group to consider improvements to technical aspects of the system and consistency across the four nations on thresholds for entering and closing concerns. The GMC's Visits and Monitoring team confirmed its confidence in the quality of information provided by the Scotland Deanery and the judgements applied.

The E&RGC was informed that a 'triage' process was introduced by the GMC in July 2018 to identify National Trainee Survey data for the bottom 0.5% of all results in the UK. The training programmes relating to these cases are automatically added to the ODR for ongoing monitoring and resolution. Of the 69 programmes in this triage list, only 3 were in Scotland although, at the request of the GMC, a further triage list for Scotland within the bottom 1.5% results identified a further 11 cases.

Professor McLellan introduced the data on 'fragile systems', where there are concerns regarding the quality of postgraduate medical education and training. These fragile systems included eight Enhanced Monitoring cases (down from 13 the

previous year). Of these cases two were particularly challenging, and a further two had effected, or are effecting, turnaround through the Deanery's quality management system in association with the GMC Enhanced Monitoring process,

The E&RGC welcomed the Fragile Systems paper and its approach to highlight and resolve issues and sought clarification about the visibility of Enhanced Monitoring cases to the respective Boards. It was explained that educational matters were discussed infrequently at full territorial NHS Board level despite the GMC's requirement in this respect. Professor McLellan explained that the Taskforce to Improve the Quality of Medical Education (TIQME) was used to showcase examples of successful educational governance. Moreover, the most recent visit to University Hospital Ayr highlighted the positive improvements resulting from the awareness and engagement of board members. He advised however that, despite progress in this area, most boards in Scotland had yet to engage fully with educational quality in postgraduate medicine.

In response to a question regarding communication with trainees and feedback to trainees, Professor McLellan explained that this was an important consideration for the Deanery. Quality Management visit reports had been published on the Deanery website since April 2018 and this was viewed as a significant milestone. The Deanery also worked with local trainee associates who supported quality management. The Deanery continued to explore channels of communication with the wider trainee community as this was recognised as being beneficial to recruitment.

The E&RGC noted that the overall picture had improved since the last Deanery report and there were now fewer cases under Enhanced Monitoring. The development of the Fragile Systems approach was welcomed as a helpful way of anticipating and managing emerging issues in postgraduate medical education. The Committee noted concerns around the Online Dean's Report and indicated its support for the Deanery.

E&RGC members confirmed their assurance in quality management and acknowledged the significant amount of evidence provided regarding the quality improvement journey. Alastair McLellan and his colleagues were congratulated for their work.

10. Medical Training Quality Management Framework (NES(E&RGC)19/06)

Duncan Pollock introduced an item on the Medical Deanery's Quality Management Framework website, which he demonstrated for the Committee. He explained that the website provides a comprehensive description of how the Deanery conducts its quality management-quality improvement functions, following GMC processes. The website was created to replace the hard copy version presented to the E&RGC in 2018. It responded to the Committee's suggestions by replacing collated documents

with the unified reference resource. Duncan Pollock described the central role of the speciality Quality Management Groups in postgraduate medical education

The Quality Management Framework is accompanied by a webpage hosting the final reports of all Deanery quality management visits. This is to ensure openness and transparency around visit processes, including findings in relation to performance of training environments.

The E&RGC commended the Quality Management Framework as an accessible and intuitive resource.

11. Medical Training Quality Annual report (NES(E&RGC)19/07)

The Committee noted the Medical Deanery Quality Annual Report, which was presented by Alastair McLellan. He explained that the Report is a key accountability document pulling together the outputs from the specialty Quality Management Groups, Enhanced Monitoring activities and other work. The Deanery's contribution to the Sharing Intelligence for Health and Social Care Group was also reviewed in the report, emphasising the clear link between high quality medical training and safe, effective patient care.

The E&RGC thanked Professor McLellan and colleagues for the clear and coherent report which provided significant assurance on the management of quality. It was suggested that this should be considered as a key potential source of assurance in the forthcoming Assurance Framework.

12. Draft register of externally regulated NES education activities (NES(E&RGC)19/08)

The Committee considered the draft register of externally regulated educational activities for approval. The register, which responded to an internal audit recommendation that regulated activities should be more visible to the E&RGC, was accompanied by a map of NES educational programmes indicating the relevant Educational Governance route of each programme. Presenting the draft register, Stewart Irvine observed significant variations in approaches to regulation between the professional groups. There were several important professional training programmes not currently subject to external regulatory review.

The Committee noted the reference in the entry for Quality Management of Postgraduate Healthcare Science to a new process, which did not currently cover 'all relevant groups.' This process is the responsibility of the Health Care Professions Council, and it was agreed that this point should be clarified in the register.

Action: RC

It was agreed that the register should be amended to indicate the date of the next regulator report or interaction. **Action: RC**

The Committee welcomed the register as a useful means of highlighting potential gaps in quality monitoring. Members indicated that this document could also contribute to the NES Assurance Framework. The E&RGC noted that the significant programmes not subject to external regulation would be addressed in the next risk profiling process and should therefore be reviewed by the ERGEG.

Action: RC/ERGEG

13. Equality and diversity outcomes and mainstreaming priorities 2017 – 2021 progress report (NES(E&RGC)19/09)

The E&RGC considered the draft equality and diversity outcomes and mainstreaming priorities progress report for 2019. Introducing the report, Kristi Long advised that the report was required as a Specific Duty of the Equality Act 2010. It provided a succinct summary of progress against each of NES's published outcomes together with a mainstreaming section based on a discussion of benchmarking activity, including external review. The report also included a commentary on actions taken by NES to address the Fairer Scotland Duty by actively considering action to reduce inequalities of outcome caused by socio-economic disadvantage.

Members welcomed the report, which successfully recorded a substantial amount of work to reduce inequalities and promote diversity. It was suggested that the report could be enhanced by the inclusion of quotes and case study materials illustrating the positive impact of NES's work on individuals and services. It was agreed this material could be used selectively in the form of call-out boxes and infographics.

Action: KL

The Committee noted the success of the STEP programme in supporting International Medical Graduates (IMGs) but that it was not considered appropriate for black and minority ethnic trainees in General Practice. It was agreed the report should be amended to clarify that STEP will continue for IMGs. **Action: KL**

It was also agreed that the description of NES being an 'anomaly' in employing more women than men in senior leadership positions should be removed. **Action: KL**

Kristi Long was thanked for her well-written and meticulous report.

14. Educational Governance case study: Implementation Science based quality assurance of psychology training (NES(E&RGC)19/10)

Rob Coward presented a case study report on the use of Implementation Science principles to support the development and delivery of training in psychological therapies by NES. This approach had addressed the observed gap between evidence-based interventions (including therapy related training) and their use in practice. The NES Psychology team had developed a process and report template based on Implementation Science drivers to quality assure its training programmes.

Members welcomed the case study but indicated that data was needed to demonstrate the impact of the Implementation Science approach.

Action: RC/Judy Thomson

15. Identification of risks

The Committee identified one area of risk where further assurance is required as follows:

- Quality and political risks associated with Fragile Systems in postgraduate medical education and training (minute 9 refers).

Members discussed the significant focus on medical education and training at E&RGC meetings and agreed that a 'Chief Executive-style' report would be produced for each meeting summarising recent developments in NES's wider education and research activities across all disciplines. **Action: RC**

16. Items for inclusion in the E&RGC annual report

It was agreed that the following items considered during the E&RGC meetings during the year would be covered in the E&RGC annual report 2018-2019:

22 February 2018
Item 8.1 Family Nurse Partnership programme
Item 8.2 Scottish Dental Postgraduate Career Fellowship Scheme
Item 8.3 Quality Improvement programme
Item 8.4 Medical Appraisal programme (including SOAR)
Item 9 Review of risk registers
Item 10 Medical Deanery Quality Management Framework
Item 11 Equality & Diversity Mid-Year Review 2017-18

28 May 2018
Item 9 GMC National Review of Scotland

12 October 2018
Item 8 Clinical Skills Managed Educational Network Educational Governance monitoring report
Item 9 Leadership and Management Development Programme Educational Governance monitoring report
Item 13 NES Research Governance Policy
Item 14 NES Research Report 2018

13 December 2018
Item 8 Quality of the Placement Learning Experience Educational Governance monitoring report
Item 9 Turas Learn Educational Governance monitoring report
Item 13 Sharing education practice

21 February 2019
Item 9 Medical Deanery Quality Management report (including Fragile Systems)
Item 13 Equality and Diversity outcomes and mainstreaming priorities

19. Scheduled E&RGC workplan items not covered on the meeting agenda

The following scheduled E&RGC workplan item was not addressed on the meeting agenda:

Dental Directorate Educational Governance review report

20. Any other business

Dr Andrew Tannahill
The Committee recorded its thanks to Andrew Tannahill on his departure from the E&RGC. The Chair noted his important strategic contribution to Education and Research work across the organisation through the Committee and his careful eye for detail.

21. Date and time of next meeting

The next E&RGC meeting is scheduled for Thursday 23 May at 10:15 a.m.

RC
February 2019

NHS Education for Scotland

Board Paper Summary: Committee Minutes

1. Title of Paper

Educational & Research Governance Committee remit

2. Author(s) of Paper

Rob Coward, Principal Educator

3. Purpose of Paper

The Board is invited to review the amended remit for the Educational & Research Governance Committee as recommended by the Committee (attached).

4. Key issues

The E&RGC reviewed the Committee's remit at its meetings on 13 December 2018 and 21 February 2019. The minute of the discussion (13 December) summarised requested changes to the draft revised remit as follows:

1. Amend remitted item i) to read 'To provide assurance to the Board as to the effective quality management and improvement of NES's education and research activities.'
2. Amend remitted item ii) to read 'To alert and oversee, on behalf of the Board, any action requiring governance action'.
3. Expand and clarify remitted item vi) to further explain the Committee's responsibilities in respect of consultation, involvement and human rights.
4. Delete remitted item viii) relating to the 'disbursement of funds for research' to reflect that this is not a current NES process or responsibility.
5. Add additional item relating to obtaining appropriate assurance as to the identification and management of relevant risks.

The remit was re-drafted to incorporate the above suggestions and was circulated to E&RGC members for comments in January 2019. The attached version was subsequently approved by the Committee on at its meeting on 21

February. The current E&RGC remit approved by the NES Board in 2015 is attached at Appendix 1 for ease of comparison.

2. Recommendation

The Board is asked to review and ratify the revised E&RGC remit.

RC
March 2019

Proposed revised remit

NHS Education for Scotland

Educational and Research Governance Committee (reviewed 21 February 2019)

Remit

i. To provide assurance to the Board as to the effective quality management and improvement of NES's education and research activities

ii. To alert the Board to, and oversee on its behalf, any issues requiring governance action.

iii. To oversee the development, implementation and updating of strategies, policies, structures and processes for the governance of education and research

iv. To be assured of the effective management of education and research programmes

v. To monitor compliance of education and research activities with statutory and regulatory requirements, including equality legislation

vi. To promote, monitor and report to the Board on NES's compliance with the statutory duty to encourage public involvement[1], and actions pertaining to the protection and advancement of human rights through education and research[2]

vii. To monitor compliance of education and research activities with NHSScotland policy and NES priorities in relation to equality and diversity, person-centred care and participation, and educational/research quality

viii. To promote collaboration within NES and with external agencies in relation to educational and research governance

ix. To obtain appropriate assurance as to the identification and management of key risks pertaining to NES's education and research activities

x. To work collaboratively with other Board standing committees

The remit of the Committee will be reviewed annually.

[1] As specified in the NHS Reform (Scotland) Act 2004.
[2] As specified by the Scottish Government

Appendix 1 – Current remit

Educational and Research Governance Committee
(current remit approved 2015)

Remit

xi. To provide assurance to the Board as to the effective management and improvement of the quality of NES's education and research activities

xii. To alert the Board to any matters requiring governance action, and oversee such action on behalf of the Board

xiii. To oversee the development, implementation and updating of strategies, policies, structures and processes for the governance of education and research

xiv. To be assured of the effective management of education and research programmes, including the identification and management of related risk

xv. To monitor compliance of education and research activities with statutory and regulatory requirements, including equality legislation

xvi. To monitor NES's compliance with the statutory duty of involvement

xvii. To monitor compliance of education and research activities with NHSScotland policy and NES priorities in relation to equality and diversity, person-centred care and participation, and educational/research quality

xviii. To monitor approval processes for disbursement of funds for research

xix. To promote collaboration within NES and with external agencies in relation to educational and research governance

xx. To work collaboratively with other Board standing committees

The remit of the Committee will be reviewed annually.

NES **NES/19/21**
Item 9b **(Enclosure)**
March 2019

NHS Education for Scotland

Board Paper Summary: Staff Governance Committee Minutes

1. Title of Paper

Minutes of Staff Governance Committee meeting held on 7th February 2019: copy attached.

2. Author(s) of Paper

David Ferguson, Board Services Manager

3. Purpose of Paper

To receive the unconfirmed minutes of the Staff Governance Committee meeting held on 7th February 2019.

4. Items for Noting

Item 6a – Personal Review & Planning (PR&P) and Essential Learning

The committee received an update paper and noted the measures underway to improve compliance levels.

Item 7 – 'Our Way'

The committee received a paper and presentation outlining the considerable work undertaken to create and roll out communication and learning resources to support 'Our Way', NES's articulation of what our ways of working and leadership behaviours mean in practice.

Item 8– Key Performance Measures

The committee received an update paper on the development of key performance measures and looked forward to receiving detailed proposals at the next meeting in April.

Item 9 – Statutory Equality & Diversity Progress Report

The committee commented on this draft report, which will be considered next by the E&RGC, en route to the Board for approval.

Item 10 – Lead Employer

The committee received a detailed update paper on this complex and demanding area of work.

Item 11 – Risk Register

The committee considered the workforce risk register and looked forward to receiving a refined version of the register, incorporating the key Workforce Directorate risks, in due course.

Item 12 – Review of Staff Governance Committee Remit

The committee reviewed its current remit and agreed that comments would be passed to Dorothy Wright offline, with any proposed amendments then circulated for approval offline.

The recommended amendments to the committee's remit are highlighted in the Appendix to this paper.

Item 13 – Standards of Business Conduct Policy

The committee endorsed this policy.

Item 18a – AOB – Health and Social Care Staff Experience Report 2018

The committee received and noted this report and the overall positive outcome for NES. It was noted that 'Our Way' presents an ongoing opportunity to work on issues highlighted in the Report (referred to at Item 7 above).

5. Recommendations

The Board is invited to approve the amendments to the Staff Governance Committee Remit highlighted as tracked changes in the Appendix to this paper.

NES
February 2019
DJF

Unconfirmed

NHS Education for Scotland **NES/SGC/19/12**

Minutes of the Sixty-Third Meeting of the Staff Governance Committee held on Thursday 7th February 2019 at Westport 102, Edinburgh

Present: Linda Dunion, Non-executive Board member (Chair)
Anne Currie, Non-executive Board member (by telephone link)
Liz Ford, Employee Director
Andrew Tannahill, Non-executive Board member
David Cunningham, Staff Side (BMA) (agenda items 6a to 19) (by VC link)

In attendance: Dorothy Wright, Director of Workforce/Executive Secretary
David Garbutt, Board Chair
Morag McElhinney, Senior Specialist Lead (Workforce) (particularly for agenda item 10)
Anne Campbell, Principal Lead, Organisational & Leadership Development (agenda items 1 to 7 and 18a) (by VC link)
Jen Calder, Business Partner, Organisational & Leadership Development (agenda items 1 to 7 and 18a) (by VC link)
David Ferguson, Board Services Manager

1. Chair's welcome and introduction

Linda Dunion welcomed everyone to the meeting.

2. Apologies for absence

Apologies for absence were received from Caroline Lamb, Chief Executive.

3. Declaration of interests

There were no declarations of interest in relation to the items on the agenda, other than those logged previously.

4. Minutes of meeting held on 8th November 2018 (NES/SGC/18/40)

The minutes of the previous meeting were approved. **Action: DJF**

5. Action Status Report (NES/SGC/18/41)

It was agreed to add two further actions from the previous meeting, in relation to agenda items 7 and 10a, respectively. **Action: DJF**

With regard to the first of the two action points under agenda item 11 from the previous meeting, it was agreed to amend the wording from "Arrange for…" to "Explore the need for…". **Action: DJF**

Otherwise, it was noted that the action points had all been completed or were in hand.

6. Matters arising from the minutes

a. Personal Review & Planning and Essential Learning (NES/SGC/19/02)

Anne Campbell introduced a paper presenting an update on the current performance data in relation to Personal Review & Planning (PR&P) and Essential Learning, and the actions implemented to improve compliance. The following points were highlighted:

- There has been some improvement in compliance rates but there is still some way to go in achieving the required levels of compliance.
- Improved reporting is now in place, which will enable managers to monitor compliance data on Turas Appraisal and Turas Learn.
- Training animation guides have been developed for Turas Appraisal, which will be available for the next round of PR&P.
- Discussion has taken place at meetings of the SLMT and the Executive Team, resulting in approval for the addition of a performance target related to PR&P and Essential Learning compliance for each Directorate, within the Performance Dashboard.

The following main points arose in discussion:

- While noting the improvement in compliance levels and the measures put in place to drive further improvement, members remained concerned that the current position did not provide adequate assurance to the Board.
- It was agreed that NES has a duty to its staff to provide development and learning opportunities.
- Recognition that NES has a set time for the setting of objectives and completion of personal development plans – April-June each year (linked to operational planning).
- It was considered that line managers have a responsibility to coach and enable staff to become familiar with, and adept at using, the relatively new Turas Appraisal and Turas Learn systems.
- It was noted that updated performance data on PR&P and Essential Learning for 2019/20 will be available by July/August 2019.
- Dorothy Wright highlighted the increasing focus on performance and productivity in the current financial climate.

The update paper was noted.

7. 'Our Way' (NES/SGC/19/03)

A paper had been circulated to provide information on progress over the past 18 months in relation to creating and rolling out communication and learning resources to support Our Way, NES's articulation of what our ways of working and leadership behaviours mean in practice.

Anne Campbell introduced Jen Calder, who gave a presentation, "Our Way: Know it; Live it", which covered the following main areas:

- Background and Context
- iMatter – National Staff Survey
- Our Way development
- Demonstration of an interactive PDF setting the scene for what Our Way is and how it should be used, owned and driven by everyone who works for NES
- Demonstration of an Infographic
- Leadership behaviours
- Our plans for 2019: "bystander champions" to support staff with issues; an Our Way zone on Turas Learn; and linking in with the iMatter action planning cycle

Discussion of the paper and presentation resulted in the following main points:

- Our Way is intended to bring to life the NES Vision, Mission, leadership behaviours and ways of working.
- Our Way provides a clear steer on how to address inappropriate behaviours.
- The leadership behaviours apply to staff at all levels in NES.
- Our Way was considered to be a very useful part of Corporate Induction.
- Links to a range of scenario videos will be circulated. **Action: AC**
- The committee commended Our Way and thanked all those who have taken part in its development.

Following discussion, the committee thanked Anne Campbell and Jen Calder for their contributions to the discussion, welcomed the progress with Our Way and noted that O&LD will now work with managers to arrange a team session using Our Way resources to enable the ODL&L Business Partners to gather data to evaluate the impact of the materials and inform the development of active bystander skills.

8. Key Performance Measures and Workforce Metrics (NES/SGC/19/04)

Dorothy Wright introduced a paper providing an update on the follow-up action to the discussion which took place at the previous meeting on 8th November, which had highlighted the need to ensure, in the context of workforce metric data, that

the relevant information and commentary was being drawn to the committee's attention. The following points were highlighted:

- The Workforce Directorate management team has discussed the development of key performance measures, based on the People & OD Strategy, and proposals in this regard will come to the committee's next meeting in April.
- The Business Partner teams in the Workforce Directorate will meet quarterly to explore the workforce data and answer two questions: (i) What do we notice from the data? and (ii) What does it tell us needs to be explored further – corporately or in Directorates?
- This work will link to the evolving Assurance Framework and the Scottish Government's Corporate Governance Blueprint.

The following points arose in discussion:

- Members welcomed the progress made to date.
- This work was felt to be timely, given the new focus on performance and appraisal for Agenda for Change staff.
- There needs to be scope for managers and staff to flag up issues of potential importance outwith the identified key performance measures.

Following discussion, the committee noted progress and looked forward to receiving proposals in relation to key performance measures at its next meeting.

Action: DW

9. Statutory Equality & Diversity Progress Report (NES/SGC/19/05)

Kristi Long introduced a paper inviting the committee to comment on the draft statutory equality and diversity progress report. The following points were highlighted:

- Attention was drawn to the range of statutory duties set out in the bullet points on the first page of the paper's cover sheet.
- This report complements NES's annual report on workforce equality metrics, which is produced as part of the Workforce Plan.
- The final version of the report will be an accessible Word document and it will be designed for publication on NES's website.
- The draft will also be considered at the next meeting of the E&RGC, en route to the Board for final approval.
- It was suggested that it would be useful to add a case study related to Our Way. Members supported this suggestion.

The committee discussed the paper and the following main points emerged:

- Members acknowledged the considerable volume of work required to pull this report together and commented on the high quality of the document.
- Recommendations in relation to evaluative processes will come to the committee in due course.

- Members commended the approach to addressing the Fairer Scotland Duty, set out on pages 35 to 37 of the paper.
- It is important to ensure that the substantial and valuable information contained on the report is learned from and acted upon by management and staff across NES, as appropriate. To that end, it might be useful to disseminate aspects of the work through NES Express, Yammer and the sharing of case studies/videos/animations.
- It may also be useful to consider featuring some of the material in external communications and this will be discussed with John MacEachen.

Action: KL

Following discussion, the committee welcomed the report, which will now be revised in the light of comments for consideration by the E&RGC and then on to the Board. **Action: KL**

10. Lead Employer (NES/SGC/19/06)

Morag McElhinney introduced a paper providing an update on NES's employment of doctors in training. It was noted, for record purposes, that the paper should be numbered NES/SGC/19/06. **Action: DJF**

The following points were highlighted:

- February is a major rotation point for specialty trainees and there is also an intake of new General Practice Specialty Trainees (GPSTs).
- Placement NHS Boards are progressing the rotation and engagement information for the February payroll 'on behalf of' NES and continue to apply NES policies to all NES employees on placement in their Boards.
- Further issues impacting on NES employed trainees are: Brexit; Statutory and mandatory training; and Standard operating procedures and engagement with placement Boards.
- Although NES is in regular contact with the placement Boards on day-to-day issues, there has been a dip in these Boards' attendance at the regular engagement meetings.
- There are plans to integrate eESS with Turas People.
- It is proving challenging for placement Boards to act on behalf of up to four employing Boards and consideration is being given to placing the national programmes under a single employer, perhaps NES.
- There are potential proposals for NES to become the employer of Dental Vocational Trainees from 2020.

Discussion of the paper generated the following main points:

- The considerable volume of ongoing work in this area was recognised.

- There was concern at the dip in placement Boards' attendance at the engagement meetings with NES and it was agreed that it may be useful to reduce the frequency of these meetings, while maintaining dialogue between meetings. In addition, the committee recalled Caroline Lamb's undertaking to highlight relevant issues within the NHSScotland Chief Executives Group, and if necessary with individual chief executives.

Action: CL

- It was agreed that additional resources would be required if NES is asked to become the employer of any further groups of trainees.
- Members expressed some concerns regarding the intention to develop an interface between Turas People and eESS, as eESS has had a chequered history. It was noted that the Business Systems Landscape Group (chaired by Caroline Lamb) is the group charged with the strategic development of the Business Systems landscape and its supporting systems (including eESS)
- Morag McElhinney was congratulated on receiving a NES Stars Award at the last Staff Conference.

Following discussion, the committee noted the update paper.

11. Risk Register (NES/SGC/19/07)

Dorothy Wright introduced a paper setting out the workforce risk register for the committee to review. The following points were highlighted:

- The intention is to feature risk as a standing item on the committee's agenda in future.
- There are plans to hold a facilitated session with the Workforce Directorate management team, with a view to refining the key risks to be managed by the Directorate.

The following points arose in discussion:

- All Directorates will need to review their risk registers in the light of NES's new strategic plan for 2019-24.
- It was highlighted that these are the Primary risks for the Workforce Directorate and that there is a more detailed risk register sitting below these.
- It may be appropriate to include a Primary risk around the Lead Employer work.
- A member suggested that it would be useful to add page numbers, to number the risks, to include risk scores and to include mitigating actions/controls in each case.
- Consideration might usefully be given to arranging a committee development session around risk, perhaps in the autumn.

Following discussion, the paper was noted and consideration will be given to the points raised. **Action: DW**

12. Review of Staff Governance Committee Remit (NES/SGC/19/08)

Dorothy Wright introduced a paper providing an opportunity for the committee to review its remit to ensure that it remained appropriate. It was noted that any amendments to the remit would require Board approval.

It was suggested that it may be useful to include reference to the committee's responsibility to produce an annual report on its work, for initial consideration by the Audit Committee.

David Garbutt undertook to provide some comments offline. **Action: DG**

Members were invited to pass any further comments on the committee's remit to Dorothy Wright as soon as possible, so that any proposed amendments can be circulated to the members for approval offline. **Action: All and DW**

13. Standards of Business Conduct Policy (NES/SGC/19/09)

The committee received a paper providing information on the recent amalgamation of the Standards of Business Conduct and Hospitality Policies and minor amendments made to the combined policy. Dorothy Wright confirmed that the Scottish Government's steer regarding NHS Boards' reviewing of their own policies does not preclude such revisions.

It was agreed that the policy should be re-formatted to comply with house style/accessibility requirements, and page numbers added. Otherwise, the policy was noted and endorsed. **Action: DW**

On an associated point, David Garbutt advised that he has been asked to serve on a new group to consider Declarations of Interest.

14. Equality and Diversity Update (NES/SGC/19/10)

The committee noted a paper providing an update on key developments in equality, diversity and human rights relevant to the committee's remit.

15. Policy Tracker: Update

It was noted that all PIN policies remain on hold pending roll-out of the national Once for Scotland PINs, which are anticipated in Spring 2019. A further update will be provided at the committee's April meeting.

16. Managing Health, Safety and Wellbeing Committee minutes

The committee noted the minutes of this committee's meeting held on 24th October 2018.

17. Change Management Programme Board (CMPB) minutes

The committee noted the minutes of the CMPB meeting held on 3rd December 2018.

On an associated point, David Garbutt indicated that he will be having a discussion with Donald Cameron with regard to the OPIP team.

In relation to agenda items 16 and 17 above, it was agreed that, in future, all items for noting should have a cover paper added, indicating the appropriate agenda item and paper numbers. **Action: DJF**

18. Any other business

a. Health and Social Care Staff Experience Report 2018 (NES/SGC/19/11)

Dorothy Wright invited the committee to comment on this recent report, which had been circulated as an additional agenda item. The following introductory comments were made:

- The report sets out the overall position in NHS Scotland and NES's position within that context.
- The presentation of the report is much improved.
- Overall, this report paints a positive picture of staff experience in NHS Scotland, despite the pressures on the service and management teams.
- NES has the best engagement score in NHS Scotland.
- The report will also be considered by the Executive Team and the Partnership Forum.

The committee discussed the report and the following main points emerged:

- The accessibility of the report was commended.
- The areas where NES scored less well are being addressed in the context of the Our Way initiative.
- The importance of continuous improvement was emphasised.
- Staff have a responsibility to keep involved in developments within NES and take advantage of the available communication and consultation channels.
- The Team Stories approach was welcomed as a way of involving and engaging staff with iMatter.
- The issue of teams with no reports will be addressed.
- It is important to distinguish between senior managers and Chairs/non-executives in the context of iMatter.
- In relation to the table on page 41, it was noted that Healthcare Improvement Scotland will become part of the new public health organisation for Scotland.

The report was noted.

19. Date and time of next meeting

It was confirmed that the committee's next meeting will take place on Thursday 18th April 2019 at 10.15 a.m.

NES
February 2019
DJF/dw/at

Staff Governance Committee

Remit

The Staff Governance Committee is a standing committee of the Board, with the primary purpose to monitor the development and maintenance of a culture throughout NHS Education for Scotland (NES) where delivery of the highest possible standard of staff management is understood to be the responsibility of everyone working within the organisation, built on partnership and collaboration.

The specific responsibilities of the Staff Governance Committee are:

- to monitor and evaluate strategies and implementation plans relating to people management;
- to review the implementation of policies, procedures and practices through regular and routine scrutiny of statistics in relation to Equality and Diversity strands and ensure that the outcomes of these reviews are published;
- to monitor the operation of processes and progress against agreed action plans to ensure that momentum of delivery against the national Staff Governance Standard is maintained;
- to propose and/or support any policy amendment, funding or resource submission to achieve the full Staff Governance Standard;
- to monitor NES compliance with all staff governance information required for national and statutory obligations for monitoring;
- to monitor compliance of staff governance activities with statutory duties, NHSScotland policy and NES priorities in relation to equality and diversity;
- to monitor benefit realisation processes of major initiatives, e.g. pay modernisation;
- to monitor trends and performance in relation to sickness absence management, recruitment and staff turnover and recommend actions as appropriate;
- to receive an Annual Report on the work of the Remuneration Committee at the last meeting in the calendar year, in order to give the Board assurance that systems and procedures are in place for the proper operation of performance management;
- to receive the minutes of the NES Health, Safety and Welfare Committee;
- to receive any recommendations from the Partnership Forum;
- to provide staff governance information for any internal control purposes; and to ratify NES HR policies and procedures on behalf of the Board~~.~~; and
- ~~T~~to undertake an annual self-assessment of the performance of the Committee and produce an annual report and review the annual report of the Remuneration Committee in accordance with audit requirements

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NES **NES/19/22**
Item 9c **(Enclosure)**
March 2019

NHS Education for Scotland

Board Paper Summary: Remuneration Committee Meeting

1. Title of Paper

Summary of the Remuneration Committee meeting held on 31st January 2019

2. Author(s) of Paper

David Ferguson, Board Services Manager

3. Purpose of Paper

To receive a summary of the Remuneration Committee meeting held on 31st January 2019.

4. Items for Noting

a) Item 7 – Executive Performance Reviews 2017/18

The Committee noted the outcomes of the Executive Team performance review process for 2017/18 and the NMPC letter of assurance.

b) Item 8 – Director, NDS: Management of Performance

The Committee endorsed the approach to the management of performance and the award of pay.

c) Item 9 – Annual Review of Remuneration Committee Remit

The Committee agreed some proposed changes to the committee remit (see recommendation below).

5. Recommendations

Th Board is asked to approve changes to the Remuneration Committee remit, as shown in the tracked changes on the attached sheet.

NES
March 2019
DJF

Remuneration Committee

Remit

The Remuneration Committee is responsible for and accountable to the Board through the Staff Governance Committee for the discharge of its remit:

~~i.~~ to agree the remuneration and~~all~~ terms and conditions of employment ~~for~~ of the ~~Chief~~ Executive Directors and Directors and any other staff employed under the Executive Management or Consultants pay arrangements~~, or in posts graded Agenda for Change Band 8C or above~~;
~~direct reports to the Chief Executive, including job description, job evaluation, terms of employment, basic pay, performance pay and bonuses and benefits;~~

i.

ii. to agree objectives for the Chief Executive and direct reports to the Chief Executive, normally before the start of the year in which performance is assessed;

iii. to monitor the performance of the Chief Executive and direct reports to the Chief Executive, in accordance with their performance plans; to consider and approve the annual performance gradings for the Chief Executive, Executive Directors and wider executive cohort;

iv. to review submissions from the Chief Executive for the terms of any Settlement Agreement ~~which is outwith the provisions of our Organisational Change and Redeployment Policy or is outwith the severance terms set out in NHSScotland terms and conditions of employment~~; any such Settlement Agreements may require the approval of Scottish Government in accordance with procedures applicable across the Public Sector;

~~v. to review and endorse the award of severance arrangements under the terms of the NES Redeployment Procedures and outwith any organisation wide Voluntary Severance and Early Retirement Scheme;~~

~~vi.~~v. to conduct regular reviews of NES policy for the remuneration and performance management of the Chief Executive and ~~direct reports to the Chief Executive~~Executive Directors, in the light of any guidance issued by NHS Scotland;

~~vii.~~vi. to delegate responsibility to a sub-group of the committee to act as the Appeals body for the Chief Executive ~~and direct reports to the Chief Executive~~and Executive Directors who have a grievance concerning their terms and conditions of service; ~~and~~

vii. together with the Chief Executive of NES, make recommendations regarding the citation of doctors and dentists to the Scottish Advisory Committee on Distinction Awards, General Dental Practitioners under CRUMP discretionary progression arrangements and consultant discretionary point progression~~.~~; and

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viii. To undertake an annual self-assessment of the performance of the Committee and produce an annual report for the Staff Governance Committee in accordance with audit requirements

The remit of the Committee will be reviewed annually.

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NES **NES/19/23**
Item 9d **(Enclosure)**
March 2019

NHS Education for Scotland

Board Paper Summary: Finance and Performance Management Committee Minutes

1. Title of Paper

Unconfirmed minutes of the Finance and Performance Management Committee meeting held on 20th Feb 2019: copy attached.

2. Author(s) of Paper

Jennifer Allison, Committee Administrator

3. Purpose of Paper

To receive and note the unconfirmed minutes of the meeting of the Finance and Performance Management Committee meeting held on 20th Feb 2019.

4. Items for Noting

Item 7 – Financial Report

The committee noted the Finance Report and were satisfied that sufficient controls are in place to manage the NES financial position.

Item 8 – Performance Management Report

Members noted the report and were satisfied that sufficient controls are in place to manage the performance of NES.

Item 9a – Draft Operational Plan – Priority Targets

The committee noted and were satisfied with the draft priority targets for 19/20.

Item 9b – Draft Budget 2019/20

The committee noted the draft Budget and the proposed actions to reduce the budget gap in 2019/20 and longer-term actions. The committee recognised that there is still a level of uncertainty in relation to some cost pressures and that there may be further movement to the numbers before the Board meeting.

Item 10a – Procurement Update Report

The committee noted and were satisfied with the current and planned procurement activity.

Item 10b – Procurement Duty Annual Report

The committee noted and were satisfied with the progress taking place to deliver the procurement duty.

Item 11 – Properties & Facilities Update – Performance and Sustainability Targets

The committee noted and were satisfied with NES's progress towards improved property and sustainability performance.

Item 12 – NES Risk Register Primary 1 Report

The committee noted and were satisfied with the report and were assured that adequate actions and controls are in place to mitigate risks relevant to the committee.

5. Recommendations

None.

NES
February 2019
JA/amcc

IN CONFIDENCE - DRAFT **NES/FPM/19/10**

NHS Education for Scotland

FINANCE AND PERFORMANCE MANAGEMENT COMMITTEE

Minutes of the Finance and Performance Management Committee meeting held on Wednesday 20 February 2019 at Westport, Edinburgh.

Present:	David Garbutt, NES Chair, FPMC Chair Douglas Hutchens, Non-Executive Director (via VC link) Liz Ford, Employee Director
In attendance:	Donald Cameron, Director Planning and Corporate Resources/Lead Officer Audrey McColl, Director of Finance/Lead Officer Caroline Lamb, Chief Executive Janice Sinclair, Head of Service, Finance Kenny McLean, Head of Procurement, Finance Lizzie Turner, Principle Lead, Finance Nicola Todd, Principle Lead, Properties and Facilities Management Jenn Allison, Senior Officer, PCR

1. Chair's welcome and introduction

David Garbutt welcomed everyone to the meeting.

2. Apologies for absence

No apologies were received.

3. Minutes of the previous meeting held on 22 Nov 2018 (NES/FPM/18/44)

The minutes of the previous meeting were approved as a correct record. **Action: JA**

4. Action list from previous meeting held on 22 Nov 2018 (NES/FPM/18/45)

Members noted that all the action points had been completed or were in hand and the following updates were provided:

- Trend analysis regarding budget fluctuations has been added to the Finance Report and further trend analysis will be added to future reports regarding Training Grades.
- Actions regarding category analysis of Travel and Substance will be complete by the next meeting.
- A draft governance assurance framework is due to be submitted to the next Executive Team meeting which should allow for further discussion regarding how NES Committees can develop a more responsive model of governance, outside of quarterly committee meetings, to support the agile approach to working. An update will be provided at the next Finance and Performance Management Committee. **Action: AMcC**

5. Matters arising from the minutes

There were no matters arising.

6. Declarations of Interests

There were no declarations of interest.

Business Matters

7. Finance Report (NES/FPM/19/02)

Audrey McColl introduced a paper presenting the financial results for the first ten months to 31st January 2019 and to indicate the anticipated forecast outturn as at 31 March 2019.

- The NES year to date position, as at 31st January, is an underspend of £3.9m and the current year end forecast outturn is a small underspend of £87k. This is a movement of £756k from December 2018 mainly due to final quarter vacancy savings being higher than anticipated across Directorates.

- The £2.6m which represents the gap between the original estimated pay award of 2% and the final agreed pay award of 3% in respect of Training Grade costs was received in the January allocation. All other anticipated allocations have been received.

- Benefit in 2018/19 from the Westport Lease extension is not included in the current forecast. Although the legal fees have been wavered, this has been offset by costs of extending the lease.

- A member raised a query regarding the variance between the allocated and forecast budget for Turas developments. Caroline Lamb explained that Turas Learn in particular, has been hit with pressures during the year due to increasing demand from Boards to move content from Learnpro to Turas Learn. Content is required to be rewritten before moving to Turas Learn and NES Digital continue to work with NES colleagues and NHSS Boards to move content. A report regarding developments is due to be submitted to the Educational and Research Governance Committee.

