NHS Education for Scotland   NES/20/27

AGENDA FOR THE ONE HUNDRED AND FIFTY-FOURTH BOARD MEETING

Date: Thursday 26th March 2020
Time: 10.15 a.m.
Venue: Meeting Room 6, Westport 102, Edinburgh / Microsoft Teams

1.   **Chair's introductory remarks**

2.   **Apologies for absence**

3.   **Declarations of interest**

4.   **Minutes of the One Hundred and Fifty-Third Board Meeting**   NES/20/25
      To approve the minutes of the meeting held on 27 February 2020.   (Enclosed)

5.   **Matters arising from the Minutes**

6.   **Actions from previous Board Meetings**   NES/20/26
      For review.   (Enclosed)

7.   **Chair and Chief Executive Updates**

      7a.   Chair's Report   NES/20/28
                                                                            (Verbal)

      7b.   Chief Executive's Report   NES/20/29
                                                                            (Enclosed)

8.   **Update on Cabinet Secretary Priorities – Primary Care**   NES/20/30
      (R. Parks, K. Wilson and D. Felix)   (Enclosed)

9.   **Governance and Performance Items**

      9a.   Finance Report *(A. McColl)*   NES/20/31
            To receive and endorse.   (Enclosed)

      9b.   2019-20 Quarter 3 Performance Report *(D. Cameron)*   NES/20/32
            For consideration.   (Enclosed)

      9c.   Educational & Research Governance Committee: NES/20/33
            20th February *(D. Hutchens)*   (Enclosed)

To receive a report and the minutes.

9d. Staff Governance Committee: 6th February *(L. Dunion)* NES/20/34
To receive a report and the minutes. (Enclosed)

9e. Digital Committee: 02nd March *(D. Garbutt)* NES/20/35
To receive a report and the minutes. (Enclosed)

9f. Finance & Performance Management Committee: NES/20/36
19th February *(D. Garbutt)* (Enclosed)
To receive a report and the minutes.

9g. Assurance Framework *(A. McColl)* NES/20/37
For approval. (Enclosed)

9h. Active Governance *(D. Garbutt)* (Verbal)
To receive an update.

10. **Strategic Items**

10a. Financial Plan NES/20/39
(A. McColl) (Enclosed)

10b. Dentistry Trainee Progression Outturn *(D. Felix)* NES/20/40
For consideration (Enclosed)

10c. Integrated Health and Social Care Workforce Plan for Scotland NES/20/41
(Enclosed)

11. **Risk Register** NES/20/42
(Enclosed)

12. **Items for Noting**

12a. Partnership Forum: 22nd January 2020 *(S. Irvine)* NES/20/43
To receive a report and the minutes. (Enclosed)

12b. Training and Development Opportunities for Board Members NES/20/44
For information. (Enclosed)

13. **Any Other Business**

14. **Date and Time of Next Meeting**

Thursday 28th May 2020 at 10.15 a.m.

CLOSED SESSION

Two papers will be considered within a Closed Board Session. A separate agenda and papers have been issued to Board members only.

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February 2020

NHS Education for Scotland

MINUTES OF THE ONE HUNDRED AND FIFTY-FOURTH BOARD MEETING HELD ON THURSDAY 27 FEBRUARY 2020 AT WESTPORT 102, EDINBURGH

Present:	Mr David Garbutt (Chair)
	Ms Anne Currie, Non-Executive Member
	Mrs Linda Dunion, Non-Executive Member
	Mrs Jean Ford, Non-Executive Member
	Ms Liz Ford, Employee Director
	Mr Douglas Hutchens, Non-Executive Member
	Professor Stewart Irvine, Acting Chief Executive
	Ms Audrey McColl, Director of Finance
	Ms Vicki Nairn, Non-Executive Member (by Teams VC)
	Professor Rowan Parks, Acting Director of Medicine
	Dr Doreen Steele, Non-Executive Member
	Ms Sandra Walker, Non-Executive Member
	Mrs Karen Wilson, Director of NMAHP
In attendance:	Mr Colin Brown, Head of Strategic Development, Chair's Office
	Dr David Felix, Postgraduate Dental Dean
	Mr Geoff Huggins, Director of NDS
	Ms Dorothy Wright, Director of Workforce
	Mr Christopher Wroath, Director of Digital
	Ms Alison Shiell, Manager, Planning & Corporate Governance (Minute Taker)

1.   Chair's Introductory Remarks

The Chair welcomed everyone to the meeting. He began by acknowledging that this was Dorothy Wright's last Board meeting before she retires from her Director of Workforce role at the end of March. On behalf of the Board, the Chair thanked Dorothy Wright for her very significant contribution to the NHS in Scotland during her time at NES and wished her the very best for the future.

2.   Apologies for absence

Apologies for absence were received from Gillian Mawdsley (Non-Executive Member) and Donald Cameron (Director of Planning & Corporate Resources).

Members noted that Gillian Mawdsley's appointment as NES's Non-Executive Whistleblowing Champion has now been formally announced on Scottish Government's Public Appointments website.

3.   Declarations of Interest

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

4.   Minutes of the One Hundred and Fifty-Third Board Meeting   (NES/20/21)

The minutes of the Board meeting held on 30 January 2020 were approved, subject to amendments required to item 9 (Finance Report) and item 10c (Annual Operational Plan 2020/21).   **Action: AS**

5.   Matters arising from the minutes

There were no matters arising in relation to the minutes of the last Board m

6.   Actions from previous Board Meetings   (NES/20/22)

The Board noted that most of these actions had been completed or were in hand. The Board agreed that items 6 and 9d could be completed.   **Action: AS**

The following point was discussed:

1. Item 6 – Rowan Parks provided a verbal update on NES applications to the Scottish Quality & Safety Fellowship Programme. The current window is open until 5 April and as of 27 February, no applications from NES staff have been received. However, the Board noted that 80 NES staff have recently completed other NES Quality Improvement courses and agreed this action could now be closed.

7.   Strategic Items

a.   Financial Plan   (NES/20/24)

Audrey McColl presented the Board with an updated version of the 2020/21 NES Financial Plan for comment. The 2020-21 Indicative Budget Allocation letter from Scottish Government was also included with the paper for information. This version of the Financial Plan had also been discussed at the Finance & Performance Management Committee on 19 February.

An earlier version of the Financial Plan was submitted to the Board meeting on 30 January. The Board were asked to note the steps required to finalise the NES position before a final budget is presented to the Board on 26 March.

The following points in the paper were highlighted:

1. The Financial Plan has been amended as a result of the Scottish Budget announcement on 6 February, however there are no fundamental changes to the figures presented. Audrey McColl is not expecting any further significant changes before the Plan is submitted to the March Board meeting.
2. Scottish Government have again agreed to underwrite the residual deficit on Medical Training Grades in 2020/21 until a more sustainable funding model has been put in place.
3. The presentation of the increase to the NES baseline budget suggests that an increase of 3.8% has been received when, once the 2019/20 in-year allocations have been included, the increase is 1.9%. The Board noted this increase does not cover the full cost of pay inflation for trainees and staff.
4. Although NES contributed £2.5m on a recurring basis in 2018/19 to the National Boards savings target of £15m, the national target has not been achieved in full on a recurring basis. As a consequence, the Scottish Government removed a further £1.5m from the NES budget in 2019/20. NES have agreed to meet this non-recurrently in 2019/20. For 2020/21 NES have proposed meeting £1m of this additional target non-

recurrently and are continuing to seek alternative solutions within the National Boards to cover the remaining £0.5m.

5. Since the Financial Plan was presented to the Board on 30 January, further savings of £0.5m have been identified increasing the vacancy lag from £1.5m to £1.8m (reflecting the current and historic trends within NES) and identifying additional directorate efficiency savings of £0.2m.

6. The Board noted the risks and mitigated actions in relation to the Financial Plan including the increase in non-recurrent funding during the 2020/21 financial year. Audrey McColl also confirmed that the 2020/21 budget does not include reference to any new potential areas of work such as the proposals for new Medical Schools. Policy decisions will need to be made by Scottish Government before any funds can be allocated.

The Board welcomed the updated 2020/21 Financial Plan. During discussion, the following points were noted:

1. In the face of continuing financial constraints, Members discussed the possibility of not delivering the targets set out in the Annual Operational Plan. Audrey McColl confirmed that NES's system of performance management would identify any potential issues at an early stage in the reporting process.

2. The Board recognised the possible pressures and uncertainty faced by staff in relation to non-recurrent funding. Audrey McColl confirmed she had raised this issue with Finance colleagues at Scottish Government and requested that repeated non-recurrent funding should be included in NES's baseline budget in future.

3. The Board agreed that the NES Finance Team should consider the development of staff/stakeholder comms in relation to the 2020/21 NES budget position, particularly in relation to the perceived (3.8%) versus the actual (1.9%) uplift.   **Action: AMcC**

The Board noted the 2020/21 Financial Plan and the Chair thanked Audrey McColl and Finance colleagues for their work.

8.   Any Other Business

There was no other business requiring consideration at this meeting.

9.   Date and Time of Next Meeting

The next Board meeting will take place on Thursday 26 March 2020 at 10:15am.

NES
March 2020
AS/dg

Actions arising from Board meetings: Rolling list

Minute	Title	Action	Responsibility	Date required	Status and date of completion
Actions agreed at Board meeting on 27 February 2020					
4	Minutes of previous Board meeting	Action required amendments and add the approved minutes to the Corporate Hub	Alison Shiell	28 February	Complete.
6	Actions from previous Board meetings	Update Action List based on Board discussion.	Alison Shiell	28 February	Complete.
7a	Financial Plan	Consider development of staff/stakeholder comms in relation to the 2020/21 Financial Plan e.g. perceived vs actual uplift	Audrey McColl	26 March 2020	In hand.
Actions agreed at Board meeting on 30th January 2020					
1	Chair's introductory remarks	Confirm whether amended start time is required for 25 June Board due to Glasgow venue change	All Board	26 March 2020	In hand.
7b	Chief Executive's Report	Bring update paper on GMC report recommendations to future ERGC	Rowan Parks	March 2020	In hand.
Actions agreed at Board meeting on 26th September 2019					
9e	Board and committee meeting dates for 2020/21	Provide information on Board and committee meeting venues, once booked.	Board Services	December 2019	In hand.
10b	Corporate Parenting	Give consideration to co-opting a care-experienced young person onto a Board committee(s) and/or appointing one to a training position on the Board.	David Garbutt and Stewart Irvine	N/A	Currently under consideration

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CHIEF EXECUTIVE'S REPORT

Professor Stewart Irvine, Acting Chief Executive

1   INTRODUCTION

1.1. Board members will note that previous Board meetings have included formal updates on NES work that supports the Cabinet Secretary's priorities. Today's agenda contains a report on NES's work in the area of **Primary Care**, with a particular focus on Medicine, Pharmacy and Nursing.

1.2. Strategic items for approval include the **2020/21 Annual Operational Plan** and associated **Digital Health & Care** plan and the **2020/21 Financial Plan**. All three of these documents have been updated based on previous feedback received from Board members and Scottish Government directorates. The Board will also receive papers on **Dentistry Training Progression Outturn** and the Scottish Government's **Integrated Health and Social Care Workforce Plan**.

1.3. The agenda also covers our normal cycle of governance and performance items for noting, including the Performance Report, Finance Report and minutes from four NES Standing Committees, including the first meeting of the newly established Digital Committee. The Board will also receive a paper on the Assurance Framework and an update on Active Governance.

1.4. A private session will be held after the formal Board meeting to review the 2020/21 Annual Operational Plan and receive a full update on the NES's response to the impact of the Coronavirus/COVID-19.

2   ANNOUNCEMENTS

2.1 **Liz Ford, Employee Director & Non-Executive Board Member**
I would like to acknowledge that this will be Liz's last NES Board meeting as a Non-Executive Member. We are very grateful to Liz for her contribution and staff-side expertise that she has brought to the Board.

2.2 **Retiral of senior colleagues in the Medical Directorate Executive Team**
It is with immense sadness that we say farewell to two very senior members of the Medical Directorate Executive Team – **Mrs Jean Allan (Associate Director)** and **Professor Moya Kelly (GP Director)**. Both have given many years of service to postgraduate medical education and training since the inception of NES and to the bodies that preceded NES. Their years of experience and wisdom will be missed significantly. A recruitment process to replace the Associate Director post is underway with interviews scheduled for 25 March 2020

2.3 **NES Non-Executive Whistleblowing Champion appointment**
The Cabinet Secretary for Health and Sport has confirmed the appointment of **Gillian Mawdsley** as NES's Non-Executive Whistleblowing Champion. The

appointment will be for four years and runs from 1 February 2020 to 31 January 2024.

Gillian Mawdsley is currently a Scottish practising solicitor and is a member of the Law Society of Scotland. Her professional background has included private and public sector work during her legal career which has involved policy work on secondment to the Scottish Government.

2.4 **Fiona McQueen, Chief Nursing Officer**
Fiona McQueen announced that she will step down from her role as Chief Nursing Officer for Scotland at the end of June 2020.

2.5 **Professor Anne Watson, Postgraduate Pharmacy Dean**
Anne has been appointed as Chair of the newly formed Conference of Pharmacy Education Deans (CoPED) group. The group has been formed to bring together all the new Pharmacy Deans appointed within NES, HEE, HEIW and in Northern Ireland. The remit and responsibility will be for postgraduate pharmacy education for the profession across the UK.

2.6 **Board Secretary/ Principal Lead - Corporate Governance**
I am pleased to announce that Della Thomas will join NES on 1 April as new Board Secretary/Principal Lead – Corporate Governance. Della's previous role was Executive and Governance Lead at NHS Health Scotland. Della's new role at NES will include providing professional and strategic advice to the Board Chair, Chief Executive, Board members and Executive Directors on all aspects of corporate governance. The role will lead the ongoing development and implementation of the Board's systems of corporate governance and will also oversee the support and administration to the Chairs of the Board's governance committees and senior management groups.

3 **STRATEGIC UPDATES**

3.1 **New Leadership Arrangements - Health and Social Care Directorate, Scottish Government**
Malcolm Wright (DG Health & Social Care/Chief Executive of NHS Scotland) has announced that **Gillian Russell** will be joining the Health & Social Care Directorate as the new Director of Workforce, taking over from the previous role held by Shirley Rogers. Gillian was previously the Director for Safer Communities within the Education Directorate. In her new role, Gillian will be responsible, at a national level, for all matters relating to the NHS workforce, leadership, culture and values. **Stephen Lea-Ross** has been appointed to the post of Deputy Director, Health Workforce.

3.2 **David Miller**, Director of Workforce at NHS24, is also joining Scottish Government on secondment as Chief People Officer. David will provide professional leadership for the health workforce of NHS Scotland and, as part of the Health & Social Care Directorate, work to support delivery of key objectives.

Novel Coronavirus / Covid-19

3.3 Coronavirus (COVID-19) is the illness caused by a new strain of coronavirus first identified in Wuhan city, China. It can cause a cough and/or a fever/high temperature. Generally, coronavirus can cause more severe symptoms in people with weakened immune systems, older people and those with long term conditions like diabetes, cancer and chronic lung disease.

3.4 Board members will be aware that on the 11th of March, the World Health Organisation made the assessment that the current outbreak of Covid-19 could be characterized as a pandemic. As the UK has moved into the Delay phase of the pandemic management plan, it is now clear that we must prepare for very severe service pressures, and very severe disruption to normal business and public life.

3.5 We have reviewed the NES **business continuity** and **incident management** plans and updated all relevant contact details contained in these to secure communication. We have devised and implemented a **contingency plan** and a **communications plan**– the essential purpose of which is to ensure that the executive team has clear lines of communication open to allow us to respond to incidents and make decisions in a timely manner and at an appropriate level. These are on the intranet.

3.6 Our incident management group is Co-chaired by our **Executive Lead for Resilience**, and our **Director of Planning**, and we are managing this through Microsoft Teams as an effective way to share information and support remote meetings. We have stood up an **executive team briefing room** and meetings twice weekly as a minimum to co-ordinate our response. We have also prepared and submitted a Local Mobilisation Plan as an addendum to our AoP.

3.7 This is a very rapidly developing event, and further details will be provided at this Board meeting.

4   Media interest and Communications activity

Coronavirus Communications

4.1 As an organisation, we have taken a number of steps to put contingency processes in place. The Communications team has been involved in the formation and operation of the Resilience coordinating team, and a communications Plan has been developed to complement the overall Resilience Plan. In terms of facilitating senior discussion and decision-making, we have created bespoke 'Teams' Channels. We are currently working as normal, but we are continually monitoring the national situation.

Internal communications:

4.2 We have endeavoured to keep staff informed of developing advice by posting regular updates prominently on our Intranet home page. These signpost staff to resources available, both internally and externally. As well as health advice, we have been supporting the Resilience team by prompting staff to make

themselves ready for remote-working, and implemented this contingency on 17th March.

4.3   To ensure that we get maximum coverage, we have also been sending periodic all-staff emails from the Chief Executive's office. In terms of daily hygiene advice, we have placed posters throughout the NES estate.

External Communications:

4.4   We have supported the overall public health effort through our social media channels, amplifying advice from SG, NHS Inform and HPS. We have created signposts on the NES corporate, Scotland Deanery websites and on the 'Turas Hub' site that is used by Medical Trainees.

4.5   Material issued includes two letters from the 4 Nations CMOs and the 4 Nations Medical Directors to Trainees and training providers. We have also distributed updates through stakeholder email groups (e.g. to Practice Managers) as requested by HPS.

4.6   In terms of the events that we operate, we have followed recent guidance and have now cancelled or postponed these.

5   NES Digital

NES Digital Update - January & February 2020

5.1   Digital met with OD&L colleagues to discuss alternative routes into Digital Careers e.g. CodeClan, foundation apprenticeships, modern apprenticeships, graduate apprenticeships. Discussions were around these generally being a good idea but that NES as an organisation needs to consider appropriate career pathways beyond the initial training period, which has been a weakness in the past and led to the creation of multiple Band 3 posts which are generally considered to be too low a banding when we consider the skill and experience required to carry out the tasks of the roles.

5.2   The development of the application Turas Feedback was progressing well and was expected to have 360/MSF functionality in production for April 2020. This is now on hold until post COVID-19.

5.3   A requirements workshop for Turas Data Intelligence was held in January. This was focused on functionality required to enable the publication of national workforce statistics. Meetings have also been held with NES Workforce regarding publishing KPI Dashboards on NHS Board staff metrics. NES Digital has now agreed with ISD a process to manually transfer historical data from ISD/NSS file shares to NES systems. Data Engineering for Core Workforce Stats has now been made available. Psychology/CAMHS/POP remain blocked due to NSS IT not giving security clearance.

5.4   Met with NMAHP to discuss the transfer of their data function, along with support for QMPLE. Agreed first step was to scope out the data requirements of NMAHP which will be progressed with members of the NES Data Team.

e-Rostering

5.5 Rostering integration progressing well with Allocate and NES. WE have now received clearance from the SSTS Management Board to access Atos to specify and commission the build to ingest rosta data into SSTS. The current COVID response means this will not progress in the remainder of this financial year. The CEOs commissioned evaluation of SSTS Build 25 as a potential rostering solution fro NHSS has completed and a report is now with the SRO for agreement on next steps.

Others

5.6 A national Data Protection Impact Assessment tool has been procured by NSS on behalf of NHSScotland. SG eHealth Directorate have subsidised the licence cost for the first year, to ensure all boards take up the tool as the intention is to build the toll into the national IG digital framework to facilitate the centralisation, standardisation and 'once for Scotland' approach. The tool was to be launched by the end of February 2020.

5.7 The Network and Information Systems (NIS) Regulations set standards on managing security risk, defending systems against cyber-attack, detecting cyber security events, and minimising the impact of cyber security incidents. Each NHSS Board will undergo a compliance assurance audit by the Scottish Health Competent Authority this year. NES has received notification that we will be audited the 7th and 8th October 2020. A sub-group of the NES Information Security Forum will be formed in preparation of this audit.

Turas Platform – ongoing developments

5.8 Turas People:
Payroll forms (c500) transmitted to eESS using automated process; fewer than 10% errors. Work ongoing to finalise the configuration which will allow for full automaton from Turas People. Improvements to the PVG UI to allow NES HR bulk process PVG forms more efficiently.

5.9 Turas Appraisal:
Continuation on PDP flattening research and wireframing, with a plan to engage – through KSF group, with Stakeholders. Appraisal API has been setup and is in testing. Public Health Scotland bug fixes and cloning of NSS post outlines, adding to PHS library are complete. The team are also undertaking work on the Administrator view of appraisals.

5.10 Turas FNP:
In the last month, one update has been released to the FNP application which supports better data quality and reporting. Training has been delivered to all the users who will have initial access to reports. These training sessions have been very well received and users are excited about the possibilities that will be afforded by PowerBI. Final refinements to the initial suite of reports have also been applied. FNP England work has commenced on development and everything is on track for August 2020.

5.11 Turas Training Portfolio:
All mandatory certificates for the Dental Priority Groups have been added and released. Work is continuing on improving the load times of the trainee details pages. Feedback stories from Dental VT on the LEP Feedback Reports have been tested and accepted and are awaiting release. Foundation feedback stories on Additional Learning are awaiting test together with the updates to the PTech Curriculum.

5.12 Turas Data Intelligence (TDI):
Gavin Holt joined NES w/c 3rd February in the role of Senior Product Manager to support TDI. Delivery team mobilising to work on the TDI v2.0 R1 delivery to enable the publication of Workforce Statistics now that NES Data Group are responsible for publication.

5.13 **Active Directory**
NES on Premise Active Directory Domain controllers x 4 (Operating System Windows 2008 R2) replaced with 4 new build Windows Server 2019 Domain Controllers. Windows 2008 R2 had reached end of support by Microsoft.

5.14 **SWAN Roam**
Radius keys and test account details have been sent to Capita, testing about to commence with regards radius authentication externally. Internal subnetting being established to ensure no data transit to/from corporate networks.

6. NES Digital Service (NDS)

6.1 The first small-scale trial of **ReSPECT** went live on 2nd March with five clinicians and five GPs in NHS Forth Valley. Roll out will continue in four phases.

6.2 We are in ongoing discussion with the Scottish Government Commission regarding NDS priorities for the year ahead.

6.3 There was a successful presentation/Q&A from Alistair Hann at Holyrood's Digital Health and Care event on 27th February. We also published a 'Comment' piece in Holyrood magazine to coincide with the event.

6.4 We have had a productive meeting with Toukan to understand what the architecture might look like for an electronic medical record for ophthalmology on the National Digital Platform.