The committee noted the Finance Report and were satisfied that sufficient controls are in place to manage the NES financial position. The committee thanked Finance colleagues for their work towards balancing the NES budget.

8. Performance Management Report (NES/FPM/19/03)

Donald Cameron presented a paper which provided the committee with an overview of NES's performance against the targets set out in the NES Operational Plan for the 3rd quarter of the reporting year 2018/19.

- The report includes a link to the performance dashboard, where members can view more information. A short training session will take place on 28 February during the Board Development session.

- Out of 484 targets, 57 have been ranked as priority Key Performance Indicator (KPI) targets. Following a review exercise, the number of priority targets has been reduced from 80.

- Of the 57 priority targets, 53 are green, 3 amber and 1 red. The red target to develop a collaborative property and facilities management services with NSS has been superseded by the development of an operating model across the national boards. This work is being led by NSS and timescales have been refined and the target will therefore now be closed.

- One amber Dental and one amber Medical target are in relation filling posts. There are 7 of 94 Dental Training Grades post currently vacant and recruitment drives have been planned to fill these posts. Medical aims to recruit to 85% of posts in each region, currently recruitment in the East is 76% and recruitment in the North is 72%. Focused marketing is being reviewed as this may impact the trainee decision making.

- Discussion took place regarding the Medical target and it was agreed that for 2019/20 the target should remain as one target, but updates should be broken down with regional level data, and Board level data where appropriate. If any of the regions are not meeting the fill rates, then the overall target should be rated amber or red as appropriate. **Action: DC**

- One amber Finance target is in relation to timescales of payment to non-disputed trade creditors. The aim is to pay 95% of trade creditors within 30 days and this is currently sitting slightly below at 94.45%. Finance and Procurement are reviewing processes.

- Overall there are 484 targets, of which 5 are red, 29 amber and 450 green. Of the 5 red, 2 are Finance and 2 are Planning and Corporate Resources (PCR) and 1 is Medical.

The committee noted the report and link to the performance dashboard were assured that sufficient controls are in place to manage the performance of NES.

9. Draft Operational Plan and Financial Plan

a) 2019-20 Draft Operational Plan – Priority Targets (NES/FPM/19/04)

Donald Cameron presented the Priority Targets from the draft Operational Plan for financial year 2019/20.

- The NES annual Operational Plan will work on a three-year planning cycle which identifies priorities for the forthcoming year and outlines plans for years two and three. Targets will form the basis of performance management during 2019/20.

- The draft Operational Plan is currently out with Directorates for final comment. Any changes at this stage are likely to be minor. The finalised Operational Plan will be submitted to the Finance and Performance Management Committee in May and an Annual Operational Plan (AOP) summary document will be submitted to the Board and Scottish Government in March. **Action: DC**

- The new NES Strategy is due to be approved at the end of March and Directorate Operational Plans will be updated to be aligned with this.

- 78 out of 558 targets have been identified by Directorates as priority targets for 2019/20. Priority Targets will be reviewed by the Planning team, once the NES Strategic Plan has been approved, to give assurance to the Board that priority targets are aligned with NES strategy and Scottish Government priorities. **Action: DC**

The committee noted and were satisfied with the draft priority targets for 2019/20 subject to a final review and changes that will better align with the new corporate strategy.

b) 2019-20 Draft Financial Budget Update (NES/FPM/19/05)

Audrey McColl provided the committee with an update on the development of the draft baseline Budget for 2019/20 and beyond. It was noted that the paper looks at Recurring funding from the Scottish Government only.

- The draft Scottish Budget, released on the 12th December 2018, confirmed there will be no uplift to the NES baseline recurrent budget. Pay inflation for all staff (including Training Grades) will be funded in full, however this does not include cost of pay progression increases.

- Funding is anticipated to be £438.8m. Directorates requirements submitted were £444.7m which presents a gap of £5.9m. The gap relates primarily to the historic underlying funding gap in Training Grades. Although the paper stated that the gap had been reduced, Audrey explained that since the paper had been issued further work had been carried out to assess the full year impact of the movement which had been seen in training grade costs in December 18/January 19 where the current forecast outturn reflected a £2.4m overspend on training grades compared to budget. As a result, Audrey noted that the gap may increase significantly.

- Following discussion at Executive Team no additional contribution to the National Boards collaborative recurrent £15m savings target is included (to which NES contributed £2.5 recurrently in 2018/19). However, given that it is likely that the collective target will not be met in full for 2018/19, NES may be asked for a further contribution in 2019/20.

- An increase in Employers pension Contribution from 14.9% to 20.9% was notified to employers in February 2019. The impact of this change is not provided for within the figures in this paper. It is anticipated that the increased cost will be fully funded but this has not been confirmed at this stage.

- The Executive Team have identified six improvement programmes to be undertaken to identify and release further savings. These include the consolidation of previous

programs such Training Programme Management, and new areas including a review of the NES contribution towards Dental Outreach Centres, and further Property reviews which will include maximising the utilisation of existing property. SLMT and SOLG leads will be identified to create an improvement plan for each project, which will detail impact, savings, benefits and risk.

The committee noted the draft Budget and the proposed actions to reduce the budget gap in 2019/20 and longer-term actions. The committee recognised that there is still a high level of uncertainty in relation to some cost pressures and that there is likely to be further movement in the numbers before the Board meeting.

10. Procurement Reports

a) Procurement Update Report (NES/FPM/19/06)

Kenny McLean presented the paper which provided the committee with an update on the procurement activity which has taken place during the third quarter of 2018/19.

- The overall commitment which Procurement could directly influence for the third quarter of 2018/19 was just over £7.1m (of which £4.2m was placed via SLA's to other boards and training grades). In the first three quarters savings of £740k have been identified. NES high value contracts accounted for £1,846k of this order placement and the balance committed via NHS National Procurement and Scottish Government frameworks and pre-existing contract and call off agreements.

- The Heads of Procurement of the National Boards are working to develop a target operating model (TOM) across the eight national boards. Two NSS staff have been made available two days per week to develop the TOM. A member noted that this would be a good opportunity to consolidate and improve processes.

- The Operating Department Practitioner (ODP) contract was awarded on 01st December 2018 to the University of Western Scotland (UWS) to provide a three year Honours Degree to allow all NHS Scotland Health boards to employ the appropriate numbers of ODP's within their theatres. Service Level Agreements (SLA's) with all health boards have been signed, to allow a single contract to be signed on behalf of all boards. By Tendering this project NES has secured a £307,800 saving per annum for 5 years.

The committee noted and were satisfied with the current and planned procurement activity.

b) Procurement Duty Annual Report (NES/FPMC/19/07)

Kenny McLean presented the paper which provided the committee with an update on governance and delivery of the equalities and diversity actions relating to the Procurement Duty.

- In accordance with the Procurement Reform (Scotland) Act 2014, the procurement team have developed and established a robust set of processes which

are designed to support fair and consistent procurement practice and enable measurement of our overall compliance and use of these processes.

- Requirements are embedded and linked to the Inclusive Education and Learning Policy and NES's accessibility standards in tenders

- A Suppliers Sustainability Code of Conduct has been published on the NES Internet to support our Equality and Diversity aims within a Sustainable environment.

- A member raised a point regarding the importance of being accessible to, and engaging with, third sector organisations and smaller businesses. Kenny McLean noted that guidance is available on the NES website detailing how to engage with NES from a Procurement perspective.

The committee noted and were satisfied with the progress taking place to deliver the procurement duty.

11. Properties & Facilities Update – Performance and Sustainability Targets (NES/FPM/19/08)

Donald Cameron provided the committee with an update regarding NES's progress towards improved property and sustainability performance.

- The Westport lease has been extended until 2025 subject to the court case being officially closed.

- The Committee noted the level of 'no-shows' for meeting / training rooms within both Westport and Central Quay. PFM are looking to identify and address issues which create these inefficiencies across the organisation. It was suggested that targets could be set for each Directorate.

- The Sustainability and Facilities Management Board, with representation from all Directorates and all offices, will be leading on the development of an updated Smarter working policy which will help toward compliance with IS027001, maximise work spaces and to improve sustainability targets regarding reducing waste and paper usage and increasing recycling.

- This group will also be instrumental in any Properties Reviews, to ensure space is utilized in the most effective way to meet requirements. It is anticipated that in appropriate redesign of spaces some small recurrent savings may be able to be made.

The committee noted and were satisfied with NES's progress towards improved property and sustainability performance.

12. NES Risk Register Primary 1 Report (NES/FPM/19/09)

Audrey McColl introduced the annual report to present inherent primary 1 risks which have been identified as relevant to the Finance and Performance Management Committee. It was noted that risk relating to software will now be transferred to the NES Digital Committee.

The committee noted and were satisfied with the report and were assured that adequate actions and controls are in place to mitigate risks relevant to the committee.

Items for information

15. Internal Audit Reports

Two internal audit reports were received by the committee for information.

a) Expenditure and Payables / Travel and Subsistence
The committee noted and were content with this report.

b) Risk Management
The committee noted and were content with this report.

14. External Audit Draft Plan 18-19

The committee noted the External Audit Draft Plan for the 18-19 financial accounts and noted that the materiality has been calculated at around £9m (2% of gross expenditure), with performance materiality set at 75%. This has remained at the level previously adopted.

15. Any Other Business

No other business was raised for discussion.

16. Date of Next Meeting

The date of the next meeting is Wednesday 22nd May at 10:45 and will take place in Westport, Room 6.

NES
February 2019
JA/dc/amc

NHS Education for Scotland

Board Paper Summary

1. Title of Paper

Finance Report to 28th February 2019.

2. Author(s) of Paper

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

3. Purpose of Paper

The purpose of this paper is to present the financial results for eleven months of the year to 28th February 2019 and to indicate the current anticipated forecast outturn as at 31st March 2019.

4. Key Items

The NES year to date position, as at 28th February, is an underspend of £5.1m and the current year end forecast outturn is a small underspend of £195k. This is a positive movement of £108k from the January 2019 position and a positive movement of £864k since the last report to the Board on the position as at December 2018.

The most significant elements of the Year to date underspend of £5.2m are;
- £1.2m of transformation funding which will be returned to Scottish Government as this is ring fenced funding and therefore cannot be reallocated.
- NMAHP funding of £1.2m which is a timing difference as we are waiting for final confirmation of the amounts payable to boards and;
- £1.4m in provisions relating to the timing of accruals.
- The balance relates to timing issues across the organisation and is reflected in the year end forecast where appropriate.

All anticipated allocations have now been received.

Although we are currently forecasting a year-end outturn of a £195k underspend, it is possible that this will change as we finalise our review of Annual Leave and fixed Term contract accruals as part of our year end processes.

5. Recommendations

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

Finance Report to 28th February 2019

1 Overview

1.1 Background

NES' original baseline budget for 2018/19 was £423.4m. In addition, we received in-year allocations as shown below:

	Recurring		Earmarked		Non Recurring		Total	
Area	**Received**	**Outstanding**	**Received**	**Outstanding**	**Received**	**Outstanding**	**Received**	**Outstanding**
2018/19 Baseline	423,353						423,353	0
2018/19 Pay award	8,558						8,558	0
National Boards	(2,500)						(2,500)	0
NDS					682		682	0
Pharmac Pre reg			4,851	(522)			4,851	(522)
Aberdeen Dental School					3,098		3,098	0
Speciality Training Expansion posts			2,044				2,044	0
MEP funding gap			1,640				1,640	0
Primary Care Fund					8,847		8,847	0
Mental Health Programme					7,100		7,100	0
Transformational Change fund					4,708	(1,259)	4,708	(1,259)
Depreciation & provisions					1,181		1,181	0
Capital Allocation					(2,648)		(2,648)	0
NES Outcome Framework					841		841	0
AEiPC implementation					780		780	0
Additional Dental VT costs					737		737	0
Other allocations			1,707		2,481		4,188	0
GP Trainer grants							0	0
GP100 additional Funding			900				900	0
Total	**429,411**	**0**	**11,142**	**(522)**	**27,807**	**(1,259)**	**468,360**	**(1,781)**
Total		**429,411**		**10,620**		**26,548**		**466,579**

£000's

1.2 Summary Financial Position

As at 28th February, the year to date position is an underspend of £5.2m, which reflects timing issues across directorates where expenditure is expected to be incurred before the end of the financial year but is not in line with the initial budget phasing or budget will be handed back to Scottish Government.

The forecast outturn as at 31st March is an underspend of £195k; a movement of £108k from last month and £864k since the December position reported to the board on 31st January 2019. These movements across Months 10 and 11 include;

- reduced staffing costs in Digital following posts not being filled as quickly as anticipated (£117k)
- reduced developer costs where activity has been carried out for less than expected (£73k)
- Reduced NMAHP spend across January and February in several budget area's as costs have come in lower than expected across several budget areas (£188k). This has occurred for a variety of reasons including not been able to source goods which meet their requirements, reduction in student numbers, delayed start date of courses and capacity issues within the team.
- Higher than anticipated vacancy savings have also been realised (£234k) and;
- a lower number of GP returners than anticipated in Month 10 (£105k).

2.0 Variance Analysis

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

MONTHLY REPORTING FOR FEBRUARY	Period 11							
Directorate	Year to Date			Full Year				
	Current Budget	Outturn	Variance	Current Budget	Outturn	Variance	Variance last month	Movement in variance from last month
Quality Management	73,907	73,424	483	81,399	81,478	(79)	(21)	(58)
Strategic Planning and Directorate Support	6,351	6,188	163	7,004	6,952	52	34	18
Training Programme Management	244,009	245,909	(1,900)	266,294	268,454	(2,160)	(2,196)	36
Professional Development	7,086	6,273	813	8,417	7,605	812	742	70
Medical Total	**331,353**	**331,795**	**(442)**	**363,115**	**364,489**	**(1,374)**	**(1,441)**	**67**
Dental	40,820	40,509	310	44,611	44,285	326	289	37
NMAHP	9,320	8,037	1,283	12,411	12,001	410	265	145
Psychology	16,153	15,932	221	19,185	19,105	80	32	48
Healthcare Sciences	2,279	2,318	(40)	2,456	2,500	(44)	(49)	5
Optometry	888	875	13	1,033	1,006	27	27	(0)
NDS	460	424	36	596	600	(4)	0	(4)
Digital	8,528	6,786	1,742	8,897	8,904	(7)	112	(119)
Workforce	4,776	4,360	415	4,749	4,758	(9)	22	(30)
Finance	1,805	1,783	22	2,019	2,029	(10)	(15)	5
Properties	3,488	3,369	119	3,805	3,763	42	22	20
Facilities Management	583	557	27	644	616	28	23	5
Planning (incl OPIP)	1,057	1,039	18	1,158	1,141	17	18	(1)
Net Provisions	1,282	(180)	1,463	1,900	1,186	714	782	(69)
NES Total (revenue)	**422,792**	**417,604**	**5,188**	**466,579**	**466,382**	**197**	**87**	**110**

2.1 Medical

The year-end forecast for the Medical Directorate is an overspend of £1,374k which is a small decrease of £67k from the forecast overspend of £1,441k at the end of January.

Within Training Programme Management, the increased forecast cost of £36k is the net impact of;

- a movement within Training Grades of £180k due to 8 additional trainees in GP ST3 as part of the February rotations. This was due to a higher than expected number of extensions to training periods because of maternity returners and remedial training.
- This has been primarily offset by higher than required funding being received for the Medical Education Package (£140k)

The forecast outturn figures for the Medical Directorate assume that funding of £522k, received as part of the £4.2m allocation for Pharmacy ACT (Additional Cost of Teaching) during 2018/19, is returned to Scottish Government as it will not be spent in year. The funding was agreed late in the year and it was

to be used to set-up pilot activities related to improving the Experiential Learning of the Pharmacy students. It was acknowledged from the outset that it was unlikely that it could be fully utilised in-year.

It should also be noted that the year end position reflects almost £1m of Primary Care fund underspend within Medical which offsets the pressures experienced in year in Training Grades. It was agreed with SG that this could be retained in lieu of the funding for Trainers Grants, 2014 Expansion posts and other expansion posts.

2.2 Dental

The Dental underspend of £326k has not significantly changed. It is comprised of;

- An underspend from 4 fewer Therapists in Vocational training due to a lack of available Trainers in this program (£169k)
- a change to the timing of training plan within Postgraduate Fellowships to better suit the needs of the students
- reduced expenditure in CPD (£75k) and Dental outreach travel (£29k)

2.3 NMAHP

The Year to date position for the NMAHP Directorate is an underspend of £1,283k. This is mainly timing differences within Post Registration Post Graduation & CPD (£1,123k) where we are awaiting confirmation of the number of students taking up places at Universities before funding is released to Health Boards to pay for course fees (£777k) and the timing of AHP Fellowship reports being completed by participants to enable payment to be released. (£111k).
Underspends in General Practice Nursing (GPN) (£220k) and Return to Practice (RtP) (£15k) programmes are reflected in the year end position.

An increase in the underspend forecast as at 31st March of £145k is due to;

- a reduction in the number of Return to Practice student being eligible for funding as they did not meet registration criteria (£15k)
- University of Dundee course now commencing June 19 (£48k) as several health boards consider implementation of the new Return to Practice model.
- The General Practice Nursing Newly Qualified Nurse Training Programme anticipated expenditure of £90k in 2018/19 however it has been confirmed that the expenditure will be split over 2018/19 and 2019/20 creating a £70k underspend in year.

2.4 NES Digital Services (NDS)

Agreed funding of £682k has been received for NDS for the 2018/19 financial year. This is to cover the core NDS budget requirement of £596k and £86k for increased support costs across NES in the set-up and development of this new directorate.

In the year to date, £424k has been spent on staffing, premises costs and equipment purchases. The remaining budget is forecast to be fully spent by year end but as this is a new service and the costs rely on contractor delivery dates, it does contain an element of risk, potentially up to £20k.

2.5 Digital

The year to date variance is an underspend of £1,742k of which £1,189k relates to spend on the transformation fund projects which will be returned to the Scottish Government, the remaining underspend is mainly phasing.

The year end forecast is a £9k overspend, a reduction in the underspend forecast last month of £121k. This is largely due to the inclusion of a £121k cost for the Taylor and Francis e-Library subscription. There have been issues in accessing this material therefore, although we are providing for the cost, discussions are continuing in relation to the level of payment which will be made.

It should be noted that it has been confirmed that Scottish Government will fund the costs of Office 365 in 2018/19 therefore the NES funds previously allocated to cover these costs, and some smaller underspends across a range of budget lines, have been reallocated. These funds have enabled hardware purchases in line with the rolling replacement programme which aims to bring all Hardware devices up to a minimum standard capable of running Windows 10.

2.6 Transformation Fund Projects

Within the Workforce and Digital lines in the table at section 2.0 above, there is £4m of funding received from the Scottish Government transformation fund. This funding is to support the implementation of the National Boards Collaborative plan which is aligned to the Scottish Government Health and Social Care Delivery Plan. It includes;

Project Lift (£348k)

In order to maximise the impact of Project Lift a phased programme of work will be delivered in partnership with Health Boards to provide national support/infrastructure in the following areas -

- Talent Management & Leadership Development
- Values Based Recruitment

e-Rostering and Software as a service (£1,200k)

The work proposed includes support to align business and rostering processes in advance of introduction of new technologies to ensure that the maximum benefit is derived from the new systems. The programme will have a clear focus on improving the user experience, aligning our existing practices to best practice; it will enable the adoption of more effective shared services models in the regions; reduce costs; and improve data and analytics.

Workforce Group 1 (£1.38m) comprising the following projects: Flexible Employment Models supporting the implementation of Lead Employer, Turas People, Workforce Platform (&training) and CAJE which is a replacement for the current job evaluation recording system.

Workforce Group 2 (£1.15m) comprising the following projects: Turas Learn, Turas Appraisal, and Employee Engagement Portal supporting National Workforce Policies.

It is currently expected that these projects will underspend by £1.2m which has been reported to the Implementation Leads group and to SG. This is not shown as impacting on the year-end forecast outturn as this funding must be returned to SG and cannot be used to support other areas of the NES budget.

The underspend has mainly arisen from 2 key areas;

- Initial delay in the allocation of the funding to NES which caused an underspend of (£425k)

- E-Rostering and SAAS project where Procurement issues and difficulties in getting appropriate access to systems have led to delays (£529k)

The remaining underspend has been driven by minimal delays in several of the workstreams.

Recent discussions with Scottish Government have highlighted a significant pressure within their 2019/20 Transformation funding. This may impact on the delivery of these projects in future years and is currently under discussion.

2.7 Net Provisions

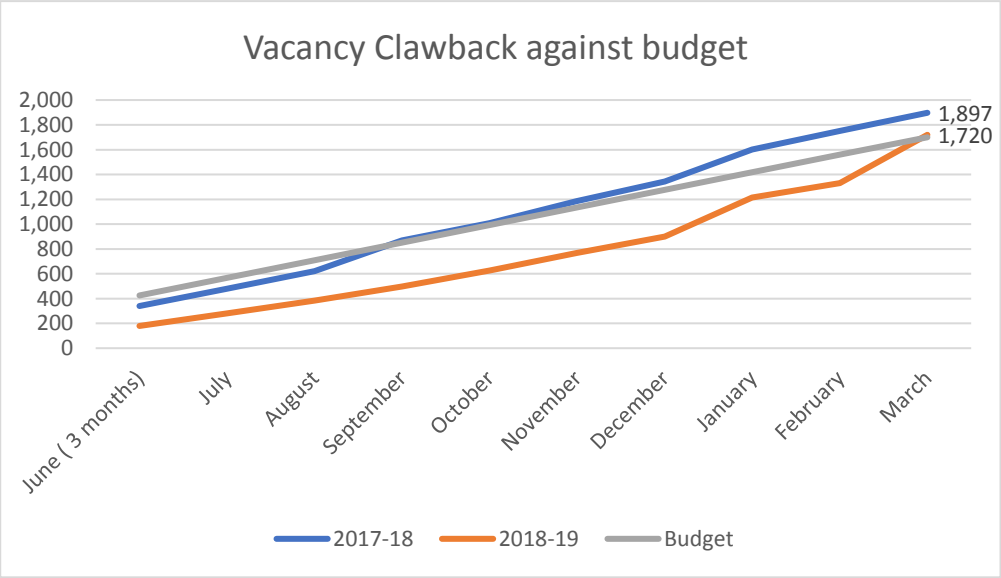
The full year budget for net provisions is £2.0m. This is made up of charges for depreciation, savings targets to be clawed back from Directorates, the Apprenticeship Levy, top-slicing of external income to cover overheads, our expected contribution to the National Boards £15m savings target and other provisions (such as those for redeployment, potential claims and unidentified savings targets).

Our current contribution to the £15m savings target for 2018/19 is £2.5m, as represented by a reduction in our recurring allocation. The full £15m for 2018/19 has not been identified but no provision for an additional savings contribution from NES has been reflected within our forecast.

The unidentified savings target of £0.7m created as part of the balancing of the 2018/19 budget has been met in full through directorate savings.

The forecast year end variance has moved by £69k to £0.71m which reflects the movement of available budget to Capital to allow for the VC replacement programme of £80k, to be accelerated as described in section 3 below and £16k to the Mobile Skills unit. This is partially offset by an additional £32k of vacancy savings being transferred into provisions.

The total vacancy savings now achieved is £1.7m which is £200k higher than previously anticipated meaning the original target of £1.7m has been met in full. The increased rate of vacancy savings being identified from December 2018 onwards can be seen in the graph below. The £1.7m achieved represents all known vacancies to the year end although there may be small adjustments to the figures if there are further staff movements.



3.0 Capital

NES does not normally receive a Capital allocation and therefore all capital expenditure must be funded by a transfer from our revenue budgets. However, due to slippage on the purchase of the Mobile Skills Unit in 2017/18 a capital carry forward of £252k into 2018/19 was agreed. During the year NES has transferred a further £2.648m from revenue giving a total Capital Allocation of £2.9m for 2018/19. The split of this budget along with the current forecast spend can be found in table below.

There is currently an anticipated underspend of £25k which has decreased from last month following the acceleration of the VC replacement programme from 2019/20 with work now taking place in March. Capital spend across the programmes of £2.7m has been incurred to date.

Directorate	Asset	Capital allocation	Forecast spend	Forecast variance
Medical	Mobile Skills Unit	268,016	258,153	9,863
Properties	Air Con Unit	50,000	28,318	21,682
Facilities	Franking Machine for 2CQ	6,000	0	6,000
Digital	UTM Hardware (Firewall & Router) for Westport / 2CQ	10,000	10,000	0
Digital	UTM Hardware (Firewall & Router) for Westport / 2CQ	10,000	10,000	0
Medical	Quality Improvement E-Learning	21,571	21,571	0
Digital	Turas Application development	2,042,246	2,057,100	(14,854)
Digital	Turas FNP	366,861	360,600	6,261
Digital	ServiceNow	40,412	49,100	(8,688)
Digital	VC replacement programme	80,000	80,000	0
Provisions	Contingency / rounding to balance to allocation	4,894	0	4,894
		2,900,000	**2,874,842**	**25,159**

4.0 Key risks to forecast

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

- The reported position assumes no further movement in Training Grades. The funding arrangements for Training Grades are extremely complex and will continue to be closely monitored but may still change. The Finance and Medical Directorates continue to work with a data analyst from the Digital team to review and develop a standard suite of reports to streamline and simplify the current reporting model in future.
- This report assumes all expenditure and income has been notified to Finance and will not change. Any further expenditure/slippage will impact on the year end position.
- A review of our Fixed Term contract liability is underway as part of our year end processes. This has highlighted a potential increase to the corporate liability in terms of the amount of redundancy payment which would be due should all fixed term contracts be terminated with no alternative arrangements made. We are continuing to assess the level of risk this creates but it's possible that there will be an increase to our Fixed Term Contract accrual which would impact on the year end outturn position.
- There may be pressure on NES for an additional contribution to the National Boards £15m saving target as there is currently an anticipated gap of approximately £3m.

5.0 Recommendations

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

AMcC/LT
March 2019

NES **NES/19/25**

Item 9f **(Enclosure)**

March 2019

NHS Education for Scotland

Board Paper Summary

1. **Title of Paper**

Performance Management Report following 31st December 2018 progress updates.

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

Karen Howe, Planning and Corporate Governance Manager
Lynnette Grieve, Planning and Corporate Governance Manager
Donald Cameron, Director of Planning and Corporate Resources

3. **Purpose of Paper**

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

4. **Corporate Dashboard**

Full performance data can be found on the Corporate Dashboard. The Corporate Dashboard is a collaboration between the Digital, Planning & Corporate Resources and Workforce directorates. The aim is to present all corporate metrics i.e. workforce, performance and risk reports in one place, offering consistency in presentation along with flexibility in detail and analysis.

***Note**: When viewing the Corporate Dashboard, details of individual targets and the Quarter 3 updates can be found by right clicking on the relevant area being and*

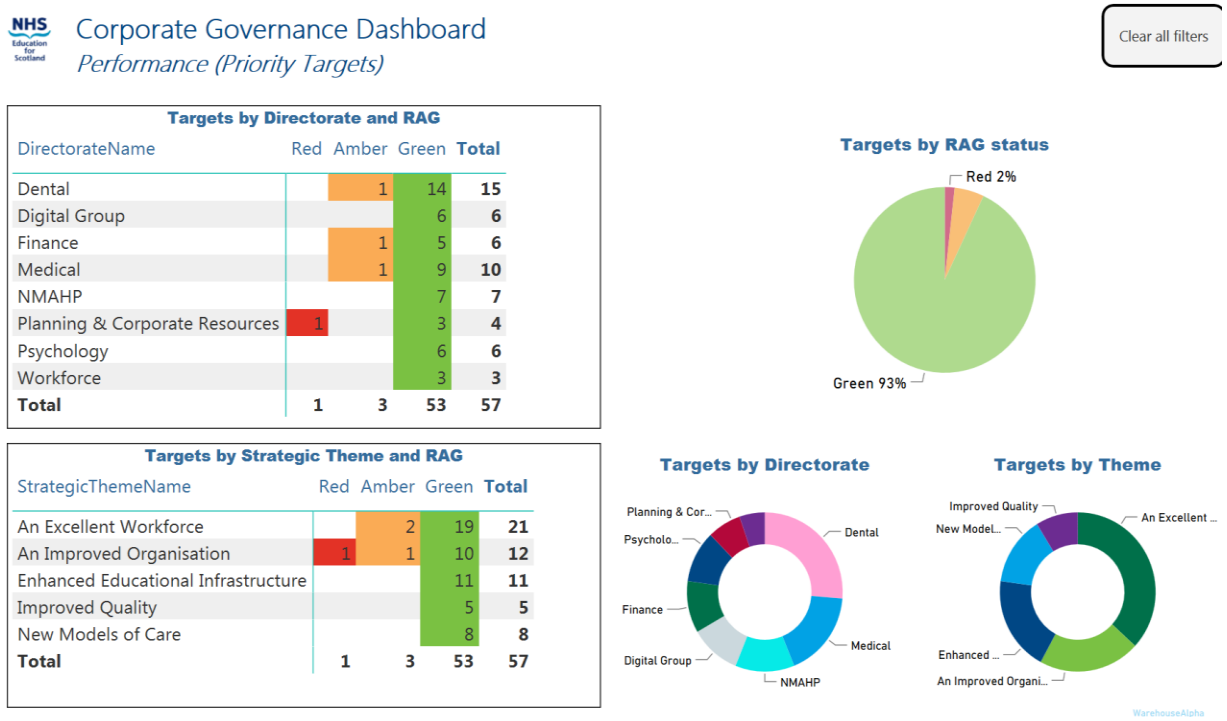
selecting 'drill through' followed by 'target details'. Screenshots illustrating these instructions can be found in Appendix 1.

5. Summary of Performance

There are 484 performance targets for 2018/19, of which 57 have been ranked as priority Key Performance Indicator (KPI) targets. Following a review exercise, the number of priority targets has reduced from 80 priorities. Diagram 1 shows the performance across the 57 priority targets and diagram 2 outlines performance across all 484 targets. Performance is measured using RAG (Red, Amber, Green) ratings, the definitions of which are set out below:

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

Diagram 1 – Summary of performance for priority targets (Q3, 2018/19, n=57)

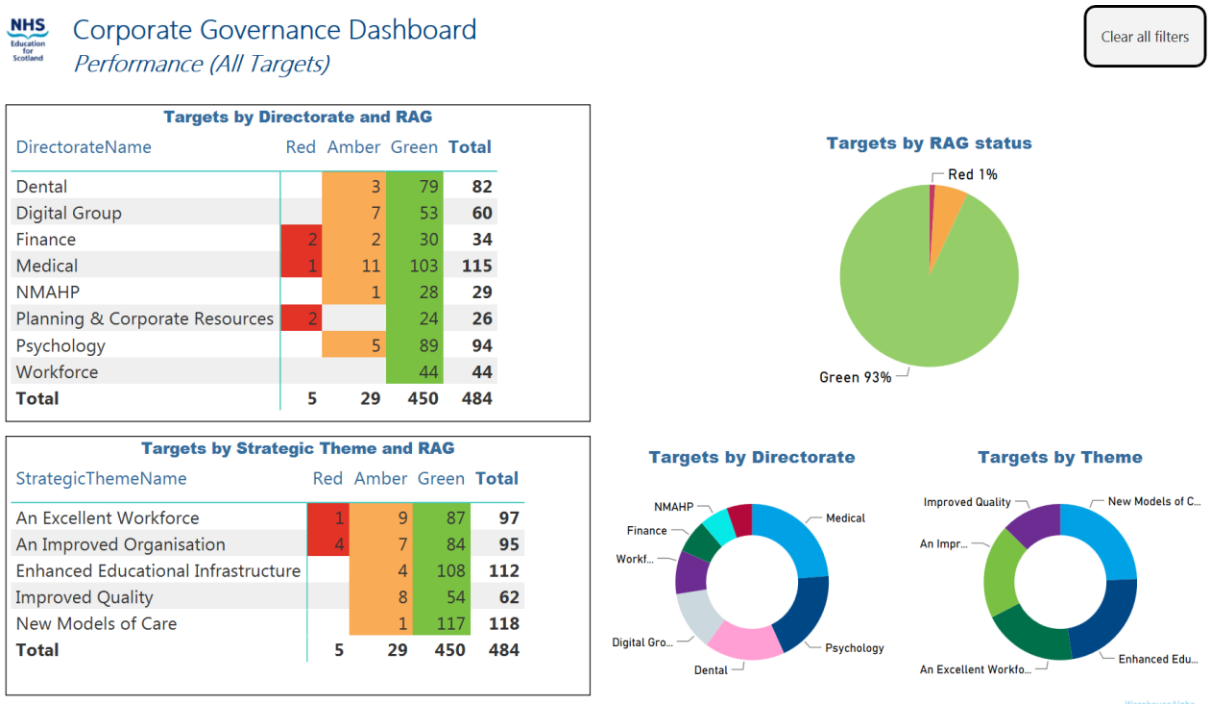


Of the 57 priority targets, 1 is red, 3 are amber and 53 are green. The red target to develop a collaborative property and facilities management services with NSS has been superseded by the development of an operating model across the national boards and timescales have been redefined as a result. This target is **CLOSED,** and the work is now being led by NSS.

Of the 3 amber priority targets, one is dental, one is finance and the other is medical. The dental target relates to the recruitment of 94 training grade dentists by September 2018. This target is amber due to 10 vacancies. Dental have liaised with all training providers and given them the opportunity to recruit locally. For 5 of the vacancies, local recruitment has taken place resulting in the filling of 3 posts in Aberdeen, Dundee and Fife. A further attempt to recruit locally in Dundee and in Ayrshire was not successful. Local recruitment for Glasgow takes place mid-January 2019 and another trainee place was extended by 2 months to cover a vacancy.

The finance target aims to ensure that 85% of non-disputed trade creditor invoices are paid within 10 days and 95% of non-disputed trade creditors are paid within 30 days. To date, the 10-day goal is being met (85.43%), but the 30-day goal is slightly under target (94.45%). Finance and procurement are reviewing the processes to ensure that all directorates are taking the necessary steps to ensure this target will be fully achieved by year end. The amber medical target aims to recruit successfully with at least 85% fill of vacant posts across each region. This is amber, because vacancy fill (at December 2018) is 76% in the East, 72% in the North, 94% in the South East and 87% in the West. Focused marketing is underway and the traditional split for expansion posts (50:25:15:10) is being reviewed, as this may be impacting on trainee decision making.

Diagram 2 – Summary of performance for all targets (Q3, 2018/19, n= 484)



Overall, there are 484 targets, of which 5 are red, 29 are amber, and 450 are green. Of the 5 red targets, 2 are finance, 2 are planning & corporate resources (PCR) and 1 is medical. The 2 finance targets relate to: developing monthly trend analysis reports for budget holders and finance managers; and the production of an information strategy for finance to identify the preferred reporting solution to improve the quality of financial

reporting to NES. Both of these areas have been delayed or put on hold respectively, due to capacity issues.

Of the two PCR targets, one relates to the collaborative property and facilities management service already described in the 'Summary of performance for priority targets' section of this report. The other PCR target relates to the development of a SNOW room booking system for all sites by December 2018. All sites previously without a digital room booking system have now moved to a SNOW room booking system, but for remaining sites there have been challenges regarding data migration between systems and resource issues. Possible solutions are currently being investigated.

The final red target relates to the aim of increasing the number of doctors completing an enhanced induction programme by 20%. This work was delayed while awaiting budget confirmation but has now commenced for 12 x 6-month whole time equivalent returner and enhanced induction posts. One enhanced induction doctor is in post and 4 others are currently undertaking national assessments. A 2019/20 budget application for this work has been submitted to Scottish Government.

6. Recommendation(s) for Decision

To note the current performance of NES.

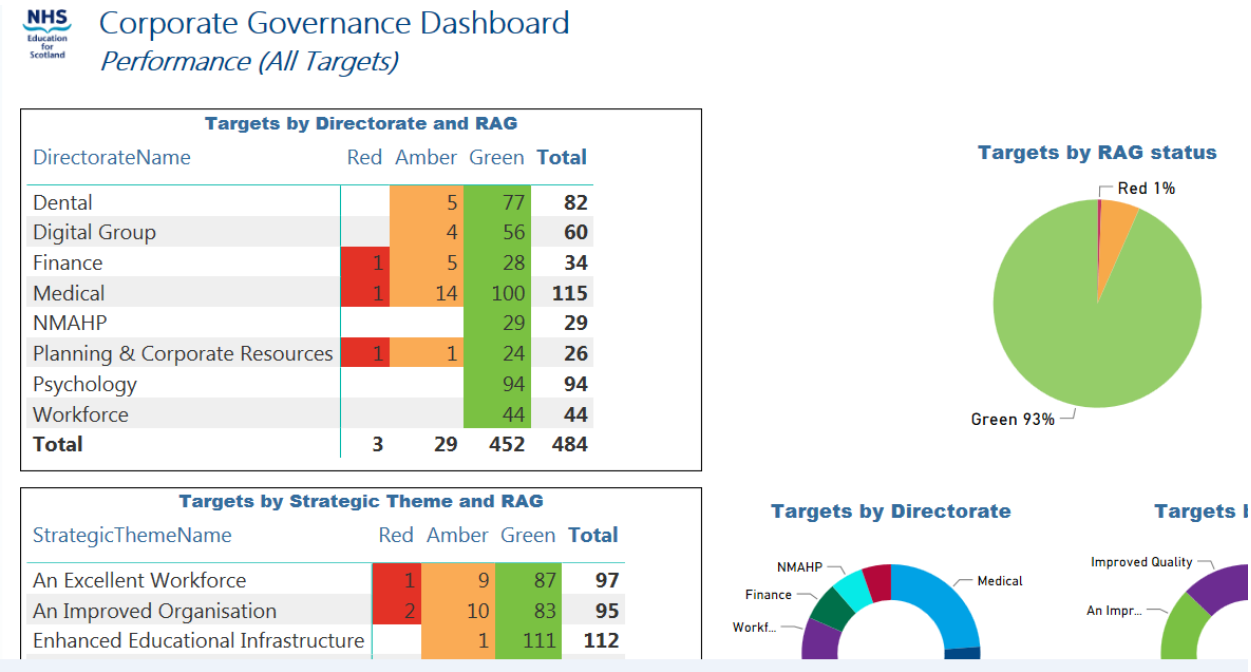
March 2019

Appendix 1 – Using the Corporate Dashboard

When viewing the Corporate Dashboard, details of individual targets and the latest updates can be found by following 3 steps:

Step 1

Move the cursor to the area of the report where further information is required and right click.