6.5 Work is entering the final stages for the internal Cloud supplier contract agreement/announcement.

6.6 NDS work on genomics is advancing. There is also potential interest in a UK Genomics Strategy.

6.7 Engagement with stakeholders on inequalities continues to progress. We have a meeting scheduled with the Scottish Rural Mental Health Forum on 5th May, a

follow up session with the NHS Equality and Diversity Lead Network on 22nd April and a joint Voluntary Health Scotland/NDS led workshop with the third sector on 21st May.

7. Medicine

COVID-19

7.1 Much of the current efforts of the Medical Directorate Executive team is focusing on contingency planning for the coronavirus outbreak. This involves regular teleconferences with the CMO and other Medical Directors in the Territorial Health Boards. We have also worked with the other three Statutory Education Bodies to produce a joint 4 nation statement in collaboration with the GMC outlining guiding principles for the redeployment of doctors in training (enclosed as Appendix A).

7.2 We have also been working up the operational aspects of what this will require in terms of managing and monitoring doctors in training who will be expected to work in different locations and / or specialties. This also includes the requirement for urgent training in management of respiratory illness for doctors in training with limited experience in this field of practice who may be redeployed to support service delivery.

8. NMAHP

Dementia

Dementia Specialist Improvement Leads (DSILs) Programme

8.1 A national conference and celebratory event took place on the 26th February 2020 to mark and share the work of health and social care staff who have completed the NES DSIL programme. The DSIL programme is designed at the Expertise Level of the Promoting Excellence knowledge and skills framework. It further develops participants' knowledge and skills in a range of specialist areas of dementia practice and includes development opportunities in leadership, change management, practice development and quality improvement. The programme also enhances participants' ability to work in partnership and facilitate learning in others to support improvements in the care and support for people with dementia and their families and carers.

8.2 At the event the report 'Driving Improvements in Specialist Dementia Care' was launched by Henry Simmons, Chief Executive – Alzheimer Scotland. The report highlights the achievements of 121 participants from three cohorts of the NES Dementia Specialist Improvement Lead (DSIL) programme between 2014 and 2020. Through case studies and personal reflections participants demonstrate how the programme has equipped them to drive and effect changes and improvements that support the transformation of specialist dementia care in Scotland.

8.3 For more information see https://www.nes.scot.nhs.uk/newsroom/features-and-articles/driving-improvements-in-specialist-dementia-care.aspx

National Conference and Graduation Ceremony – Cohort 10 Dementia Champions and Cohort 3 – Dementia Specialist Leads (DSILS)

8.4 This event, co-hosted by NES, the SSSC, Alzheimer Scotland and the Scottish Government, will take place on the 11th March 2020 at Murrayfield Stadium Edinburgh. It marks the graduation of another 98 health and social care champions with a total of 1,048 now trained in Scotland. It also marks the graduation of another 45 DSILs from across health and social care, with 121 participants now having completed the programme. The Minister for Mental Health and Chief Nursing Officers will attend to deliver keynote addresses. The NES Chair will attend to present graduates with their certificates alongside the SSSC Convener and Chief Executive of Alzheimer Scotland. A series of poster and parallel session presentations will also showcase the work of the champions and the DSILs in bringing about improvements in the experience and outcomes of care for people with dementia and their families and carers.

9. Psychology

PHYSICAL HEALTH

9.1 The conference "Promoting Parity of Esteem for LTCs in Mental Health services" on 2nd March was attended by 90 people who work in mental health. It was opened by David Stewart, MSP, with keynote speaker Professor Paul Salkovskis focusing on transdiagnostic skills. The views of people with lived experience were presented and there was close collaboration with Diabetes Scotland and their 'Too Often Missing' report.

Parenting

9.2 The Psychology of Parenting Project (PoPP) has recently provided Level 4 Group Triple P training for 16 new PoPP practitioners. This increases the total to 815 PoPP practitioners trained since this work started in 2013. These practioners have delivered or are currently delivering 957 evidence-based parenting groups to over 6,000 families in Community Planning Partnerships across Scotland.

Health Improvement

9.3 The Health Improvement Team within the Psychology Directorate has been working in collaboration with our NMAHP colleagues from the Women, Children, Families and Young People's (WCFYP) Programme and Practice Educators to incorporate tools from the MAP of Health Behaviour Change Training Programme into the Clinical Supervision CPD and Masterclass events for Midwives and Nurses. Participants at the CPD events engaged in skills-based practice using tools from the MAP Programme which guides clinical supervisors in supporting midwives move from exploration of issues to explore opportunities and practical implementation of changes which will enhance effective practice.

9.4   As well as the take home tools for use in practice, clinical supervisors are also introduced to the full MAP of Health Behaviour Change Blended Learning Programme (eLearning module & face to face workshops) for their own development and to share with their colleagues in nursing and midwifery.

9.5   The MAP programme is available to all Health and Social Care Practitioners who have the opportunity to support patients to make changes and can be accessed via the Turas Learn platform here. Feedback from participants has been positive and we look forward to more collaboration with our NMHAP colleagues in the future.

9.6   More information on the programme can be found on the NES Psychology Directorate website www.nes.scot.nhs.uk/MAP
MAP Animation: https://vimeo.com/354888116

Trauma
9.7   We have continued to support the implementation of the Transforming Psychological Trauma Knowledge and Skills framework across the workforce, delivering two days of Trauma Specialist Practice Level training nationally, a day of Trauma Skilled level training in Tayside, and a half day of trauma informed leadership training to national leaders.

PSYCHOLOGY MASTERS TRAINEES
9.8   In January 26 trainees successfully completed the MSc course in Psychological Therapy in Primary Care. Another 26 trainees completed the MSc in Applied Psychology for Children and Young People in February 2020 and an additional 3 trainees completed their Stage 2 training in Health Psychology.

9.9   We were also delighted to welcome another 64 psychology graduates in January and February to start their masters level training in Psychological Therapy in Primary Care and Applied Psychology for Children and Young People as they take up trainee posts in NHS Boards across Scotland.

10.   Workforce

NES - Lead Employer
10.1 In February over 480 doctors in training on national programmes and cross regional programmes of training were successfully transferred into NES employment as part of the Lead Employer programme of work. The transfer of this cohort of trainees aims to further enhance the doctor in training employment journey by aligning the contract of employment to a national Board, and as a result improve visibility around business processes for these doctors in training.

'Once for Scotland' Workforce Policies
10.2 In March 2020 the Cabinet Secretary for Health and Sport launched a new public website (workforce.nhs.scot) to host the refreshed NHSScotland Workforce policies. The refreshed workforce policies, the principles and values that underpin them and the associated supporting documents provide the

standard for workforce policies that apply to all staff within NHSScotland regardless of which Board they are employed by.

10.3 NES was commissioned by the Programme Board to design, develop and deploy the digital solution and also worked closely with the policy development group to develop content. Phase one of this programme has looked at six core workforce policies, phase two of this work has commenced and will look at an additional seventeen PIN policies and supporting documents.

CALENDAR from 20 January to 13 March

This section of the report provides a high-level summary of the meetings attended by me.

January 2020

20 January - NES Digital Senior Team Meeting
I attended this meeting in my new role as Acting Chief Executive, as part of a wider initiative to meet with directorate staff and hear about current priorities and areas of work.

22 January - NES Partnership Forum - Dundee
I attended this meeting which was held in Dundee. The meeting discussed various substantive items that included updates on the AfC Pay Reform, Once for Scotland workforce policy implementation, NHSS Shared Services and the Lead Employer model.   The Partnership Forum also met with Dundee staff before the formal meeting.

23 January - NES/SSSC Partnership Group
David Garbutt chaired this meeting. A presentation was provided by a member of the Scottish Government Public Reform, this provided an overview on the new Public Health body. Members also discussed papers on the Integrated Workforce Plan and updates on NES/SSSC integration work.

24 January - Charlie Massey, Chief Executive, GMC
David Garbutt and I had a telephone call with Charlie Massey to discuss NES's role in relation to the GMC reports into the wellbeing of doctors[1].

27 January

NES Workforce Senior Team Meeting
I attended this meeting in my new role as Acting Chief Executive, as part of a wider initiative to meet with directorate staff and hear about current priorities and areas of work.

NES NMAHP Senior Team Meeting
I attended this meeting in my new role as Acting Chief Executive, as part of a wider initiative to meet with directorate staff and hear about current priorities and areas of work.

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[1] Caring for Doctors, Caring for Patients - How to transform UK healthcare environments to support doctors and medical students to care for patients (November 2019)

28 January

NES Executive Team
The NES Executive Team held its regularly fortnightly meeting and discussed various items.

NES Senior Leadership & Management Team
I chaired this meeting, the items discussed included the 2020/WHO Year of the Nurse & Midwife campaign, the Integrated Workforce plan and the 2020 NES Staff Conference.

February 2020

3 February – 3 Nations Meeting (NES, HEE & HEIW)
NES hosted colleagues from our counterpart organisations. A morning session was held and included a general update, key achievements, challenges and opportunities for UK wide working. The afternoon session allowed our Executive Team to meet with their peers.

4 February

Caroline Lamb, Scottish Government
Audrey McColl and I met with Caroline Lamb to discuss the 2020/21 NDS Budget.

NHSS Chief Executives - Private Meeting
The NHS Chief Executives discussed a full agenda which included the Annual Operational Plans, MS Office 365 funding update and Public Protection. Various presentation given included the changes to the safe Staffing Bill, Discovery dashboard and Health Finance.

NHSS Chief Executives - Private Meeting with Malcolm Wright
I, and other NHSS Chief Executives, met with Malcolm Wright after the CEs Private Meeting.

5 February - NHSS Chief Executives – Strategy Meeting
The discussions included a presentation and Q&A session with the Scottish Public Service Ombudsman. The final draft of the Whistle Blowing report was discussed, it is due for publication in the summer 2020.   We also discussed the NHS Board Performance Escalation Framework. The focus of the discussion at the meeting is around offering a contribution on how the framework should be shaped and framed.

6 February - Tom Power, Associate Director, Workforce
Tom Power and I discussed the review of corporate management arrangements.

10 February

NES Executive Team
The NES Executive Team held its regularly fortnightly meeting and discussed various items.

Director of Workforce, Shortlisting
I participated along with other panel members in the shortlisting process for this post.

11 February - Caroline Lamb and Jonathan Cameron, Scottish Government
A meeting with held with colleagues from NDS, Christopher Wroath and Audrey McColl to discuss the commission to NDS for 2020/2.

12 February- Management Steering Group (MSG)
Audrey and I attended this meeting. The main agenda items included -

18 February - Amjad Khan and Moya Kelly
I met with Amjad and Moya to discuss the Cabinet Secretary priorities/Primary Care paper for the 26 March Board meeting.

19 February - Nicola Cotter, Head of GMC Scotland Officer
I held a telephone call to discuss the Delivering Change Together event on 20 February.

20 February – 'Delivering Change Together' GMC Event
This event was attended by myself, Rowan Parks and David Garbutt. Dame Clare Marx, the GMC's Chair, opened the discussion. The purpose of the event was to build on existing work and facilitate conversations that will better support healthcare professionals to deliver safe patient care.

24 February - NES Executive Team
The NES Executive Team held its regularly fortnightly meeting and discussed various items.

25 February - Jann Gardner, Chief Executive, Golden Jubilee, NHS Scotland Academy
Jann Gardner and I held a telephone call to discuss the NHS Scotland Academy.

March 2020

2 March – Change Management Programme Board
I chaired this meeting where the main area of focus was on a review conducted of Band 8s in the organisation.

4 March

Dental Committee Meeting
I attended this meeting in my new role as Acting Chief Executive, as part of a wider initiative to meet with directorate staff and hear about current priorities and areas of work.