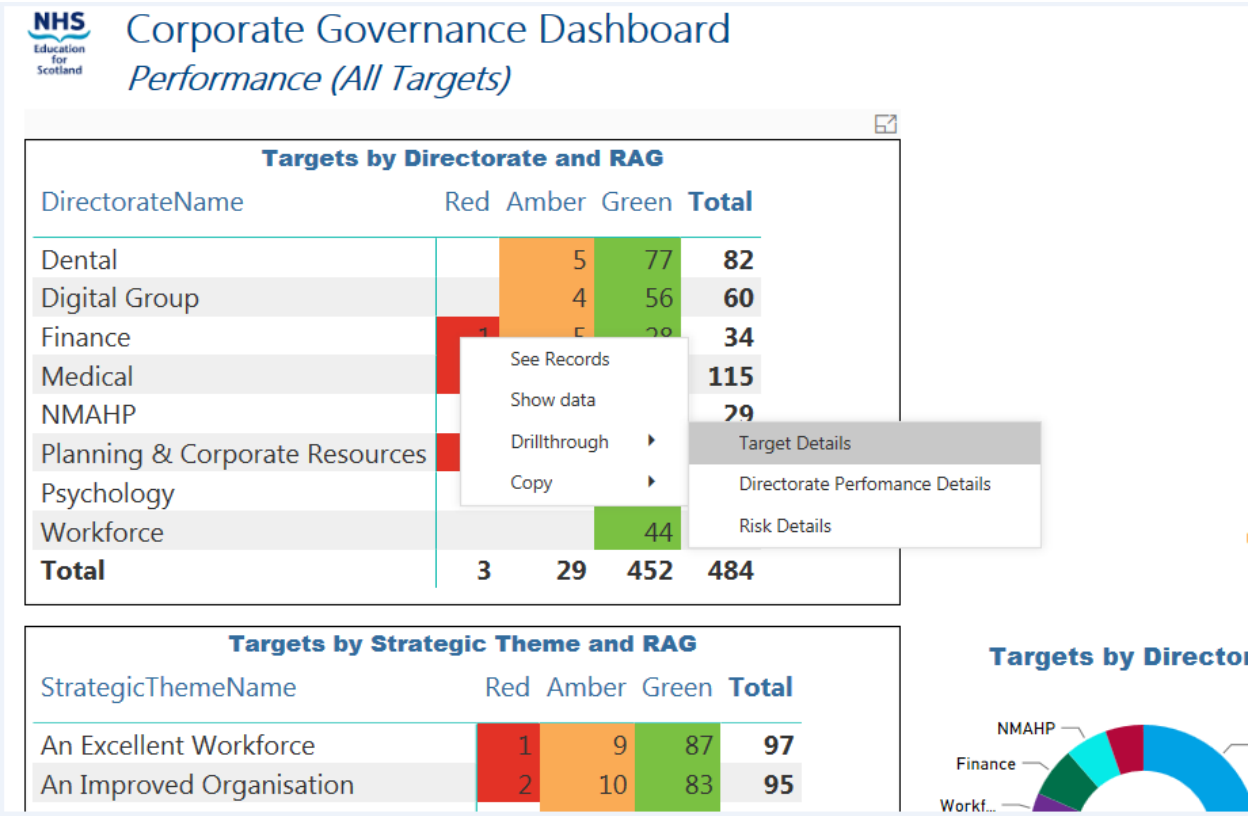


Step 2

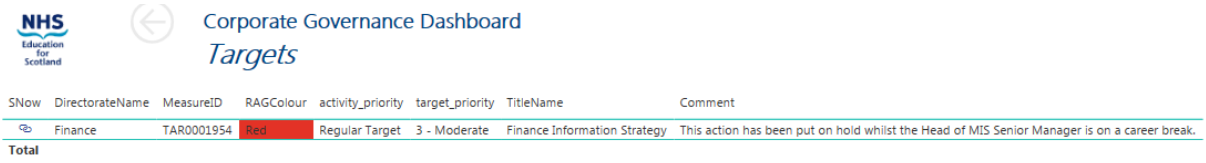
Select the ‘drill through’ option.

Step 3

Select the ‘target details’ option.



This will reveal the additional detail required (an example of which is below).



NES **NES/19/26**
Item 9g **(Enclosure)**
March 2019

NHS Education for Scotland

Board Paper Summary

1. Title of Paper

Equality Outcomes and Mainstreaming Priorities: Progress Report, 2019

2. Author(s) of Paper

Kristi Long, Equality & Diversity Adviser
Dorothy Wright, Director of Workforce

3. Purpose of Paper

To meet our statutory duties under the Equality Act 2010 (Specific Duties) (Scotland) Regulations, NHS Education for Scotland establishes equality outcomes we will deliver every four years, and reports on progress delivering these outcomes, mainstreaming equality, use of staff equality data and our gender pay gap every two years. The attached report is the text of our 2019 progress report against our Equality Outcomes and Mainstreaming Priorities 2017-21.

The Board are invited to review and approve the text of the paper for design and publication.

4. Key Issues

The attached report has been produced to meet our statutory duty to:

- Report on progress delivering the equality outcomes we set;
- Report on the impact of mainstreaming the equality duty in the organisation;
- Report on how we have implemented the Fairer Scotland Duty;
- Report on how we use our staff equality data; and
- Report on our gender pay gap, defined in the regulations as noted in the report.

The Specific Duties regulations require that we publish such a report every two years – in this case, this report must be published by 30th April 2019. The equality outcomes run on a four-year cycle; this is a mid-cycle (2 year) report against outcomes we set in 2017. The outcomes will be due for review and refresh in 2021. However, the Committee may wish to note that the Specific Duties for Scotland are currently under review by the Scottish Ministers. This review is at an early stage and is expected to continue through 2019. There may be subsequent changes to the duties before the next equality outcomes cycle commences.

The report succinctly captures progress and links to other existing communications where possible. We have also referred to external review and validation processes for benchmarking purposes. Although we have attempted to highlight areas of impact

where possible, it is important to bear in mind the continuous nature of much of this work, and the fact that 'impact' may take place over longer timescales than the two year (or even four year) period of the report or outcomes cycle.

In a recent review of performance of the statutory duties, the EHRC noted that many public authorities, in their first reporting cycle, did not provide a clear report against the actions they had originally planned to take. The issues raised in the EHRC study are complex, but our report maximises transparency by: providing a table setting out the original outcomes, their rationale, proposed actions and update on progress; structuring the mainstreaming section around a discussion of benchmarking activity, including external review (by Scottish Government and the GMC); and ending with 'next steps', clarifying for staff and stakeholders what the emphasis for our work should be for the next two years of the cycle to support the organisation to deliver the outcomes we set in 2017.

The Staff Governance Committee and the Educational and Research Governance Committee reviewed a previous draft of this report. In response to their feedback, we added two case studies (Family Nurse Partnership and Our Way), added a series of quotes from users and stakeholders to illustrate the impact of our workstreams or the implementation of policy, and made a few amendments to the text as requested by the ERGC.

Following Board approval of the text for publication, the text will be designed for publication in PDF format by the NES design team following the NES corporate brand standards. A version will also be published in accessible MS Word format.

5. Educational Implications

The equality outcomes include priorities aligned to the delivery of core educational functions. We use the equality outcomes to inform our operational planning.

6. Financial Implications

A small sum will be required for design of the final report.

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

The work described in this report is relevant across the strategic outcomes. We have also reflected on the relationship of the outcomes to the new Strategic Framework to ensure the outcomes continue to be aligned to core NES deliverables.

8. Impact on the Quality Ambitions

The work described in this report supports the delivery of equitable and person-centred care, which has been shown to be a key element of quality. It also supports the development and retention of staff, and ambitions for the sustainable workforce.

9. Key Risks and Proposals to Mitigate the Risks

Previous internal audit observed that the cycles for establishing equality outcomes and for setting the organisational strategy do not align and that it would be necessary to review the alignment of the equality outcomes against any revised strategy to ensure they remained relevant. This has been actioned in the Strategic Refresh and process of collating this report, led by the NES Participation, Equality and Diversity Leads, who have contributed to the strategic review and advised the NES Executive Team on the continued relevance of the equality outcomes. This report concludes with a section highlighting equality delivery priorities for 2019-21 for NES which are aligned to our new strategy and to national priorities. This focus will be emphasised to staff and stakeholders in the communications plan.

10. Equality and Diversity

Briefly describe:

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

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

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

See guidance note on how to complete this section (available on Intranet, Meetings section). Your paper should include relevant details, including assessment of alternatives if required.

Impact assessment is not required as this is a report on progress against an existing strategy.

11. Communications Plan

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

Yes [x]

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

A communications Plan has been developed to set out key messages, internal and external audiences, including social media strategy.

12. Recommendation(s) for Decision

The Board are invited to review and approve the report for design and publication.

NES
March 2019
KL/DW

NHS Education for Scotland

Progress Report, April 2017 - March 2019

NES Equality and Diversity Outcomes and Mainstreaming Priorities, 2017-2021

About NHS Education for Scotland (NES)

We are a national NHS Board, with a crucial role in the education, training and development of Scotland's healthcare staff. At the undergraduate level, we play a key role in the performance management of nursing and midwifery programmes at all Scottish Universities. We support placements in clinical settings for trainee doctors, dentists, nurses, midwives and AHPs. We are responsible for recruiting key groups of staff to post-graduate training including doctors, dentists, pharmacists, clinical psychologists and healthcare scientists. We manage the progression through structured training programmes of more than 6,500 trainees, who deliver services to patients and their families.

We support continuous professional development and commission programmes and evidence-based educational resources and interventions in a range of formats. These resources support the workforce across both health and social care. They ensure that patients and their families get the best care possible from a well-trained and educated workforce. We have educational materials that are relevant to staff from every group within health, and to staff working across the wider social care sector.

Why is this important?

The people who work in health and social care are its most important asset. Having the right numbers of trained staff, in the right place, at the right time is key to delivering better health and better care. At the same time, expectations are changing, as people look for more control over their working lives, better career development and more flexible working.

Through our structured training programmes and our high-quality educational resources, we have a unique opportunity to engage with staff across all of health and social care. We know that there are challenges in both recruiting and retaining staff. That means more than ever, we need to be able to support people to have rewarding and fulfilling careers. We also support the workforce to gain the new skills and embrace the new ways of working that are needed,

as more healthcare is delivered in the community rather than in hospital, and as healthcare technologies advance.

How do we do this?

We manage training programmes and provide educational resources to staff across Scotland. These clinicians, support workers, administrative staff, and many others are employed by NHS Boards, Local Authorities, voluntary organisations, the private sector and others. We work in partnership with Scottish Government, employers and many other organisations to try to ensure that staff experience a quality learning environment in their place of work, and to ensure seamless access to our resources.

We provide facilities and equipment for training, and many people working in educator roles across Scotland. Our digital infrastructure enables materials and support to be accessed anywhere, and from any device.

What more can we do?

The publication of the Health and Social Care Delivery Plan in December 2016 signalled a change in the way that NHS Boards work. We need to work more collaboratively and focus on how we use our collective resources and expertise to support Better Health, Better Care and Better Value, at a local, regional and national level.

We will continue to support the people who work in NHSScotland and across the care sector. We will do this by providing access to training and education. Increasingly we also support a user-centred digital infrastructure, and opportunities to do things ‘Once for Scotland’ that improve the experience of the workforce. We will also analyse the data that we hold, and that held by other organisations to improve workforce planning and workforce development at a local, regional and national level.

OUR VISION: ‘A skilled and sustainable workforce for a healthier Scotland’.
OUR MISSION: ‘Enabling excellence in health and care through education, workforce development and support’.

About this report

In April 2017, we published our Equality Outcomes and Mainstreaming Priorities, 2017—2021, which set out the improvements we aimed to make during this four-year period. This report can be accessed from our website at https://www.nes.scot.nhs.uk/about-us/equality-and-diversity/equality-reports.aspx.

We have produced this progress report to meet our statutory duties to report on progress delivering our equality outcomes and mainstreaming the equality duty into our day to day work. This report captures progress against our 2017-2021 equality plan as of 31st December 2018.

The report provides examples illustrating how we use employment data. It also includes an updated calculation of our gender pay gap. Our detailed employment metrics are published annually in our Workforce Plan, which supports mainstreaming equality into the workforce planning process. The Workforce Plans for 2017-18 and 2018-19 should be read as a supplement to this report. They can be accessed on the Equality Monitoring page of our website[1].

The Fairer Scotland Duty, which requires that we actively consider, at an appropriate level, what more we can do to reduce inequalities of outcome caused by socio-economic disadvantage which relate to the exercise of our functions, came into force in Scotland in 2018. This duty applies to strategic decisions, and a section of this report provides a summary of action we have taken to implement the Duty.

[1] http://www.nes.scot.nhs.uk/about-us/equality-and-diversity/equality-monitoring.aspx

The report concludes by identifying priorities for action in for 2019-21 to enable us to deliver the aims set out in our Equality Outcomes and Mainstreaming Plan 2017-21. A selection of case studies illustrating some of our work is included in the appendix.

Summary of Progress on Equality Outcomes and Mainstreaming Priorities, 2017-2021

This section updates progress delivering the actions we identified in our Equality Outcomes and Mainstreaming Priorities Plan. We are currently two years into the four-year plan. In the following tables, we report on the actions set out in 2017, progress to date, and next steps to deliver the actions. The introduction to each section 'What is the issue?' provides a brief summary of the evidence which lead us to set these particular priorities and actions in 2017.

Health inequalities are mitigated and where possible reduced or prevented through the provision of opportunities for healthcare staff to enhance relevant skills and knowledge

What is the issue?
Research on health inequalities highlights the important role that health and social services staff can play in supporting and enhancing development of health literacy among service users as a key contribution that the health service can make to reducing health inequalities. Limited health literacy has been identified as a significant issue for a number of groups in the population, including some minority ethnic groups, Gypsy/Travellers, and other populations associated with educational and socio-economic disadvantage. This has been cited as a contributing factor to health inequalities and as a barrier to person-centred care.
Research indicates that widening access to the medical profession from areas of deprivation contributes to the sustainability of primary care services in these localities.
People with learning disabilities experience particularly significant gaps in health outcomes relative to the general population.

Actions	Current Status
Raising awareness and capabilities of professionals to address health	Management of the Health Literacy Place website has been transferred to Scottish Government. NES continues to engage with the work as a key stakeholder.

Actions	Current Status
literacy, and improve access to tools, innovations and technologies through The Health Literacy Place website	NHSScotland library services continue to embed health literacy support within their work.
Continued development of the cross-sector reach of dementia education to improve quality of care and quality of life outcomes for people with dementia, and families and carers	We have continued to deliver a range of training programmes to large numbers of health and social services staff including the Dementia Champions programme (now over 800 trained) and the Dementia Specialist Improvement Leads programme (now 68 completed). Nationally hundreds of health and social services staff have had access to training in palliative and end of life care for dementia; pharmacological care and dementia; supporting people with complex care needs and psychological care in dementia.
Reduced health inequalities for vulnerable children and families through education and role development to enhance understanding of the Children and Young People's (Scotland) Act (2014) and improved capacity, capability and access to learning resources for	Our Corporate Parenting Plan, developed through engagement with Who Cares? Scotland, describes the actions we are taking. In our new digital learning resource, we have worked with Who Cares? Scotland to include content that explains how care experienced young people feel about NHS services, what helps them engage with and benefit from NHS services and some of the challenges they face. Video content features care experienced young people explaining

Actions	Current Status
children, young people and families. Raise awareness in relation to the health needs and vulnerability of looked after children and young people, as part of our Corporate Parenting responsibilities	how NHS staff can make things better and help improve outcomes for this group of young people.
Education and skills development which supports improved oral health for children, older dependent people, homeless people and prisoners, including improved access to dental services and better awareness of child protection and safeguarding	Adults with incapacity courses delivered – 236 dentists trained to sign certificates and expediate treatment for patients where capacity to consent is an issue. 'Caring for Smiles' SCQF qualification in oral health for care home workers. 1317 are currently undertaking the training with 2171 already trained and certified. This programme supports improved oral health for older people living in care homes and has incorporated a focus on improving outcomes for people with dementia. Childsmile Dental Playboxes: The Priority Groups workstream continues to work with the charity 'Children's Health Scotland' to deliver training to Extended Duty Dental Nurses and Dental Health Support Workers to support the delivery of Childsmile to children with additional needs. The aim is to engage these 'hard to reach' children with

Actions	Current Status
	the practical elements of Childsmile and the oral health message through play. To date, 183 Extended Duty Dental Nurses and Dental Health Support Workers have received this training. In partnership with South Lanarkshire College and Lanarkshire HB, NES has produced a new SCQF, Level 6 oral health module which is now available nationally as an optional module on the nursery practitioner course. This toothbrushing qualification will further support nursery toothbrushing and Childsmile. 150 students have so far gained the qualification, with delivery to a further 246 students at colleges across Scotland currently underway.
Ensuring issues relating to health inequalities are considered as part of all relevant training programmes and advocating for inclusion of health inequalities in health care curricula	Health inequalities advice integrated into EQIA planning and highlighted within the NES Strategic Framework The Medical Directorate offers three one-year post-CCT (Certificate of Completion of Training) GP Fellowship opportunities. These Health Inequality Fellowships aim to provide an introduction to the opportunities and challenges of delivering generalist skills

Actions	Current Status
	in the context of service general practice in areas of deprivation Fellows may undertake improvement projects and/or develop policies as part of their fellowship.
Supporting improvements in sustainability of services in areas of deprivation through supporting and advocating for widening access to medical and professional education to increase participation from people from lower socio-economic backgrounds	The Medical Directorate works with partner organisations (the Scottish Funding Council, the five Scottish medical schools), using the levers available to it to promote widening access to undergraduate medical education. The regulator (GMC) undertook a review of medical education in Scotland in 2017 and the first section of its resultant press release in May 2018 noted good practice in this area. Details of the GMC visit area described further below. <u>Widening Access Places for Medical Education</u> In 2016, the First Minister announced a package of measures, including 50 widening access (WA) places. The WA places were evenly distributed across the five medical schools and are specifically aimed at recruiting from more diverse social backgrounds, targeting students from the lowest quintile of multiple deprivation (SIMD 20). This initiative supports key recommendations set out in the Report of The Commission for Widening Access, including a target that by 2030 students from the 20% most

Actions	Current Status
	deprived backgrounds should represent 20% of entrants to higher education in Scotland. There has been varied progress on delivery of the initiative with the University of Glasgow and the University of Aberdeen filling all their places from the target group of applicants in academic year 2018-2019. SFC and NES are monitoring progress and also supporting institutions with guidance on the activities that could be undertaken (including contextualised admissions). This can only be guidance as final decision on who to admit into medicine is the university's. In addition in 2017 Scottish Government provided funding for pre- entry medical courses at the University of Aberdeen and University of Glasgow which are targeted at applicants from non-traditional backgrounds. SFC and NES are monitoring progress on the number of students who are then admitted into medicine from those courses. Evidence from the first year indicate that most of the students on this course have applied to study medicine. <u>Widening Participation in Nursing Education</u> We also support work to widen participation in nursing education, with particular focus on reducing gender occupational segregation and supporting access to nursing careers for people from lower socio-economic groups. Through the Chief Nursing Officer's

Actions	Current Status
	widening participation commission work has been completed to explore the influences and causes of under-representation of men in pre-registration nursing in Scotland. This report has been shared widely with stakeholders across Scotland. As part of the performance management process for 2018 we have been able to evidence nursing and midwifery intakes by Scottish Index of Multiple Deprivation (SIMD) quintile. Nationally for Nursing and Midwifery intakes SIMD distribution is consistent over recent cohorts and approximately uniform, with about 20% of Scottish domiciled students in each quintile.

[Design element – quote]

Gillian was a Senior Charge Nurse with NHS Fife and since completing the Dementia Specialist Improvement Leads Programme is now the Lead Nurse for Mental Health in NHS Fife.

‘My participation in the programme has strengthened my passion for service development and improvement. I enjoyed the entire 18-month curriculum. I learned so much from each training programme even when I thought I already possessed the knowledge and skills in each area.’

‘I continue to share the good practice and learning with the nursing team and colleagues throughout NHS Fife. I have increased confidence in my own knowledge and skills. The programme has helped inform my career aspirations and reinforced what I need to do personally and professionally.’

[design element – quote]
Care home workers who completed the SCQF qualification in oral health as part of the 'Caring for Smiles' initiative in care homes highlighted their greater confidence in providing oral health care for residents:
“It has made me more confident in my approach to oral care.”
“I feel more confident in my approach to people with needs”
“I know what to look out for in people’s mouths and I know how to look after their dentures.”
“More confidence when brushing someone’s teeth.”
“I now know the dangers of leaving dentures in.”
“I am confident to look in people’s mouths.”
“Learnt more about end of life care. Also, reminded me how important oral care is and following the foundation course I found I was more focussed on areas which had previously been quite lax.”

Boards will have improved awareness of the importance of youth engagement and employment, particularly with regard to young people experiencing disadvantage on the labour market, and will increase youth employment and build the

workforce of the future by supporting boards to actively build strong partnerships with key stakeholders, including young people

What is the issue?
Youth unemployment in Scotland is high, while NHSScotland has, in many areas of the service, an ageing workforce. Scottish Government's Youth Employment Strategy sets out a target of reducing youth unemployment by 40% by 2021. Increasing opportunities for youth employment via apprenticeship schemes offers an opportunity to support effective succession planning and to increase employment options for young people. However, the labour market, and many employment programmes, have a history of occupational segregation by gender and under-representation of disabled people and under-employment of people from black and minority ethnic backgrounds. Looked-after children and care experienced young people face barriers to accessing education and work.

Actions	Current Status
Supporting engagement between the NHSScotland Employability and Apprenticeship Network and equality stakeholders	We invite a range of equality stakeholders, including Who Cares? Scotland, Skills Development Scotland and others to support contact and engagement with these organisations.
Enhance our current partnership working with the Prince's Trust by appointing a Specialist Lead for the Prince's Trust , based in NES for19/20,	The postholder will be appointed in spring 2019. The initial focus will be on improving aspects of the Prince's Trust 'Get Into Healthcare' programme for disadvantaged young people. The expectation is that this post will be extended over the life of the Prince's Trust 5-year expansion plan for NHSScotland. The focus in future years will

	move to increasing the number of mentors in NHSScotland and enhancing their effectiveness.
Raising awareness of equality and diversity good practice in youth employment and facilitating knowledge exchange among boards	A Knowledge Hub is now established to share good practice and case studies Fair Start Conference delivered in 2018 An NHSScotland Youth Employment SLWG has developed a Youth Employment Strategic Framework, including a maturity index and other supporting documents.
Ensuring that our evidence-based guidance and other resources support good practice in responding to the issues highlighted	Revised guidance published which includes advice on employment of under-represented groups that may experience barriers to employment.

The number of refugee health professionals re-entering their profession is increased through better access to training, language support, professional mentoring and work experience.

What is the issue?

Refugee and asylum-seeking health professionals may face a number of barriers when seeking work in the UK, including language barriers, recognition or transfer of qualifications, or the need for additional educational support to adjust to working in a new cultural environment and new healthcare system. Access to education and employment is crucial to integration, to building self-esteem and to securing a life free from poverty.

Actions	Current Status
Working with partners to guide and assist refugee and asylum-seeking doctors to access training and language support, e.g. The Bridges Programme	NES is working with the Bridges Programmes and has developed a refugee doctors project in partnership with the British Medical Association, Clyde College and City of Glasgow College to support refugees who were fully qualified doctors in their home country to achieve General Medical Council registration and a licence to practise medicine. The project supports refugee doctors as they retrain and begin careers working in the NHS. The Dental Directorate has engaged with the Bridges programme by providing support for up to 10 asylum seeker dentists in the form of funding for zone cards for up to a year. This enables them to attend an English language course in preparation for sitting IELTS which is a requirement to enable them to sit the Overseas Registration Examination (ORE)

[design element – quote]

“We aim to allow refugee doctors to use their previous experience and training and become valuable contributors to the NHS in Scotland.

“Before doctors can work in NHS Scotland they need to prove they have a high standard of written and spoken English. Only then are they allowed to sit the exams they need to prove their medical knowledge is satisfactory.

“Additional support to help refugee doctors with English language examinations is very welcome in helping them over this initial hurdle into medical training in Scotland. We are committed to supporting doctors into training for the benefit of both the NHS and wider society whilst ensuring patient safety at all times." Dr Greg Jones, Clinical Lead at NHS Education Scotland, which works in partnership with GP surgeries to train doctors to become senior clinicians.

[design element – quote] [The New Refugee Doctors’ Project] is “tailored to meet our needs in order to bridge the gap in our career path. Getting back into medicine is what I have been looking for since my first day in Scotland, and I cannot imagine myself being anywhere else. It is my passion where I will able to contribute the most to humanity.” … Dr Mohammad Helmi, a Syrian Doctor participant on the New Refugee Doctors' Project.

Retention and career development are improved for people who take breaks from training or career progression through career advice, induction and returner programmes, flexible training, retainer schemes and support for performance.

What is the issue?

Professionals take career breaks for a variety of reasons, but childbearing, caring responsibilities, illness or disability are common reasons for taking time out from training or a career. Career breaks at any stage can impact on retention, progression and pay equity. Actions outlined in this section aim to contribute to supporting progression for people who have taken career breaks, reducing the potential for negative impact of these breaks.

Data from medical and dental training underscores the importance of effective support mechanisms at the earliest possible stage for professionals experiencing difficulty in their training.

Actions	Current Status
A Return to Work programme in Dental training	Bespoke programmes of education and training to facilitate registrants returning to work from a period of absence are offered following individual assessments of training needs. Numbers vary and cannot be predicted but on average we give intense support to 6 registrants per year as part of Return to Work and advice to about 10.
A medical careers advisory service, support programmes to retain doctors in the profession when they have caring or similar commitments (such as the GP Retainer Scheme), and support for doctors to return to a medical career following career breaks (e.g. the GP Returners Scheme)	National careers strategy aligned and programmes delivered, including less-than-full-time training options. These were externally validated through a review of medical education in Scotland in 2017 by the regulator (the General Medical Council). and the following commentary provides evidence of the support available for doctors in training
A national Performance Support Unit in medical training to ensure a consistent and equitable standard of support for medical trainees	The regulator (GMC) undertook a review of medical education in Scotland in 2017 and their report evidence of the support that is available for doctors in training. The GMC specifically commended the Performance Support Unit in their report as an area that is working well.

Supporting options for less-than-full-time training	The regulator (GMC) undertook a review of medical education in Scotland in 2017 and their review provided evidence of the effectiveness of the support that is available for doctors in training. Further details, including extracts from the GMC report, are provided below.
Return to Practice for Nurses and Midwives	In 2015, the RTP Programme was re-introduced to assist nurses and midwives no longer registered to return to practice. The Programme is approved by the Nursing and Midwifery Council (NMC) and fully funded by the Scottish Government. NES is commissioned to manage the funding and oversee the programme delivered by four HEI's in Scotland. Since 2015, 527 nurses and midwives have commenced the programme, while approximately 100 are still undertaking the programme, at least 313 of those who have completed have secured nursing or midwifery posts in Scotland. The majority of these are NHS posts but we are aware of approximately 37 in the independent care home sector, a setting to which the government are keen to support recruitment.

Attainment gaps for medical trainees from Black and Minority Ethnic backgrounds and International Medical Graduates are reduced through a range of measures

What is the issue?
Both UK Black and Minority Ethnic (BME) graduates and International Medical Graduates (IMGs) experience differential outcomes on the Clinical Skills Assessment, which is one part of the first round of the Royal College of GPs final qualifying examination. Research indicates that differential attainment by nationality and ethnicity can be found in other medical specialties as well, and the General Medical Council advised that medical Deaneries must consider how they can better support BME and IMG trainees to prepare for assessments and to meet the specific learning needs of IMGs in particular.

Actions	Current Status
Delivering targeted educational support via the Scottish Trainee Enhanced induction Programme (STEP) programme to International Medical Graduates and their Educational Supervisors which addresses their specific educational needs and supports preparation for the Clinical Skills Assessment	The STEP programme was started in 2015 after the judicial review in 2014 led by Justice Mitting in which he stated that the RCGP and Deaneries must act to reduce the examination results disparity. The programme is unique in that both the GP trainee and their educational supervisor are invited to the event. Research has shown that a supportive trainee: educational supervisor relationship is a key component in the successful completion of training. A particularly important aspect of the day is the sharing of journeys by doctors in training with their group and educational supervisor. It is a one-day programme facilitated by NES educators and educational supervisors. Trainees whose primary medical qualification originate outside of the UK are invited to attend. It is held twice a year (May and November) to accommodate February and August recruitment. Since the first event in November 2015, over 100 doctors in training and 70 educational supervisors have attended the day. Feedback at successive events

	has been extremely positive from both groups. A formal evaluation is also underway to ensure that we incorporate new evidence and learning from the rest of the UK. This is being led by our NES education fellow, GP Director and a Professor from Aberdeen University. STEP has been presented at the Scottish Medical Education Conference and at a national Differential Attainment Conference in London in November 2018. The GMC also intends to showcase STEP on their website and a paper is being prepared for this purpose.
Extending relevant educational support via the STEP programme to Black and Minority Ethnic trainees and their Educational Supervisors	Following review of the programme and GMC research, we have determined that it is not appropriate to extend the programme at this time because it is focused on support specific to International Medical Graduates and is less relevant to Black and Minority Ethnic graduates from UK universities. We will continue to deliver STEP for International Medical Graduates, but address the support for Black and Minority Ethnic trainees in General Practice and other specialities through other interventions which we will develop with input from BME trainees.
Improving the collection and analysis of data with the aim of monitoring progression and attainment by	This data has been developed in our Turas applications and we are working with the General Medical Council as one of the pilot Deaneries to analyse data and explore possible interventions to improve outcomes.

ethnicity and nationality at all stages of the training journey, from recruitment, through progression to outcomes, to inform continuous improvement	Data will be used to inform evaluation of interventions and to measure progress against key performance indicators in medical education.
Supporting faculty development for trainers in line with recommended good practice in inclusive learning environments for medical education, including development in cultural competence and unconscious bias	We delivered and evaluated a pilot training intervention for educational supervisors on recognising and managing unconscious bias in educational supervision in 2018. The evaluation indicated positive outcomes with this group. Develop and implement sustainable model for trainer development. Options will be considered and taken forward within the Scotland Deanery's Professional Development workstream, as part of the wider training and professional development for educational supervisors.

[design element – quote] Feedback from trainees and Educational Supervisors identified ways they found the STEP programme valuable:

- *It was interesting to learn how the STEP programme was started and good to know that there is support for us out there - trainee*
- *Well done, some aspects (about culture shock) would have been useful when first arriving in the UK - trainee*
- *Excellent; Depicts perfectly my story of immigration, its immediate and long-term effects on my personality and work life - trainee*

- *Really useful considering how much impacts on patient interactions and how medical practice/patient expectations is so variable between nationalities - ES*
- *Really useful to consider the 'British Way' of communication and how this could be difficult to understand! Consideration of colloquialisms. Importance of non-verbal and tone/dynamic of voice, etc.- ES*
- *I expect it is very useful for the Trainees to have the support of their Trainer at the course so they know their Trainer will subsequently have insight into challenges they may face and be able to effectively support them - ES*

[design element – quote] Educational Supervisors in the Unconsious Bias training pilot reflected on their learning from the session and its impact on their approach to training:

> *Fairness is one of my fundamental beliefs so the training on Unconscious Bias consolidated this belief but the learning on unconscious bias was a timely reminder that even if you think you are a fundamentally fair person, you will still have some biases you may be unaware of. -- Participant*
>
> *I think it's been really helpful in encouraging mindful training and practice. I think it's probably something that everyone in a public service role should get training in. -- Participant*
>
> *Before the workshop I really believed that I was pretty switched on to my own biases. I would have rated myself as 8/10 for both understanding and recognising my biases in my role as an ES.....boy was I wrong! -- Participant*

Leadership cohorts are more reflective of the Scottish population through the provision of leadership and management development programmes that are inclusive. Our leadership and management development supports leaders at all levels

to develop the skills and knowledge they need to plan, manage and deliver equitable, person-centred services to the people of Scotland, and to manage staff fairly and effectively.

What is the issue?
Research from NHS England found significant vertical segregation by race and gender. Comparable data on ethnicity is not currently available for Scotland but research in the public sector suggests a similar pattern is likely.
Analysis in 2017 indicated that NHSS has significant patterns of gender occupational segregation with women often under-represented in senior management and considerable gender segregation by profession.

Research on diversity and staff engagement found that unconscious bias has been found to be concentrated primarily around work allocation, feedback, informal mentoring and sponsorship. This is relevant to staff management and development but will also have relevance to educational work and supervision and to reducing occupational segregation as it may impact on progression.

The Equality and Human Rights Commission identified equality, diversity and human rights as learning needs for strategic leaders of Integrated Joint Boards following their assessment of the IJBs' inaugural statutory equality outcomes and mainstreaming report publications in April 2016.

Actions	Current Status
Improving the collection and analysis of participant data with the aim of monitoring access to leadership development by protected characteristic, from recruitment, through progression to outcomes, to inform continuous improvement	NES's Organisational Development & Leadership Learning (ODLL) Business Support team have undertaken a review of current processes for collection and analysis of participant data. This has led to the development of new arrangements to be tested and reviewed over a 3-month period.

Requiring that leadership development programme commissioning and design reflects the need for leaders to ensure their services and people management activities are person centred, and raise awareness of the value of equality, diversity and human rights and the risks of unconscious bias	ODLL have reviewed course content across all key resources. This has indicated opportunities for enhanced and explicit coverage of these issues. The team is currently establishing new design and delivery arrangements to improve the embedding of key messages.
Ensuring that work on national talent management arrangements being undertaken with Scottish Government is subject to equality impact assessment, and both recognises and seeks to help address the barriers to progression of women in to senior management roles.	This project is being led by Scottish Government and is still at an early stage of development. Data is being collated and reviewed to identify potential equality and diversity issues.

Access to learning is improved through enabling flexible learner access on any device; delivering resources built to best practice accessibility standards; and providing appropriate and relevant digital literacies development for learners.

What is the issue?
Digital exclusion is strongly linked to other deprivations. In terms of demographics; older people, disabled people, people with low incomes and low levels or education or long-term unemployed are most likely to be digitally excluded. Remote and rural populations may experience issues with connectivity. Within the health service, some staff groups (e.g. nurses and support workers) are more likely to identify barriers to accessing computers in work, particularly for learning. Staff working in social care settings identify barriers to accessing computers in work for learning.

Digital literacy is a complex concept which impacts on the accessibility and effectiveness of digital learning. A range of factors can affect digital literacy, including disability, age and educational background. Some disabled people are agile adopters of digital resources. Younger learners may have different learning and support needs in relation to digital literacy than older learners.

Actions	Current Status
Improving access to e-learning resources and supporting digital literacies for healthcare support workers	Research projects conducted to inform understanding of access to learning in various formats by different audiences of learners and to inform work on digital literacies. The research report can be accessed at https://www.nes.scot.nhs.uk/resources/HCSWDigitalLiteracyResourcereport/index.html 'Digital Matters' pilot training programmes developed and delivered which focus on core digital skills in two Boards. Digital case studies available at : https://www.youtube.com/channel/UC1vTzERRdMu9LJH4ZnnVSfw

Implementing robust digital development standards across all new NES digital learning resources and platforms	Accessibility audit carried out for User Interface and plan developed for improving UI across the Turas platform. User testing with disabled users has been integrated into the UX programme.
Increasing our analytic capacity to gather equalities data on the use of digital learning in continuing professional education through our Turas Learn platform	Capacity for E&D analysis implemented in Turas Training Programme Management and Turas People. This enables NES to gather and use equalities data on Doctors and Dentists in Training and to support Lead Employers to use the data to monitor and assess the equality impact of policies, deliver reasonable adjustments for trainees where required, and to measure the effectiveness of interventions to reduce differential attainment.

[design element – quote]

Lesley Grant, Laundry Assistant, Greater Glasgow and Clyde, worked with NES to devise the ‘Digital Matters’ programme to help improve core digital skills for NHS estates and facilities staff.