Professor Sir Peter Scott and Stewart Irvine
Sir Peter Scott and I discussed the Commissioner for Fair Access. The focus of the meeting was to discuss access to medicine.

5 March - GMC Survey
I participated in a conference call with the GMC. It was to provide an informed and holistic view of working relationship with the GMC.

6 March - COVID-19: Board Planning and Preparedness
I participated in the teleconference between Malcolm Wright and Chief Executives of NHS Scotland. The focus of these meetings is to provide situation updates, Local resilience arrangements that are being put in place and discuss the workforce.

9 March

Director of Workforce interviews
The recruitment to the Director of Workforce took place at the Scottish Health Service Centre. The Executive Team participated in a meet and greet session with members of the NES Executive Team, with informal observations being fed back to the interview panel.

NES Executive Team
The NES Executive Team held its regularly fortnightly meeting and discussed various items.

10 March

National Boards Collaborative Programme Board Workshop
I attended the workshop, the purpose of this was to develop thinking around the primary driver(s) for joint working by National Boards, agree what the primary areas of focus could be for joint working by national Boards moving forward and what form(s) that may take.

Chief Executives Private Meeting
The CEs discussed items which included the Annual Operational Plans and Preparation ahead of BCEs Business Meeting with Cabinet Secretary for Health and Sport.

12 March - Three Nations COVID-19 planning discussion
NES, HEIW and HEE discussed a consistent approach to medical planning in response to Covid-19. See link to joint response.

13 March - COVID 19: Board Planning and Preparedness
I participated in the teleconference between Malcolm Wright and Chief Executives of NHS Scotland. The focus of these meetings are to provide situation updates, Local resilience arrangements that are being put in place and discuss the workforce.

NHS Education for Scotland

Board Paper Summary

1.Title of Paper

NHS Education Response to the Development of Primary Care

2.   Author(s) of Paper

Professor Moya Kelly   Director of Postgraduate GP Education
Dr Amjad Khan   Director of Postgraduate GP Education
Anne Watson   Director of Pharmacy
David Felix   Postgraduate Dean for Dentistry
Lesley Whyte   Associate Director, NMAHP
Lesley Rousselet   Programme Director, Optometry
Kathryn Morrison   Programme Director, Optometry
Blythe Robertson   General Manager, National Digital Strategy

3.   Purpose of Paper

The purpose of this paper is to provide the board with a comprehensive review of all the work being undertaken in NES to support the SG policy of increasing Primary Care services.

4.   Key Issues

The developing roles of the multiprofessional workforce in primary Care.
The challenge of increasing the educational capacity.

5.   Educational Implications

Educational implications of delivering a trained multiprofessional workforce include ensuring adequate training faculty familiar with a range of curricular requirements and assessments and physical space to provide learning opportunities.

6.   Financial Implications

Scottish Government has funded some of the initiatives in this paper. However recurrent funding may be required if training models in primary care become established.

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

Theme 2 – National infrastructure to improve attraction, recruitment, training and retention
Theme 3 – Education and training for a skilled, adaptable and compassionate workforce

8.   Impact on the Quality Ambitions

Increasing the number of multiprofessional learners in primary care will contribute towards the expansion of the General Practice workforce and thus patient care.

9.   Key Risks and Proposals to Mitigate the Risks

A potential impact of increasing the number of learners in Primary Care is on ensuring the quality of the learning experience for all Allied Health professionals and the placement experience of GP Registrars. In addition, the increase in undergraduate placements in Primary Care will further impact on available training capacity.

NES has a multi-professional group – the 'Educational Capacity and Learning Group', with representatives from Pharmacy, Paramedics, NMAHP and undergraduate, to look at new models of training in Primary Care. New models are currently being piloted which will increase the use of non-training practices.

10. Equality and Diversity

An evaluation maybe needed to assess the impact of increasing the amount of teaching and training in primary care especially on established learners such as Dental and GP trainees and the impact on long-term recruitment and retention for all disciplines.

11. Health Inequalities

In the medium to long term, the recruitment and training initiatives may result in an increased number of health professionals opting to work in Primary care and providing a more integrated care system. This in turn will have a positive benefit on the health of the population.

12. Communications Plan

Updates from the activities in each Directorate will be reported to NES Board and to Scottish Government.

13. Recommendations for Decision

The Board is invited to receive the attached report.
NES
March 2020

NHS Education Response to the Development of Primary Care

Moya H Kelly   *Director of Postgraduate General Practice*

Amjad Khan   *Director of Postgraduate General Practice*

Anne Watson   *Director of Pharmacy*

David Felix   *Postgraduate Dean for Dentistry*

Lesley Whyte   *Associate Director, NMAHP*

Lesley Rousselet   *Programme Director, Optometry*

Kathryn Morrison   *Programme Director, Optometry*

Blythe Robertson   *General Manager, National Digital Strategy*

March 2020

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**MEDICINE DIRECTORATE RESPONSE TO THE DEVELOPMENT OF PRIMARY CARE**

1.   Background

1.1   Scottish Government published the National Health and Social Care Workforce Plan Part 3 – Improving workforce planning for primary care in Scotland in April 2018. The main thrust of this paper was that Scotland's multi-disciplinary Primary Care workforce will become more fully developed and equipped, building capacity and extending roles through a range of professionals, and enabling those professionals to address a community's primary health care needs.

1.2   Recommendations of the Workforce Plan include

- At least 800 (headcount) additional GPs would be added to the workforce over the next 10 years to meet increasing patient demand.
- A comprehensive package of retention measures would be put in place to support GPs including the first 5 years and towards the end of their careers.
- There would be ongoing expansion of medical school and training places to help grow the GP workforce.

1.3   In addition the Plan encourages development of the future pharmacist workforce with an enhanced role in the community, widening the role of paramedics in primary care to reduce home visit requests for unscheduled and urgent care presentations, widening role for optometry and review of the role of dental care professionals with a focus on prevention with direct access to dental care professionals rather than seeing a dentist first.

1.4   This paper summarises the work being done in Medicine to support the delivery of the Workforce plan

2.   General Practice Specialty Training (GPST) - Recruitment

2.1   In 2016 the Scottish Government announced increasing the number of General Practice specialty training rotations from 300 to 400. These rotations were first advertised in February 2017.

2.2   At this time there were significant challenges in recruitment to GPST in Scotland and in 2017 125 vacancies remained after 3 recruitment rounds. It was agreed that NHS Education would review the GPST Programmes offered and make them more attractive.

2.3   A review of GPST programmes resulted in a remodelling of 4-year programmes which were hard to fill and less popular with trainees to 3-year programmes. Part of this remodelling included the dis-establishment posts that failed to meet the educational requirements of the GP curriculum or had received negative feedback from trainees on the GMC National Trainee Survey (NTS).

2.4   The dis-establishment of posts started in August 2017 and is now complete.

2.5   As a result of the restructuring, overall satisfaction in the NTS survey for General Practice Trainees while in secondary care has improved from 11 out of 16 in 2018 to a UK ranking of 4 out of 16 in 2019.

2.6   This has also been reflected in improved recruitment data. In 2017 the fill rate for all recruitment rounds in Scotland was 74% for General Practice increasing in 2018 to 84% and 96% in 2019 – the highest fill rate in five years.

2.7   The predicted number of Certificates of Completion of Training (CCT) will also increase. In 2014/15 there were 240 CCTs and this has remained stable but will rise to a predicted 302 in 2019/20.

2.8   In addition to improving the quality of clinical and educational experience for GPSTs, a financial incentive of £20,000 was given to trainees who accepted a post in a hard to fill areas. It is difficult to assess the impact of this given the other changes taking place at the same time.
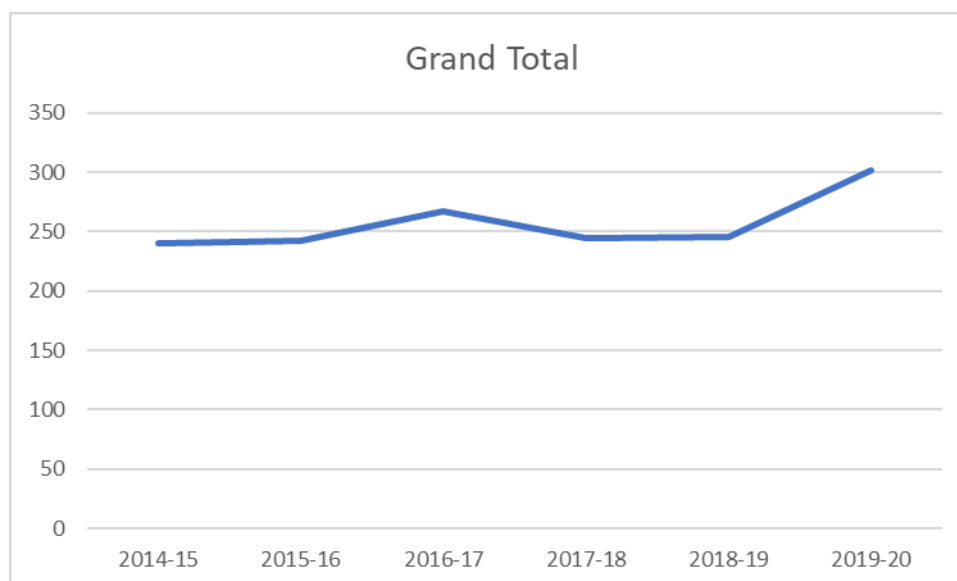
2.9   Broad Based Training (BBT) was introduced in 2018. This is a 2 year programme consisting of 4 x 6 month posts in General practice, Paediatrics, Psychiatry and Medicine. Trainees would then apply to one of these 4 training programmes on completion and would enter ST2 year of the specialty.

2.10   In the first cohort of trainees one doctor resigned and was not replaced – of the remainder 6 went to GP – 4 to Paediatrics – one to Medicine and none to Psychiatry.

3.   Retention

Enhanced Induction and Returner Scheme

3.1   The GP Induction and Returner Programmes provide a straightforward route for doctors either to return safely to General Practice in a supported way, or, if they have no previous experience in the UK, to be fully inducted into NHS General Practice. Both programmes offer a period of up to 6 months (wte) with supervised clinical sessions in approved training practices as well as work-place based assessment and educational guidance.

3.2   The Scotland GP Returner Programme provides an opportunity for General Practitioners who are on (or eligible to be on) the General Medical Council's GP register and eligible to go on the Scottish Performers' List and who have previously worked in NHS General Practice to safely return to General Practice following a career break of at least 2 years.

3.3   The Scotland GP Enhanced Induction Programme supports the safe introduction of GPs who have qualified outside the UK and have no previous GP experience. These doctors require a certificate of eligibility for GP registration (CEGPR) as well as a licence to practice from the GMC before they can legally enter UK General Practice. Entry to the programme requires passing the UK MCQ and simulated surgery assessments.

3.4   Doctors eligible for the GP Enhanced Induction Programme are given one-year free membership of the RCGP. The doctors will also have to pass the UK assessments to ensure their clinical knowledge and consulting skills are of the required standard for UK General Practice.

3.5   Those undergoing the Enhanced Induction Programme will have the cost of the first attempt at the MCQ covered by NES. The fee is £150.

3.6   If the doctor passes the MCQ, they are eligible to sit the simulated surgery. Again, the first attempt is funded by NES at a cost of £850.

3.7   The GP Returner Scheme is specifically for those doctors trained in the UK who have been out of practice for 2 years or more. These doctors will be placed in a training practice for a maximum of 6 months. Depending on the length of absence from front line General Practice they may require a shorter period of induction.

3.8   Since April 2019 the number due to start, in programme and completed the programmes are shown below:

	Completed	In programme	Due to start
GP Returners	4	2	2
Enhanced Induction	1	3	1

3.9   More details of the Enhanced Induction and GP Returner Scheme can be found at: https://www.scotlanddeanery.nhs.scot/your-development/gp-induction-and-returner-programmes/

4.   GP Retainers Scheme

4.1   This scheme enables General Practitioners to maintain their skills whilst unable to commit to full-time General Practice.

4.2   All practices wishing to employ retainers must go through an approval process. A retainer would normally work no less than 2 sessions and no more than 4 sessions per week. The maximum time allowed on the GP retainer scheme is 5 years.

4.3   The number of GP retainers in Scotland currently is 69. Distribution is West – 19: South East – 35: East – 6 and North – 9.

4.4   The number of retainers has fallen gradually in the last 10 years (2009-2018) as shown in the graph overleaf:

Nos. of Retainer
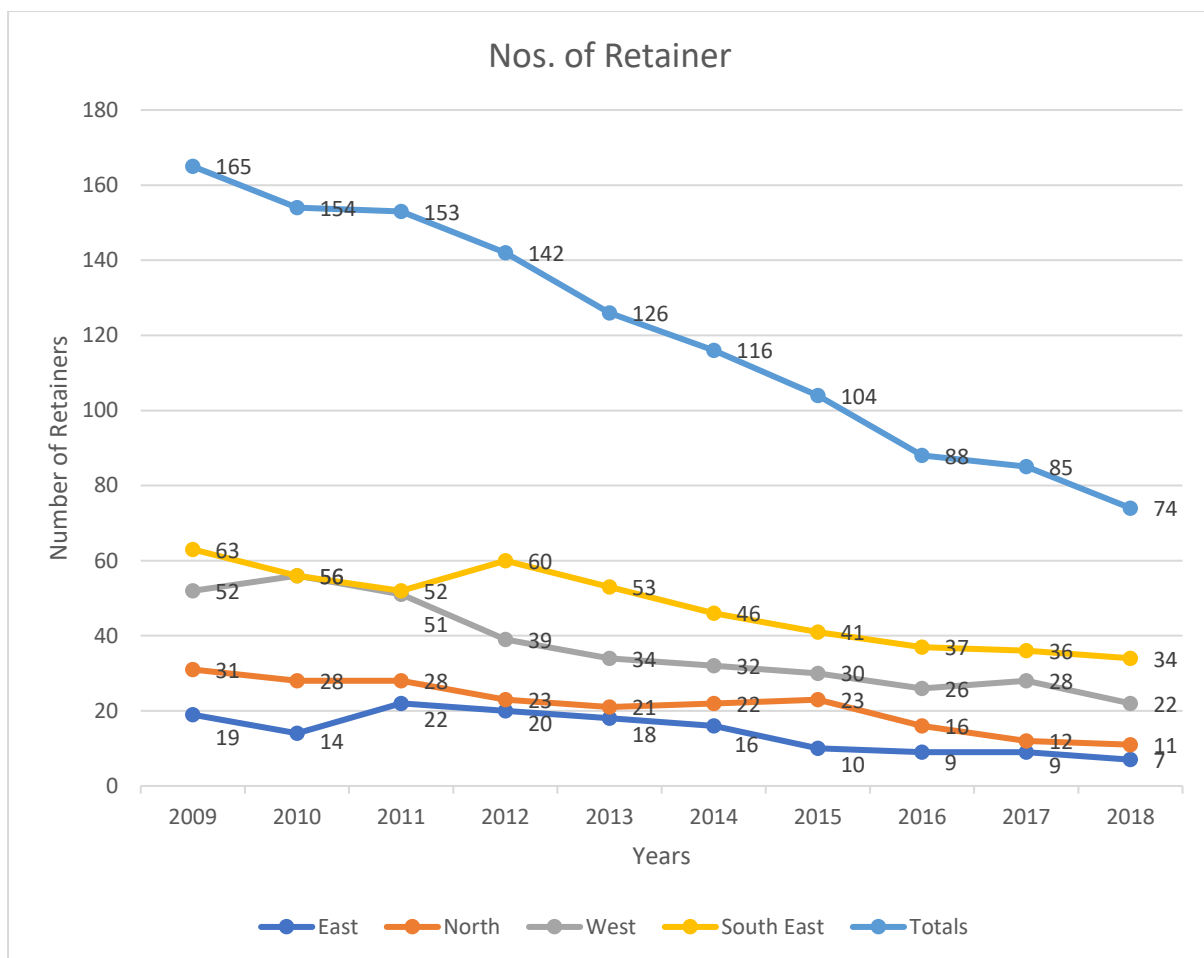
4.5   This drop in numbers is likely to be related to the marked increase in salaried posts and practices being more willing to be flexible with working hours in order to attract GPs to practices. All regions have experienced at least a 50% drop in numbers over the last 8 years and seem to be continuing to drop.

4.6   NHS Education have submitted proposals to Scottish Government to make the Retainer scheme more attractive. As these involve changes to terms and conditions we await the outcome of discussions between Scottish Government and the BMA,

4.7   More details of the GP Retainer Scheme can be found at: https://www.scotlanddeanery.nhs.scot/your-development/gp-retainer-scheme/

5.   The GP Stay In Practice Scheme (SIPS)

5.1   This is an innovative pilot scheme funded by Scottish Government to encourage those GPs considering leaving General Practice earlier than planned to remain in the profession. The scheme is open to GPs nearing retirement offering the opportunity to reduce workload and administration tasks while maintaining a clinical input in an educationally supportive practice for the last few years of their career.

5.2   Posts are provided in NES approved, educationally supportive practices.

5.3   Posts are a maximum duration of 3 years but may be shorter depending on individual circumstances. A minimum of 2 and a maximum of 6 sessions per week can be undertaken, although up to 2 of these sessions per week can be for other GP related clinical activity.

5.4   Further   details   of   the   SIPS   scheme   can   be   found   at: https://www.scotlanddeanery.nhs.scot/your-development/gp-stay-in-practice-scheme-sips/

5.5   This project has been slow to take off, but we currently have 2 doctors enrolled in the scheme.

6.   Educational Capacity

6.1   The biggest challenge in delivering the workforce plan is the growth required in educational capacity to support a wide range of learners. As well as increasing the number of GP trainees in the system, medical school places will have increased by 190 by 2021 and a further announcement has been made than an additional 105 foundation places for medical graduates will be in place by 2022. The focus of the majority of the new foundation places is to be in General Practice. This coupled with the need to accommodate increased numbers of pharmacists, paramedics and nurses in primary care requires a review of educational capacity and delivery.

6.2   Obstacles to increasing educational capacity include workload pressures in General Practice but also physical space within the practice itself.

6.3   An Educational Capacity Group has been established in NES. This is multi-disciplinary and consists of Medicine, NMAHP, Undergraduate, Allied Health Professionals and Pharmacy.

6.4   A pilot is underway looking at the hub and spoke model of delivering education with the hub being the training practice and hosting the educational supervisor and the spoke practices hosting the learner and having a clinical supervisor in place. The spoke practices will not necessarily be approved for training but will have a "light touch" approval to ensure there is an educational ethos in place to support the learner.

6.5   The intention is to pilot this model in four sites across Scotland. Using real-time data and evaluation, this model will be iterated over a two-year period, the anticipated outcome being a model which can be lifted off the shelf and used by regional boards in their implementation of the workforce plan.

6.6   There will be four hubs, each with four satellite, or "spoke" practices. The pilot will support training of 12 Practitioners – 6 Pharmacists and 6 Paramedics. This model would enable intensive initial training and education for three trainees at each hub site for 6-8 weeks, prior to being placed in a satellite practice for the remainder of the anticipated 18 months, where they will receive supervision and workplace-based assessment.

6.7   It is anticipated that the pilot will go live from May 2020.

7.   Summary

7.1   The Medical Directorate is actively engaged in supporting the aims of the Workforce Plan from recruitment of GP trainees to retaining the current workforce through a range on initiatives.

7.2   The challenge is to increase educational capacity not only for undergraduate medical students and foundation doctors but also for other disciplines.

7.3   It is hoped that the educational capacity pilot will deliver a sustainable training model that can be upscaled to support multidisciplinary training across all Health Boards with the Educational Supervision being provided by those trained in their own discipline rather than being dependent on General Practitioners.

DENTAL DIRECTORATE RESPONSE TO THE DEVELOPMENT OF PRIMARY CARE

1. **Background to Vocational training**

1.1 New or recent graduates from UK dental schools must satisfactorily complete a one year programme of Vocational (Foundation) Training in order to be eligible to hold a Health Board list number. The list number allows dentists to work as associates or principals in NHS General Dental Practice. NES aims to provide a sufficient number of places which matches the output of the dDental Schools in Scotland for those who wish to undertake training in Scotland.

1.2 The aim of Vocational Training (VT) in dentistry is to enhance clinical and administrative competence and promote high standards through relevant postgraduate training so as to allow participants to meet the needs of general dental practice.

1.3 Vocational (Foundation) Training is centred on approved training practices with a complementary educational support programme of normally 25 study days. Training practices are inspected to ensure that high standards are maintained and a dentist in each training practice is identified as the Trainer. The Trainer is expected to maintain high standards of clinical practice as well as possess an extensive postgraduate record. Each training scheme normally has 12 training pairs which fosters small group teaching. An Adviser acts as facilitator and organiser of each scheme.

2. **Support for those entering or returning to the workforce**

2.1 NES provides support for both new and more experienced graduates entering and returning to the workforce. Vocational Training contributes to the primary care workforce by matching new graduates, both dentists and therapists, to general practice training posts. Vocational Dental Practitioners are required to provide the vast majority of treatment under NHS arrangements, and have often been able to ensure that NHS care is available to patients in circumstances where this may not otherwise be possible. For those who do not undertake VT, dentists applying to join a Territorial HB dental list in Scotland for the first time, after a period of absence from a list of twelve months or more and those returning to clinical practice after five years or more must undertake the Mandatory Training (MT) programme developed and provided by the CPD workstream.

2.2 Return to Work is a bespoke individualised programme of education and training to facilitate Dental Registrants returning to work after a period of absence.

2.3 For DCPs, NES provides Dental Nurse induction through a blended learning programme which leads to the completion of a single National Unit at Scottish Credit and Qualifications Framework Level 5, awarded by Scottish Qualifications Authority. This satisfies the General Dental Council's requirement that new Dental Nurses are correctly inducted and on a waiting list for a substantive training programme leading to registration.

3. **Support for ongoing education and development**

3.1 The CPD workstream provides education to support Dental Registrants across the whole ental team to maintain their GDC registration, keep up to date and help them provide high quality safe and effective care to their patients.

3.2   NES dental also enables trainee dental nurses to work towards achieving The Scottish Vocational Qualification (SVQ) & Professional Development Award (PDA) in Dental Nursing, and the Modern Apprenticeship in Dental Nursing. Successful completion provides eligibility to register with the GDC and practise using the title 'Dental Nurse'.

3.3   DCP workstream additionally facilitates post-registration Higher National Units and PDAs for DCPs, and PDAs for Practice Managers and Dental Receptionists. Finally, DCP workstream provides a one-year vocational programme of study preparing trainee Orthodontic Therapists for the Examination of Diploma in Orthodontic Therapy.