Before I got involved in learning about digital skills with NES, I really didn't use computers at all. The other supervisors and I worked together to help each other with the modules and make sure we could get time off the floor to complete them. I found it a really useful resource that has given me the confidence to try things that I didn't think I'd be able to do. I would recommend the programme to anyone. Up until now, I haven't used a computer very much for my duties at work, however I think I will use it more going forward.

My grandson is autistic. I've just completed my first online course to learn more about autism. I wouldn't have made the step of becoming an online learner if it had not been for getting the chance to develop my digital skills. I've been able to go online and speak to other people and share experiences.

I've been talking to a special needs teacher who runs her own school in Paris, for example. I've also been able to learn about the Picture Exchange Communication System (PECS), and download some flashcards for my grandson to use. These help him communicate with me by letting him just point to what he wants – his favourite is the juice image at the moment. He can just point at the image, and I know what he wants. I never thought I'd be able to use the internet in this way, so it's been wonderful.

The employment rate of young and disabled people in NES is increased and access to learning, education and progression opportunities for younger, older and disabled workers is improved; staff with caring responsibilities have the flexibility they require to sustain employment and career progression; the elements of staff experience most relevant to equality and diversity outcomes are maintained and improved

What is the issue?

In NES staff, there is under-representation of people from black and minority ethnic communities at senior level and under-representation of disabled people overall.

National research on diversity and staff engagement found that unconscious bias has been found to be concentrated primarily around work allocation, feedback, informal mentoring & sponsorship. This is relevant to staff management and development, but will also have relevance to educational work and supervision and to reducing occupational segregation as it may impact on progression.

In its review of occupational segregation, NES considered the impact of pregnancy and maternity, including flexible working, on career development. This has also been reviewed as part of our Carer Positive workstream. The result has been some practical suggestions for supporting reintegration into work and considering options for peer support arrangements. Research highlights caring responsibilities as factors potentially impacting career progression, particularly where work is not truly flexible.

NES considered equality and diversity in its recent review of the implementation of agile working. Agile working was cited as a positive feature by carers and disabled staff in particular. Some staff noted barriers to accessing truly agile working arrangements.

Actions	Current Status
Improving the consistency of our approach to agile working, to enhance flexible working options and support work/life balance	The revised People & OD Strategy highlights the importance of working arrangements that support individuals to maintain a positive work life. A review is underway on our Agile Toolkit, taking a broad view on all aspects of our environments, policies and NES culture.
Continuing to progress through the Carer Positive framework	We have maintained the Engaged level of Carer Positive.
Using management and recruitment training to identify and remove unconscious bias	We are working with NHS24 to develop an e-learning resource for NHSScotland on unconscious bias in recruitment and selection.

Ensuring that our approach to succession planning and staff development offers equality of opportunity for all staff	We have supported staff development through engagement with Graduate Apprenticeship programmes, facilitating opportunities for staff to develop skills in career growth areas for the organisation. We reviewed and harmonised our role descriptions, reducing the overall number of descriptions and highlighting the transferable skills involved in roles to support career pathways and equal pay.

We will continue to enhance the inclusivity of education and training programmes for disabled learners in NHS Scotland.

What is the issue?
In 2015, 10.9% of first-degree students in health care subjects in higher education and 13.8% of full time first degree students in health care related subjects in further education in Scotland declared a disability. Yet, few trainees in postgraduate training declare a disability. Research on barriers for disabled people in postgraduate training in health care professions internationally identifies a number of barriers and areas where support could be improved.

Actions	Current Status
Raising awareness of inclusive educational approaches and signposting to good practice	We work with practice education staff, educational programme leads and learning and development leads to champion inclusive education and signpost to good practice. We continue to work to develop awareness and capacity for inclusive design and delivery approaches for education and training. We have commissioned and delivered CPD for educational supervisors and practice educators through relevant development events and established guidance for educators on Turas Learn.

Addressing barriers to disclosure	In medical education, we updated our website with key messages to encourage and support trainees to share information and our onboarding forms with questions to enable trainees to raise any issues where they may require support or adjustments in training placements.
Ensuring effective delivery of reasonable adjustments for learners who are NES employees	A national Professional Support Unit for trainees was launched in February 2017. This development was commended by the General Medical Council as a positive support for trainees in their review of the Scotland Deanery in December 2017.

Using Our Workforce Equality Data

Analysis of equality monitoring information provides insight into staff experience through their employment journey with NES based on their protected characteristics. We collect data on the full range of protected characteristics and carer status. We use the data to produce an annual equality report as part of our workforce report, which includes an analysis of workforce composition as well as staff recruitment, development and retention. This analysis informs annual operational planning and enables us to track progress on strategic priorities established in our People and Organisational Development Strategy. Our full equality workforce data analysis is published annually in our Workforce Report, which is available on the Equality Reports[2] page on our website.

We have invested in the development of high-quality workforce data and use our data to inform policy development and review, and through our internal equality and diversity leads network promote information sharing, best practice development and efficiencies of approach. We are using people-data to solve Workforce related issues on a regular and ongoing basis, supporting our managers to interrogate data in a way which enables them deliver solutions that improve equity, effectiveness, efficiency, and experience all at once.

We use both regular E&D data metrics and bespoke analysis to inform equality impact assessments when developing or reviewing policies or strategies. Examples include:

- Identifying the need for additional guidance for young people on the application process and how to construct a successful application, developed in response to analysis of differential success rates in recruitment by age;
- Assessing the potential equality impact of our use of Fixed Term contracts (FTCs), and monitoring the age profile of staff under FTC

[222] http://www.nes.scot.nhs.uk/about-us/equality-and-diversity/equality-reports.aspx

arrangements to inform succession planning, attraction and retention activities.

- Developing a process and standard template when introducing a new References procedure to ensure that all staff for whom a reference is requested are treated consistently across the organisation.

National Support for Workforce Data

The Turas Training Programme Management and Turas People applications were developed to support training programme management for postgraduate training and the implementation of Lead Employer arrangements for doctors and dentists in training. These applications support NES and other Lead Employers to manage the employment and placement of trainees during their programmes. Equalities data capacity is included in these applications to support equality impact assessment, learning analytics and to enable the delivery of support and reasonable adjustments for trainees.

We collect and use equalities data on trainee doctors in regular quality management and workforce analysis to assess progression and the trainee experience. We use data on the ethnic origin and country of primary medical qualification for doctors in training to analyse patterns of differential attainment in postgraduate medical training, identified by the GMC has as a national concern. Using this data, including data collected by NES, the Scottish Trainee Survey, and GMC data, we have developed an action plan of pilot interventions aimed at addressing differential attainment.

NES is delivering a new data platform, Turas Workforce Data through which integrated health and social care workforce data can be accessed. NES has been working closely with Scottish Government National Workforce Planning colleagues on the first iteration of workforce scenarios. This work will advance the workforce data available for scenario modelling and workforce planning at local, regional and national level.

Mainstreaming the Equality Duty

External Reviews of Equality and Diversity

During the period covered by this report, we participated in two external reviews which, taken together, provide evidence supporting our progress in continuing to mainstream the Equality Duty.

The General Medical Council, which regulates medical education, undertook a review of medical education in Scotland, including the Scotland Deanery (NES), in 2017. This included a thorough review of equality and diversity practice, benchmarked against the GMC's framework for medical education, and specific topics reviewed included: use of equality data, support for less than full time training options; implementation of reasonable adjustments in training and activity to ensure fairness and address risks of differential attainment. The GMC commended the Scotland Deanery on a number of these areas, as illustrated in the following extracts from their final report:

> *Scotland's Deanery has a careers strategy in place which is aligned across Scotland. The strategy begins at undergraduate level with a workshop and careers evening in year 4. In the foundation programme, careers advice is part of the curriculum. The Deanery expects that when learners begin the foundation programme, they should be taking responsibility for self-management of their career pathway, including undertaking their own research and arranging taster sessions for specialties of interest. However, we were told that those needing more support can speak to associate post graduate deans and that any trainee who is being seen by the performance support unit is offered additional career advice and support.*
>
> *The Deanery Performance Support Unit (PSU) is an example of a process that has been aligned as a single unit under the deanery. Previously support for doctors in training was managed on a regional rather than national basis. The PSU was launched in 2016.*
> *We met with those responsible for educational and pastoral support and heard that the goal of the PSU is to provide consistent support to*

learners across Scotland and promote early identification of learners who may need additional support and to support local action. Once these learners have been identified, the unit supports their supervisors with a plan to address any difficulties.

The PSU provides a range of services such as pastoral support, signposting learners to the resources they need, return to work support and exam failure toolkits. As the unit was new, they are still in development and have plans to develop further resources such as a toolkit for performance issues. In addition, there are plans to look at all referrals to the unit over the first twelve months to see if there are any trends with the nature or outcomes of referrals.

Learners should be receiving the same guidance and policies no matter where they are in the country, which promotes and solidifies the one deanery approach which NES is striving for.

Each Health Board has a regular meeting with the PSU to discuss any learners who require reasonable adjustments. This includes discussions with the Occupational Health Unit about those returning to work after a period of absence and what adjustments they may require, be it long term or short term. Although reasonable adjustments are ultimately the employer's responsibility, the deanery takes an overview of whether the adjustments are allowing a learner to meet their outcomes.

There is an associate dean in each region who has responsibility for learners in less than full time training, and in addition there is a specific board which looks at these learners across Scotland. This ensures that all learners in less than full time training are identified and offered appropriate support. The NES board ensure consistency of this support across the regions.

During our visits, we encountered multiple doctors who were in less than full time training and no issues with the process were flagged to us. Those we spoke with found no issues with arranging less than full time training and found the organisations involved, including the deanery to be supportive.

Upon publication of the report, the GMC's press release also commented on the work to widen access to medical education and careers for people from socio-economically disadvantaged backgrounds;

The GMC has praised medical schools across Scotland for playing their part in increasing the number of potential doctors by targeting students from more disadvantaged and diverse backgrounds.

During its review of medical education and training in the country the GMC found that all five medical schools are working together to provide better access to resources for young people from lower income backgrounds who want to pursue a career in medicine.

The GMC also noted that the medical schools all signed up to the Reach Scotland programme which provides information and learning resources for demanding subjects, such as medicine.
At the Glasgow School of Medicine more than 20% of students come from disadvantaged backgrounds, thanks to initiatives such as a summer school to boost the skills of potential students and a pre-medical school course which guarantees entry following successful examinations.

The Aberdeen School of Medicine also has an outreach programme with NHS Grampian and further education providers to help students from deprived backgrounds by guaranteeing entry should they meet the minimum academic requirements for the course.

The school and NHS Shetland and NHS Western Isles also help students in remote and rural areas through the innovative use of information technology to aid their learning.

We submit a Staff Governance Return to Scottish Government on an annual basis, which they use to assess delivery of the NHS Staff Governance Standard. The process for the return has recently incorporated areview of how boards collect and use equality data, and how they deliver the equality aspects of the Standard. This provides external review and feedback on these elements of our equality duties.

The response from Scottish Government highlighted two areas of good practice evidenced in our return in particular:

I am particularly encouraged by the Board's development of 'Our Way'. This would appear to be a good use of iMatter outcomes which influenced the introduction of a staff code of conduct which was required to clarify unacceptable behaviours in the workplace and to help address inappropriate attitudes.

The worked examples of workplace adjustments provided indicate that the board takes a flexible approach to providing adjustments and that these are tailored to the needs of the returning member of staff.

[design element – quote]

"Returning to work with a permanent physical disability was something I never thought I would face. The support given to me personally through health reviews, developments of Personal Emergency Evacuation Plans and the adjustments made for me including workstation adjustments, new equipment and desk assignment all made this transition more easier. This support from NES as my employer has been invaluable in helping me adjust to living with my disability whilst maintaining full time work. I have ongoing support and review of my needs to ensure that I am able to continue with work." – Jane Davies, Educational Projects Manager

Mainstreaming Activity

During the period covered by this report, we undertook several specific activities in order to further advance mainstreaming the Equality Duty into our work.

- We worked to establish the data analytic capacity through our support for Lead Employers for doctors in training to monitor and assess fairness in training and employment processes. This provides all Lead Employers with enhanced data which can be used to inform equality impact assessment of policies relating to employment, placement and training.
- We reviewed the alignment of our equality priorities with the strategic outcomes set out in our refreshed Strategic Framework 2019-2024. We used the equality outcomes and mainstreaming priorities to inform the approach to equalities set out in the Framework. This will strengthen our approach to planning and performance management, ensuring that equalities are further embedded in planning and performance management processes.
- Our staff developed 'Our Way', a resource to communicate and embed our values and leadership behaviours across the organisation, emphasising fairness for all, and incorporates examples relating to specific equalities issues. It was highlighted as an example of good practice through the Staff Governance Monitoring Return by Scottish Government.
- In 2017 we benchmarked our employment policies and practices against the Equality and Human Rights Commission's guidance, *Preventing and Responding to Sexual Harassment in the Workplace*. This involved a review, undertaken in partnership, of policy, employee relations data, iMatter and staff and trainee survey results. This review provided assurance that we had a strong policy basis from which to work, and we worked to ensure Our Way took cognisance of issues emerging from the #MeToo movement and incorporated recommendations from the EHRC guidance.
- We reviewed the operating model for our Participation, Equality and Diversity Lead Network, vesting greater responsibility for leading the equality work in the directorates, agreeing to move to an agile project delivery model based on commissioning relevant expertise from across the organisation to deliver on improvement projects. This approach will

increase participation in equalities work, enabling us to draw upon expertise across the organisation.

Gender Pay Gap

This report also provides information on NES's gender pay gap, as set out in the Equality Act 2010 (Specific Duties) (Scotland) Regulations[3]. These Regulations require that we report our gender pay gap every two years. Our previous report was April 2017, based on data as at September 2016; at that time our gender pay gap was 19%. At the time of that report we had commenced a harmonisation of job roles to ensure consistency across the organisation and to facilitate career development for staff. The harmonised job roles have since been implemented.

Our gender pay gap, calculated as the difference between women's average hourly pay as compared to men's average hourly pay, for all employees[4], is a 13.3% gap in favour of men. The table below shows the average hourly pay rate for men, for women, and the percentage pay gap.

Table 1: Gender Pay Gap (All Staff, as at 30 September 2018)[5]

	Male (A)	Female (B)	% Gap
Average Hourly Rate	£22.58	£19.58	13.3%

We carry out further analysis of pay and occupational segregation data. There are no significant pay gaps within pay bandings, as indicated in Table 2.

[3] http://www.legislation.gov.uk/sdsi/2012/9780111016718/contents.

[4] This is the formula for calculating the gender pay gap set out in the Equality Act 2010 Specific Duties (Scotland) Regulations 2012, which apply to listed public authorities in Scotland. The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 specify that public authorities must report the gender pay gap in the form of 'information on the percentage difference among its employees between men's average hourly pay (excluding overtime) and women's average hourly pay (excluding overtime)'. The specific formula used for this calculation is the formula for the average pay gap set out in the guidance published by Close the Gap. The specific formula is: (A – B)/A X 100, where A = average hourly rate of pay of men and B = average hourly rate of pay of women.

[5] In all the tables that follow, pay gap is a A-B, expressed as a percentage. If the percentage is in black, the pay gap is in favour of males. If in red, it is in favour of females. All data presented in this and subsequent tables is as at 30 September 2018. Secondments to NES are not included in the figures.

Table 2 analyses the gender pay gap within four categories of staff: Agenda for Change are the main group of administrative and educational staff, employed on Agenda for Change terms and conditions. Medical and dental educational staff are employed on medical and dental terms and conditions, frequently in sessional roles. The Executive Team are on a mixture of contractual arrangements which drive pay, depending on their professional group. In 2018, NES assumed employment of all GP Specialty Trainees in Scotland throughout their education journey as part of the Lead Employer programme aimed at Improving the Working Lives of Junior Doctors. NES is also the Lead Employer for Public Health and Occupational Health specialty trainees. GP, Public Health and Occupational Health specialty trainees are listed in the tables as 'Doctors in Training'.

Table 2: Gender Pay Gap within staff categories)

Category	Male (A)	Female (B)	A-B	% Gap
Agenda for Change	£19.77	£18.77	£1.00	5.1%
Executive/Senior Managers*	£51.75	£52.97	-£1.22	-2.4%
GP/GDP Ed's CRUMP and Consultants	£45.97	£44.85	£1.12	2.4%
Doctors in Training	£17.86	£18.45	-£0.59	-3.3%

*Consists of the Executive team (Exec Cohort Grade, Consultant Grade) and Senior Managers on Band 9

Table 3 provides a summary of the distribution of staff by grade and gender, and the overall percentage of the total number staff which appear within each category.

Grade	Female		Male	
	N	%	N	%
Band 2	8	0.45%		0.00%
Band 3	62	3.46%	17	0.95%
Band 4	90	5.03%	17	0.95%
Band 5	94	5.25%	22	1.23%

Band 6	52	2.90%	21	1.17%
Band 7	87	4.86%	27	1.51%
Band 8A	36	2.01%	17	0.95%
Band 8B	46	2.57%	18	1.00%
Band 8C	26	1.45%	8	0.45%
Band 8D	14	0.78%	4	0.22%
Executive/Senior Managers	5	0.28%	5	0.28%
GP/GDP Ed's, CRUMP and Consultants	38	2.12%	60	3.35%
Doctors in Training	751	41.93%	266	14.85%
Total	1309	73.09%	482	26.91%

Overall, 73% of NES staff are female: 27% are male. The data in Table 3 demonstrates that the pay gap results from the distribution of staff at different grades and in different roles. Women are well represented in senior roles in the Agenda for Change grades and among Executive/Senior Manager. Men are under-represented among the Agenda for Change staff overall, particularly at the lowest pay bands, which, in NES, are administrative roles. The lower employment rate of men overall tends to heighten the statistical skew introduced by the larger percentage of men in the consultant cohort when calculating men's average salaries.

Our gender pay gap has decreased from 19% in 2017 to 13.3%. This is due to a slight increase in average women's pay, and a slight decrease in average men's pay. We have nearly doubled the number of doctors in training we employ, adding a large staff group of women whose pay has increased the average women's pay, which is probably the primary contributing factor to this result.

Implementing the Fairer Scotland Duty

The Fairer Scotland Duty was implemented in Scotland in 2018. The 'key requirements' of the Duty are to:

- **Actively consider, at an appropriate level**, what more we can do to reduce the inequalities of outcome caused by socio-economic disadvantage in any strategic decision-making or policy development context; and
- **Publish a written assessment** showing how we have done this.

We reviewed and adapted the guidance published by Scottish Government, creating a procedure and summary report framework for carrying out assessments. Fairer Scotland implications of workstreams, policies or strategies are reported to the Executive Team and to the Board at appropriate junctures to inform decisions, and summaries of the assessment and final decisions, including any recommendations for action, are published on our website on our equality impact page.

Supplementary guidance on socio-economic inequality and the Fairer Scotland Duty are included within our EQIA toolkit, and engagement with departmental equality and diversity leads and the Senior Operational Leadership Group, in addition to the Senior Leadership and Management Team, has taken place to raise awareness of the duty, relevant issues for our work and our approach to implementation.

Our first major Fairer Scotland assessment has been carried out on our Strategic Framework. In this assessment, we identified three main areas of potential impact of socio-economic disadvantage to be considered when establishing and implementing our Strategic Framework:

- Education and workforce development which is responsive to the needs of the population and service, informed by the context of social and health inequalities;
- Access to, and progression through, education and career pathways;
- Access to information and technology, and the information and digital skills to use these resources effectively.

We are delivering a number of workstreams which support the aim of widening access to careers and professions in health and care. These include:

- Working with partners, including the Princes Trust and Barnardos, to develop career pathways into healthcare for young people who experience socio-economic disadvantage, care experienced young people, and others who are experiencing barriers into employment.
- Supporting the Chief Nursing Officer's Widening Participation in Nursing strategy, developing data analysis using SIMD measures to

inform performance management of nursing programmes in higher education institutions in Scotland, and commissioning research on occupational segregation in nursing.

- Supporting Widening Participation in Medical Careers, through oversight and disbursement of the Additional Cost of Teaching (ACT) levy to support activity to improve access to medical education in Scottish universities by young people from low-income backgrounds.

We are delivering the Fairer Scotland Duty in our employment functions by:

- Incorporating socio-economic disadvantage within our approach to equality impact assessment of employment policies;
- Embedding a focus on health inequalities and support for carers in the workplace with our Healthy Working Lives Strategy, which underpins our approach to health and wellbeing support for staff;
- Carrying out a Fair Work Framework benchmarking exercise in Partnership with staffside representatives to review our current employment practices and identify any priorities for continuous improvement.

Looking Forward

We have been working for a number of years to embed equality and diversity in our work in ways that improve outcomes for our stakeholders. The case studies in this report illustrate a number of examples of good practice. We will be looking to build on our current work to ensure that our equality and diversity work remains current and relevant within a context of change and efficiencies, contributing to continuous improvement.

The refresh of the NES Strategic Framework offered the opportunity to reflect on the existing equality outcomes and to ensure that they remain current. Based on that reflection and the progress review summarised in this report, we noted that the outcomes are still relevant. We identified several areas for particular focus during 2019-21:

1. NES now hosts the NES Digital Service. The function of the NES Digital Service Group is to deliver one of the key objectives of the Scottish Government's recent Digital Health and Care Strategy. The

Strategy called for a Scottish 'national digital platform' through which relevant real-time data and information from health and care records will be made available to those who need it, when they need it, and wherever they are, in a secure and safe way. The NDS will need to set equality objectives which are relevant to this function.

2. NES is one of the organisations working to support development of workforce digital capability as part of the Digital Health and Care Strategy. This represents a further development on the digital equality outcome we set two years ago and we are identifying the work that will be required to embed equality into this workstream.
3. Turas Learn has been launched and will continue to develop as a platform for hosting equality and diversity content. We are working to establish a national e-learning procurement framework for NHSScotland which outlines accessibility best practice standards. We will continue to enhance the accessibility of the Turas platform and its associated applications by implementing the new User Interface and style guidelines developed through our user testing and engagement.
4. Our work on support for careers will increasingly be aligned to Scottish Government's priorities for the sustainable workforce. Widening access and participation, increasing attraction, flexible career pathways and development of the older workforce are all important elements of this priority. The actions we previously set in 2017, which are now at a relative level of maturity and can be considered 'mainstream' activity, will be superseded by a focus on these areas of activity. Particular areas of focus will include:
    a. Work with key partners to develop an approach (to include guiding principles) to the Recognition of Prior Learning (RPL) to underpin and support access into vocational qualifications at different levels, including RPL to support access into pre-registration nursing and midwifery programmes and deliver a digital resource to support staff to recognise, record, reflect on and build claims for RPL, both retrospectively and as part of ongoing personal development planning.

b. Working with partners in higher education to ensure the Nursing and Midwifery Council's standards for Return to Practice are implemented effectively and to maximise the opportunities for returners from all clinical settings and geographical locations.
c. developing an AHP Return to Practice national guidance document for supervised practice placements to ensure governance around the process for supporting individuals wishing to re-register with the HCPC. This process will be supported through the AHP Practice Education network within each Board. The guidance will incorporate recommendations from the Health Care Professions Council's literature review (due to be published in June 2019) on risks associated with health professionals returning to practice and the approaches which are most effective in supporting them.

5. We will build on our engagement with the GMC's disability review and the 'Welcomed and Valued' guidance, as well as our role as a national lead employer for General Practice, Occupational Medicine and Public Health trainees, and pilot a reasonable adjustments passport arrangement with the trainees we employ in order to improve the trainee experience and facilitate effective transfer between placements.

Appendices – Case Studies

This section includes several case studies illustrating examples of our work. **Health inequalities are mitigated and where possible reduced or prevented through the provision of opportunities for healthcare staff to enhance relevant skills and knowledge**

/Box/ The Family Nurse Partnership

The Family Nurse Partnership (FNP) is a preventive, licensed, early-intervention programme offered to young first-time mothers aged 19 years and under and their families. The programme is based on the theories of developing self-efficacy, promoting human ecology and attachment.
While young women aged 19 years and under remain the priority FNP, the programme has recently been offered to older mothers in Scotland (up to age 24 years) with permission granted by the licence holder (Professor David Olds). These adaptations have been put in place to ensure that women who would benefit most from the FNP Programme are offered a place as a matter of priority. The programme offered begins in early pregnancy and is oriented to the future health and wellbeing of the child. The Family Nurses who facilitate the Programme receive specialist training to equip them for this specialised new role.

The FNP Programme seeks to achieve three overarching goals:

- To improve antenatal health and birth outcomes.
- To improve child health and development.
- To improve the economic self-sufficiency of the family.

We have been delivering the FNP programme in Scotland for ten years and throughout that time the experience of young parents involved in the programme has been invaluable. An essential element of the programme is the relationship between the family nurses and the young parents. Young parents are involved in the recruitment of staff and their views of the programme help to shape the future development of the programme.

The programme is based on five client principles, one of which is that the client is the expert in her own life. This highlights the importance of working in partnership with the client and valuing the client and partner's voice throughout the programme delivery. At different points in the programme clients are invited to share with their family nurse how they feel the programme is working for them or not. This is done through the use of a facilitator "How's it going between us?" Clients and their partner are invited to complete this and share anything they feel is working well and anything they feel they would like to change. This facilitator has recently been adapted to take account of client feedback and offers a useful opportunity to explore the relationship with their family nurse. This then facilitates a conversation with the client about the developing therapeutic relationship, which is built on honesty and trust and the underlying FNP programme philosophy of working towards improving self-efficacy. This feedback is then used within 1:1 supervision to explore the relationship further and match programme delivery to both the client and programme needs. This contributes to strategic decisions and further developing FNP services to meet the needs of clients in the future. Listening to clients also supports the ongoing high retention levels within the programme evidenced through local and national data.

We continue to support development of the programme and to share learning from the FNP with other educational programmes. Examples to date include sharing our learning about supervision, strength based working and assessing and articulating risk in complex families.

Responding to complexity and vulnerability

We worked with the Psychology team to develop a learning session for Supervisors on Trauma Informed Practice. An FNP Principal Educator has recently completed the Scottish Trauma Informed Leadership Training and will ensure that the FNP Learning Programme incorporates the NES Transforming Trauma Framework.

Responding to challenges reported by young parents within the healthcare system.

Building on insights and input from clients, an FNP Principal Educator contributed to the development of “Getting Maternity Services Right for Young Parents”, which is a document designed to guide health professionals about how to support the needs of this group of service users. This was an action directed by the Pregnancy and Parenthood in Young People Strategy.

/close box/

In April 2017 we identified several specific areas of focus for supporting capacity development for inequalities-sensitive practice. These included educational support to improve services and outcomes for people with dementia, people with learning disabilities and care-experienced young people. We also highlighted specific educational workstreams which aim to develop staff to support improved oral health outcomes for a number of priority groups, including frail older people and homeless people. During the two -year period covered by this report, additional priority workstreams have been developed to address specific inequalities relating to gender -based violence, aligned to Equally Safe[6], the national strategy to reduce violence against women and girls. NES is delivering work in two areas described in the case studies below which contribute to enhancing the workforce capacity to respond to violence and trauma in ways that will improve outcomes.

/Box/

Case study – Improving services for victims of rape and sexual assault

In March 2017, Her Majesty’s Inspectorate of Constabulary Scotland reported there were around 81 forensic physicians in Scotland, about 63 of whom are involved in forensic medical examinations for sexual crime. Only 19 of these forensic physicians were female. As part of the Workforce and Training subgroup of the Chief Medical Officer-led T*askforce to Improve Services for*

[6] Available from https://www.gov.scot/publications/equally-safe-scotlands-strategy-prevent-eradicate-violence-against-women-girls/.

Victims of Rape and Sexual Assault[7]*,* NHS Education for Scotland (NES) was commissioned by the Scottish Government to redesign its approach to supporting the development of medical Sexual Offences Examiners.

Working across a range of professional disciplines across NES, including Medicine, Nursing and Psychology, we have collaborated to train more Sexual Offences Examiners, particularly female examiners, to ensure victims of rape and sexual assault can be examined by a professional of the gender of their choosing. We redesigned and implemented training courses that are more accessible, more portable and are trauma-informed.

Most recently Scottish Government has requested that we draw together a proposal to Adapt the *'Essentials in Sexual Offences Forensic Examination and Clinical Management (Adults and Adolescents): Best Practice for Scotland'* course to include nurses that provide support to Sexual Offences Examiners and Complainers. This is distinct from work that is currently under way to investigate the potential to train nurses that may in the future be able to provide interpretive evidence in court.

Our work to deliver support for the Taskforce continues. Progress to date on these objectives includes:

- The *Essentials in Sexual Offences Management & Court Skills* course training has been re-designed and accredited by the Faculty of Forensic and Legal Medicine with the particular aim of increasing the number of female physicians who are able to undertake this work
- 36 new examiners from 11 Health Boards (32 of whom are female), have been trained to date. Further intakes by March 2019, will train existing doctors and attract new practitioners (the target is to train 100 doctors in total)
- the training package has been adapted to provide training for both doctors and nurses and the Scottish Government has provided funding for nurses to attend.
- We are progressing the development of regional peer support and local opportunities for professional development to expand capacity across Scotland
- NES have established an annual update day for sexual offences examiners and the first was held on 2nd Nov 2018 in Glasgow for 100+ delegates
- NES, working with Health Board Leads, is tracking the career progression of doctors who have undertaken their training.

The revised approach to training resulted in a 68% increased in female physicians qualified to carry out sexual offences forensic examinations,

[7] https://www.gov.scot/groups/taskforce-to-improve-services-for-rape-and-sexual-assault-victims/

improving the opportunity for victims of rape and sexual assault to be examined by a physician of the gender of their own choosing.
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/Box/
Case Study –
Transforming Psychological Trauma: A Knowledge and Skills Framework for the Scottish Workforce and the upcoming *National Trauma Training Plan.*

Developing a trauma informed Scottish workforce is a Scottish Government priority as laid out in the SG (2018) Programme for Government. NES Psychology Trauma workstream has been commissioned since 2016 to support this ambition through the delivery of the NES (2017) *Transforming Psychological Trauma: A Knowledge and Skills Framework for the Scottish Workforce* and the pending NES (2019) *National Trauma and Adversity Training Plan.*

Gender based violence is a key area where the impact of trauma on the life chances of the individuals who are subject to it across the lifespan. The framework provides evidence based knowledge and skills guidance in terms of equipping the workforce with the competences to
Prevent abuse/trauma/GBV
Ameliorate the impact where it has happened.
The framework explicitly references the additional risks of adverse outcomes when people are also in marginalised groups (pg 44) or having financial, housing or employment difficulties. Also the additional risks associated with having a learning difficulty (pg 45), being an older adult (pg 45) and flags the necessity of considering adu[8]lt support and protection, child protection, human trafficking, domestic and other forms of GBV as well as online above. The need also to consider the additional needs and complexity for children and young people is throughout the framework.

[8] https://www.careers.nhs.scot/

Full inclusion of experts by experience is a key conceptual underpinning of a trauma informed approach. In the Framework development this included people with lived experience in all National Reference Group meetings, inclusion in the recent Scottish Trauma Informed Leaders Training and completing comprehensive qualitative research with people with a range of experiences to extract the key messages for the Scottish workforce in terms of what they valued and found problematic in supporting their recovery. We have also consulted widely with 3rd sector partners who often support people affected and represent their views.

The new training plan highlights the centrality of the role of experts by experience and work has commenced to write some guidance notes to support the safe, respectful and mutually beneficial inclusion this voice throughout. However, it is essential we continue recognising that this is not a 'them and us' scenario as many people working in our services are also survivors of abuse and trauma and the needs of the workforce needs to be also held in mind.

In addition to the Framework and the Training Plan, we also produced an animation to raise awareness of the impact of trauma and the positive impact that a trauma-informed approach to services can make to engagement, experience and outcomes. Equalities advice was sought and followed in relation to the development of this 'Opening Doors' animation. This required complex decision making with regard to reflecting the lifespan and other considerations. The animation, which has had over 14,000 views to date, is available at https://vimeo.com/274703693. We are working with young people through the Scottish Youth Parliament to develop a second animation which focuses on young peoples' experience.

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Boards will have improved awareness of the importance of youth engagement and employment, particularly with regard to young people experiencing disadvantage on the labour market, and will increase youth

employment and build the workforce of the future by supporting boards to actively build strong partnerships with key stakeholders, including young people

We work with a range of partners to support 'Developing the Young Workforce' in NHSScotland. In 2017 we identified a set out actions which focussed on ensuring that our networks, partnership- working and guidance supported employability for young people from under-represented groups or who experience particular disadvantages entering employment. Updates on these actions are included in the appendix.
In addition, we developed the NHS Careers website for NHSScotland, which highlights career opportunities and apprenticeships. The site includes resource packs for schools, consisting of lesson plans, slide packs, interactive activities, fact sheets and other resources, which introduce young people to the diverse range of NHS Careers and encourage them to consider options which interest them. The resource pack can be used in classrooms, at parents' evenings, at careers events and in job centres. The resources launched in Jan 2018 and have also featured in Holyrood magazine.

We are also doing an increasing amount of work nationally through social media coordination to support campaigns and boards with promotion and attraction. Over the course of 2018 we have worked with a range of partners in promoting NHS Scotland Careers across our target audience groups, some examples include:

1. Increasing awareness of NHS Careers, and routes to accessing career pathways – Pharmacy Technicians
   One of the benefits of the Careers website is the opportunity to showcase the diverse range of career opportunities available in the NHS, and the variety of routes into these careers. This supports wider attraction to the service, allowing people interested in a variety of roles to find information about possible job roles and how to prepare for them. It also supports the service to recruit where there are shortages – Pharmacy Technicians are one example.

- In July 2018 we met with the Pharmacy Short Life Working Group at Perth Royal Infirmary to discuss ideas for promoting Pharmacy

Technician roles in Primary Care, Secondary Care and Community Pharmacy.

- We are in the process of identifying locations and interviewees for filming and photography – schedule to be confirmed
- List of possible interview questions has been submitted to the SLGW for review.
- The website describes the roles and various routes to entry (SVQ, college, higher education) – making it easier for anyone interested in this career to find a route which suits their particular circumstances. The films and photos can be the basis for a promotional campaign which will bring the roles to life, increasing awareness of job opportunities with the aim of widening attraction to the role.

2. Engaging with Veterans to facilitate employment
   Veterans experience a range of barriers to employment upon their discharge from service, and are at higher risk of economic and social exclusion and mental ill health. We have worked with the Career Transition Partnership (CTP) who are the MOD's official provider of Armed Forces resettlement, to inform and develop a programme of work to support veterans to move into employment in NHSScotland.

- We discussed skills mapping and discussed the types of content we might like to add to the NHSScotland Careers website for veterans considering a career in NHSScotland – examples include paramedic training, ambulance driving, etc. This will support veterans to identify their transferable
- The education pathways for business and admin as well as estates and facilities was shared
- Scottish Government is working with health boards to produce case studies which will feature on the careers website

3. Running a joint Twitter campaign with the Department for Work and Pensions, promoting NHSS Careers as part of the 70th year anniversary celebrations

- Job Centre Plus has 5 regional offices across Scotland, each of which has a Twitter account. We produced a content plan for each office to promote NHSScotland vacancies to their customer group.

- We provided post copy and images to highlight the variety of roles available, real-life stories and the vacancies themselves. Campaign URLs were created so we can report on the number of visits to the careers websites and the NHS recruitment job board (SHOW).

- The campaign uses social media and links with the Job Centre Plus network to widen awareness of NHSScotland careers, vacancies, and

application processes among people impacted by unemployment, potentially extending reach to a range of equality groups.

4. Supported Scottish Government with a Nursing recruitment campaign which involved creating a landing page for the radio advert and social media support.
5. Social media support for the Men into Nursing Campaign.

- Future projects include:
- Working with Health boards and SG on the future nurse campaign, promoting nursing careers to primary school children
- Allied Health Professionals awareness campaign
- International recruitment campaign

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Case Study – Partnerships to Enhance Career Opportunities for Care Experienced Young People

The Educational Development team is working with Prince's Trust to promote their 'Get Into Healthcare' Programme across the NHS. This is an employability programme which supports care experienced young people to access jobs within the health service by providing skills development over a six week work experience period. The aim is to support these young people into full time employment within NHS.

We also promote other employability programmes such as Barnardo's which support care experienced young people into work. This promotion raises awareness in Boards of the needs of care experienced young people and we support Boards to engage with these organisations to increase the numbers of disadvantaged young people into employment.

We make Boards aware of funding streams for Apprenticeship programmes which are specifically targeted at disadvantaged young people, including care-

experienced. Again, our aim is to increase awareness across the service of the needs of care experienced young people.

NES develops the NHS Careers website for Scotland. We are working directly with care experienced young people, together with Who Cares? Scotland, to create new website page(s) including an animation. This page will introduce care experienced young people to the range of careers in NHSScotland.

With care experienced young people we are producing success stories to highlight education and career pathways that have worked for care experienced young people interested in health and care careers. We are adding interactive elements to the pages so that care experienced young people can easily find further information about specific roles and qualifications required, as well as possible pathways, current vacancies, and how to apply.
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The number of refugee health professionals re-entering their profession is increased through better access to training, language support, professional mentoring and work experience.
We continue to support refugees with existing skills to retrain or obtain the necessary professional accreditations to use their skills in Scotland. The initial focus of this work has been on support for refugee doctors, as described in the following case study.
/box/
Case study
NES is working with the Bridges Programmes and has developed a refugee doctors project in partnership with the British Medical Association, Clyde College and City of Glasgow College to support refugees who were fully qualified doctors in their home country to achieve General Medical Council registration and a licence to practise medicine. The project supports refugee doctors as they retrain and begin careers working in the NHS.

NES's role is to ensure refugee doctors get the right guidance and support to safety re-enter training depending on their experience and skills.
We presently have more than 60 doctors engaging with the programme. Since launch of programme we have had 15 doctors pass IELTs English language exam and 6 pass PLAB exam which enables GMC registration whilst 2 have been supported to pass the foundation equivalency exam.

We are exploring options for sustainable support for language teaching and hoping to extend support to non-refugee doctors from overseas aiming to return to medicine.
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Access to learning is improved through enabling flexible learner access on any device; delivering resources built to best practice accessibility standards; and providing appropriate and relevant digital literacies development for learners.

Turas[9], our unified digital platform, provides health and care professionals in Scotland with access to resources they require to support their learning and development through their career in the public sector. Through a single, secure sign-in, they can access all their applications anywhere, from any device. Turas currently hosts a number of applications to support training programme management, Lead Employer arrangements for Medical and Dental trainees in Scotland, Learn (for education and training) and Appraisal. The platform is continuously developing and improving, using agile development methodologies and user-centred design approaches.
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Case study: Turas Appraisal: UX Testing in an Agile Development to Improve Accessibility and Useability for All

[9] https://turasdashboard.nes.nhs.scot/

The Turas Appraisal application was designed to replace the e-KSF platform. It is the application for recording the appraisal information for NHS staff on Agenda for Change or Executive or Senior Management arrangements. We designed Appraisal following extensive engagement with diverse users from across NHSScotland. They told us that they needed an application which focused on the appraisal conversation, not the application, and they highlighted accessibility and usability issues with the previous application that they wanted to see improved.

The Appraisal application has a simpler user interface which foregrounds the main questions at the heart of the appraisal discussion: What has gone well this year? What could have gone better? What difference do I want to make this year?

Since its launch as minimum viable product in 2018, the application has been continuously improved. This improvement has been informed by User Experience (UX) testing with a variety of users. We specifically sought to engage disabled users as UX testers, initially focusing efforts on users with visual impairment. Based on the learning from these tests, we have redesigned the style guide and User Interface (UI) for the entire Turas platform and will be implementing these revisions across all platforms during 2019. We learned that many of the issues highlighted by visually impaired users were also highlighted as usability issues by other users. These improvements will enhance the accessibility and usability of all applications across the Turas platform for all users.
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We have also supported research and tested educational approaches to support digital health and technology enabled care. One aspect of this work focused on digital literacies. Studies focusing on digital skills and literacies of healthcare staff have tended to focus on registered staff. We carried out research on digital literacies of estates and facilities staff, identifying learning

needs and testing educational approaches for these staff groups[10]. As digital transformation is likely to impact the service widely across most roles in the future, this is an important contribution to mitigating any risks of increasing inequality for staff working in these roles.

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We developed and delivered 'Digital Matters' pilot programmes with two health boards. These programmes focused on supporting learners to develop core digital skills and capabilities, with positive impact at work and in everyday life. Some of the learners worked with us to develop digital stories about their experience, which are available at:

https://www.youtube.com/channel/UC1vTzERRdMu9LJH4ZnnVSfw

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Digital case study—

During 2017, the NES team worked with a number of NHSScotland Boards to explore the digital literacy of staff working in Estates and Facilities roles and to establish what might be needed for them to become digitally capable and digitally enabled.

Lesley Grant, Laundry Assistant at NHS Greater Glasgow and Clyde, worked with us to devise the programme, and shared her perspective on the experience.

Tell us a little about yourself

I'm a laundry assistant with the NHS in Hillington in Glasgow. Our laundry services the whole of the Greater Glasgow and Clyde geographical area, so it's an extremely busy place to work. Before I got involved in learning about digital skills with NES, I really didn't use computers at all.

How did you get involved in Digital Matters?

[10] The report is available from https://www.nes.scot.nhs.uk/resources/HCSWDigitalLiteracyResourcereport/index.html

NES came along to the laundry to find out what level of computer skills we had. I myself didn't know very much about computers. Based on research carried out by NEs, it seemed that this was common throughout the service. I found the research really interesting, so I worked with the people from NES to devise the 'Digital Matters' programme to help improve core digital skills among NHS Estates and Facilities staff. The programme involves learning some basic computer skills through both face-to-face sessions and online teaching. This gives learners the skills and confidence to use a free online resource called 'Learn My Way'. Learners then spend about 45 minutes each week completing modules on 'Learn My Way' at their own pace.

What was the most interesting aspects of the training?

The face-to-face part of the training was really useful. It helped me build my confidence to start doing more with the computer. I've also worked through the 'Learn my Way' resource on my own, which helped me learn basic skills and I can just pick it up as I go along. I really enjoyed being able to work through it at my own pace. The other supervisors and I worked together to help each other with the modules and make sure we could get time off the floor to complete them. I found it a really useful resource that has given me the confidence to try things that I didn't think I'd be able to do. I would recommend the programme to anyone.

What impact has this training had on your practice?

It has been a great help to me. It has opened up so many doors, both in my personal and professional life. Up until now, I haven't used α computer very much for my duties at work, however I think I will use it more going forward. I have enjoyed the learning experience and plan to do more learning online both at work and at home. I have learned not to be scared of using α computer.

I've also been trained as a Digital Buddy. The role of a Digital Buddy is to signpost staff to learning resources, encourage staff to improve their digital skills and to support them to apply these skills within the workplace. So far, we have trained more than 20 Digital Buddies across a range of roles within Greater Glasgow and Clyde.

How has this training benefitted you personally in terms of your own development?

My grandson is autistic. I've just completed my first online course to learn more about autism. I wouldn't have made the step of becoming an online learner if it had not been for getting the chance to develop my digital skills. I've been able to go online and speak to other people and share experiences. I've been talking to a special needs teacher who runs her own school in Paris, for example. I've also been able to learn about the Picture Exchange Communication System (PECS), and download some flashcards for my grandson to use. These help him communicate with me by letting him just point to what he wants – his favourite is the juice image at the moment. He can just point at the image, and I know what he wants. I never thought I'd be able to use the internet in this way, so it's been wonderful.

/box/

Supporting Digital Health and Care

Introduction to Technology Enabled Care Learning Resource

NES have codesigned with health and care organisations across the public, private and other sectors, the first national Introduction to TEC learning module. This learning module should help staff to understand how technology can be used to:

- Improve health, care and wellbeing outcomes for people and their carers.
- Encourage people to improve and manage their own health and care and stay independent and safe.
- Improve communication between people and the staff who support their health and care needs.
- Capture and share information effectively to help staff provide person-centred health and care services.

It's free of charge and is aimed at anyone who works in NHSScotland, local authorities, the voluntary/third sector, the independent (private) sector or housing. It is available on the Turas Learn platform (https://learn.nes.nhs.scot/10078/technology-enabledcare/elearning).

Digital Health & Care Workforce Stories

NES have just completed a set of short videos and written versions of Workforce Stories to highlight how the health and care workforce are using technology to improve access to health and care services helping to improve the health, care and wellbeing outcomes for citizens of Scotland.

https://learn.nes.nhs.scot/10157/technology-enabled-care/workforce-stories

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Case Study – Our Way

The focus of Our Way is addressing difficult attitudes and/or behaviours within the workplace. Although NES generally scores highly in measures of staff engagement, we found that overall, the statement 'I am confident performance is managed well', received a low rating from staff who answered the iMatter questionnaire. Our lowest scoring question was "I am involved in decisions that affect me". In response to these findings, the Senior Operational Leadership Group initiated a project to develop a staff code of conduct to clarify unacceptable behaviours in the workplace and to help address inappropriate attitudes, but recognised that it was important to be driven and owned by staff in order that they are involved in the decision making process from the outset.

The result, developed through a programme of staff engagement, is 'Our Way'. More than a policy document, Our Way is intended to influence a culture in NES that supports our existing Dignity at Work policy which states: "*NES recognises that all employees have the right to work in an environment which is free from the threat of bullying and/or harassment. The organisation is committed to providing employees with a workplace which is safe and respectful, and actively encourages a culture of Dignity at Work and respect for all".*

Since this early work was developed by the SOLG, the Organisational Development, Leadership and Learning team have made significant progress in developing the content of Our Way resources in collaboration with NES staff. The purpose of Our Way is to articulate clearly NES ways of working through examples and scenarios to contribute to the ongoing development of a healthy organisational culture.

A page on the intranet has been created to host the various resources, including an infographic and interactive PDF. To help bring the content to life, a short team development session has been created for managers to use with their teams. Using the scenario videos and framed with a session plan and guidance slides, teams can identify what Our Way means to them, and to agree together what their way is and what they will do to hold one another to account should their way be broken. The resource builds on the already

existing NES ways of working but encourages teams to decide together what matters to them and what they need as a collective to work well together, encouraging a personalised and collaborative team charter. Through this resource more meaning is brought to Our Way by teams making it their own shared accountability. Business Partners in the OD Leadership and Learning team are available to provide additional support as required.

Through meetings with each of the iMatter directorate representatives, this package of development has been shared and cascaded in each directorate, as well as always being available on the intranet and corporate hub. Our Way team sessions support staff engagement and are considered by the iMatter directorate representatives as a helpful intervention to meet some actions captured in team iMatter action plans.

Full internal communications have been published along with a special edition of the line manager's brief with a spotlight on Our Way. It is to be included in the new NES strategic framework as well as remaining central to the People and OD strategy.

Future developments include a plan to focus more on being an active bystander in the workplace to empower our colleagues to notice *never* Our Way behaviour in everyday interactions and intervene respectfully to draw attention to the behaviour. The aim is to address aspects of culture in NES which do not reflect Our Way by changing attitudes of silent tolerance into active promoter for Our Way to thrive. The OD Leadership and Learning team will evaluate the impact of the resources and team sessions to inform active bystander skills development for culture change.

NES **NES/19/27**
Item 10a **(Enclosure)**
March 2019

NHS Education for Scotland

Board Paper Summary

1. Title of Paper

NES Strategy 2019 – 2024

Fairer Scotland Assessment of Strategy

2. Author(s) of Paper

Donald Cameron, Director of Planning and Corporate Resources

3. Purpose of Paper

Board members are asked to approve the revised, designed version of the new NES Strategy 2019-2024 and its accompanying Fairer Scotland Assessment.

4. Key Issues

The new NES Strategy 2019 -2024 has been developed over several months by the Board and a core development team in consultation with NES staff and external stakeholders. This document is a key point of reference setting the direction of our business and driving important aspects of governance such as operational planning and performance management.

Some revisions were made to the document following the Board Development Session at the end of February 2019 and the document has since been designed by our in-house team.

We have a statutory duty to carry out a Fairer Scotland Assessment as part of the process of revising our strategy. The key requirement of this duty is that we actively consider what we can do to reduce inequalities of outcome caused by socio-economic disadvantage in any decisions we make about policy. This assessment has been conducted concurrently with the development of the new strategy. We are also obliged to formally document that an assessment has been carried out and approve its accuracy.

5. Next Steps

Following approval of the new strategy, we will publish the document on our website and to NES staff and stakeholders using email and social media.

The new strategy will guide our operational planning and performance management priorities over the next 5 years.

6. Educational Implications

The strategy provides a focus for planning our educational activities.

7. Financial Implications

There were no direct financial implications in developing the revised strategy but operational and financial planning will be aligned to its areas of strategic focus each year.

8. Equality and Diversity

We have considered the equality and diversity implications as detailed in the Fairer Scotland Assessment in consultation with the Board, the PEDLN group, staff and external stakeholders. This consideration has resulted in greater emphasis being given to inclusion, widening access to education and training, and addressing health inequalities. The latter has been incorporated as a cross-cutting strategic theme in the new strategy.

9. Communications Plan

The Head of Communications has been involved with the core team in developing the strategy and will be guiding communications to support the launch of the published document.

10. Recommendation(s) for Decision

The Board is asked to approve the designed NES Strategy 2019-2024 and its Fairer Scotland Assessment

NES
March 2019
DC/cl

NHS Education for Scotland

NHS EDUCATION FOR SCOTLAND

STRATEGY 2019-2024

A **skilled** and **sustainable** workforce

for a **healthier** Scotland

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NESD0968 Designed and typeset by the NES Design Team.

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INTRODUCTION FROM OUR CHAIR AND CHIEF EXECUTIVE

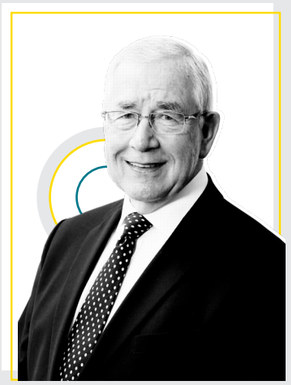
EDUCATION IS AN EMPOWERING FORCE IN SOCIETY, SUPPORTING POSITIVE CHANGE AND PARTICIPATION IN HEALTH AND CARE SERVICES.

NHS Education for Scotland (NES) started life as the national NHS board for education, training and workforce development. This remains at the core of what we do, however, over the last five years our role has grown to meet the increasingly challenging workforce pressures faced by health and social care. During the life strategy we will build on this experience. We will extend our working with partners in areas such as attraction, recruitment and retention, improving the employment experience, and organisational and leadership development.

NES will also continue to transform the use of digital technology, placing the user at the centre and adopting cloud technologies which provide access anywhere from any device at any time. We are recognised as a leader in this area and, at the request of Scottish Government, we have established the NES Digital Service (NDS) to develop a national digital platform. This aligns with the digital solutions we are already delivering to support workforce and business services and the work we are leading to join up workforce supply side data and provide analysis to inform workforce planning.

In this strategy, we have aligned our strategic ambitions under five key areas of focus which represent our contribution to ensuring a skilled and sustainable workforce to deliver service transformation and health and social care integration. We believe that this strategy will make an important contribution to high quality workforce and digital support for local, regional and national health and care services. Through our leadership commitment and collaborative working we will build on our past successes to help develop health and social care services fit for the future.

Caroline Lamb
Chief Executive



David Garbutt
Chair

VISION AND MISSION

In developing this strategy, we used intelligence from regions as they built their plans with national boards, territorial boards and health and social care organisations. Maintaining a sustainable workforce is an increasing challenge and, as the people and workforce organisation for NHS Scotland, we have refocussed our vision and mission on improving the training and employment journey.

OUR VISION

"A skilled and sustainable workforce for a healthier Scotland"

OUR MISSION

"Enabling excellence in health and care through education, workforce development and support"

STRATEGIC INTENT: 2019-24

HAVING THE RIGHT NUMBERS OF SKILLED, TRAINED AND SUPPORTED STAFF, IN THE RIGHT PLACE, AT THE RIGHT TIME, AND IN THE RIGHT ROLES, IS ESSENTIAL TO PROVIDING HIGH QUALITY HEALTH AND CARE SERVICES WHICH ADDRESS HEALTH INEQUALITIES AND ENCOURAGE AND SUPPORT PEOPLE TO TAKE MORE RESPONSIBILITY FOR THEIR OWN HEALTH AND WELL-BEING.

NES's ambition, as the people and workforce organisation for NHS Scotland, is for health and care services where people can easily access and process the information they need where and when they need it, where people are confident using technology and where staff are supported by systems that create time for care. We want to see a workplace where learners are valued and supported to develop their practice and their careers through excellent educational resources.

We will aim to ensure that health and care careers are progressive, flexible and full of possibilities to help us attract and retain the workforce we need and to improve employment choices for people at all stages of their careers, including those who have taken a break and want to return to work.

We will also aim to ensure that we have the right number of undergraduates in the healthcare disciplines in Scotland, and that they have the best possible experience.

We will work with partners to ensure that undergraduate and postgraduate curricula are relevant to the changing needs of NHS Scotland, and that we retain as many graduates as possible to progress to post-qualification roles.

NES will continue to respond to changing circumstances and opportunities and our work will increasingly be informed by data analysis, evidence and impact assessment. We will provide high quality advice to all potential employees in relation to, recruitment, progression and retention. We will also retain a focus on improving our organisation and our performance, ensuring that we are an exemplar in employment practices and achieve the NHS Scotland Staff governance standard.

NES will continue to respond to changing circumstances and opportunities and our work will increasingly be informed by data analysis, evidence and impact assessment.

The NES Contribution to High Quality Health and Care

This strategy sets out the following five key areas of focus for 2019-24

1 A HIGH-QUALITY LEARNING AND EMPLOYMENT ENVIRONMENT

Much of the education and training in health and care takes place in the workplace. The quality of the employment experience impacts on learning and our ability to recruit and retain the people we need. NES will work with partners to ensure that health and care is a great sector to work and learn in, ensuring positive employment experiences, and an increased focus on the health and well-being of staff.

NES will improve the lead employer arrangements for doctors in training, extend these to dentists in training and consider their application to other staff groups. We will also work with partners to develop single employment policies and make these accessible.

NES will provide educational infrastructure for training and practice education, ensuring that learners are well supported in the workplace. We will work with our service and educational partners to ensure effective quality management and educational governance.

To monitor the effectiveness of our work, NES will extend mechanisms for gathering information from trainees and join this up with employee experience tools. We will provide resources to support revalidation, meaningful career conversations and appraisal and will make it easy to link personal development plans with learning resources and individual educational portfolios.

NES will bring the most modern technology to national business systems, creating time for staff to focus on frontline services. This work will include the implementation of national rostering which improve the transparency and equity of rota creation and the deployment of staff.

2 NATIONAL INFRASTRUCTURE TO IMPROVE ATTRACTION, RECRUITMENT, TRAINING AND RETENTION

Key to a sustainable workforce is being able to attract, recruit and retain staff, supporting them to develop their skills. NES will promote careers in health and care, ensuring that information and advice is easily available. We will work with partners to widen access to all careers, including undergraduate programmes in healthcare. We will also focus on increasing opportunities for youth employment.

NES will work with the Scottish Funding Council (SFC) to ensure that their outcome agreements with higher and further education meet the needs of health and care. We will review the education and training capacity for healthcare disciplines across Scotland to ensure it meets future workforce requirements. We will increasingly direct the placements that we support to those areas where we need to increase recruitment to ensure a sustainable workforce supply.

We will provide post-graduate training in line with Scottish Government and regulatory requirements, we will manage progression through these programmes, and we will work with partners to ensure that programmes are flexible and support trainees to develop the competencies that the service needs.

NES will ensure clear routes of entry and progression for all roles to help staff and trainees achieve their potential. We will provide return to practice programmes and other initiatives to aid succession planning. We will work with partners to support the development and retention of support workers in health and care.

3 EDUCATION AND TRAINING FOR A SKILLED, ADAPTABLE AND COMPASSIONATE WORKFORCE

NES will provide learning and development opportunities for all groups of staff in health and care. This will include structured programmes of learning, continuing professional development (CPD), practitioner role development and educational frameworks for all staff groups. Our educational services and resources will support service re-design, team working, career development and a better skill mix. To help reduce the pressure on general practice we will deliver multi-disciplinary development for the whole primary care team.

NES will provide resources to develop a skilled and confident workforce that is equipped to listen, understand, and establish caring and compassionate relationships. We will provide access to high quality organisational, leadership and management development that will maximise the positive impact of individual and team contributions to health and social services. This will enable the identification and engagement of people with the right values and behaviours to operate across boundaries and to support service transformation, particularly in relation to collaborative and multidisciplinary environments.

To maintain high standards of patient safety NES will work with others to scale-up simulation skills training and we will support clinical skills and human factors education. We will also assist partners to develop a culture of continuous improvement in everyday practice through quality improvement education.

NES will complete the roll out of digital learning resources through TURAS (our workforce support platform), providing a single source of training services, learning resources and information that can be accessed by anyone, anywhere from any device at any time. This will also enable sharing and reduce duplication of learning resources across health and care.

4 A NATIONAL DIGITAL PLATFORM, ANALYSIS, INTELLIGENCE AND MODELLING

A key deliverable of the Digital Health and Care Strategy is a national digital platform which enables citizens and the workforce to easily access and understand the information they need, where and when they need it. NES has been requested by Scottish Government to lead development of the national digital platform to replace the current model of multiple systems which has led to duplication and placed limitations on our use of data. The National Digital Platform will be developed with clinicians and the people who use services, to safely and securely deliver data to better support care, to allow for innovation and service development and to support research and the efficient use of services.'. The platform will be built, tested and rolled out through the development of products that improve the quality of patient care; and will connect to existing infrastructure to minimise disruption.

We will also lead on the work to bring the most modern of technologies to our business and administrative requirements, ensuring seamless integration with TURAS, our workforce support platform, and we will continue to develop applications within TURAS that support the delivery of a skilled and sustainable workforce.

NES will achieve accreditation as a national statistics provider and fully develop a workforce data platform. This will enable scenario planning and improve the quality of workforce data to support decision-makers. We will also support educational research to inform workforce planning.

NES will develop digital and IT staff across NHS Scotland to equip them with the skills to host, manage, develop, deploy and procure cloud-based applications to improve the health and care experience. We will also focus on the digital capabilities and confidence of the workforce, ensuring they are able to take advantage of digital technologies to improve their own practice and the care they provide.

5 A HIGH PERFORMING ORGANISATION (NES)

Over the next five years NES will aim for excellence in governance and will focus on continuous improvement to ensure we deliver against the challenges outlined within this strategy. We will enhance our training, organisational development, and improvement capacity to support the development of staff within and beyond NES. We will retain a strong focus on staff governance, development, health and wellbeing to ensure our staff have a positive and flexible employment experience.

NES will maintain a culture of collaborative working, innovation, continuous improvement and shared responsibility supported by organisational development, learning and performance improvement. To embed agile working practices, we will continue to develop a digital organisation, using technology, communication tools and workplace design to improve. We will provide corporate services which deliver effective accountability and governance and meet our responsibilities to become a sustainable and energy-efficient organisation.

CROSS-CUTTING PRINCIPLES

THESE **FIVE KEY AREAS OF FOCUS** ARE UNDERPINNED BY **SIX CROSS-CUTTING PRINCIPLES** THAT WE WILL USE WHEN WE DEVELOP OUR PLANS:

- PROMOTING EQUALITY AND DIVERSITY, AND TACKLING HEALTH INEQUALITIES
- WORKING IN PARTNERSHIP WITH STAKEHOLDERS AND DEMONSTRATING LEADERSHIP
- ENHANCING DIGITAL ACCESS TO LEARNING, SERVICES AND INFORMATION
- SYSTEMATICALLY PLANNING OUR ACTIVITIES, MEASURING THEIR IMPACT AND LEARNING FROM INSIGHTS
- CONTINUOUSLY IMPROVING QUALITY, AND LEADING AND HARNESSING INNOVATION
- CLEAR ACCOUNTABILITY FOR OUR DECISIONS, ROOTED IN EFFECTIVE GOVERNANCE

KEY OUTCOMES

The framework below summarises the key areas of focus, together with the outcomes that we aim to achieve over the life of the strategy. This will guide our operational planning each year which will identify specific activities and associated performance targets to achieve the outcomes under each key areas of focus.

CROSS CUTTING PRINCIPLES

- Equality and Diversity
- Partnership Working
- Digital Access
- Understanding Impact
- Quality and Innovation
- Accountability and Governance

1. A HIGH-QUALITY LEARNING AND EMPLOYMENT ENVIRONMENT

- More consistent, modern and flexible employment experiences
- High quality training programmes and placement learning
- Meaningful career conversations, appraisal and educational portfolios
- Excellent support for workplace learning and development
- Improved opportunities to access learning
- More accessible and flexible resources for remote and rural learners
- Improved employee and trainee feedback, engagement, and health and well-being
- Best value national administrative systems which enable flexible working and release time
- Improved promotion of career opportunities in health and care and easy access to information

2. NATIONAL INFRASTRUCTURE TO IMPROVE ATTRACTION, RECRUITMENT, TRAINING AND RETENTION

- Improved promotion of career opportunities in health and care and easy access to information
- Greater awareness of career opportunities in health and care for young people and school leavers
- Higher education outcome agreements that meet the needs of health and care
- Widened access to higher education and improved recruitment in key areas
- Sufficient education and training capacity to meet future workforce needs
- High take up and fill rates in post-graduate training programmes
- Effective support for staff returning to work or retraining
- Initiatives to support succession planning

3. EDUCATION AND TRAINING FOR A SKILLED, ADAPTABLE AND COMPASSIONATE WORKFORCE

- Learner-centred professional development ensures practitioners keep up to date
- Enhanced roles to support an improved skill mix and service redesign
- Coherent approach to developing and sharing learning resources
- Improved development for support workers and allied health professionals
- Clear career progression routes for all roles
- A caring and compassionate workforce
- People developed with the right values and behaviours to operate across boundaries
- Access to leadership and management development at all levels
- A culture of continuous improvement embedded in everyday practice
- Excellence in clinical practice based on evidence and safe models of care
- Well-developed multi-disciplinary teams

4. A NATIONAL DIGITAL PLATFORM, ANALYSIS, INTELLIGENCE AND MODELLING

- A national digital platform with a coherent architecture
- The ability to rapidly introduce and scale up new technologies based on consistent standards
- Products developed on the national platform that improve patient care and experience
- Business, administrative and workforce systems that create time for care and improve the employment experience
- Improved access to information, data analytics and intelligence
- Improved capability and capacity in our specialist digital workforce
- A workforce with up to date skills to deliver digitally enabled services

5. A HIGHER PERFORMING ORGANISATION (NES)

- A positive and flexible employment experience for NES staff
- Improved training, organisational development and quality improvement capacity and capability
- A culture of innovation, improvement and shared responsibility
- Effective accountability and governance and a sustainable NES
- A digitally enabled NES

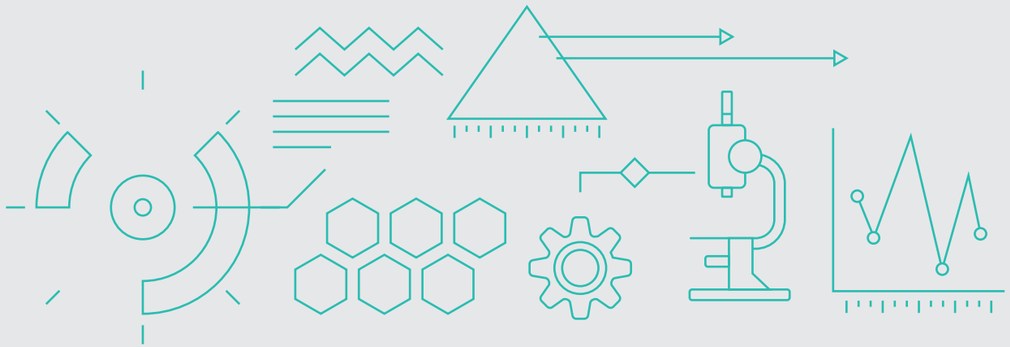
MEASURING PERFORMANCE AND MANAGING RISK

TO SUPPORT IMPROVEMENT, NES WILL MEASURE PERFORMANCE AGAINST THE DETAILED ACTIVITIES AND TARGETS WITHIN OUR ANNUAL OPERATIONAL PLAN WITH REPORTING TO THE NES BOARD ON A QUARTERLY BASIS.

Alongside this strategy, NES will use our corporate risk strategy to manage risks through regular review and reporting to the NES Board.

Our risk appetite reflects the need to be ambitious and we will exercise risk control at strategic and operational levels.

The NES Board will determine and oversee the communications and key messages to support this strategy, helping to develop our profile with stakeholders and engaging them in our work.



RESOURCING OUR STRATEGY

The strategic intent set out in this document is ambitious. It will require investment to fully deliver against the outcomes that we have articulated.

We will work with Scottish Government to develop a financial plan that underpins the delivery of this strategy, and which articulates the benefits to be realised from investment in the workforce.

OUR WAY

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

NHS SCOTLAND VALUES

- CARE AND COMPASSION
- DIGNITY AND RESPECT
- OPENNESS, HONESTY AND RESPONSIBILITY
- QUALITY AND TEAMWORK

NES VISION

A skilled and sustainable workforce for a healthier Scotland

NES MISSION

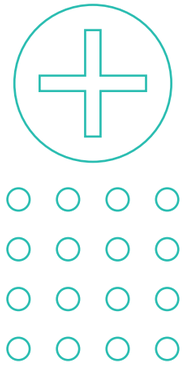
Enabling excellence in health and care through education, workforce development and support

NES LEADERSHIP BEHAVIOURS

INSPIRING	EMPOWERING	ADAPTIVE	COLLABORATIVE	ENGAGED AND ENGAGING

NES WAYS OF WORKING

Care for those we work for and those we work with	Respect and value one another
Be open, listen and learn	Take responsibility and lead by example
Look ahead and be creative	Respond appropriately and effectively
Work together to a clear common cause	Deliver excellence



HOW DO I FIND OUT MORE?

The NES website is your 24-hour window to NES

www.nes.scot.nhs.uk

You will be able to find detailed information on our work throughout the site.

If you would like further information or have a question in relation the the NES Strategy please email: nes.planning@nes.scot.nhs.uk or write to:

NES Planning
NHS Education for Scotland
Westport 102
West Port
Edinburgh EH3 9DN
0131 656 3200

ALTERNATIVE FORMATS

This resource may be made available, in full or summary form, inalternative formats and community languages.

Please contact us on **0131 656 3200**
or e-mail: **altformats@nes.scot.nhs.uk** to discuss how we can best meet your requirements.

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NHS Education for Scotland

Fairer Scotland Assessment

Title of Proposal [policy, strategy, workstream]:

NHS Education for Scotland Strategy 2019-24

Brief description of aim/objective:

The NHS Education for Scotland's Strategy 2019-24 establishes the vision, mission, areas of focus and strategic outcomes for the organisation for the next 5 years. It provides a framework to guide planning and investment as well as impact measurement and is a key document for communicating NES's mission and key objectives with our staff, stakeholders and the public.

Briefly summarise the relevance of the Fairer Scotland Duty to the proposal:

This paper explains how we fulfilled our obligations with respect of the Fairer Scotland Duty during the development of this strategy. The Fairer Scotland Duty places a legal responsibility on public bodies to actively consider (pay due regard to) how we can "reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions"[1] We describe how we took account of these issues within the remit of NES when setting our future strategy.

The Strategic Intent: 2019-24 section of the strategy identifies health inequalities as a key challenge to which health and care services must respond. This section further describes our ambition for health and care services and the contribution we hope to make to support this goal. Below, we highlight the following specific areas for consideration in this Fairer Scotland assessment:

I. Education and workforce development which responds to the needs of the population and service, informed by the context of social and health inequalities;
II. Access to, and progression through, education and career pathways;
III. Access to information and technology, and the information and digital skills to use these resources effectively.

Summarise key findings from review of evidence or engagement, and any action taken or proposed as a result of those findings:

This assessment has been informed by the findings of stakeholder engagement and a literature review of key documents.

- There were two rounds of stakeholder engagement. These comprised obtaining and taking account of internal NES staff and external stakeholder consultation on the previous Strategic Framework 2014-19 and an internal and external stakeholder consultation on the new draft NES Strategy 2019-24.
    - Findings from the internal (NES staff only) engagement (June-July 2018):

[1] Scottish Government (2018). The Fairer Scotland Duty: Interim Guidance for Public Bodies. Edinburgh: Scottish Government. Available at: https://www.gov.scot/Resource/0053/00533417.pdf.

        - A major theme was the need to enhance inclusion/access/equality of opportunity to education, training and learning. References were made to "offer affordable learning for all" as well as equity in relation to geographical and digital terms.
    - Findings from the external stakeholder consultation (August-September 2018):
        - A key theme was the need to give credence to learning and education in the workplace. Frustrations were apparent around access to education and the inclusion of all staff groups. Additionally, a multi-modal approach to learning was advocated.
        - There were some references to supporting health improvement and in tackling health inequalities.
        - Finally, educational support across both health and social care was perceived positively.

Stakeholder feedback from the first round of engagement informed the development of the new draft NES Strategy 2019-24.

    - Findings from the internal and external stakeholder consultation on the draft NES Strategy 2019-24 (December 2018-January 2019):
        - Feedback was mostly positive. The five areas of focus and key outcomes were welcomed for their commitment to improve accessibility of learning and youth employment, widening entry into health care roles, an inclusive approach taken to skills development and career progression, and the emphasis placed on supporting staff to develop digital capabilities.

Key issues arising from the stakeholder engagement process and the literature review:

I. Education and workforce development which responds to the needs of the population and service, informed by the context of social and health inequalities

Persistent health inequalities and the complexity of managing long-term health conditions, lower health literacy, as well as prevention and health promotion are all issues associated with socio-economic disadvantage. Some stakeholder feedback suggested that NES should continue its support to develop workforce capability in these areas as this would help boards meet their objectives. NES already has a number of workstreams that address health inequalities. We have also carried out considerable work on health literacies, and both self-management and prevention are part of the Realistic Medicine strategy, which informs our delivery of medical and wider health care education. In the draft strategy, we have addressed this issue by establishing a cross-cutting theme:

Promoting equality and diversity and tackling health inequalities

This theme is to be read as an intersection with the key areas of focus, prompting us to consider how it may apply across all of our work. We will maintain planning guidance and organisational intelligence to support our staff to implement this approach within the context of their workstreams. This links to the area of focus designated as:

'*Education and training for a skilled, adaptable and compassionate workforce*'

'*A national digital platform, analysis, intelligence and modelling*.'

ii. Access to, and progression through, education and career pathways

Stakeholders highlighted the importance of access to learning and development for all staff groups, including work-based learning and multi-modal learning. Inclusion, access and equity in learning were themes highlighted in the NES staff consultation. Learning and staff development are associated not only with skills development and practice, but also with staff engagement, retention and opportunities for career progression.

Key issues to consider when implementing the Fairer Scotland Duty are support for flexible working and careers, widening access to education, work and to professions, engaging with groups that are further from employment, and taking an intersectional approach to strategies for youth employment.

The Joseph Roundtree Foundation (JRF) study, *Poverty in Scotland 2018*[2i], noted the trend of an increase in in-work poverty. Poverty is also compounded by the gender pay gap and the employment gap (both in terms of access to employment and under-employment) for disabled people. The Scottish Government's *Fair Work Framework* sets out a vision of work based on principles to reduce poverty.

The Joseph Roundtree Foundation Report, *Poverty in Scotland, 2018*, highlighted the significant role of gender and disability inequality in the labour market contributing to poverty, particularly child poverty. The JRF recommends that it will be necessary to adopt an intersectional approach, aligning public policies to reduce these inequalities. Increased support for families experiencing poverty will also be required to avoid an uneven improvement disproportionately benefitting those already on higher incomes.

There are examples of existing NES (and NHS) programmes taking such an approach. One is youth employment, where strategic partnerships with organisations such as the Princes Trust, Barnardo's, BEMIS and Who Cares? Scotland are supporting more targeted efforts to develop pathways into NHS careers for young people at higher risk of poverty. Our proposed activity on youth employment and existing work on developing educational and career pathways for healthcare support workers enhances learning and progression opportunities for lower income staff. These initiatives align with the *Fair Work Framework*.

These issues are particularly relevant to the areas of focus designated as:

'A high-quality learning and employment environment'

'National infrastructure to improve attraction, recruitment, training and retention'

Iii Access to information and technology, and the information and digital skills to use these resources effectively

Digital exclusion is an issue particularly impacting on people on low incomes and for some remote and rural areas[3]. Digital inclusion is multifaceted, involving access to digital infrastructure (broadband, wi-fi, devices), the suitability of infrastructure for the intended purpose, the cost of using the infrastructure, and associated digital and information literacies. Digital and information

[2] https://www.jrf.org.uk/report/poverty-scotland-2018
[3]= See, for example, http://heatmap.thetechpartnership.com/

literacies can be context-specific and are not always directly transferred from one context (personal/recreational, work, learning) to another. These are issues which are relevant to the ability of individuals to benefit from engagement with digital for health and care, and for access to and success in education and careers. For NES, consideration of how we can advance digital inclusion and literacies for people experiencing socio-economic disadvantage will be essential for our workstreams on the national digital platform and our work on careers. It will also be a crucial aspect year to year for the cross-cutting principle of *enhancing digital access to learning, services and information.*

These issues will also be considered in relation to:

'*National infrastructure to improve attraction, recruitment, training and retention*'

'*Education and training for a skilled, adaptable and compassionate workforce*'

'*A national digital platform, analysis, intelligence and modelling*'.

Recommendations:

This summary has indicated the primary considerations relating to socio-economic disadvantage which relate to the proposed areas of focus and cross-cutting principles. The development and review processes have involved NES staff and external stakeholders as well as a review of the literature. A range of comments have been received (which fit under the umbrella of the Fairer Scotland Duty) and have been documented in both reports.

- We have established a cross-cutting principle of *promoting equality and diversity, and tackling health inequalities* which clarifies our strategic intent to take an inequalities-aware approach to delivering our remit.
- Our strategic intent, areas of focus and outcomes highlight the importance of widening access to education, training and careers, which will bring tangible improvements for people experiencing socio-economic disadvantage.
- A focus on digital inclusion, including widening digital participation and developing digital capability, should be central to the delivery of our digital functions.
- We will develop specific guidance on implementing the Fairer Scotland Duty through operational planning in accordance with the priorities described in this analysis.