3.4   NES Dental develops and delivers in practice infection control and decontamination training for all primary care practice teams in Scotland, as well as e-Learning programmes and regional face-to-face sessions.

4.   Support for Quality Improvement

4.1   NES Dental supports primary care dentists to meet their NHS terms of service in relation to their minimum requirement of fifteen hours of QI activity within each three-year QI cycle. The CPD workstream approves, reviews and certifies dentists' QI activities. The workstream also provides information about how to undertake QI projects on the NES website and supports the provision of CPD courses on QI. VT additionally provides both study day and in practice involvement in QI projects.

4.2   Through Clinical Effectiveness workstream, NES Dental has Supported access to education and application of new Quality Improvement Activity for primary care dental teams.

4.3   NES Dental promotes the conduct of high-quality research in the primary dental care setting, through the work of the clinical effectiveness workstream.

5.   Support for Scottish Government Initiatives and Priorities

5.1   The Priority Groups workstream supports the delivery of Childsmile in general dental practice by offering training for dental nurses to become Extended Duty Dental Nurses with the aim of improving the oral health of children and reducing inequalities.

5.2   A training course on Adults with Incapacity Legislation in Scotland, specifically aimed at dentists, is delivered regularly. In addition, a shortened one-day course is available for the dental team aimed at ensuring an awareness of the legislation and how it applies to the practice of dentistry.

5.3   Scottish Government has made improving the provision of dental care to care home residents a priority (Oral Health Improvement Plan, 2018). In response to this, a training model has been produced aimed at supporting general dental practitioners to become Enhanced Skills Practitioners in Domiciliary Care.

5.4   Vocational Training has, in recent years, introduced a number of initiatives specifically to increase recruitment to remote and rural posts, including presentations to potential trainers in R&R areas, highlighting the benefits of VT, direct appointment of trainees by practices in R&R areas, to make recruitment easier and to encourage students/applicants to give greater consideration to these posts, and active promotion of remote and rural posts in presentations to students, including invitations to representatives of R&R areas to speak with students.

Vocational Training has also increased the number of Therapy training posts available, to support rural recruitment.

5.5   In line with NHSScotland's commitment to provide a capable workforce and ensure safe effective patient care, the Training, Revision and Mentoring Support (TRaMS) programme offers robust quality assured, educational support and guidance to help dentists and DCPs remediate. A national framework has been developed to facilitate the appropriate remediation of Dental Registrants whose performance has been found to be below accepted levels for the profession. It aims to maximise the likelihood of a successful outcome.

5.6   Through Clinical Effectiveness workstream, NES Dental is involved in advising and supporting Health Boards and dental teams on infection control issues in dental primary care settings. SDCEP is pivotal in evaluating and informing the implementation of guidance recommendations in primary dental care, and NES has created and maintained an online manual to support improvements in patient care and quality assurance of primary care dental practice.

5.7   Working with other relevant stakeholders, NES Coordinates the development and regular updating of an inspection checklist used to quality assure all primary care dental practices in Scotland.

5.8   The Clinical Effectiveness workstream develops, evaluates and informs the implementation of SDCEP clinical guidance recommendations on priority topics for primary dental care. Working with other relevant stakeholders, NES Dental coordinates the development and regular updating of an inspection checklist used to quality assure all primary care dental practices in Scotland. To support this and other improvements in patient care, NES Dental has created and maintains an online practice manual.

NMAHP DIRECTORATE RESPONSE TO THE DEVELOPMENT OF PRIMARY CARE

1.   Background

1.1   Nurses, midwives, allied health professionals and chaplains are fundamental to delivering the ambitions of the National Health and Social Care Workforce Plan part 3, specifically in relation to health and social care service transformation and the investment in NMAHPs across their career pathway from health care support worker to advanced and consultant practitioner.

The activity of the directorate is a blend of commissioning education to support role transformation and developing knowledge and skills frameworks and education resources to assist staff to perform their roles in a diverse range of primary care settings. Our work is frequently undertaken in partnership with other organisations including college and higher education providers, NHS Boards, care homes, Scottish Social Services Council, Alzheimer Scotland, and national bodies of Health Protection Scotland and Healthcare Improvement Scotland.

1.2   This paper summaries our contribution to the workforce plan including role development of key workforce groups in primary care and examples of some of the education resources to support practitioners.

2.   General Practice Nurses – Building capacity

2.1   NMAHP has been commissioned by the Primary Care Division of the Scottish Government to manage a significant investment in education and development to support General Practice Nursing (GPN) role development in line with the Chief Nursing Officer's Transforming Roles programme and the 2018 General Medical Services Contract in Scotland. Educational activity supporting student nurse placements, newly qualified nurses, early career general practice nurses and experienced general practice nurses from 2018 to date is summarised below.

2.2   Funding has been provided for General Practices, NHS Boards and Higher Education Institutions to collaborate to test and embed models for 23 undergraduate nursing students and establish general practice as a positive high-quality learning environment that supports sustainable recruitment of future General Practice nurses.

2.3   Two-year funded training places in general practices have been provided for 50 newly qualified nurses to prepare them for a GPN role. The training places include completion of the NES GPN programme. A publication titled "General Practice Nursing: An Early Career Choice" showcases this initiative. Available at https://www.nes.scot.nhs.uk/media/4282830/gpn_early_career_choice.pdf

2.4   Seven GPNs were successfully recruited and commenced the 2-year Clinical Career Fellowship in September 2019. The Fellowship comprises study leave for a funded part time Postgraduate Diploma in Advanced Nursing Practice, masterclasses and reflective practice.

2.5   In 2018/19, 20 general practice nurses received professional coaching to support their leadership role. This was successful and a sustainable approach to coaching is now being offered to GPNs through the Scottish Coaching Collaborative.

2.6   Digital learning resource for nurses working in general practice has been launched on TURAS to assist in developing the knowledge and skills required for the refocused role. This is based on the NES resource that was developed to support the refocused for district nursing last year.

2.7   During 2018/19 NES and Scottish Government, supported by local NHS Board GPN leads and NES GPN Supervisors and Advisors, visited all NHS Board areas to engage GPNs with the changing context and the refocused role. The events were well received and attended by over 400 GPNs. Provision of funded education has been further developed through national commissioning of education and increased provision of courses through NES CPD Connect. Nurses working in general practice have also applied for funding for other relevant accredited courses.

2.8   NMAHP have commissioned HEIs to deliver modules that would secure best value and best outcomes for GPNs on subjects such as diabetes, triage and mental health. 448 places on commissioned modules have been funded to date at a range of universities across Scotland and 291 places have been funded on established courses such as Non-medical Prescribing and Advanced Clinical Assessment. In addition, NES CPD Connect have been commissioned to offer short courses and residential CPD tailored to GPN education needs and have provided 1,970 places.

2.9   NES NMAHP also manages funding for advanced nursing practice (ANP) on behalf of the Scottish Government to achieve their manifesto commitment to train 500 ANPs that are additional to current workforce plans. General Practices have completed educational needs analyses and have submitted requests for funding of ANP modules.165 GPNs are currently undertaking/have completed the Postgraduate Diploma in Advanced Practice plus a further 210 community-based nurses.

3.   Refocused role of the DN

3.1   A review of the DN workforce was completed in October 2018 with key findings that identified a current and future shortfall in DN numbers against increasing demand for services. Significant investment in developing the DN workforce was highlighted in the National Health and Social Care Workforce plan part 3. The review of the District Nurse (DN) Band 6 Role was a key component of the first phase of the Chief Nursing Officer's Transforming Nursing Roles programme. Our activity is targeted at supporting role development across all levels of the DN career pathway.

3.2   The review revisited and refocused the DN role within the context of an integrated community and primary care nursing team. Key skills such as advanced clinical assessment and nurse independent/supplementary prescribing were identified as essential for the refocused district nurse role plus the strengthening of skills including leadership, complex care and self-management. In 2018/19 NES NMAHP managed investment in continuing professional development for current DNs based on analysis of individual learning and development needs mapped against the core components of the refocused role and in line with the career pathway. 65 DNs completed the nurse independent/supplementary prescribing module and 58, Advanced Clinical assessment. In addition, commissioned modules for long term conditions, cardiovascular disease and diabetes were undertaken by 56 DNs.

3.3   NES commissioned the development of a digital leaning resource to support the refocused role of the District Nurse. This was launched February 2018 on the NES Turas Learn platform. https://learn.nes.nhs.scot/4058/district-nurse-cpd. The resource is unique in providing a self-

assessment of learning needs, content that reflects the skills and knowledge that DNs prioritised for developing their refocused role, practice-based activities to support development of the entire team and the opportunity to record evidence of learning for revalidation.

3.3   NES NMAHP has worked with NHS Boards and HEIs to support 81 places on the Postgraduate Diploma DN and commissioned a new integrated community nursing programme that will be introduced in 2020. This Graduate Diploma will equip nurses with the range of skills and knowledge to work to their full potential across integrated CN team, (including DNs and GPNs) and enable them to move through the career pathway to specialist advanced and consultant level practice.

4.   Health Visiting

4.1   Commissioned over the past five years, NMAHP completed the final performance enhancement reviews during 2019 with the five higher education institutions providing Specialist Community Public Health Nursing-Health Visitor (SCPHN-HV) programmes and education in Scotland. Each year the performance reviews incorporated: recruitment and retention; sustainability; student progression; student feedback; and good practice. In addition, course content in relation to addressing national priority areas were also included. The Universal Health Visiting Pathway in Scotland: pre-birth to pre-school[1] has informed priority areas and the refocused SCPHN-HV role. For example, during the most recent reviews priorities included: person-centred care; neurodevelopment; mental health and wellbeing; late pre-term infants; and adverse childhood experiences/impact of trauma. A total of 1115 Registered Nurses/Midwives were recruited to SCPHN-HV programmes between the period 01-09-2014 and 08-05-2019, with final completion numbers not yet available.

4.2   NMAHP are leading the development of a digital resource to support the Universal Health Visiting Pathway in Scotland in partnership with key stakeholders – which will be available during 2020.

4.3   In partnership, the practice education team and women, children, young people and families', delivered three 2-day clinical supervision masterclass – with participants including SCPHN-HVs. The masterclasses were positively evaluated and 30 'course in a box' distributed to promote and support NHS Board delivery.

5.   School Nursing

5.1   As part of the Transforming Roles programme, the school nurse role in Scotland was refocused and defined[2] and School Nursing Priority Areas and Pathways[3] developed. The refocused school nurse role has a stronger focus on public health and the prevention of adverse childhood experiences (ACEs). As a targeted service it will also promote and support children and young people who have additional complexities impacting their health and wellbeing.

5.2   An education needs analysis was undertaken by NMAHP during 2019 and identified the need for further learning about the emotional and mental health wellbeing of children and young

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[1] https://www.gov.scot/publications/universal-health-visiting-pathway-scotland-pre-birth-pre-school/
[2] https://www.gov.scot/publications/school-nursing-role-integrated-community-nursing-teams/
[3] https://www.gov.scot/publications/school-nursing-role-integrated-community-nursing-teams-school-nursing-priority/pages/3/

people to enable nurses to work and meet the responsibilities and requirements of the school nursing priority areas, pathways and the refocused school nurse role. Continuing professional development (CPD) for school nurses is currently being proposed for delivery 2020/2021 to the approximate 366 school nurses across Scotland. NMAHP are also currently leading the development of a digital resource to support the refocused school nursing role in partnership with key stakeholders – which will be available during 2020. To continue engagement with the school nursing workforce, NMAHP are facilitating a national school nurse networking event on 31-03-19 to provide a forum to network and learn from peers, discuss school nursing developments and share good practice.

5.3   Scottish Government have devolved responsibility to NES for the tendering (issued February 2020), commissioning, and performance enhancement review of school nurse programmes and the practice experiences provided. This will involve strategies to ensure consistency in the learning and practice experiences offered to students. It will also involve monitoring and collating of recruitment, retention and completion data, which will provide opportunity to engage in ongoing developments.

6.   Family Nurse Partnership

6.1   Family nurses are experienced qualified nurses or midwives who receive additional education. Family nurses work with their clients at home, following the Family Nurse Partnership (FNP) visit guidelines and use the programme theories of attachment, human ecology and self-efficacy to complement their own learning, professional knowledge and judgement to match the programme to the needs of the client and their family. A key element of the licensing agreement for FNP is to provide education and coaching of family nurses and supervisors through the delivery of the Scottish education programme.

6.2   The programme has been successfully provided by NMAHP during the past five years and has evolved through blended learning approaches, including: face to face; e-learning; team-based learning; and independent study. Programme content is aligned to the overarching aims of FNP, and the need for adaptation and revision of the curriculum takes cognisance of evaluation and feedback, intelligence from data, and new national and international innovations within and out with FNP. A range of learning is available through the FNP education programme, not only for new family nurses and supervisors but also the existing FNP workforce through continuing professional development (CPD). During 2019, 70 family nurses/supervisors engaged in FNP CPD.

7.   Return to Practice

NMAHP Return to Practice (RtP) initiatives enable previously registered practitioners to gain the skills, knowledge and confidence resume practising in the setting across different care settings. Nursing and midwifery learners undertake a NMC approved programme. Increasing exposure to practice learning experiences within primary care aligned to integrated teams has the potential to increase awareness of the career opportunities and encourage nurses returning to practice to seek employment in these settings once re-registered. There is evidence of returning nurses and health visitors taking up posts in district nursing and health visiting on completion of the programme.

During 2020/ 2021 we will also implement nationally consistent guidance to support AHP returners to practice aligned to Health and Care professions Council recommendations.

8.   AHP Advanced Practice

8.1   NES is supporting the Scottish Government AHP Transforming Roles initiative which aims to provide a single framework and support to ensure a nationally consistent, sustainable and progressive AHP roles with clear educational and career pathways. The SLWG has developed national definitions for senior, advanced and consultant levels of AHP Practice.

8.2   Pilot work is being undertaken in 3 areas – musculo-skeletal (MSK) Advanced Practice in Primary Care, Reporting Radiography and Unscheduled Care. Using the national definitions and role specific knowledge, skills and behaviours (KSBs) required for each role, both service and educational needs analysis have been undertaken in each of the pilot areas. We are currently mapping educational resources and educational pathways that will support the development of role specific KSBs. We are also exploring how the NES AHP Professional Portfolio can be used to support local sign-off of KSBs and working with the regional NMAHP Transforming Roles Academies to support the local implementation and development of Advanced and Consultant roles.

9.   Growing Capacity for AHP Student Practice-based Learning in Scotland

We are implementing and embedding a Peer Assisted Learning (PAL) practice experience model for students across Scotland. This ongoing work involves nationally engaging and educating AHP practice educators to enable them to have the knowledge and skills to plan and provide future PAL experiences. In addition to enhancing the quality of the student learning experiences this model will also enable additional practice learning experiences to be provided to meet increased student numbers in response to future AHP workforce demands. This has specifically focused on physiotherapy but is now widening out across other AHP professions.
http://www.knowledge.scot.nhs.uk/media/CLT/ResourceUploads/4091198/26e7dc59-c3a8-432d-9bc6-8fc22e9805cf.pdf

10.   Clinical Skills Development for AHPs

10.1   Since 2018 we have funded work with the focus on ensuring Allied Health Professionals are linked into clinical skills development opportunities. This has insured that AHPs: have a shared understanding; are aware of the resources available to support, develop and maintain the technical and non-technical elements of their practice; and can identify gaps in knowledge and skill. An online learning module was developed to support this, a suite of AHP specific scenarios developed and a scoping exercise to enable a business case to be developed.

10.2   One of the priority areas is to continue to develop scenarios which are of interest to those in new and advanced roles and who require to develop skills or apply these in a different setting. Examples include; specific clinical skills training on team working and communication; recognition of and response to deterioration for community lone workers; health care support worker role development; and development of technical skills in areas such as injection therapy.

11.   AHP Career Fellowships

11.1   The AHP Careers Fellowship Scheme has supported projects related to primary care. One fellow focussed on the learning needs and readiness of first point of contact physiotherapists in primary care and developed an MSK hub that would provide clinically useful evidence-based

information and supports primary care practice. We are providing funding to another fellow to establish an occupational therapy service in a primary care practice and to set up a Scotland wide group to support taking this forward more widely.

11.2   The AHP career fellowship scheme will continue to support work-based change and improvement projects which will contribute to local and national priorities and provide career development. These fellowships also generate learning which is shared and spread across Scotland.

12.   Community Chaplaincy Listening Service

12.1   The Community Chaplaincy Listening (CCL) service has been developed to support patients to talk through their anxieties and concerns. The service is provided by supervised volunteers and supported by experienced chaplains.

12.2   NES has developed the training and training resources and provides educational governance for the education. 2 cohorts of national training are delivered each year and we host the national development group. There is a growing evidence base around the saving of GP hours, the reducing of prescribing and better self-management. The Patient Related Outcome Measure, used in association with CCL, indicates service-user satisfaction with the model.

13.   Dementia and the Primary Care Workforce

13.1   NES has undertaken a number of activities to promote development of the primary care workforce in keeping with the Promoting Excellence dementia knowledge and skills framework. Core educational resources have been produced for the non-specialist workforce. We have undertaken specific activities to support development of the primary care workforce to deliver post diagnostic support to people with dementia. This includes the provision of training for primary care teams and working alongside the Healthcare Improvement Scotland Focus on Dementia team to support workforce development in 3 primary care post diagnostic support test sites.

13.2   Working in partnership with the NHS Fife Alzheimer Scotland Dementia Nurse Consultant, a 6-month learning, and development programme has been designed, building on a training needs analysis completed with community nursing staff. NHS Fife Community Dementia Improvement Champions will be drawn from District Charge Nurses who will be supported in the development of their knowledge and skills relation to dementia and leading change and improvement. The first District Nurse to complete the Dementia Specialist Improvement Leads has recently graduated from the programme and we intend to recruit more District Nurses to this programme in the future.

13.3   We are also working in partnership with the Focus on Dementia to support workforce development in the whole-system care co-ordination programme redesign test site in Inverclyde, inclusive of the primary care workforce. Some primary care staff have also attended our training on palliative and end of life care with dementia.

14.   Paramedic BSc Undergraduate Education Programme

14.1   The new Paramedic BSc degree reflects the growing importance of this workforce to Scottish healthcare, including more emphasis for paramedics to support people with long-term and chronic conditions, mental health and minor illness.

14.2   The new programme will be delivered at 5 universities across Scotland from Autumn 2020 with the aim of providing students with the skills and competencies to deliver out of hospital care, in a range of health settings, as a member of the integrated health and social care team. In line with other NMAHP undergraduate, students will have academic based study combined with practice learning placements across health and social care settings and paramedic services. Students will be prepared to be proficient to undertake the full scope of practice for a paramedic leading to eligibility for them to apply for registration with the Health and Care Professions Council (HCPC).

15.   Public Health

15.1   Our public health programme incorporates infection control, antimicrobial resistance, healthcare associated infection and health protection resources for all health disciplines. Learning materials are customised for care environments such as care homes, care at home, day care for adults and general practice. We have a unique joint post with Health Protection Scotland which enables a rapid response to emerging issues, one example of this is COVID - 19 where we are working with other partners to develop guidance and education resources to support staff.

15.2   Further information on our range of resources can be accessed via link. https://www.nes.scot.nhs.uk/media/4271950/nesd0886-hai-resource-leaflet-2019-final.pdf

OPTOMETRY RESPONSE TO THE DEVELOPMENT OF PRIMARY CARE

1.   Background

1.1   Optometrists are the first port of call (FPOC) for all ocular conditions in the Scottish primary care setting: this has reduced pressure on GPs, pharmacists and A&E departments. We now have a robust evidence base from schemes such as the Glasgow Integrated Eyecare Scheme, the Lanarkshire Eye-health Network Scheme and NHS Greater Glasgow & Clyde's Acute Referral Centre scheme, on how well the profession can manage their new role (for review see ref 1): from managing sight loss through to removing foreign bodies, optometry is well placed in the community to deliver local, safe and effective care.

1.2   As eyecare changes within Scotland and an increasing remit is placed on the primary care ophthalmic workforce, NES Optometry has instigated and supported training and development to help ensure a skilled and competent workforce.

2.   Educational Developments

2.1   NES Optometry have supported the development and upskilling of over 300 practitioners in gaining their Independent Prescribing Diploma (IP). This has allowed more complex ocular conditions to be managed within a primary care setting, avoiding unnecessary referral to secondary care.

2.2   Continuing professional development, in the form of our national and northern prescribers' conferences, aims to support and develop this workforce. As part of the IP qualification, supervised hospital sessions are required, and these can take place at one of the three NES supported, regional teach and treat centres (Glasgow, Edinburgh or Aberdeen).

2.3   These centres are open to all optometrists and aim to improve practitioner's confidence in managing ocular conditions appropriately in primary care and to strengthen referral refinement. These centres play an ongoing role in ensuring practitioners, both IP and non-IP, keep their skills and knowledge up to date; and complement our existing referral refinement digital resources.

2.4   NES Optometry developed a digital online package on how first port of call (FPOC) can work within a busy optometric practice; and, for the first mandatory training exercise under the 2018 amendments to The National Health Service (General Ophthalmic Services) (Scotland) Regulations, practitioners were required to reflect on their management of a patient seen under FPOC. This secured good evidence around the practitioner's ability to reflect and demonstrated good systems awareness and personal development skills. More recently, a simulation training tool, the EyeSi slitlamp, has been acquired by NES to facilitate safe training on a plethora of pathology that can be encountered under the FPOC service.

2.5   We are now in our second year of mandatory training, with a module on "An introduction to consent and capacity in optometric practice in Scotland". This has been the fledgling in a larger workstream focussing on developing best practice guidance and education resources; and we have been guided by how this area of practice developed within the dental profession. Addressing accessibility has also included us working with charities and patients.

2.6   All members of the practice team are impacted by development of optometry within the primary care setting. Level 5 and level 7 Worshipful Company for Spectacle Makers (WCSM)

qualifications, and their equivalent, are available for optical assistants: developing those who often are the first point of contact for a patient in a primary eyecare setting.

2.7   These qualifications allow optical assistants potential further development by access to the dispensing optician degree programme. Understanding the value of good clinical leadership and management is essential to ensure a high performing practice team and we run multiple leadership and management training events throughout the year; and we now have practice managers enrolled in multidisciplinary training in Aberdeen.

2.8   With the increasing capacity and workforce challenges in the hospital eye service, we must continue to find new and novel ways to support changes in service delivery. Currently, a cohort of 20 independent prescribing optometrists are undertaking further training with NES to manage treated ocular hypertension and low risk glaucoma in primary care.

2.9   This pilot year, with practitioners from four health boards undertaking the NESGAT SQA level 11 qualification, will allow safe discharge of patients from secondary care. The NESGAT qualification is the first of its kind in the UK and supports the Scottish Government's aim to have 30,000 appointments per annum removed from the hospital eye service.