Note of decision:

Due regard has been given to the Fairer Scotland Duty in the development of this new NES Strategy 2019-24

Sign off by accountable director: [Donald Cameron]

Date:

NES **NES/19/28**
Item 10b (i) **(Enclosure)**
March 2019

NHS Education for Scotland

Board Paper Summary

1. Title of Paper

NHS Education for Scotland draft Annual Operational Plan (AOP) 2019-20.

2. Author(s) of Paper

Donald Cameron (Director of Planning and Corporate Resources).

3. Purpose of Paper

To present the draft Annual Operational Plan (AOP) for 2019-20.

4. Key Issues

The AOP guidance was received at the beginning of March 2019 and NES is required to submit a draft 2019-20 AOP by the end of March 2019. This draft AOP has yet to be designed and represents the first year of our new strategy for 2019-24 which was finalised by the Board at the development day on 28th February 2019. The AOP guidance for 2019-20 broadly follows the guidance received the previous year with territorial NHS Boards being asked to align their plans with the Cabinet Secretary's service priorities.

For NES's specific national NHS Board remit, this AOP is aligned with the key areas of focus outlined within our new strategy for 2019-24 as well as the Cabinet Secretary's priorities where it is possible to do so. It does not cover all the work we will deliver over the next year and the two subsequent years. This is contained within our more detailed operational plan covering the full range of our activities, desired outcomes and performance targets for next year.

5. Educational Implications

This draft AOP positions NES to develop a national people and workforce support role in line with our new strategy for 2019-24.

6. Financial Implications

The AOP will be delivered in accordance with the financial plan agreed by the Board.

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

The AOP is supported by a detailed operational plan which is aligned with the five key areas of strategic focus and outcomes within the new NES strategy for 2019-24.

8. Key Risks and Proposals to Mitigate the Risks

Some of the key challenges for delivery of the 2019-20 AOP activities include:

- financial resourcing
- versatility of our workforce
- changing policy and political environment

Policy analysis is an on-going feature of the planning process along with the development of collaborative approaches. We aim to mitigate risk by developing a workforce with the flexibility to work across traditional boundaries and developing a lead role as the national people and workforce organisation. In addition, we will continue to develop our approach to operational planning by focussing on the longer term *Desired Outcome,* and the *SMART Targets* which will act as stepping stones during the coming year to achieving that outcome. The process is integrated with long-term financial planning and individual and corporate performance management.

9. Equality and Diversity Impact Assessment

The NES response to the equality and diversity agenda is set out in the detailed operational plan.

10. Communications Plan

The final AOP will be supported by corporate communications, following approval by the Board and sign-off by the Scottish Government.

11. Recommendation(s) for Decision

To approve the 2019-20 draft AOP for submission to the Scottish Government at the end of March 2019.

Annual Operational Plan (AOP) 2019/20
(Draft - to be designed)

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1. Introduction from our Chair and Chief Executive

NHS Education for Scotland (NES) is the national NHS Board with responsibility for education, training and workforce development. We work with key partners in the Scottish Government, NHS Boards, regions, social care, the academic sector and UK professional bodies and regulators across Scotland's diverse geography.

The NES Annual Operational Plan (AOP) for 2019/20 supports the Cabinet Secretary's priorities on waiting times, mental health and health and social care integration and maintains our focus on providing the right numbers of trained staff in the right place at the right time. This AOP is aligned with our new strategy for 2019-24 which continues to extend our core business into areas that improve the attractiveness of healthcare careers and recruitment and retention. It describes our ambition to enhance the training and employment experience supported by digital innovation and a step change in the quality of data available.

This Annual Operational Plan (AOP) represents NES's agreement with the Scottish Government on the work we will undertake over 2019/20 and the subsequent two years. It focuses on key areas and does not cover all our work; this is included in a detailed operational plan covering the full range of our activities, outcomes and performance targets, for 2019-20.

David Garbutt — Chair

Caroline Lamb — Chief Executive

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2. National Boards Collaborative

We are part of a collaborative of eight national boards providing services where improved quality, value and efficiency is best achieved through a national approach. We share a common purpose and by working closely together, and with our partners in the Scottish Government, regions, territorial boards and integration joint boards, we will support the changes required to improve services, reduce unnecessary demand, improve workforce sustainability and strengthen leadership to protect and improve Scotland's health.

The National Boards Collaborative Programme focuses on three areas - (1) improvement, transformation and evaluation; (2) digitally enabled service redesign; and (3) a sustainable workforce:

These are the areas where we believe we can help our partners redesign services to meet technological, demographic and societal changes. We will take on difficult issues in partnership to identify where national support can help deliver real sustainable change to address priority areas such as waiting times and mental health and drive integration across health and social care.

3. Our Vision and Mission

Having the right numbers of trained staff, in the right place at the right time, is essential to providing high quality health and social care. NES aims to work with the service to ensure that the NHS in Scotland is a workplace where learners are valued and supported, and where health and care careers are flexible and full of possibilities to help us attract and retain the workforce we need.

OUR VISION: 'A skilled and sustainable workforce for a healthier Scotland'
OUR MISSION: 'Enabling excellence in health and care through education, workforce development and support'

NES also aims to provide digital services where people can access the information they need where and when they need it, where people are confident using technology and where staff are supported by systems that create time for frontline care. We want to improve employment choices, including for people who have taken a break and want to return to work. We also want to ensure that we have the right number of undergraduates in the healthcare disciplines in Scotland, and that they have the best possible experience following curricula that are relevant to the changing needs of services in Scotland.

NES's work will be increasingly informed by data analysis, evidence and impact assessment. We will provide high quality advice on intakes to undergraduate and postgraduate programmes, recruitment, progression and retention. We will also retain a focus on improving our organisation, ensuring that we are an exemplar in employment practice.

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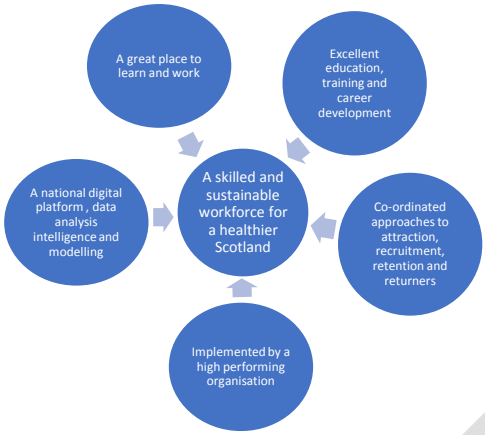

The NES contribution to high quality health and care

2019/20 represents the first year of the new NES strategy for 2019-24 which identifies five key areas of focus as follows;

- ***a high-quality learning and employment environment***
- ***national infrastructure to improve attraction, recruitment, training and retention***
- ***education and training for a skilled, adaptable and compassionate workforce***
- ***a national digital platform, analysis, intelligence and modelling***
- ***a high performing organisation (NES)***

4. A Skilled and Sustainable Workforce

Workforce availability is a key challenge facing health and social care as people seek more flexible careers and working patterns. NES aims to support the workforce in a way that improves the training and employment experience and assists us in attracting and retaining the right people. This AOP provides a high-level summary of the key work to recruit and develop a well-trained workforce, prepare professionals for practice and deliver education for specific areas such as healthcare associated infection, quality improvement, person centred care, patient safety, advanced practice, leadership and management, mental health, and children and young people. We will also support policy initiatives to increase the number of GPs, develop pharmacists with advanced clinical skills and provide accessible learning resources for remote and rural learners.

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All this work is underpinned by TURAS, the NES cloud-based workforce platform which provides a wide range of digital resources and services which can be accessed by anyone working in health and care, anywhere at any time on any device. TURAS strongly supports health and social care integration and our partners in social care are now starting to use it to develop their own applications.

4.1 High Quality Learning and Employment

Five Year Strategic Outcomes

- *More consistent, modern and flexible employment experiences*
- *High quality training programmes and placement learning*
- *Meaningful career conversations, appraisal and educational portfolios*
- *Excellent support for workplace learning and development*
- *Improved opportunities to access learning*
- *More accessible and flexible resources for remote and rural learners*
- *Improved employee and trainee feedback, engagement, and health and well-being*
- *Best value national administrative systems which enable flexible working and release time*
- *More accessible employment and training services, resources and information*

NES plays an important role in ensuring the quality of the learning and employment environment which we recruit to, and in which we manage, and quality assure undergraduate, post-graduate and pre-registration training. This core part of our role provides a 'pipeline' of staff for the health service as well as educational governance, quality management, supervision and practice education support.

Doctors and dentists in training are a critically important part of the workforce and NES will continue to provide educational governance and support infrastructure to ensure a high-quality learning and employment environment which fulfils and exceeds regulatory requirements. Over the next year we will establish new processes for the recognition of medical trainers and provide training for trainers and new *eLearning* resources. In partnership with NHS Boards, we will continue to develop new employment models which contribute to waiting times improvement by reducing the amount of time trainees spend on administrative processes and sends them to where they are most needed. Medical trainees already enjoy the benefits of this model and over the next three years we will transfer dental trainees and further develop the TURAS platform for national programme employment along

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with policies for trainees, performance management and a governance framework for concerns and complaints. We will also further develop the TURAS platform to join up employment and education information between lead and host employers and introduce new engagement and communication tools. As these more flexible approaches to employment develop, we will explore their potential for other staff groups and services such as elective centres or cancer care.

NES continues to promote fairness for all trainees, and we will work with regulators and other key partners to tackle differential attainment rates, between different demographic groups. We will continue to evaluate information about learners' performance, progressions and outcomes so we can monitor the impact of the action plan we have in place.

NES will continue to commission, and quality assure education and training for the trainee psychology, pharmacy and healthcare science workforce. We will also develop our key role in the performance management of pre-registration nursing and midwifery programmes through national practice education infrastructure. During 2019/20 we will complete the deliverables detailed in the *Scottish Future Nurse and Midwife Programme* plan and we will gather and analyse quality data on the recruitment, retention and completion of student nurses and midwives.

NES will also continue to support effective revalidation and appraisal systems. This will include further developing the TURAS platform to replace the appraisal processes previously provided through the *eKSF* system. Over the next year we will also establish links with the *Scottish Workforce Information System* (SWISS) to allow joiner and leaver updates.

Another priority for NES is the modernisation of national business and workforce systems. A key element of this work is procurement of national *eRostering* to improve the deployment of staff, reduce reliance on agency and locum staff, give employees more flexibility, improve the quality of workforce data and create more time for frontline tasks. Over the next year we will approve the preferred bidder, develop a full business case and complete the contract award.

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4.2 Attraction, Recruitment, Training and Retention

Five Year Strategic Outcomes

- *Improved promotion of career opportunities in health and care and easy access to information*
- *Greater awareness of career opportunities in health and care for young people and school leavers*
- *Higher education outcome agreements that meet the needs of health and care*
- *Widened access to higher education and improved recruitment in key areas*
- *Sufficient education and training capacity to meet future workforce needs*
- *High take up and fill rates in post-graduate training programmes*
- *Effective support for staff returning to work or retraining*
- *Initiatives to support succession planning*

The Scottish Government has the vision of a society where everyone can contribute and share in success. NES will continue to improve the attractiveness of NHS Scotland as an employer, develop career pathways and widen access to opportunities as part of the drive to improve waiting times. To support this, we will work with higher and further education to develop outcome agreements that meet the needs of health and care and widen access to education and employment.

NES will work to recruitment targets for postgraduate and pre-registration training programmes across the healthcare professions to ensure there is an appropriate supply of well-trained staff to meet current and future demand. We will also manage Additional Cost of Teaching (ACT) funding in undergraduate medicine, dentistry and pharmacy working with universities to manage the use of this funding to better meet the needs of the NHS.

A key ambition for NES is to help widen access to education and careers. To achieve this, we will develop resources which promote careers in healthcare, help equip young people for jobs and improve access to learning for healthcare support workers. We will further develop the NHS Scotland CAREERS PORTAL to promote NHS Scotland jobs and connect with employers, supported by social media. This will be underpinned by national principles and guidelines which support a

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consistent approach to recruitment, employment and development and enable more flexible movement across employers.

NES will support the recommendations of the Chief Nursing Officer's CNO *Widening Participation Commission* to encourage more men into careers in nursing and midwifery. We will support a minimum of 350 nurses through a postgraduate diploma in advanced practice by September 2020 to help ensure an additional 500 advanced nurse practitioners are trained by 2021. Over the next year we will commission a minimum of 40 additional postgraduate district nurse training places alongside continuing professional development to support transition to the new GMS contract. We will continue to support 30 newly qualified nurses in general practice in the second year of their training and recruit a minimum of 20 additional places by September 2019. We will also work with universities to develop an integrated community nursing programme and we will commission additional health visitor training places.

Over the next three years NES will lead a joint programme with the Scottish Ambulance Service (SAS) to integrate paramedic education into universities. We will also work with the Scottish Government to develop specialist and advanced allied health profession (AHP) roles and provide career fellowships. Over the next year we will undertake a national service and learning needs analysis of AHPs working at advanced practice levels in health three priority areas (First Point of Contact/MSK, Mental Health and Unscheduled Care).

NES is committed to improving retention through return to work programmes accompanied by careers advice and enhanced induction for practitioners with no previous NHS experience. During 2019/20 we will complete a survey of medical practitioners who have completed these programmes and we will work to increase the number completing enhanced induction and returner programmes.
In addition, NES AHP practice education leads will actively support returners to practice and we will provide nursing and midwifery return to practice programmes.

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NES will continue to work with Scottish Government, NHS Boards and the British Medical Association to improve junior doctors' working lives by contributing to expert working groups and the redesign of rotas to a maximum 48 hours.

4.3 A Skilled, Adaptable and Compassionate Workforce

Five Year Strategic Outcomes

- *Learner-centred continuing professional development which ensures practitioners keep up to date*
- *Enhanced roles to support an improved skill mix and service redesign*
- *Well-developed multi-disciplinary teams*
- *Improved development for support workers and allied health professionals*
- *Clear career progression routes for all roles*
- *A caring and compassionate workforce*
- *People developed with the right values and behaviours to operate across boundaries*
- *Access to leadership and management development at all levels*
- *A culture of continuous improvement embedded in everyday practice*
- *Excellence in clinical practice based on evidence and safe models of care*
- *Coherent approach to developing and sharing learning resources*

Access to continuing professional development and enhanced roles for staff working in primary care teams are key factors in attracting and retaining the workforce. These areas are crucial to the success of new models of community-based care which will help improve waiting times and drive integration across health and social care.

NES will continue to provide continuing professional development (CPD) for primary care practitioners and teams. This will involve programmes for general medical and dental practice, community pharmacy and optometry. We will also deliver a range of workforce development to address health inequality and improve the health and wellbeing of women, children, young people and families such as education for maternity care professionals in continuity of care.

NES will continue to provide role development for health and social care staff in a range of areas such as non-medical prescribing, dementia, forensics, end of life and bereavement care and mental health. We will also deliver education for

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priorities such as pharmacists with advanced clinical skills and education in health protection and infection prevention and control. In dentistry we will develop practitioners to provide domiciliary care in care homes and in optometry we will support development in ocular therapeutics, ocular hypertension and glaucoma. We will also provide development and improved career pathways which widen access to education for support workers, administrators and managers.

NES will maintain a strong focus on mental health, providing a range of education across health and social care to improve access to services. As well as delivering psychiatry training programmes, we will provide education for clinicians to maintain their approved medical practitioners (AMPs) status under the Mental Health Act. We will continue to support 54 clinical psychology training places, 30 MSc trainees in psychological therapies in primary care and 19 MSc trainees in applied psychology for children and young people. We will increase multidisciplinary capacity for psychological interventions as well as mental health and wellbeing training for school nurses. We will also deliver a range of education to ensure health and social care staff have the knowledge and skills to improve the health and wellbeing of people with learning disabilities.

For people living with dementia we will support health and social care staff to complete the *Dementia Specialist's Improvements Leads* programme and continue to train trainers. In addition, we will support health and social care staff to complete the *Enhanced Level of the Dementia Promoting Excellence Framework* and we will deliver the *Dementia Champions* programme. We will also provide training in palliative and end of life care in dementia for care home and care at home staff.

NES will embed person-centred care in our activities, placing people at the heart of services. This will include training for health and social care staff in death, dying and bereavement as well as spiritual care and chaplaincy education and a range of resources that reflect the *National Health and Wellbeing* and *National Care Standards* principles and outcomes. We will also provide patient safety and clinical skills education for safe and effective care as well as educational development and research in human factors and ergonomics. In quality improvement (QI) we will provide programmes and curricula supported by a national network of leads and

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practitioners. This will include *QI for Access* training focussed on improving patient pathways to help reduce waiting times and the introduction of a new development package in leadership, governance and quality improvement (QI) for non-executive board members and board chairs.

To support the development of a skilled, adaptable and compassionate workforce NES will continue to provide an increasing range of resources through TURAS*,* our national learning platform free of licence costs for public sector organisations in Scotland. The platform ensures health and social care staff can access learning resources, knowledge, evidence and subscription content by integrating digital library services and national learning resources*.* This initiative has great potential for sharing across health and social care and improving access for remote and rural staff. During 2019/20 work will continue to migrate NHS Boards and local authorities to TURAS and we will provide new subscription resources through the *Knowledge Network.*

The development of an improvement-focussed workforce that is open to change is central to the *Health and Social Care Delivery Plan*. We will continue to be a key delivery partner with Scottish Government for *Project Lift*, transforming leadership development, talent management, performance appraisal and values-based recruitment. This will involve providing national programmes and resources on the TURAS platform to develop leadership potential at all levels. With a strong focus on health and social care integration, we will provide early leadership career development to support effective team-based working and collective leadership across Scotland's public services. We will deliver a range of early leadership careers development as well as *You as Collaborative Leader* and *Leadership for Integration* programmes. We will also provide induction and development events for up to 50 existing and aspiring executive nurse directors.

4.4 Digital Platform, Analysis, Intelligence and Modelling

Five Year Strategic Outcomes

- *A national digital platform with a coherent architecture*
- *The ability to rapidly introduce and scale up new technologies based on consistent standards*

- *Products developed on the national platform that improve patient care and experience.*
- *Business, administrative and workforce systems that create time for care and improve the employment experience.*
- *Improved access to information, data analytics and intelligence*
- *Improved capability and capacity in our specialist digital workforce*
- *A workforce with up to date skills to deliver digitally enabled services*
- *Accessible, accurate and linked l workforce data for planners and decision-makers*

Improving access to data and developing modern digital systems are important elements of new models of care which will help reduce waiting times. Publication of the Scottish Government's *Digital Health and Care Strategy* in April 2018 provided a national framework for digitally-enabled services where people are confident using technology and data to improve services. The strategy identified the need for better data sharing and access, digital leadership, investment in infrastructure and more integration of systems. It included the vision of a single national digital platform for service and business systems to replace the multiple systems which have resulted in duplication and restrictions in data access.

NES has a key role to play in delivering the *Digital Health and Care Strategy* and in late 2018 the Scottish Government established the NES Digital Service (NDS) to develop the single national digital platform. NDS sits within the NES organisational structure alongside NES Digital, which already has a strong track record in building the TURAS workforce platform using agile development and cloud technologies.

During the latter part of the 2018/19 financial year, we established the core NDS team and started recruiting, securing accommodation and integrating with NES governance processes. In addition, we developed and shared the outline architecture for the national digital platform and engaged with key stakeholders. Over the next year we will continue to develop NDS financial and recruitment plans alongside communications arrangements, and we will position NDS as the integrated quality data platform to support excellent clinical care. We will also establish connections with the national Office 365 and community health index (CHI) number replacement programmes and clearly articulate how this work will

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interact with existing systems. To enable data and knowledge availability when it is needed and in a format that works for patients and care providers, we will procure public cloud resources and establish a cloud-based clinical data repository. In addition, we will establish a product development pipeline which shows growth in maturity and number of products and includes a 2019 product launch.

The work described in Section 4.1 on national *eRostering* is part of a wider modernisation of national business and workforce systems. Over the next year NES will scope work to remove the requirement for re-keying data between existing *eRostering* systems and the *Scottish Standard Time System* (SSTS). We will also develop an updated roadmap and project plan and start work to ensure that we are able to manage contract extensions and development requirements for existing systems against the planned procurement and implementation of improved technologies.

NES will maintain a strong focus on the continued development of the TURAS workforce platform to reduce cost, drive efficiencies and provide better access to single sources of workforce data and resources. In addition, the vision of a national digital platform will be crucial to ensuring accurate data and intelligence is more easily available to improve how we understand and predict need, model service demand and inform planning at a local, regional and national level. During 2019/20 we will continue to work with health and social care partners to bring together multiple workforce data sources into a single platform supported by a new data and analytics team. This will involve a minimum standardised dataset with linked 'end to end' workforce data and new workforce planning analytics and reporting which will help stakeholders quickly develop a picture of the current and future available workforce and more easily plan to meet current and future demand.

Digital leadership and a digitally enabled workforce will be key to improving health and wellbeing. NES will play an important role in developing a health and care workforce that is confident delivering digitally enabled services. Over the next year we will work with the Local Government Digital Office and Scottish Social Services Council to develop a workforce that supports digital inclusion, service transformation and the adoption of the single national digital platform. Over the

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next three years we will focus on developing a network of digital champions with the right knowledge, skills and capabilities supported by new learning resources and digital standards.

4.5 A High Performing Organisation

Five Year Strategic Outcomes

- *A positive and flexible employment experience for NES staff*
- *Improved training, organisational development and quality improvement capacity and capability*
- *A culture of innovation, improvement and shared responsibility*
- *A digitally enabled NES*
- *Effective accountability and governance and a sustainable NES*

Over the next three years NES will continue to improve our governance and business support services to ensure we are equipped to deliver in a world where collaborative working and transformational change are an everyday part of life. We will enhance our training, organisational development, and improvement capacity to support the development of staff within and beyond NES. We will retain a strong focus on staff governance, development and wellbeing to ensure our staff have a positive and flexible employment experience.

Over the next year NES will achieve information governance accreditation with *ISO27001* and *Cyber Essentials Plus*. We will also improve our service desk and move to a new data centre model. We will ensure our *Procurement Contract Register* achieves savings and we will refresh our *Property and Asset Management Strategy* to focus on improvement and efficiency in how our estate is used. In addition, over the next year we will establish a long-term property option for the NES Digital Service and scope options for the end of our lease in 2021 at the Centre for Health Sciences in Inverness.

NES will maintain a culture of collaborative and flexible working, efficiency, continuous improvement and sustainability supported by organisational development and performance improvement. We will embed SMART working practices through flexible working policies, digital technology and workplace design

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to improve how we work. We will also provide corporate services which deliver effective accountability and governance and meet our responsibilities to become a more sustainable and energy-efficient organisation.

5. Our Workforce

This section of the AOP focuses on our workforce and our plans to support the *Everyone Matters: 2020 Workforce Vision Implementation Plan*. Our *People and OD Strategy* is designed to enable a capable, sustainable and flexible workforce with the skills to adapt to a changing world.

5.1 Healthy Organisational Culture

NES will continue to work with managers and staff to embed *Our Way* in NES, ensuring that it appropriately reflects the ways of working outlined in the NES strategy and the outcomes of the *People and OD Strategy*. We will do this alongside continued support for the effective use of *iMatter*, building on our average levels of participation to date, with a focus on ensuring teams develop and implement action plans that reflect *Our Way*.

5.2 Sustainable Workforce

We will continue to promote the health, wellbeing and resilience of our workforce. As part of embedding *Our Way*, this will include the development and provision of *I want to know more…* sessions on key issues such as dignity at work, organisational values and well-being, as well as maintaining our *Healthy Working Lives Gold Award.* We will continue to monitor and succession plan for key posts and explore approaches to the attraction and retention of the skills required for the development of digital services, including the national digital platform and the adoption of national workforce data modelling responsibilities.

5.3 Capable Workforce

We will continue to promote participation in personal development planning through appraisal, and the completion of essential learning, and will invest in developing the key skills required to adopt new working practices in the context of future service requirements. We will make use of our national learning resources such as *Digital*

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Matters and will use available funding streams such as the flexible workforce development, graduate apprenticeships and established continuing education support to equip our workforce with the knowledge and skills necessary to develop a digitally led, data driven and collaborative organisation.

5.4 Workforce to Deliver Integrated Services

We will continue to use our established health and social care integration group, leadership and management planning forum, and public health reform interest group to support cross-sector and multi-professional working, sharing evidence-based practice in learning and development. We will also work collaboratively to support national board planning and our ambition to work in different ways across traditional boundaries.

5.5 Effective Leadership and Management

We will continue to work with the national boards to further develop *Management Matters*, building leadership and management capacity and capability through on-line and experiential programmes for first line managers. This will build on the success of our SCQF credit-rated modules.

6. Our Annual Operational Plan (AOP) for 2019/20

This AOP focuses on a range of priority workforce and digital activities which require effective partnership working to deliver. It supports the national board collaborative and regional planning, the *Health and Social Care Delivery Plan* and key national priorities around shifting the balance of care, waiting times, mental health and health and social care integration.

This AOP does not cover all our planned work and is supported by a more detailed operational plan, aligned to our new strategy for 2019-24, which includes the full range of our activities, their desired outcomes and performance targets. Through our leadership commitment, collaborative working and effective use of our resources; NES will build on our past successes to help develop health and social care services that are fit for the future.

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Both this annual operational plan and our strategy for 2019-24 can be found at: www.nes.scot.nhs.uk/about-us/corporate-plans-and-annual-reports.aspx. The more detailed information contained in our 2019/20 operational plan can be obtained by e-mail from nes.planning@nes.scot.nhs.uk

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NHS Education for Scotland

Board Paper Summary

1. Title of Paper

Draft NES baseline budget for 2019/20 – 2021/22

2. Author(s) of Paper

Lizzie Turner, Head of Finance Business Partnering
Audrey McColl – Director of Finance

3. Purpose of Paper

To present the draft baseline Budget for 2019/20 and beyond to the Board

4. Key Issues

The draft Scottish Budget, released on the 12th December 2018, confirmed that there would be no general uplift to the NES recurrent baseline budget again in 2019/20. However, we have been advised that Pay inflation for all staff (including Training Grades) will be funded in full.

As set out in Table 1 below, our available funding is anticipated to be £439.2m. Requirements submitted by directorates total £452m which presents an initial funding gap of £13m. This gap has primarily arisen from a historic underlying funding gap in Training Grades. Efficiency savings, continuation of agreed non-recurrent savings measures and allocating income from other sources where possible has reduced the gap at a NES corporate level to £4.9m as shown in Table 1.

Table 1: Summary of current budget position

	Training Grades		Rest of NES		
	Recurring £m	Non recurring £m	Recurring £m	Non recurring £m	Total
Anticipated budget available	245,719	0	193,496	0	439,215
Directorate budget submissions 19/20	(258,397)	0	(193,269)	(513)	(452,179)
Initial Gap	(12,678)		227	(513)	(12,964)
Requests for additional funding	0	0	(422)	(216)	(638)
Budget Gap	(12,678)	0	(195)	(729)	(13,602)
Proposed actions to reduce gap					
Recruitment Lag				1,500	1,500
Recycle Training Grade funding		6,676		0	6,676
Other Income				247	247
Procurement savings				300	300
Total Potential Funding Available	0	6,676	0	2,047	8,723
Remaining Gap	**(12,678)**	**6,676**	**(195)**	**1,318**	**(4,879)**
		(6,002)		**1,123**	**(4,879)**

The current gap of £4.9m in 2019/20 is the net result of a deficit on Medical training grades of £6m being offset by a non-recurrent savings on the balance of the NES budget.

Although the non-medical training grade element of the budget has been balanced for 2019/20, this has been achieved on a non-recurrent basis and the Executive Team have identified six improvement programmes to be undertaken to identify and release further savings in 2019/20 and beyond. These include the consolidation of previous programs such Training Programme Management, and new areas including a review of the NES contribution towards Dental Outreach Centres, and further Property reviews which will include maximising the utilisation of existing property.

Directorates were asked to identify further areas in which expenditure could be reduced, equivalent to 5% and 10% of their non-pay budgets, to support the budget position in 2019/20 and beyond. At this stage no impact has been assumed in the 2019/20 budget position as further work is underway to assess the impact several options may have on NES ability to deliver in key policy areas.

In addition to the expected recurring baseline funding above it is anticipated that over £49m will be received in 2019/20 on a non-recurrent basis. The majority of this funding will be through Scottish Government and includes Medical Training Grade expansion posts (including GP100 and 2018 and 2019 Expansion) £7m, Mental Health £7m, Pharmacy Pre-Reg training £6.4m, anticipated Medical Education Package Gap £5.4m, NDS funding £4.9m, Aberdeen Dental School £3.1m, ACT Pharmacy £3m, CPD and pre Reg support within Nursing £3m and Other Pharmacy £1.9m.

We do not anticipate the Scottish Governments financial landscape to change in the medium term and are therefore, at this stage, are planning that although pay inflation will be funded no general inflationary increases will be received over the next 3 years.

5. Educational Implications

The draft budget has been aligned to the activities that we will include in our Annual Operational plan. This has been drafted based on Directorate submissions to the planning system and reflects the key priority areas which contribute to the NES strategy 2019-2024 as well as the Scottish Government Health Department's priority areas.

6. Financial Implications

The current draft budget shows a deficit of £6m on training grades reduced to £4.9m by non-recurrent savings on the balance of the NES budget. Discussions are on-going with Scottish Government in relation to the funding of training grades. On the remainder of the NES budget, the Executive team have agreed six improvement programmes to identify and release recurrent savings.

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

The budget underpins the achievement of all our strategic objectives

8. Impact on the Quality Ambitions

The education and training that NES provides/commissions, and which is supported by this budget, is designed to impact on all the Quality Ambitions.

9. Key Risks

Following discussion at Executive Team no additional contribution to the National Boards collaborative recurrent £15m savings target is included (to which NES contributed £2.5m recurrently in 2018/19). However, given that it is likely that the collective target will not be met in full for 2018/19, NES may be asked for a further contribution in 2019/20.

As a consequence of the funding settlement with no baseline uplift provided to NES, this paper sets out the case that NES is not in a position to provide any uplift in the level of payments we provide to Boards for the support costs we provide for medical and dental undergraduate placements (ACT). Boards and Medical/Dental schools will need to undertake work to determine the impact of this position, and the impact it will have on Undergraduate Medical/Dental Education.

The draft budget includes a gap of c£6m on medical training grades. Discussions are underway with SG in relation to how this can be addressed. However, although there is a recognition of the unique pressure training grades salary costs bring to the NES budget, there is not yet final agreement on how to take this forward.

This makes it clear that we have, over recent years, absorbed and in-part mitigated substantial cost pressures arising from the need to support more training grades, particularly in medicine. However, our assessment is that our capacity to absorb this growth is now exhausted and the underlying recurrent deficit is unsustainable. Any further growth in training grades will explicitly require to be supported with appropriate resources, including infrastructure support.

An increase in Employers pension Contribution from 14.9% to 20.9% was notified to employers in February 2019. The impact of this change is not provided for within the figures in this paper. It is anticipated that the increased cost will be fully funded but this has not been confirmed at this stage. There is therefore a risk to the financial position that an element of the pressure will need to be funded by NES. The other consideration, in relation to NES and Board staff, is the implication that this may have for individuals when considering their retirement options.

Although the funding allocation letter was received from Scottish Government on 12th December the allocation of The National Boards savings contained within it has not been approved by NES. We have also highlighted the discrepancy within the amount of Pay award allocated to NES. Both these factors are under discussion with Scottish Government.

The SG Investment fund provided £4m to NES in 2018/19 for projects agreed in the National Boards collaborative plan to enable delivery of elements of the Health and Social Care delivery plan. It was anticipated that this funding would be in place for 2019/20 for projects which extend across financial years. However, we have been informed by SG that the totality of the fund available will be reduced significantly in 2019/20 therefore some ongoing projects may be at risk.

The future years elements of this paper are based on assumptions regarding pay awards, funding arrangements and inflation levels. This will change and can only be a best estimate at this point in time.

10. Equality and Diversity Impact Assessment

The funding settlement may result in a decision to cease activity in some areas. Where this is necessary, we will need to carry out an equality impact assessment.

11. Recommendation(s) for Decision

The Board is asked to;

- Note the process which has been undertaken to create the current budget for 2019/20 to 2021/22
- Support the principle that the current position whereby the deficit on training grades is supported by seeking savings from other areas of the budget is unsustainable.
- Approve the draft budget as presented noting that;
    - Discussions are ongoing with Scottish Government on a sustainable solution for the funding of training grades and the outcome will be reported back to the Board.
    - Six improvement programmes have been agreed to identify and release savings in 2019/20 and beyond.

LT / AMcC (March 2019)

Draft NES baseline budget for 2019/20 – 2021/22

1. Background and National Context

The draft Scottish Budget was published on 12th December 2018 and approved on 21st February 2019. The total draft budget for Health and Sport is £14,307m (an increase of £724m on 2018/19) which includes Capital of £336million.

1.1 The draft budget included a cash terms uplift for Territorial Health Boards of 2.5% for 2019/20. In addition to this, those Boards furthest from NRAC parity will receive a share of £23 million, which will mean that no Board is further than 0.8% from NRAC parity in 2019-20.

The Special Health Boards have been considered separately, with those deemed to be patient facing Boards, (Scottish Ambulance Service, NHS24, Golden Jubilee and The State Hospital) receiving a cash terms uplift of 1.7%. and The Scottish Ambulance Service receiving an additional £6m to support implementation of their strategy. If appropriate, they will also have received an NRAC parity adjustment.

The remaining four national Boards (NHS National Services Scotland, Healthcare Improvement Scotland, NHS Health Scotland and NHS Education for Scotland) will receive no non-pay uplift to their baseline recurrent budgets for the second year. Details of the draft budgets are shown in Table 2 below.

Table 2 – Published Budget Figures for National Boards

National/Special Boards	2017/18 £m	2018/19 £m	2019/20 £m
NHS Waiting Times Centre	51.9	54.0	54.2
NHS Scottish Ambulance Service	229.3	241	259.9
NHS National Services Scotland [1]	324.7	332.3	338.5
Healthcare Improvement Scotland	24.7	24.7	24.9
NHS State Hospital	34.4	34.8	35.3
NHS 24	65.2	66.4	68.6
NHS Education for Scotland	**420.0**	**423.4**	**425.9**
NHS Health Scotland	18.4	18.3	18.3
Total Special Boards	**1,168.6**	**1194.9**	**1,225.6**

Notes:

1. An element of the NSS increase relates to the National Services Division segment of their budget

1.2 It should be noted that the 2019/20 figure currently included for NES is incorrect and this has been highlighted to SG. Table 3 below provides detail on the adjustments required

Table 3 – NES Funding discrepancies

	NES £000's	SG £000's
18/19 opening baseline	423,353	423,353
18/19 Pay Award (received recurrently in 2018/19) (1)	8,558	0
Contribution to the National Board £15m recurrent Savings target (2)	(2,500)	(4,000)
18/19 Baseline Budget	**429,411**	**419,353**
Board Development posts	70	0
Excellence in Care	165	0
19/20 Pay Award Anticipated Funding required (3)	9,569	6,500
Anticipated recurrent budget available in 2019/20	**439,215**	**425,853**

(1) The pay award allocations were received in tranches between July and January. The allocation letters show them as being recurrent funding and therefore part of the NES baseline.

(2) The agreed NES contribution was £2.5m, however £4m is shown as being removed from the 2018/19 baseline. As the full £15m recurrent savings required in 2018/19 has not yet been met, the balance has arbitrarily been allocated across Boards. The split of the outstanding target is currently under discussion with the other National Boards and SG however, for the purpose of planning the 2019/20 budget it has been assumed that NES will make no further contribution above the agreed £2.5m.

(3) The Scottish Government pay award figure is significantly lower than the amount required by NES.

The Scottish Government is aware of these anomalies and is working to rectify the position, but we do not yet have that confirmed in writing and therefore at this point there remains a risk.

1.3 As outlined in the Scottish Government's Medium Term Health and Social Care Financial Framework, the new planning and performance cycle will apply from 2019/20 and requires Boards to deliver a break-even position over a fixed three-year period. Where Boards can demonstrate financial balance over the period, additional flexibility to under or overspend by up to one per cent of annual resource budgets will be provided. We do not anticipate using this option as part of the current budget cycle but will continue to consider its inclusion as we make progress with the change programmes detailed in Section 10.

2. Approach to Budgeting

2.1 The planning round within NES commenced in October 2018 with submissions finalised late November. Given that within the draft Scottish Government planning cycle the budget is not released until December, Directorates were advised to prepare their budget submissions assuming that that no uplift would be available for non -pay costs, and that only Pay inflation would be met. These assumptions did not change following the budget being approved by Parliament on 21st February 2019.

The Scottish Government has set out its Agenda for Change pay policy for 2019/20 and 2020/21 however the pay increases for non-Agenda for Change staff have not yet been confirmed. We have assumed pay inflationary increases of between 2 and 3% in line with recent policy decisions, including the continuation of the inflationary cap of £1,600 for those pay scales above £80,000. The final pay settlement for NHS staff will be subject to the NHS pay reviews process and this may change the budget requirements at a later date. Total inflationary pay related pressures across all directorates are £9.6million which is anticipated to be funded in full by the Scottish Government.

2.2 Following the approach to Operational Planning introduced in 2018/19, a Priorities Framework was agreed at the start of the planning process. This reflected the delivery requirements for NES arising from Strategic Plans published by Scottish Government such as the Health and Social Care Delivery Plan, The Health & Social Care Workforce Plan (part 1,2 and 3) and the Digital Health & Care Strategy.

When developing their operational plan Directorates considered each of their activities against the framework to identify the key element it supported. If no direct link could be established, then the activity was flagged. All directorates were able to link their activities to at least one of the Framework priorities.

Directorates were asked to submit budgets which were not more than their 2018/19 baseline recurrent budget plus pay award inflation. This required them to absorb all cost pressures relating to pay progression and non-pay inflation and deliver additional savings, where possible.

2.3 Following detailed review meetings with each Directorate in November and December a full day workshop was held on 21st January with the Senior Leadership and Management Team (SLMT) and the Senior Operational Leadership Group (SOLG) to identify areas where savings to address the budget deficit may be possible. Following review and assessment of the proposals 6 have been taken forward and are detailed in section 10. These proposals are unlikely to release savings in 2019/20 but have each been assigned a senior officer to lead the review and bring forward recommendations to develop the service and help to reduce the recurrent gap in future years.

2.4 Directorates were asked to identify further areas in which expenditure could be reduced, equivalent to 5% and 10% of their non-pay budgets, to support the budget position in 2019/20 and beyond. Although this process has identified expenditure reductions, at this stage, no impact has been assumed in the 2019/20 budget position, as further work is underway to assess the impact several options may have on NES ability to deliver in key policy areas. The review to date suggests that a further expenditure reduction of approximately £450k may be achievable in 2019/20.

3. Initial Budget Position for 2019/20

Although the anticipated amount of recurrent baseline funding available is £439m the amount required by directorates is £452m creating a pressure of £13m, this is largely due to the underlying recurrent deficit in Medical Training Grades detailed in 3.2. In addition, additional funding requests have been received for £0.6m for spend which cannot be met from within the directorates existing resources. Table 4 below shows this detailed by directorate.

Table 4 : Budget requirements by Directorate

Directorate	Indicative Budget	Budget required	Variance	Requests for additional funding	Total Funding Requested	Total Variance
Medical Directorate Operational Support	6,064	*6,068*	(4)	*0*	6,068	(4)
Medical Pharmacy	1,573	*1,566*	7	*0*	1,566	7
Medical Professional Development	5,221	*5,469*	(248)	*0*	5,469	(248)
Medical Programme Management (exc TG)	14,573	*14,397*	176	*0*	14,397	176
Medical Programme Management - Training Grades	245,719	*258,397*	(12,678)		258,397	(12,678)
Medical Quality Management	77,132	*77,211*	(79)	*0*	77,211	(79)
Medical Total	*350,282*	*363,108*	*(12,826)*	*0*	*363,108*	*(12,826)*
Dental	41,687	41,690	(3)	0	41,690	(3)
Digital	8,240	8,274	(34)	103	8,377	(137)
Facilities Management	662	646	16	0	646	16
Finance	1,793	1,797	(4)	94	1,892	(98)
Healthcare Sciences	2,640	2,623	17	24	2,647	(7)
NMAHP	9,618	9,740	(122)	29	9,769	(151)
Optometry	956	961	(5)	0	961	(5)
Planning	1,193	1,190	3	79	1,269	(76)
Procurement	348	352	(4)	0	352	(4)
Properties	3,807	3,963	(156)	50	4,013	(206)
Provision	2,454	2,196	258	0	2,196	258
Psychology	11,612	11,721	(109)	0	11,721	(109)
Workforce	3,923	3,918	5	259	4,177	(254)
Grand Total	**439,215**	**452,179**	**(12,964)**	**638**	**452,817**	**(13,602)**
Medical Training Grade Total	245,719	258,397	(12,678)	0	258,397	(12,678)
Residual NES Budget	193,496	193,782	(286)	638	194,420	(924)
Total	**439,215**	**452,179**	**(12,964)**	**638**	**452,817**	**(13,602)**

The variance column highlights where despite absorbing cost pressures from pay progression and non-inflation, directorates still have an increased budget requirement totalling £286k.

Additional funding requests of £638k were submitted where a directorate has a requirement to incur additional expenditure and no additional external funding is available, these are also discussed in section 5.6.

4.0 Cost Pressures Medical Training Grades

4.1 Medical Training grades 13/14 baseline (post 'Reshaping the Medical Workforce')

As members will be aware a significant amount of the NES budget is committed to paying the salaries of doctors, dentists, clinical psychologists and others while they are in training. In 2017/18 £354m of our £454m expenditure went directly to other NHS boards.

The largest single element of the amount paid to other NHS Boards is the Medical training grade budget. In addition to the 5,568 posts within the NES establishment an additional 213 are funded by Boards and 233 posts are funded non -recurrently through a variety of funding arrangements described in Table 5 below.

In parallel with the budget setting process an exercise has been underway to establish the current cost of the 2013/14 Medical Trainee baseline. This is important because posts within this baseline population are paid for whether they are filled or vacant. The funding issue arises because the level of recurrent funding provided to NES via increases to our baseline have not kept pace with the cumulative impact of pay and HMRC policy changes.

During this work it has become evident that within the original 13/14 baseline GP Practice based funding was managed on a net basis. The anticipated costs of the GPST establishment whilst in practice placements, has been offset by the funding associated with vacant GPST posts in the practice training component (which NES retains). This means that the recurrent costs in the 2013/14 baseline were understated by £5.3m as they were offset by non-recurrent savings arising from vacant GP practice posts. For transparency we are realigning these costs correctly within the training grade budget. Therefore, the recurrent underlying deficit increases from £7.4m to £12.7m

4.2 Training Grade growth since 2013/14

Table 5 below shows the annual cost pressure within Medical training grades for the expansion posts funded by NES and the element of the Educational infrastructure required for which recurrent budget has not been provided. These costs are incurred on a recurrent basis but because they are funded through LTFT gaps and vacancy savings they are only funded on a non-recurrent basis.

Table 5: Annual Cost pressure within Medical Training Grades

Description	£000s
Foundation Year Expansion residual gap	400
Expansion 2014 - Core & ST	450
Expansion ST 2015	366
Expansion ST 2016	585
Expansion ST 2017	906
Core/ST LTFT 2015 combined fraction posts	829
Core/ST LTFT 2016 combined fraction posts	305
Remedial	1,496
GP Maternity Returners/double runners	1,273
Double Running	1,097
GP Trainer Grants	750
Post CCT	183
Quality Lead Sessions	145
TPD Expansion	128
Shadowing	105
Additional Training Grade costs	**9,018**

These cost pressures are not visible in table 4 as the costs are met by recycling funding shown within the £258m for training grades where the budget has assumed trainees will work on a full-time basis.

These 2 elements; the deficit on the 2013/14 baseline (£12.7m) and the growth pressures (£9m) result in a combined training grade cost pressure of £21.7m.

Since the paper on Training Grades was submitted to the Scottish Government in December 2018 discussions have continued around how to deal with these combined pressures. A recent meeting with SG Finance and Policy colleagues acknowledged the funding anomaly that training grades creates within the overall NES budget. We have been clear that the current situation is unsustainable and are working with SG to agree a phased resolution.

5.0 Other cost pressures

5.1 Pay Inflation

It has been confirmed pay inflation will be funded in full by Scottish Government and an assumed £9.569m has been built into the indicative budget.

5.2 Incremental Pay Increases (£549k)

Although Pay inflation has been fully funded by the Scottish Government the costs of pay progression for staff is not funded and therefore must be funded by NES. £549k has been built into the budget requirements for the directorates.

5.3 Non-Pay Inflation (£610k)

Inflationary increases being experienced by directorates where the same level of service provision is now costing more due to price increases. This includes Rent and Rate increases £192k, increased licence and system costs £100k, increased recruitment costs within Training Programme Management £40k, SLA inflation £45k and Legal fees £25k as well as many other smaller increases.

5.4 Service Priorities (£758k)

Where directorates are allocating extra resource in response to prioritised service need e.g. maintaining intake levels for Healthcare Science Trainees £83k, providing for increasing Psychology Trainee costs £188k, funding increased licence and usage costs in Digital £288k, New Scottish Clinical Research Education Development posts £70k and new OL&D projects (e.g Exec coaching, cores skills and Potential & career Development) £77k as old projects end (e.g. Leadership and Management Zone, Leadership for integration) as well as smaller requirements across the organisation.

5.5 Reduction in Income (£96k)

Income which was previously available e.g. Health Education England funding for ACT

Within the budgets submitted (table 4) the non- training grade pressures identified at section 5 have substantially been absorbed as shown in table 6 below.

Table 6: Summary of non-training grade budget movement

Movement	£000's
Incremental pay Increases absorbed	549
Non pay inflation pressures absorbed	610
Service priority costs absorbed	757
Impact of reduced income absorbed	96
Savings/Efficiencies Identified	(1,207)
Additional Income/Funding	(519)
Overall movement	**286**

5.6 Requests for additional funding(£638k)

Directorates have put in requests for additional recurrent(£422k) and non-recurrent(£216k) funding for new activities, activities which have previously been funded on a non-recurrent basis from in year slippage, equipment requirements which cannot be funded from their existing baseline, PVG and Tier 2 administration costs being absorbed by NES, one off costs for reconfiguring Westport to allow the creation of 50 new desk spaces and additional resource costs within Workforce and Finance. Further detail is provided within Appendix 1.

5.7 Medical Education Package (MEP)

This is a cost pressure provided for information only as it is fully underwritten by the Scottish Government

A decision was taken by the Scottish Government in 2015/16 that non-EEA overseas medical students attending Scottish Universities should contribute towards the costs of their clinical teaching within the NHS in Scotland in the form of an ACT levy which commenced in August 2016.

The Scottish Government has directed that the income raised from the introduction of the levy be used to fund a set of measures known as 'the Medical Education Package'. The components of this package are;

- Widening access places – 50 additional undergraduate medical places
- A Graduate Entry Programme ScotGEM, delivered in partnership between Dundee and St Andrews Universities – first intake 55 students.
- A return of service bursary scheme for the ScotGEM programme and;
- A pre-medical entry programme of 40 students increasing to 50 in 2019/20
- 60 additional places in 2019/20 and another 25 in 2020/21 for current healthcare professionals undertaking medical training

NES has been asked to manage the collection of the levy from Universities and the payments to the Scottish Funding Council, Universities, Students Awards Agency Scotland (SAAS) and students.

It is recognised that the total cost of the Medical Education Package is projected to be more than the funding raised by the Levy, however the Scottish Government has agreed that additional funding will be provided each year to cover this gap, the requirement of c£1.5m for 2018/19 has been received in full. This figure rises to approximately £16.7m by 2021/22 is shown in table 7 below.

Table 7: MEP Gap between Income and Expenditure:

	2019/20	2020/21	2021/22
Anticipated gap in Funding for the Medical Education Package	£5.40m	£11.11m	£16.73m

6. Measures to reduce the NES Budget Gap

6.1 Efficiency savings

As part of the Operational Planning process directorates have identified £1.2m of savings through staffing restructures and service efficiencies in addition to identifying new funding sources where possible (£0.5m), this £1.7m has been taken into account in the total £452m budget requirement identified in Table 4.

6.2 Recruitment Lag (non-recurrent £1.5m)

Since 2016/17 underspends released whilst posts remain vacant during the recruitment period have been removed and treated as a contribution towards filling the overall budget deficit. Based on the savings realised during previous years (2016/17 £1.9m, 2017/18 £1.9m 2018/19 forecast £1.7m) and considering improved recruitment processes, we expect that this could be in the region of £1.5m for 2019/20. This will be removed from Directorate budgets at the beginning of the financial year which will allow Directorates to have greater visibility of the target and its achievement.

6.3 Non-recurrent reallocation within Training grade funding

As discussed above, there is insufficient recurrent funding to support training grades.

As detailed in table 8 below, it is recognised that there will be slippage within the 2013/14 baseline (where recurrent funding is provided although not in full) arising from the fill rates of trainee posts and the volumes of trainees who choose to work on a less than full time basis as there has been in previous years. In addition, to mitigate the funding issue within Medical training grades, vacancies within Hospital Core/ST programmes where recurrent funding is available, have been frozen at 2016/17 rates. Any funding which becomes available from these factors contributes to reducing the £21.7m pressure arising from the £12.7m 2013/14 baseline gap and the £9m of unfunded growth in training grades. There are also some smaller elements of funding released from vacant posts across non-medical training grades.

Table 8: Anticipated slippage within Medical Training Grades

Directorate	Type of Funding Released	£000s
Medicine	Hospital less than full time savings incurred across FY1, FY2 and Core/ST.	(6,080)
Medicine	GP Practice ST1 & St3 vacancy savings*	(7,267)
Medicine	Hospital Core/ST vacancy savings i.e. vacancies paid at lower rate	(2,222)
Workforce	Workforce Management Training Scheme	(125)
Psychology	4 Trainees on Maternity Leave	(79)
Healthcare Science	Early leavers	(41)
Psychology	Additional Trainees from October	79
Healthcare Science	Post Graduate Bursaries	41
Total budget available for reallocation on a non-recurrent basis		**(15,694)**

*This element relates to GPs in practice who are paid by NES therefore any underspend realised through vacancies is retained within NES budgets

As can be seen the £15.7m potentially available to recycle does not address the total training grade pressures of £21.7m arising from the £12.7m 2013/14 baseline gap and the £9m of unfunded growth in training grades, leaving a gap of £6m.

7.0 Measures considered but discounted

7.1 A reduction in Medical and Dental ACT (additional cost of teaching)

Within the £452m requested above is £95m for Medical and Dental ACT. In previous years when an uplift has been received by NES we have passed that % increase onto Boards and the current budget assumes that there is no uplift to ACT which will put pressure on receiving boards. A reduction to ACT was considered (due to the scale of ACT funding a 1% reduction would save NES c £0.95m) but as this is funding which is made available towards the direct teaching cost of undergraduates within the NHS, any reduction is considered merely passing on cost pressures to other NHS organisations.

7.2 A further reduction in the rates paid to Boards for filled and vacant Training Grade posts

The various options which could be considered to reduce the gap in Training Grade funding are being explored with SG. They have also been the subject of a briefing paper to the NHS Chief Executives. The Chief Executives agreed to set up a Short Life Working Group to consider this issue in more detail, this will be progressed once the outcomes of discussions with Scottish Government are clear.

Given this ongoing work, in developing this paper we have assumed no changes to the rates paid at this time.

8.0 Position after initial agreed measures to close the budget gap

Table 9 reflects the cumulative impact of the agreed items, showing that despite identifying savings, this still leaves an unidentified savings gap of £4.9m in 2019/20 and a recurrent gap of £12.9m.

Table 9: Current Position

	Training Grades		Rest of NES		
	Recurring £m	Non recurring £m	Recurring £m	Non recurring £m	Total
Anticipated budget available	245,719	0	193,496	0	439,215
Directorate budget submissions 19/20	(258,397)	0	(193,269)	(513)	(452,179)
Initial Gap	(12,678)		227	(513)	(12,964)
Requests for additional funding	0	0	(422)	(216)	(638)
Budget Gap	(12,678)	0	(195)	(729)	(13,602)
Proposed actions to reduce gap					
Recruitment Lag				1,500	1,500
Recycle Training Grade funding		6,676		0	6,676
Other Income				247	247
Procurement savings				300	300
Total Potential Available budget	0	6,676	0	2,047	8,723
Remaining Gap	**(12,678)**	**6,676**	**(195)**	**1,318**	**(4,879)**
		(6,002)		**1,123**	**(4,879)**

The net training grade deficit of £6m is being reduced by £1.1m of non-recurrent savings from the rest of the NES budget.

9.0 Future Years

A high level 3-year plan covering the period 2019/20 – 22021/22 has been prepared as part of this process. During this period, we have assumed the continuation of the current Scottish Government funding model being; no general inflationary increase but Pay inflation being fully funded and all other inflationary and service pressures being funded by service efficiencies and reductions.

Non-pay inflation has been assumed at 2% which reflects the latest estimate of the Office for Budget responsibility. Pay not covered by the Agenda for Change pay reform is assumed to be at 3% inflation.

Appendix 2 shows the detailed build-up of the budget using these assumptions and the subsequent funding gap which arises, summarised in table 10 below.

Table 10: Future Years anticipated funding gaps

	2019/20	2020/21	2021/22
Anticipated Funding allocation	439,215	449,651	460,122
Anticipated NES Expenditure	(452,179)	(463,987)	(477,081)
Anticipated Savings available	8,085	7,745	7,737
Total 'Gap'	**(4,879)**	**(6,591)**	**(9,222)**
Incremental increase to be met by further savings/ efficiencies		**(1,712)**	**(2,631)**

Table 10 shows the estimated increased pressure that NES will face over the next 3 years that needs to be addressed on a recurrent basis. This assumes no change to the current method of managing training grade funding as discussions with SG are still ongoing.

10.0 Improving performance and generating cost efficiencies

10.1 Identifying opportunities

In order to meet the financial challenge of future years a programme of work is being developed, this focuses on 6 areas where we believe there is the potential for improvements and efficiencies.

Each area is outlined in more detail below, and has arisen from a process where we mapped the 2019/20 budget submissions to allow comparison between directorates across categories such as;

Trainee costs – split by Direct costs, Supervision and Education, Strategic Management, Governance and Quality and Improvement and Admin support of Programmes.

Non-Trainee Health Workforce – split by Direct cost, Supervision and Education, Strategic Management, Training provision and Admin support of Programmes.

The members of our Senior Operational Leadership Team used this tool to highlight areas for review where common activity appeared to have different costs or where the same activity appeared to be duplicated and prepared briefing notes on the areas. An initial list was prepared for consideration by Executive Team and Senior Leadership Management Team and following this review meeting the following programmes of work were agreed to be taken forward.

Table 11: Potential savings areas

	Current Spend £m
Dental Outreach	4.88
CPD (including income generation)	2.21
Properties (regional working)	3.86
Consolidation of TPM	2.19
Unified Communications	0.29
Smarter ways of working *	34.9
Total	**48.33**

*The current spend for Smarter Ways of Working includes total NES staff costs

Dental Outreach

Established in partnership with the Health Boards and Dental Schools at a time when it was very difficult for the public to get on to an NHS list for Dental care. The outreach centres provide supervised opportunities for the final year BDS students to gain clinical experience, which is essential to successful completion of the BDS qualification.

Access to an NHS Dentist is no longer a problem in most areas of Scotland. The oral health of the population is also improving providing less opportunity students to be exposed to some treatments and indeed patient numbers to outreach centres are falling. The output of the Dental Schools has also reduced. There is a requirement to reassess the model of Dental Outreach, whilst also recognising that Brexit may impact on the availability of dentists once more.

Continuing Professional Development

A review of the delivery costs and income generation across CPD needs to be considered as well the use of multi-disciplinary learning where appropriate.

Properties

A review of properties considering rationalisation of the current Estate is required. We need to ensure that we are well placed to maximise opportunities arising from the renewals of lease arrangements and SLAs to shape our property portfolio to suit our changing landscape and reduce costs and space where possible.

Consolidation of Training Programme Management

Significant progress has been made in developing processes, staff shadowing and Specialty Training Committees across Dental and Medical trainees, where there was most commonality. We now need to extend this to all specialities across both Directorates, as well as to the other professional groups.

Unified Communications

Currently NES still uses 'traditional' technology to support the main communication channels for the organisation: Codex based Video Conferencing, PBX based telephones (phone lines from BT etc), Internet Protocol for written word (email, Word etc) and standard mobile phone connectivity. With the NHS in Scotland committed to the rollout of Office 365 and the fully integrated communications that can support it is time for NES to commence the consolidation of all its supporting communications technology onto a single platform, to adopt a 'Unified Communications strategy'. There will be financial benefits from reduced products and equipment to support and better ways of working delivered through fully harnessing the latent capability of the platform we are already on and already pay for.

Smarter ways of working

With the adoption of technologies such as Office 365, emerging technologies and NES's increase in technology capability as part of their Digital transformation there is an opportunity to investigate and implement initiatives where technology can drive efficiencies by focussing on staff training in technology, automation and artificial intelligence.

We will also look to improve productivity and reduce costs through more efficient processes, better use of Digital and systems and stricter adherence to existing policies targeting areas such as performance and travel to ensure the organisations capacity is maximised.

10.2 Ensuring delivery against plans

Our experience over the last few years is that, whilst we make some progress against areas that we identify for improvement, this is not at pace, and has not yet delivered the level of cost efficiencies that we required.

In considering how to make a step change in our approach to delivery efficiency savings we have drawn on the expertise and experience that we have in our organisation: in QI training, in Organisational Development, and in our small Organisational Performance Improvement Team.

From this work, we have identified that there are a number of factors which have influenced the pace at which we have been able to take forward this type of work, and the results that we have achieved:

- Strong leadership, which empowers staff to identify required changes
- Identified and achievable targets.
- Data to inform the scale of the opportunity and to measure delivery.
- Time for staff to focus on the performance improvement work.
- Staff who are skilled and confident in using quality improvement methodologies.

In relation to the final bullet point, we were 'early adopters' in this area, in that we trained large numbers of staff in quality improvement techniques such as Lean some years ago. However, many of those staff will not have had the opportunity to put that training into practice and therefore we cannot assume that we have a skilled and confident cohort ready and able to support quality improvement programmes.

We are therefore setting out to implement a revised approach which aligns our requirement to deliver improved quality, reducing duplication and rework and thereby creating efficiencies; with a programme to upskill our staff in QI methodologies.

We propose to establish a core team for each of the areas identified. Each will need:

- Senior Leadership to provide an authorising environment which empowers staff to develop and drive change
- A Finance Business Partner to ensure the provision of financial data and to support the setting of targets.
- Someone with QI capability (NES staff who have completed one of our existing QI programmes, supplemented by additional resource) who can lead on the actual work.
- Administrative Support

- Commitment from all relevant parts of the organisation to release staff to work with the team.
- Other 'subject expertise' support (digital, HR) may be identified as required by the team, depending on the nature of their work.

Our in-house QI team will provide regular, 'on the job' coaching for the teams; either weekly or fortnightly in two hour sessions which would focus on learning through the real life work they are engaged in. The focus here will be very much on keeping the work moving and getting results in months rather than years! We have committed to the employment of an additional QI resource for one year to support this work.

11 Summary

Although significant recurrent and non-recurrent savings have been identified there is still a gap in the budget for 2019/20 of £4.9m, related to the deficit on Medical training grade funding. Discussions are on-going with SG to agree how this can be addressed in a sustainable way.

AMc / LT

March 2019

Appendix 1: Detail of Additional Bids

Budget area	Recurrent	Non-Recurrent	Grand Total	Description
Digital	7,000	0	7,000	Licence costs for the new Administration control system
Digital	0	33,000	33,000	E Library - increased copyright charges
Digital	10,000	2,500	12,500	Software to enable analysis of user testing and Professional certification for new Information Governance staff.
Digital	0	12,900	12,900	New corporate stands and marketing materials following NES strategy rebrand and associated travel.
Digital	37,964	0	37,964	Invest to save – employ graphic designer instead of external design agency fees
NMAHP	28,500	0	28,500	Care Home Education Facilitators incremental uplift, Investors in Volunteering and Healthcare support workers.
Properties	0	50,000	50,000	Reconfiguration of Westport in line with PAMS.
Healthcare Sciences	0	24,000	24,000	remaining Bursary award for trainees – balance for £50k pressure
Workforce	56,068	0	56,068	Medical VT posts (2)- historically funded non-recurrently from in year slippage
Workforce	15,328		15,328	Increased Tier 2 costs for NES employees (mainly trainees)
Workforce	59,350		59,350	'KSF' staff 50% SG funded the remaining funding was previously provided by MSG now NES
Workforce	8,000	0	8,000	Healthcare support workers
Workforce	105,786		105,786	staff costs of administering PVG costs within NES on a once for Scotland basis.
Workforce		14,508	14,508	GCIL Graduate (Contribution to disabled graduate scheme, 10k rec'd from SG)
Finance	94,305	0	94,305	1.5WTE posts to support increased funding into NES
Planning		78,965	78,965	QI post to support delivery of future years savings
Total	**422,201**	**215,973**	**638,174**	

Appendix 2 :Future Years	2019/20					2020/21					2021/22				
	Recurrent	Non Recurrent	Recurrent Pay	Recurrent Non- pay	Total	Recurrent	Non Recurrent	Recurrent Pay	Recurrent Non- pay	Total	Recurrent	Non Recurrent	Recurrent Pay	Recurrent Non- pay	Total
	£'000	£'000			£'000	£'000	£'000			£'000	£'000	£'000			£'000
Allocations															
Baseline Funding	429,646				429,646	439,215				439,215	449,651				449,651
General Uplift	0				0	0				0	0				0
Pay Award Funding TG Inflation	8,409				8,409	8,527				8,527	8,782				8,782
Pay Award Funding Non TG Inflation	790				790	1,564				1,564	1,333				1,333
Indirect Employee Funding (Non Pay Pay)	369				369	345				345	356				356
Total Anticipated funding	**439,215**	**0**	**0**	**0**	**439,215**	**449,651**	**0**	**0**	**0**	**449,651**	**460,122**	**0**	**0**	**0**	**460,122**
Expenditure															
Training Grades															
- Dental	14,263		14,263	0	14,263	14,691		14,691	0	14,691	15,132		15,132	0	15,132
- Healthcare Services	2,099		2,099	0	2,099	2,162		2,162	0	2,162	2,227		2,227	0	2,227
- Training Programme Management	258,397		258,397	0	258,397	266,149		266,149	0	266,149	274,133		274,133	0	274,133
- Psychology	9,459		9,459	0	9,459	9,742		9,742	0	9,742	10,034		10,034	0	£10,034
Total Training Grades	284,217	0	284,217	0	284,217	292,744	0	292,744	0	292,744	301,526	0	301,526	0	£301,526
Quality Management	77,211	*0*	*767*	*76,443*	*77,211*	*78,803*	*0*	*831*	*77,972*	*78,803*	*80,416*	*0*	*885*	*79,531*	*80,416*
Strategic Planning and Directorate Support	6,068	*0*	*5,640*	*427*	*6,068*	*6,270*	*0*	*5,834*	*436*	*6,270*	*6,451*	*0*	*6,006*	*445*	*6,451*
Medical Pharmacy	1,566	*0*	*1,221*	*344*	*1,566*	*1,661*	*0*	*1,310*	*351*	*1,661*	*1,733*	*0*	*1,375*	*358*	*1,733*
Training Programme Management	13,715	*683*	*11,338*	*2,376*	*14,397*	*14,164*	*0*	*11,740*	*2,424*	*14,164*	*14,569*	*0*	*12,097*	*2,472*	*14,569*
Professional Development	5,451	*18*	*2,610*	*2,840*	*5,469*	*5,658*	*0*	*2,761*	*2,897*	*5,658*	*5,823*	*0*	*2,868*	*2,955*	*5,823*
Medical Total (excl Training Grades)	104,010	701	21,578	82,432	104,710	106,556	0	22,476	84,080	106,556	108,992	0	23,231	85,761	108,992
Dental	27,391	37	5,658	21,733	27,427	28,081		*5,914*	22,167	28,081	28,732		*6,122*	22,610	28,732
NMAHP	9,718	22	9,057	661	9,740	10,106		*9,432*	674	10,106	10,419		*9,732*	687	10,419
Psychology	2,263	0	1,434	828	2,263	2,376		*1,531*	845	2,376	2,453		*1,591*	862	2,453
Healthcare Sciences	540	0	184	356	540	560		*197*	363	560	571		*201*	370	571
Optometry	961	0	582	379	961	991		*604*	387	991	1,017		*622*	395	1,017
Digital	8,274	0	3,724	4,550	8,274	8,620		*3,979*	4,641	8,620	8,936		*4,202*	4,734	8,936
Workforce	3,908	10	3,431	477	3,918	4,178		*3,692*	486	4,178	4,397		*3,901*	496	4,397
Finance	1,797		1,739	58	1,797	1,899		*1,839*	60	1,899	2,008		*1,947*	61	2,008
Procurement	352		349	3	352	379		*376*	3	379	393		*390*	3	393
Properties	2,138		0	2,138	2,138	2,181		0	2,181	2,181	2,225		*0*	2,225	2,225
- rental (fixed costs)	1,825		0	1,825	1,825	1,862		0	1,862	1,862	1,899		*0*	1,899	1,899
Facilities Management	646		385	261	646	675		*409*	266	675	700		*429*	271	700
Planning (incl OPIP)	1,190		1,190	(0)	1,190	1,254		*1,254*	0	1,254	1,287		*1,287*	0	1,287
Departmental Expenditure	**449,230**	**769**	**333,528**	**115,701**	**449,999**	**462,461**	**0**	**344,447**	**118,015**	**462,461**	**475,555**	**0**	**355,181**	**120,374**	**475,555**

Appendix 2 :Future Years	2019/20 Recurrent £'000	2019/20 Non Recurrent £'000	2019/20 Recurrent Pay	2019/20 Recurrent Non- pay	2019/20 Total £'000	2020/21 Recurrent £'000	2020/21 Non Recurrent £'000	2020/21 Recurrent Pay	2020/21 Recurrent Non- pay	2020/21 Total £'000	2021/22 Recurrent £'000	2021/22 Non Recurrent £'000	2021/22 Recurrent Pay	2021/22 Recurrent Non- pay	2021/22 Total £'000
Depreciation	1,174			1,174	1,174	1,197		0	1,197	1,197	1,197		0	1,197	1,197
Apprenticeship Levy	300			300	300	306		0	306	306	306		0	306	306
CNORIS	23			23	23	23		0	23	23	23		0	23	23
Income Contribution		(240)		0	(240)	0		0	0	0	0		0	0	0
Funding provision	923				923										
Total Provisions	**2,420**	**(240)**	**0**	**1,497**	**2,180**	**1,526**	**0**	**0**	**1,526**	**1,526**	**1,526**	**0**	**0**	**1,526**	**1,526**
Total Expenditure	**451,650**	**529**	**333,528**	**117,198**	**452,179**	**463,987**	**0**	**344,447**	**119,541**	**463,987**	**477,081**	**0**	**355,181**	**121,900**	**477,081**
NET underspend/(overspend) position	**(12,435)**	**(529)**			**(12,964)**	**(14,336)**				**(14,336)**	**(16,959)**				**(16,959)**
Potential resource savings/ income															
Additional funding requests	(422)	(216)			(638)	(431)				(431)	(439)				(439)
Training grades - non recurrent recycling		6,676			6,676		6,676			6,676		6,676			6,676
Recruitment Lag		1,500			1,500		1,500			1,500		1,500			1,500
Increased Income		247			247					0					0
Procurement Savings		300			300					0					0
Anticipated Revised Position	**(12,857)**	**7,978**	**0**	**0**	**(4,879)**	**(14,767)**	**8,176**	**0**	**0**	**(6,591)**	**(17,399)**	**8,176**	**0**	**0**	**(9,223)**

NHS Education for Scotland

Board Paper Summary

1. Title of Paper

Preregistration and Postgraduate Dental Education and Training:
2018 Training Progression and Outturn for Dentists and Dental Care Professionals in Training

2. Author(s) of Paper

Penny Crowe, General Manager - Dental
James Boyle, Associate Postgraduate Dental Dean (Dental Vocational Training)
Donald Thomson, Associate Postgraduate Dental Dean (Core and Specialty Training)
Graham Orr, Associate Postgraduate Dental Dean (DCP Training)
David Felix, Postgraduate Dental Dean

3. Purpose of Paper

This paper has been prepared to provide Board members with a brief overview of progression and performance management in dental education and training and to report on the training year 2017-18 output of dentists and dental care professionals following completion of training.

4. Key Issues

- Structure of performance management and progression in training within programmes.
- Analysis of outcome of pre-registration and post-registration dental nurse training
- Analysis of the outcomes of Satisfactory Completion of Dental Vocational Training
- Annual Review of Competency and Progression (ARCP) outcome data

5. Educational Implications

Oversight of education and training of Dentists and Dental Care Professionals is core business for NES and the Dental Directorate with the principal objective of contributing to the trained dental workforce for NHSScotland.

Satisfactory Completion of Dental Vocational Training is a review of how a dental trainee has progressed in the first year of postgraduate training against the training curriculum and how they have evidenced competency progression through completion of the required assessments.

The Annual Review of Competence and Progression (ARCP) for Dental Core Trainees and Specialty Trainees is a review of how the trainee has progressed against their approved training curriculum and how they have demonstrated competency progression through completion of required assessments and examinations, as well as other professional requirements.

Progression through training in each programme is the responsibility of the Dental Directorate and is governed by adherence to UK wide standards articulated in the Dental Gold Guide[1] and Dental Silver Guide[2].

6. Financial Implications

The paper does not provide details of the costs of the training grade workforce .

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

Theme 1 - An Excellent Workforce
Theme 2 - Improved Quality
Theme 3 - New Models of Care
Theme 4 – Enhanced Educational Infrastructure

8. Impact on the Quality Ambitions

Monitoring the range of outcomes in each training programme contributes to the overall quality management programme within the Dental Directorate.

Adherence to the required standards and guidelines in reviewing dentists and dental care professionals in training and their progression through their programme ensures the registrant is appropriately trained and competent.

9. Key Risks and Proposals to Mitigate the Risks

Monitoring of outcome trends and areas of concern mean that NES can focus efforts to support Scottish Government policy in delivering an effective trained workforce and work with partners/stakeholders to improve quality of training and experience of dental registrants in approved training programmes.

12. Recommendation(s) for Decision

The Board is asked to note and comment upon the attached report.

NES
March 2019
David Felix

[1] Reference Guide for Postgraduate Specialty Training in the UK' - Gold Guide - (Conference of Postgraduate Dental Deans and Directors) 2018 edition

[2] Reference Guide for Dental Core Training in the UK' – Silver guide

Dental Care Professional and Postgraduate Dental Education & Training : 2018 Training Progression and Outturn for Dentists and Dental Care Professionals in Training

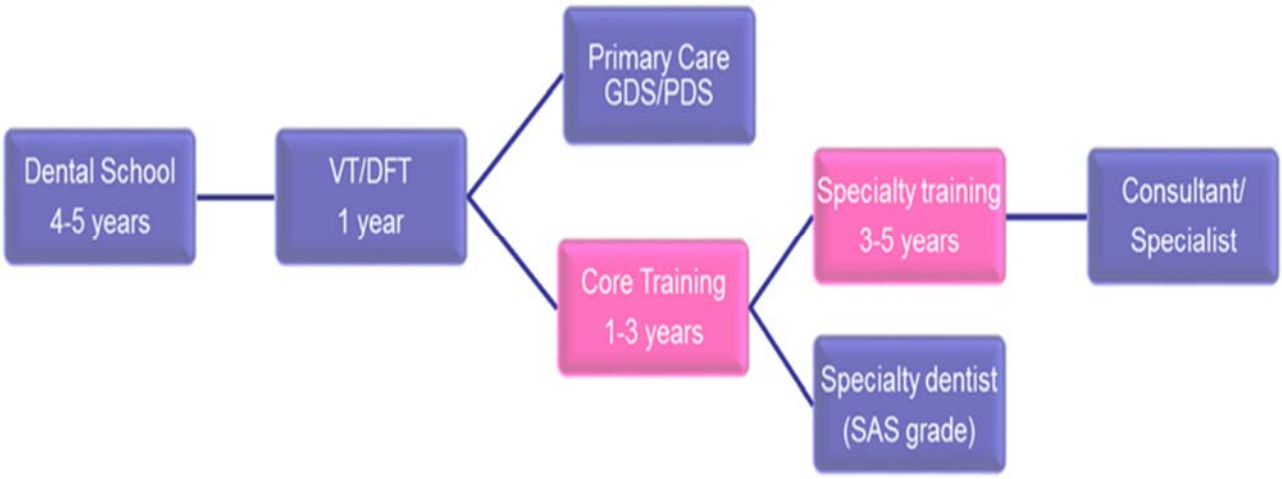
1. Purpose

1.1 This paper has been prepared to provide Board members with a brief overview of progression and performance management in dental education and training and to report on the training year 2017-18 output of dentists and dental care professionals following completion of the relevant stage of training.

2. Background

2.1 **Dentists:** After successfully obtaining a dental degree from an approved dental school, graduates of UK universities and overseas applicants who meet the General Dental Council (GDC) requirements for English language and qualifications are eligible to undertake postgraduate training. UK graduates obtain full registration with the GDC on successfully completing their undergraduate qualification.

2.2 The current training journey for Dentists is outlined below:



2.3 The number of dental training posts are shown in Table 1.

Trainee Category	Number of posts in 2017/18
Dental Vocational Training*	168
Core Training*	90
Specialty Training	40 - 45

*Includes LDFT (Longitudinal Dental Foundation Trainees)

Table 1: Number of posts in training year 17/18

2.4 All UK graduates must complete Dental Vocational Training to obtain a VT number. This is required both for progress into core and specialty training, and for access to the first part of a Health Board list.

2.5 Following successful completion of vocational training, a dentist can apply to enter the dental core training programme, which provides experience of dentistry in hospital and public dental service settings. Dental Core Training posts are currently one year in duration and applicants go through the recruitment process annually.

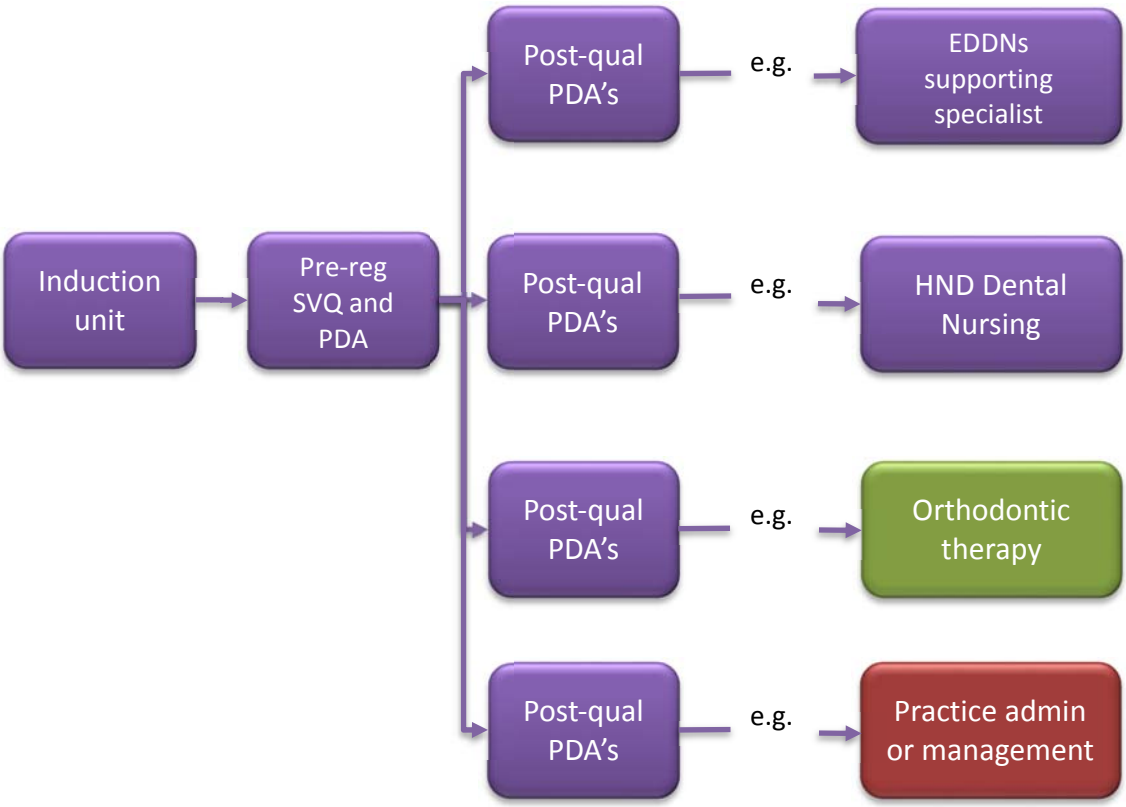
2.6 Successful completion of Specialty Training leads to inclusion on one of the GDC's specialist lists. The training period depends on the specialty and varies from three to five years. The Directorate currently supports programmes in nine of the 13 UK Dental Specialties: Dental and Maxillofacial Radiology; Dental Public Health; Endodontics; Oral Medicine; Oral Surgery; Orthodontics; Paediatric Dentistry; Restorative Dentistry; and Special Care Dentistry. In Scotland, there are approximately 40 - 45 dental Specialty training posts.

2.7 **Dental Care Professionals (DCP):** Also regulated by the GDC and so must have successfully gained a registrable qualification to be able to join the register. There are six registrant categories:

- Dental Nurse
- Dental Hygienist
- Dental Therapist
- Clinical Dental Technician
- Orthodontic Therapist
- Dental Technician

Non-registrant categories include Practice Managers and Dental Administrators.

2.8 The current training journey for Dental Nurses is:



3. Performance Management of Training

3.1 Dental Vocational Training (DVT) is normally a one-year full-time training programme undertaken in the year following graduation from dental school, in approved training practices in the General Dental Service or less commonly the Public Dental Service. DVT gives newly qualified dentists the opportunity to obtain a wide experience of dentistry before considering their future career, further study or specialist training. Satisfactory completion of DVT enables dentists to secure an NHS dental list number.

3.2 Core and Specialty trainees undergo a review of progression to ensure they are achieving the outcomes required by the curriculum for their programme. This is described in detail below.

3.3 Postgraduate curricula are developed by the Specialist Advisory Committees with input from a variety of stakeholders and are approved by the General Dental Council.

3.4 Dentists in training are required to record the achievement and completion of the curricular requirements during their training. These achievements are recorded in an electronic portfolio. The providers of portfolios include Royal Colleges and NHS Education for Scotland and vary between vocational training, core training and the different specialty training programmes.

3.5 **Dental nurse training leading to registration with GDC**
Induction: This is a short course where a blended learning approach leads to the completion of a single National Unit at Scottish Credit and Qualifications Framework (SCQF) Level 5. This satisfies the GDC's requirement that new dental nurses are correctly inducted and on a waiting list for a substantive training programme leading to registration. NES is a single SQA Centre delivering at five training sites, and the course is offered three or four times per year in each of the sites to ensure timely induction for new starters.

3.6 **Scottish Vocational Qualification and PDA in Dental Nursing**: These are SCQF Level 7 qualifications delivered over approximately 16 months. Both are required for GDC registration. There is a single intake per year in each of the five sites. Programmes commence either in the spring or autumn and prepare students for examinations that are held in June and December each year.

3.7 **Orthodontic Therapy:** NES offers a one-year vocational programme of study preparing trainee Orthodontic Therapists for the Examination of Diploma in Orthodontic Therapy of the Royal College of Surgeons of Edinburgh. The course is delivered in the Edinburgh Dental Education Centre and under the direct supervision of Orthodontic Specialists in the trainees' workplaces.

3.8 Standardisation meetings between all tutors are held twice each year for pre-registration programmes and as required locally for the PDAs/Higher National Units that are not delivered in all training sites. These meetings contribute to quality management and equitable delivery of education and training through ensuring consistent national processes across all areas of Scotland. All tutors in the

workstream have the relevant SQA Assessor qualification and all have completed or are working towards the SQA Verifier qualification.

4. DCP Trainee Progression

4.1 Pre registration Dental Nurse Training

Trainee Category	No. of trainees	No. of Passes
Dental Nurse (pre-registration)	118	106
Orthodontic Therapy trainees	6	4

Table 2: Pre registration dental nurse training outcomes

4.2 Post registration Dental Nurse Training

Course Name	No. started	No. Finished	Withdrawn
Decontamination	10	10	
Graded Unit	31	31	
Impression taking	8	8	
Inhalational sedation	10	10	
IV sedation	28	27	1
Oral Hygiene Instruction	22	21	1
Photography	5	5	
Practice Administrators	33	29	4
Practice Managers	32	32	
Radiography	8	8	
Special Care	9	9	
Total	196	190	6

Table 3: Post registration dental nurse training outcomes

5. Dental Vocational Trainee Progression

5.1 For VT/LDFT in 2017/18, 168 were considered for Satisfactory Completion, and 165 were successful (98.2%).

5.2 Of those unsuccessful in obtaining satisfactory completion one had left the programme to go on Maternity Leave, one was offered additional training and a further trainee was not offered an extension of training.

6. Annual Review of Competency and Progression (ARCP)

6.1 Background

6.1.1 An Annual Review of Competency and Progression (ARCP) panel is convened for both Core and Specialty training.

6.1.2 ARCP is predominantly a desktop exercise, which reviews evidence of the dentist in training's activities over the year, including completion of the required assessments, progress against the curriculum and educational supervisor reports. Dentists in training who progress satisfactorily (green or amber in Table 1 below) do not normally attend the review. Those who receive an unfavourable outcome, which indicates a concern with performance, (noted below in blue in Table 1 below) are invited to attend a second panel in person to agree necessary action. Trainees have a right to review or appeal an outcome.

6.1.3 The 'Reference Guide for Postgraduate Specialty Training in the UK' - Gold Guide - (Conference of Postgraduate Dental Deans and Directors) 2018 edition[1], provides guidance for specialty training programmes, including the composition of ARCP panels and the outcomes they can give a dentist in training. The 'Reference Guide for Dental Core Training in the UK' – Silver guide[2] - was first published by COPDEND in 2018 and similarly provides guidance for Core Training. Panels for both Core and Specialty training include lay and external Deanery or Specialist Advisory Committee representation as a means of providing external oversight.

[1]Reference Guide for Postgraduate Specialty Training in the UK' - Gold Guide - (Conference of Postgraduate Dental Deans and Directors) 2018 edition

[2]Reference Guide for Dental Core Training in the UK' – Silver guide

No Review	No outcome is issued: dentist is on maternity leave / long-term sick leave; dentist has resigned etc. The dentist is temporarily not able to work and unavailable for review.
Outcome 1	**Satisfactory** progress - achieving progress and the development of competences at the expected rate.
Outcome 2	Development of specific competences required – additional training time not required.
Outcome 3	Inadequate progress by the trainee – additional training time required.
Outcome 4	Released from training programme - with or without specified competences.
Outcome 5	Neutral outcome / holding response - panel cannot issue an outcome because evidence is incomplete.
Outcome 6	**Recommendation for completion** of training - gained all required competences.
Outcome 8	Out of programme for clinical experience, research or a career break (OOPR/OOPE/OOPC).

Table 4: ARCP outcomes (from Dental Gold Guide 5th edition)

6.1.4 The ARCP results in the award of one of multiple outcomes to dentists in training. These outcomes are outlined in table 1 and mirror those in medicine, except for the outcomes for locum appointments for training (LAT), which do not exist in dentistry in Scotland.

6.1.5 The data in table 2 below shows the total number of ARCP outcomes recorded in TURAS TPM (NES training management system) for the dental core training year 17-18.

Outcome 1	Outcome 2	No Outcome
73	2	2*

Table 5: Dental Core Trainee ACRP outcomes for training year 17/18. This does not include Longitudinal Dental Foundation Trainees, who did not participate in the ARCP process

*The individuals awarded no outcome left their posts prior to the ARCP

6.1.6 The data in table 3 below shows the total number of ARCP outcomes recorded in TURAS TPM (NES training management system) for the dental specialty training year 17-18.

	Outcome 1	Outcome 2	Outcome 3	Outcome 4	Outcome 6	Outcome 8 (out of programme)
Specialty						
Dental and Maxillofacial Radiology	1 100%					
Oral and Maxillofacial Pathology	1 100%					
Oral Medicine	2 100%					
Oral Surgery	4 66.66%				2 33.33%	
Restorative Dentistry	7 70%					3 30%
Endodontics	1 100%					
Paediatric Dentistry	5 100%					
Dental Public Health	3 75%				1 25%	
Orthodontics	4 50%	1* 12.5%	2** 25%		1 12.5%	
Special Care Dentistry	1 50%				1 50%	

Table 6: ACRP outcomes by specialty grouping for training year 17/18

- * Exam failure – subsequently passed and awarded outcome 6 in training year 18/19
- ** - one of these extensions was to allow the candidate to sit the Intercollegiate Specialty Fellowship Examination whilst still in training. The other was to allow the required competencies to be gained.

6.2. ARCP Analysis

6.2.1 Of the 77 ARCP outcomes recorded in core training, 95% were positive and 2.5% received an outcome indicating that the required standard had not been met. As core training posts are fixed term 1-year posts, the training period cannot be

extended, and trainees would be expected to use the learning needs identified to guide their training in subsequent posts. The trainees given no outcome left their posts prior to the ARCP panel convening.

6.2.2 For core training, this was the second year that the ARCP process had been carried out and there was a marked improvement on the 71% positive (outcome 1) and 21 % unsatisfactory (outcome 2) outcomes awarded in the year 2016/17.

6.2.3 Within the specialty training, the proportion of positive outcomes (1 and 6) against the total outcomes was 85%. 7.5% received an unsatisfactory outcome (2) and 7.5% were out of training for research, experience or career breaks.

7. Outturn Data for Dentists completing specialty training

7.1 Background

7.1.1 Once dentists have completed their programme of specialty training they are awarded an outcome 6 at their final ARCP. The formal date of the end of their training is determined by the duration of the programme.

7.2 Outturn Analysis

7.2.1 For the training year 17-18, 5 dentists completed training to CCST or post CCST level

7.2.3 No specialty trainees resigned or were released from training in this year and no dentists transferred to Deaneries elsewhere in the UK.

8. Conclusion

8.1 The Dental Directorate oversees the quality management of postgraduate dental education and training. A key responsibility is managing the progression of dentists. All UK graduates must complete Vocational (Foundation)Training in order to progress to Core and Specialty training and to obtain part one of a health board list number.

8.2 The Annual Review (ARCP) ensures that every dentist in post vocational training has a review and assessment of their ability to move into the next year of training or to complete training. Of the 117 ARCP outcomes in core and specialty training in the training year 2017/18, 94%s were positive/neutral signifying that the dentists receiving these outcomes could satisfactorily progress or be put forward as having completed training.

Penny Crowe, General Manager - Dental
James Boyle, Associate Postgraduate Dental Dean – Vocational Training
Donald Thomson, Associate Postgraduate Dental Dean – Core and Specialty Training
Graham Orr, Associate Postgraduate Dental Dean – DCP Training
David Felix, Postgraduate Dental Dean

NHS Education for Scotland

Board Paper Summary

1. Title of Paper

NES Risk Register – for submission to March 2019 Board meeting.

2. Author(s) of Paper

Caroline Lamb, Chief Executive

3. Purpose of Paper

The purpose of this paper is to present the NES Risk Register as at March 2019

4. Key Issues

There has been one change to risk scoring in this period (Risk 16) and a number of updates to the Mitigating Measures. These are detailed below:

Risk 2: This risk relates to funding uplifts being less than cost pressures. At this meeting the Board is receiving the annual budget and 3 year financial plan. It is that case that this identifies underlying recurrent deficits, particularly on our Training Grade budget. There have been constructive conversations with SG Finance about the need to address this and we are optimistic that progress will be made. However the risk rating is currently unchanged pending confirmation of the outcome of these discussions.

Risk 16: This risk relates to the potential for the UK to exit from the EU with no deal. The impact scoring of this has not been increased, however given current state the likelihood scoring has been increased to 5.

Risk 6: This risk relates to our ability to generate improvements and cost efficiencies. The scoring has not been amended but the mitigating measures reflect the focus on these programmes and the enhancement of QI support for them.

Risk 9: This risk relates to Business Continuity. The mitigating measures have been updated to reflect the desk top test planned for April.

Risk 14: This relates to Corporate Governance, the mitigating measures have been updated to reflect the assurance framework that is under development. Work to date on this will be presented at the Board Away-Day in April.

The information in MiTracker has now been updated to reflect the information contained in the Corporate Risk Register that is presented at each Board Meeting. There is still further work required on the some of the Control Assurance and this is in progress.

5. Recommendation(s) for Decision

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

CL
March 2019

NES Corporate Risk Register - March 2019

Risk No.	Description	Risk Owner (Lead Director)	I x L	Current Period: Inherent Risk	I x L	Current Period: Residual Risk	Mitigating measures	Appetite	Last Period: I x L	Last Period: Residual Risk
	Strategic Policy Risks									
1	Pressures on the system result in education and training being considered as less important	NES Executive Team (Caroline Lamb)	4 x 4	**Primary 1**	**4 x 4**	**Primary 1**	1. NES Board to advocate and promote the importance of education and training 2. Revised NES Strategic Plan clearly articulates the importance of education and training to a sustainable workforce. This has been well received		**4 x 4**	**Primary 1**
2	Scottish Government budgetary decision results in an uplift for NES that is less than cost pressures which in turn could mean NES Board are unable to balance expenditure	NES Executive Team (Audrey McColl)	5 x 5	**Primary 1**	**4 x 4**	**Primary 1**	1. NES Board approves annual budget which includes measures required to reach a balanced position. Monthly management accounts show actual performance against budget projections ahead of year-end 2. Monthly management accounts are reviewed by Directors and the Director of Finance allowing mitigating action to be taken to manage any overspend/ underspend 3. Close working underway with SG to address the underlying deficit resulting from the expansion of TGs and uplifts that have been less than cost pressures in this	**Open**	**4 x 4**	**Primary 1**
3	Policy development, UK-wide and within Scotland, may have negative impact on NES's capacity to support attraction, recruitment and retention of the workforce	NES Executive Team (Caroline Lamb)	4 x 4	**Primary 1**	**3 x 3**	**Contingency**	1. NES Directors maintain strong engagement with relevant leads at Scottish Government 2. NES to maintain an evidence bank to support ability to influence policy decisions 3. Chief Executive and NES Directors to maintain links with other UK organisations		**3 x 3**	**Contingency**
4	Challenges that Boards and other organisations have in meeting demand for staffing result in a negative perception of NES's involvement in the attraction, recruitment and retention of the workforce	NES Executive Team (Caroline Lamb)	4 x 4	**Primary 1**	**3 x 4**	**Primary 2**	1. Maintain clarity in relation to NES's role and influence - recent example is presenting a paper on PGMET to Chief Executives 2. Work with Boards to ensure optimal deployment of staff		**3 x 4**	**Primary 2**
5	Changes in the landscape of health and social care and pressures in the system result in a risk that NES is unable to manage constructive relationships with key partners	NES Executive Team (Caroline Lamb)	4 x 4	**Primary 1**	**3 x 4**	**Primary 2**	1. Chief Executive and/or NES Directors maintain open and collaborative relationships/arrangements with counterparts in partner organisations 2. Ensure Chair is well briefed to manage relationships with other Board/organisational Chairs - Chair's regular Newsletter now being issued to other Chairs.		**3 x 4**	**Primary 2**
16	The UK exits from the European Union without a deal and this results in disruption toNHS services	NES Executive Team (Caroline Lamb)	4 X 5	**Primary 1**	**3 x 5**	**Primary 1**	1. The main impact of a 'no deal' Brexit is likely to be felt by Territorial NHS Boards rather than directly by NES. We would seek to mitigate the impact on those Boards by the same means as for a major incident/flu etc 2. Regular updates from SG at CEs and HRD meetings		**3 x 5**	**Primary 2**
	Operational/Service Delivery Risks									
6	In the face of new and existing demands, NES is unable to allocate resources to support priority activities in an agile and responsive manner	NES Executive Team (Caroline Lamb)	5 x 5	**Primary 1**	**3 x 4**	**Primary 2**	1. Joint Senior Leadership & Senior Operational Group meeting has taken place to discuss efficiencies plan 2. Continued focus on improving processes to release capacity - with plans to support this with QI coaching 3. At a Strategic Level argument to be made about requirement to invest in		**3 x 4**	**Primary 2**
7	Turnover in key roles leads to loss of expertise/corporate knowledge resulting in negative impact on performance	NES Executive Team (Caroline Lamb)	4 x 4	**Primary 1**	**3 x 3**	**Contingency**	1. Succession planning in place for key individuals 2. Talent management	**Open**	**3 x 3**	**Contingency**
8	Organisational or other changes lead to dissatisfaction and disengagement of staff	NES Executive Team (Caroline Lamb)	4 x 4	**Primary 1**	**3 x 3**	**Contingency**	1. Strong partnership working arrangements in place and maintained through regular contact		**3 x 2**	**Contingency**
9	Major adverse incident impacting on business continuity	NES Executive Team (Christopher Wroath)	4 x 4	**Primary 1**	**2 x 4**	**Housekeeping**	1. Disaster Recovery Plan and Business Continuity Plans have been approved by the Executive Team 2. A table top test scenario is planned for April 2019.		**2 x 4**	**Housekeeping**

NES Corporate Risk Register - March 2019

Risk No.	Description	Risk Owner (Lead Director)		Current Period				Mitigating measures	Appetite		Last Period	
			I x L	Inherent Risk	I x L	Residual Risk					I x L	Residual Risk
	Finance Risks											
10	The complexity of the NES budget results in year-end underspend giving the impression that NES Is overfunded	NES Executive Team (Audrey McColl)	4 x 5	**Primary 1**	**3 x 3**	**Contingency**		1. Early engagement with Finance & Performance Management Committee and NES Board to give indication of likely financial position 2. Directorates given indicative budgets to plan own activities and expenditure 3. Ongoing programme of identifying efficiency savings 4. Final budget approved by NES Board by end of March each year	**Averse**		**3 x 3**	**Contingency**
11	NES is unable to identify in year savings required to balance budget and therefore has year-end overspend	NES Executive Team (Audrey McColl)	4 x 5	**Primary 1**	**3 x 3**	**Contingency**		1. Early engagement with Finance & Performance Management Committee and NES Board to give indication of likely financial position 2. Directorates given indicative budgets to plan own activities and expenditure 3. Ongoing programme of identifying efficiency savings 4. Final budget approved by NES Board by end of March each year			**3 x 4**	**Primary 2**
	Reputational/Credibility Risks											
12	NES is not able to demonstrate the impact from the interventions that it has developed and delivered	NES Executive Team (Caroline Lamb)	4 x 5	**Primary 1**	**3 x 4**	**Primary 2**		1. Planning systems require all activities to include anticipated desired outcome 2. Desired outcome measured 3. Readiness to 'fail fast' rather than pursue initiatives that aren't working	**Cautious**		**3 x 4**	**Primary 2**
13	NES does not deliver leading to a loss of reputation and confidence from stakeholders	NES Executive Team (Caroline Lamb)	4 x 5	**Primary 1**	**3 x 2**	**Contingency**		1. Ensure targets set are SMART and also have resources allocated to them to support delivery 2. Ensure Chief Executive, NES Directors, Board and standing committees have access to regular management reporting			**3 x 2**	**Contingency**
	Accountability/Governance Risks											
14	Failures in Board processes lead to corporate governance non-compliance and loss of credibility with Scottish Government e.g. failure to comply with statutory and/or other requirements, failures in financial/audit/staff governance/educational quality procedures	NES Executive Team (Donald Cameron)	5 x 5	**Primary 1**	**2 x 2**	**Housekeeping**		1. Standing committees responsible for each governance domain 2. Each committee provides annual report to Audit Committee 3. Comprehensive programme of internal audit 4. Assurance framework being developed in line with the 'Blue Print for Governance' and the Assurance and Audit Committee Handbook. This will be considered at the Board away day in April.	**Averse**		**2 x 2**	**Housekeeping**
15	NES has a breach of Information Governance requirements resulting in loss of data and/or negative publicity	NES Executive Team (Christopher Wroath)	4 x 5	**Primary 1**	**3 x 2**	**Contingency**		1. Statutory and relevant data security processes in place, with specific reference to the new General Data Protection Regulations.			**2 x 2**	**Contingency**

NHS Education for Scotland

Board Paper Summary: Partnership Forum Committee Minutes

1. Title of Paper

Minutes of *Partnership Forum* meeting held on 22nd January 2019: copy attached.

2. Author(s) of Paper

Jackie Alexander, Executive Assistant

3. Purpose of Paper

To receive the unconfirmed minutes of the Partnership Forum meeting held on 22nd January 2019.

4. Items for Noting

The Board is asked to note the following item(s) of interest:

Item 5.1 - EU Withdrawal
The Partnership Forum noted that NES staff communication has been circulated. A more detailed analysis of trainees holding EU27 passports will be passed to deaneries to assess implications. Full detailed report will be published.

Item 5.2 - PRP and Essential Learning
The Partnership Forum received an update on NES' current completion of Personal Review and Planning (PRP) and Essential Learning.

Item 7 - NHSScotland Recruitment Shared Service
The Partnership Forum received an update on the purchase of Job Train and noted that NES has become part of a regional shared service for recruitment.

Item 8 - National Board Shared Services, Target Operating Model
The Partnership Forum received an update on the recent developments and it was noted that it had been agreed to develop a further two Boscards, Portal & Tableau Dashboard.

Item 9 - NHS Education for Scotland – Lead Employer Partnership Arrangements for Doctors in Training
The Partnership Forum were asked to review a recommendation in relation to ensuring robust partnership arrangements for doctors in training. The PF endorsed the proposed approach, subject to further discussion with the BMA.

Item 14 - Review of Partnership Working
The Partnership Forum received an update on the Strathclyde University Report on Partnership Working, which will be brought back for discussion at a future PF meeting.

5. Recommendations

None

NES
February 2019
JA

NHS Education for Scotland

PARTNERSHIP FORUM

Minutes of the eighty-third meeting of the Partnership Forum held on Tuesday 22nd January 2019, Ninewells Dundee

Present: Caroline Lamb, Chief Executive (Joint Chair)
Liz Ford, Employee Director (Joint Chair)
Dorothy Wright, Director of Workforce
Lynnette Grieve, Staff Side Representative Unison

In attendance: Morag McElhinney, Senior Specialist Lead, HR by vc, item 9
Jackie Alexander, Executive Assistant (minutes)

1. Welcome and Introductions

The Chair welcomed members and introduced Morag McElhinney who was in attendance to present to item 9 by vc, it was agreed that this item would be discussed first at the meeting to avoid MMcE being delayed.

2. Apologies for Absence

Apologies were received from, David Felix, Postgraduate Dental Dean/Management Representative, Christine McCole, Head of Service, HR, Linda Walker, Staff Side Representative GMB, Jackie Mitchell, RCM Representative, David Cunningham, BMA Representative, and Ros Shaw, RCN Representative.

3. Partnership Forum Minutes 19th November 2018 NES/PF/18/41

Minute confirmed as an accurate record.

4. Partnership Forum Actions 19th November 2018 NES/PF/18/42

All action points from the previous meeting noted as complete.

5. Matters Arising from the Minutes

5.1 EU Withdrawal

The Partnership Forum were advised that a further NES staff communication had been circulated on Monday 21st January 2019 advising that the next round of the Settlement Scheme was available for application. Dorothy Wright also advised that the UK Government had announced that the settlement fee is to

be scrapped. Scottish Government have still to issue details on reimbursement procedures and NES will ensure that this is implemented for all staff involved.

Results are now available from a wider survey on trainees holding EU27 passports and NES is in the process of undertaking a more detailed analysis and will pass to the Deanery to assess the implications. Information will also be sent to Scottish Government and Medical staffing colleagues in the service. Dorothy Wright will link the Director of Medicine on this. and will link with deaneries to test implications. A full detailed report will be published and sent to Scottish Government, who have requested further intelligence.

5.2 Personal Review & Planning (PRP) and Essential Learning – Update, Dorothy Wright

Members were updated on the current performance data on Personal Review and Planning and Essential Learning and the actions implemented to improve compliance rates. Plans have been put in place to remind managers through various forums of the value of this work. Development work is progressing to provide team progress reports within the appraisal application and will likely be completed by end of this financial year.

Partnership Forum noted that there would be a target included in the 19/20 Operational Plan.

Governance Items

6. National Board Collaborative Plan/Discussion Document, Caroline Lamb

It was anticipated that these documents would be uploaded by November 2019 with a view to publish and make available on all board websites the National Collaborative Discussion Document in respect of National Boards and the Regional Plans. However, the documents have yet to be made fully available.

Funding for agreed national programmes of work was approved in August 2018 and delivery is on-going. The delay in confirming funds has resulted in a delay in some aspects of delivery.

National Boards are expected to make savings of £15million, with the vast majority of the savings expected to be delivered by NES and NSS. This has been noted and will be the subject of on-going discussion.

The discussion moved to national board shared services and DW advised that workforce analytics and Turas Learn had been identified as cross board programmes. A Discovery workshop is taking place next week to determine future technology to support the Once for Scotland policy programme. Dorothy Wright advised that she assumed the national boards would not want to proceed with a local solution if an NHSScotland solution was identified.

7. NHSScotland Recruitment Shared Services, Dorothy Wright

Work continues to progress, with HR meeting with Jenni Duncan, Project Programme Manager, East Region. NES is hoping to showcase some of our national services e.g. careers promotion through the East Region service.

NES is scheduled in the fourth phase for Job Train implementation. It is anticipated an operating model and structure will emerge over 2019/2020.

8. National Board Shared Services, Target Operating Model, Dorothy Wright **NES/PF/19/02**

The Partnership Forum was updated on the recent developments of the National Boards HR shared services. Members noted that it has been agreed to develop a further two Boscards, Portal and Tableau Dashboard.

It has also been agreed to undertake a mapping exercise of areas of work and group these into themes, these will be reviewed to develop a more collaborative approach. Further updates will be provided when available.

9. NHS Education for Scotland - Lead Employer Partnership Arrangements for Doctors in Training **NES/PF/19/03**

The Partnership Forum are asked to review the recommendation as to how NES can ensure robust partnership arrangements are in place for doctors in training staff group with reference to the partnership arrangements for doctors in training in other lead employing Boards.

Members are asked to agree that NES partnership working arrangements are fit for the emerging models of employment of medical and dental staff. Dorothy Wright advised that the basis of the proposition was that NES operated as a full Lead Employer, the recommendation being that NES should mirror arrangements elsewhere. This also gave us an opportunity to learn about these processes, gather intelligence and contribute to the broader improving working lives agenda.

Partnership Forum endorsed the approach however this was subject to discussion with the BMA which would be taken forward as soon as possible.

Action: Morag McElhinney to discuss with the BMA.

10. Policies

No policies for review.

11. Policy Tracker Update

Reviewed under action status report. No further update.

12. Managing Health, Safety and Wellbeing Committee minutes

The Partnership Forum noted the minutes.

13. Change Management Programme Board Minutes

The Partnership Forum noted the minutes.

14. Any Other Business

- **Review of Partnership Working**
  A meeting took place in January which highlighted discussions on staff side looking at Strathclyde University Report on Partnership Working. The Cabinet Secretary will need to be made aware of this work. This will be brought back for discussion at a future Partnership Forum meeting.

- **NHSScotland Single System Policies**
  This item highlighted the NES work around portal, the Partnership Forum were advised that a viable product will be available by May 2019. There has also been a series of workshops on policies with staff invited to attend, work is progressing, and a project manager has been appointed to this work.

- **iMatter & Staff Experiences**
  The Health and Social Care Staff Experience Report, setting out the 2018 results will be published on 1st February 2019, with 24 hours notice being given in the normal way.

  There are still some questions on staff groupings and these will be addressed before the 2019 cycle.

- **NHS Staff Benefits**
  An invite had been made for NES to join the NHS Staff Benefits scheme. This is a platform that allows staff to access discounts and offers. Partnership Forum were advised that this is similar to the NHS Staff Discounts available to all staff and can be accessed on the intranet. The Partnership Forum agreed that the NHS Staff Benefit scheme should also be made available and will also sit on the NES intranet.

  Action: Liz Ford will respond and take forward.

15. Date of Next Meeting

Wednesday 20th March 2019, Westport Room 7, Edinburgh

NES **NES/19/33**
Item 12b **(Enclosure)**
March 2019

NHS Education for Scotland

Board Paper Summary

1. Title of Paper

Training and Development Opportunities for Board Members

2. Author(s) of Paper

James McCann, Executive Officer

3. Purpose of Paper

To provide details of any upcoming training and development events for Board members, together with details of opportunities for Board members to gain a deeper understanding of NES business.

The attached paper provides the normal detail of structured training events available for Board members. It also responds to feedback from Non-Executive Board Members that opportunities to engage further with the core educational functions of NES would be beneficial. This is intended to allow members to gain a fuller understanding of day to day business and allow interaction with colleagues and trainees. Teams within NES have provided dates of forthcoming events e.g. training courses and training days for trainees.

Board members should note that in relation to the opportunities for Board members to gain a fuller understanding of our work, the nature of some of these is that they will not be able to accommodate more than one Non-Executive member at a time. We will therefore need to ensure that we co-ordinate requests to participate in these events.

Please contact James McCann (James.McCann@nes.scot.nhs.uk) or David Ferguson (David.Ferguson@nes.scot.nhs.uk) for further details on these opportunities.

4. Recommendation(s) for Decision

This paper is for information.

NES
March 2019
JM

Appendix 1 - Training and Development Opportunities for Board Members

Structured Training

On Board Scotland Training		
Date	**Location**	**Cost**
2019		£395.00 plus VAT per place.
21 June	Stirling Court Hotel, Stirling	
10 September	Radisson Blu Hotel, Edinburgh	
13 December	Stirling Court Hotel, Stirling	
2020		
19 March	Grand Central Hotel, Glasgow	
19 June	Stirling Court Hotel, Glasgow	
8 September	Radisson Blu Hotel, Edinburgh	
4 December	Stirling Court Hotel, Stirling	

The Effective Audit and Risk Committee Training		
Date	**Location**	**Cost**
21 March 2019	Edinburgh	£225.00 plus VAT per place.

National Conference Days

Date	Conference/Event	Location
2019		
9-10 May	NES Scottish Medical Education Conference	Edinburgh International Conference Centre
9-10 May	NES NMAHP Education Conference	Edinburgh International Conference Centre
9-10 May	NES Dental Education Conference	Edinburgh International Conference Centre
16 June	NES Optometry National Independent Prescribing Conference	Radisson Blu Hotel, Glasgow

Development Opportunities with a focus on understanding more about NES's work.

Dental		
Date	**Event**	
2019		
6 March	Annual Review of Competency Progression/Specialty Training Committee – Special Care Dentistry	Westport 102, Edinburgh
21 March	Annual Review of Competency Progression/Specialty Training Committee – Restorative Dentistry	Westport 102, Edinburgh
26 June	Annual Review of Competency Progression/Specialty Training Committee – Additional Dental Specialties	Westport 102, Edinburgh

Digital		
Date	**Event**	
2019		
5 March	Digital Sprint Meeting	2 Central Quay, Glasgow

Healthcare Science		
Date	**Event**	**Location**
2019		
1 April	Healthcare Science Early Career Course	Westport 102, Edinburgh
3 April	Healthcare Science Early Career Course	Glasgow Dental Education Centre
9 April	Healthcare Science Early Career Course	Dundee Dental Education Centre
18 April	Train the Trainer – Trainees in Difficulty	Glasgow Dental Education Centre
23 April	Healthcare Science Early Career Course	Westport 102, Edinburgh
7 May	Healthcare Science Early Career Course	Glasgow Dental Education Centre
15 May	Healthcare Science Early Career Course	Dundee Dental Education Centre
20 May	Healthcare Science Early Career Course	Westport 102, Edinburgh
24 May	Train the Trainer – Trainees in Difficulty	Westport 102, Edinburgh
27 May	Healthcare Science Early Career Course	Glasgow Dental Education Centre
10 June	Healthcare Science Early Career Course	Westport 102, Edinburgh
12 June	Healthcare Science Early Career Course	Dundee Dental Education Centre

28 June	Train the Trainer – Trainees in Difficulty	Aberdeen Dental Education Centre
1 July	Healthcare Science Early Career Course	Glasgow Dental Education Centre
3 July	Healthcare Science Early Career Course	Dundee Dental Education Centre

Medicine*		
Date	**Event**	**Location**
2019		
TBC June	Scottish Clinical Leadership Fellowship Cohort 8 consolidation event	Royal College of Surgeons of Edinburgh
Summer 2019	Annual Review of Competency Progression	Nationally – various across Scotland
August – September	Foundation and GP Quality Review Panels	Nationally – various across Scotland
Held throughout the year	Quality Management Visit	Nationally – various across Scotland
Held throughout the year	GP Specialty Quality Management Group	Various
** Medical events are organised regularly across Scotland. Dates and venues can be provided on request.*		

NMAHP		
Date	**Event**	
2019		
4 March	Practice Education Leads (PEL) Network – CPD Event	2 Central Quay, Glasgow
6 March	Refreshing your FNP Practice	Westport 102, Edinburgh
13 March	Dementia Champions Cohort 9 Graduation and Annual Conference	Murrayfield Stadium, Edinburgh
14 March	National Strategic Group for Practice Learning	Westport 102, Edinburgh
16 May	Digital Health & Care Leadership Programme Consolidation Day (Cohort 11)	2 Central Quay, Glasgow
31 May	Refreshing your Family Nursing Practitioner (FNP) Practice	2 Central Quay, Glasgow
11 June	Practice Education Leads Forum	2 Central Quay, Glasgow
24 June	National Strategic Group for Practice Learning	2 Central Quay, Glasgow and Westport 102, Edinburgh
27 August	Practice Education Leads Forum	2 Central Quay, Glasgow

25 September	National Strategic Group for Practice Learning	2 Central Quay, Glasgow and Westport 102, Edinburgh
7 November	Digital Health and Care Leadership Programme Consolidation Day (Cohort 12)	Westport 102, Edinburgh
19 November	Practice Education Leads Forum	2 Central Quay, Glasgow and Westport 102, Edinburgh
27 November	Refreshing your Family Nursing Practitioner (FNP) Practice	TBC
TBC	3 x Healthcare Support Worker (HCSW) Regional Stakeholder events	TBC
TBC	Men in Nursing event	TBC

Pharmacy		
Date	**Event**	**Location**
2019		

Optometry		
Date	**Event**	
Weekly	Optometry Teach and Treat Clinics	Aberdeen, Edinburgh and Glasgow
Winter 2018-19	Optometry Clinical Skills Workshops	Regionally TBC
Winter 2018-19	Paediatric Optometry Workshops	Regionally TBC
2019		
April TBC	Independent Prescribers Conference	TBC

Quality Improvement		
Date	**Event**	**Location**
2019		
12 March	Scottish Quality & Safety Fellowship Cohort 11 – Annual Networking Event and Evening Dinner	Dynamic Earth, Edinburgh
19-21 March	Scottish Improvement Leaders Cohort 15 – Residential 3	Crowne Plaza, Edinburgh

22-24 May	Scottish Improvement Leaders Cohort 18 – Residential 3	Golden Jubilee Conference Hotel, Clydebank
28-30 May	Scottish Quality & Safety Fellowship Cohort 11 – Residential 4	Golden Jubilee Conference Hotel, Clydebank
18-30 June	Scottish Improvement Leader Cohort 17 – Residential 3	Golden Jubilee Conference Hotel, Clydebank

Workforce		
Date	**Event**	**Location**