2.10   This area is supported by their development of a new shared Electronic Patient Record – once this has been released there will be a training requirement in its safe and appropriate use.

2.11   Moving forward, NES Optometry hope to replicate the model of NESGAT in addressing training needs for the community managing low vision support, and potentially in providing increased capacity in the community in addressing the care of medical retina pathologies.

2.12   With the profession increasing their role in primary care, and indeed welcoming care of long-term conditions into their practices, NES Optometry have developed a workstream around Leadership and Quality Improvement – both areas that are vital to the success of this new way of delivering eyecare in Scotland.

References:

Scottish Government 2017 Community Eyecare Services Review

Available at: http://www.gov.scot/Publications/2017/04/7983

PHARMACY DIRECTORATE RESPONSE TO THE DEVELOPMENT OF PRIMARY CARE

1.   Background - General Practice

1.1   Pharmacists have worked in General Practice within NHS Scotland since the early 1990's delivering mainly cost efficiency/prescribing advisory work for practices. With the advent of pharmacist prescribing in 2003, some pharmacists from this workforce also delivered patient facing services via a variety of clinics.

1.2   In 2015, in response to pressures within General Practices, the Scottish Government (SG) provided monies, via Primary Care Funding, to territorial Health Boards (HB) for "140 WTE (Agenda for Change) Band 7/ 8A Pharmacists to be employed to work in General Practice (2015-18)" [1].

1.3   Consequently, NES Pharmacy were asked by SG to provide a national training programme for these individuals and also for the smaller numbers of Pharmacy Technicians and Band 6 pharmacists who the HBs then also employed with this funding.

1.4   NES Pharmacy became involved in the educational support of this initiative from January 2016 (see National Training Programmes information below).

2.   Pharmacotherapy Services

2.1   With the advent of the new GMS contract in 2018, further funding was provided to HBs by SG to 'provide access to a pharmacist with advanced clinical skills' for all General Practices in NHS Scotland by 2021 to facilitate delivery of the agreed Pharmacotherapy service [2] and allow GPs to focus on their role as expert medical generalists, distribute workload, address practice sustainability and support prescribing improvement work.

CORE AND ADDITIONAL PHARMACOTHERAPY SERVICES		
	Pharmacists	**Pharmacy Technicians**
Level one (core)	• Authorising/actioning[15] all acute prescribing requests • Authorising/actioning all repeat prescribing requests • Authorising/actioning hospital Immediate Discharge Letters • Medicines reconciliation • Medicine safety reviews/recalls • Monitoring high risk medicines • Non-clinical medication review Acute and repeat prescribing requests includes/ authorising/actioning: • hospital outpatient requests • non-medicine prescriptions • installment requests • serial prescriptions • Pharmaceutical queries • Medicine shortages • Review of use of 'specials' and 'off-licence' requests	• Monitoring clinics • Medication compliance reviews (patient's own home) • Medication management advice and reviews (care homes) • Formulary adherence • Prescribing indicators and audits
Level two (additional - advanced)	• Medication review (more than 5 medicines) • Resolving high risk medicine problems	• Non-clinical medication review • Medicines shortages • Pharmaceutical queries
Level three (additional - specialist)	• Polypharmacy reviews: pharmacy contribution to complex care • Specialist clinics (e.g. chronic pain, heart failure)	• Medicines reconciliation • Telephone triage

3. NES Pharmacy Support - National Training Programmes

3.1   Advanced Practice Pharmacists (Band 7/8a)

The Learning Pathway for Advanced Practice Pharmacists (Band 7/8A) developed by NES consists of
- e-learning
- national face-to-face direct learning events (DLE's) (consists of a 2-day residential event and a follow up day at 6 months), involving a range of other healthcare professionals and based on a bespoke training needs analysis for each cohort;
- national webinars and
- completion of an Advanced Practice Competency and Capability Framework for Pharmacists based on the Royal Pharmaceutical Society Faculty framework and developed and tailored to General Practice patient facing clinical activities.

3.2   Scottish Government (SG) expectation for this group of practitioners is that they would all be independent prescribers (IPs) with advanced clinical skills. However less than 30% of those recruited and commencing on the Learning Pathway are IPs with clinical skills training with a lesser number practising as such.   In response NES has commissioned and fast-tracked pharmacists into IP and clinical skills training via Schools of Pharmacy and Medicine / Nursing respectively.

3.3   To date, **347** pharmacists have commenced on the NES Advanced Practice Learning Pathway, with a further **140** expected to commence in 2020 with Primary Care Transformation funds aligned to the new GP contract (2018). There are great variations across HBs regarding WTE status, number of practices covered, roles agreed and employment status of pharmacists (2 HB have passed funding to GP practices to employ pharmacists directly). This figure does not include pharmacists already employed pre-2015 who have **not** been offered this training to date.

3.4   Independent evaluation found that the format and content of training was well received and valued and that those who were IPs felt more confident and competent in their patient facing roles and in functioning as part of the General Practice team. The other significant finding was that *greater experiential support was required from both HBs and General Practices for these practitioners to facilitate role and personal development*.

3.5   As a result, from 2018, Scottish Government have provided <u>limited</u> funding through NES to ensure a supportive infrastructure for both **Clinical Supervision by General Practitioners** and **Educational Supervision by experienced senior pharmacists** to be provided for all new pharmacists being appointed into GP practices in Scotland.

3.6   Supervision is key to supporting practitioner development in practices to ensure patient safety by these autonomous practitioners.   This small amount of funding is currently distributed to HBs under NES specifications. NES Pharmacy has also developed, piloted and is currently rolling out national training for Educational Supervisors based on existing medical models within NES.

4.   Foundation Pharmacists (Band 6)

4.1   NES have also developed a national **Foundation Practice Competency Framework for Pharmacists working in Primary Care** (GP Practice and Community) which was launched in 2017.

4.2   There are currently **80** Foundation Pharmacists undertaking training within a Primary Care setting throughout their two-year training programme: **29** are training solely in a GP Practice, **45** are employed within the hospital sector but rotating into a GP Practice for 6 months of their 2-year training period and **6** are training solely in a Community Pharmacy setting. All complete their training using an online portfolio.

5.   Pharmacy Technicians (Band 5)

5.1   In addition, pharmacy technicians are being appointed into new roles within GP Practice.

5.2   These pharmacy technicians attend the national face-to-face direct learning events (DLE's) with the advanced practice pharmacists above and complete e-learning and webinars as appropriate to their professional practice. Within the DLE's pharmacy technicians participate in joint sessions with pharmacists and undertake bespoke uni-professional learning.

5.3   NES also developed a **Foundation Practice Competency Framework for Pharmacy Technicians** working in General Practice and launched in January 2018 and this is currently being piloted across NHS Scotland.

5.4   **85** pharmacy technicians have attended the DLE's of whom **26** are piloting the Framework electronically on TURAS. It is anticipated that a further **40** pharmacy technicians will be recruited and attend training in 2020.

6.   NES Pharmacy support for Community Pharmacy input to Primary care services

6.1   NES Pharmacy has always had a role in supporting a developing Contractual Framework for community pharmacy in Scotland. However with the increasing demand on community pharmacy to offer more and enhanced frontline clinical services to support the primary care transformation agenda, NES Pharmacy has had an increasing role to ensure workforce development requirements are met as the key contractual elements are rolled out uniformly across Scotland.

6.2   **NHS Pharmacy First Scotland** is a new national community pharmacy service, due to be rolled out in April 2020, which will encourage everyone to visit their community pharmacy in the first instance for advice and treatment of minor ailments, and common clinical conditions using PGDs, thereby reducing the number of GP consultations and visits to A&E for minor health complaints.

6.3   Our educational support for this new service includes:
- Face to face educational events in each board area with the option to join by "VC at home" in Highland (this event is commonly accessed by participants in Orkney, Shetland and Western Isles) and Dumfries and Galloway.
- An e-leaning programme (due mid-March)
- A quick refence guide which will be printed and sent to all community pharmacies
- Live and recorded webinars

6.4   **Pharmacist Independent Prescribing & Clinical Skills Training/Teach and Treat.** The plan is to enhance the range and level of clinical engagement of the `Pharmacy First in Scotland` service by community pharmacists becoming independent prescribers.

6.5   As a result, NES have supported a cohort of 63 community pharmacists to undertake a bespoke independent prescribing and clinical skills course to increase access to community pharmacy as the first port of call for managing self-limiting illnesses in-hours and out-of-hours utilising independent prescribing skills.

6.6   Following completion of the independent prescribing course the pharmacists undertake a Common Clinical Conditions course to further develop their clinical assessment skills and effective clinical history taking skills for patients presenting with acute self-limiting conditions.

6.7   In addition, we are supporting the roll out of this into practice through a `Teach & Treat` service for community pharmacist prescribers who have completed the Common Clinical Conditions clinical skills course and who have been asked to deliver services to patients from community pharmacies to reduce GP workload in relation to acute self- limiting conditions. It is intended to expand this Teach & Treat model to all NHS Boards in the future.

7.   General Primary Care Support

7.1   **PBSGL and CPD Connect.** NES Pharmacy continues to sponsor membership of Practice Based Small Group Learning (PBSGL) for pharmacists and pharmacy technicians working in Primary Care. We currently sponsor ~350 members.

7.2   Groups traditionally comprised of professionals from one profession and one sector of practice, but this is changing, and we now have groups with a mix of GPs, nurses, pharmacists and pharmacy technicians. In addition, some groups have pharmacists and pharmacy technicians from different sectors of practice.

7.3   We also sponsor attendance on interprofessional CPD connect courses, such as 'A day in a life of a busy GP Practice','' Whose job is it anyway?' and the recent Long-Term Conditions conference. All these events are aimed at supporting the primary care team.

8.   Vaccinations and Public Health

8.1   NES Pharmacy collaborate with colleagues in the NES / Health Protection Scotland team to ensure we are providing consistent education around health protection issues. This includes education around antimicrobial stewardship, Lyme disease and vaccinations (in future).

References

1.   http://www.sehd.scot.nhs.uk/pca/PCA2017(P)04.pdf
2.   https://www.gov.scot/Resource/0052/00527530.pdf

PSYCHOLOGY DIRECTORATE RESPONSE TO THE DEVELOPMENT OF PRIMARY CARE

1.   Increasing access to psychological therapies and interventions within Primary Care

1.1   NES Psychology is supporting the Scottish Government's mental health strategy to increase access to Psychological Therapies and interventions across services including primary care. Currently, within Primary Care in Scotland, only 1-2% of the 20% of people experiencing common mental health problems have access to effective psychological therapies or interventions for common mental health problems. NES Psychology provides guidance on the delivery of Psychological Therapies and Interventions through 'The Matrix: A Guide for the Delivery of Evidence Based Psychological Therapies in Scotland' (Scottish Government, 2015). Brief descriptions of relevant work follow:

2.   Psychology/Training Grades

2.1   NES is responsible for the pre-registration training of psychologists for the NHS in Scotland and has a commissioning and direct delivery role. Primary care is the first point of contact for most referrals to clinical psychology.

2.2   Clinical Psychologists are trained to apply psychology across the lifespan, in mental and physical health and disability domains and are a flexible workforce for the NHS. The training equips them for their roles in working with people with the most complex psychological needs, clinical leadership, supervision and supporting the wider workforce to deliver psychological care. The intake for psychological trainees has ranged between 50 and 60 over the past 10 years with higher numbers in recent years. There is a further potential increase to 70 in 2020.

2.3   Demand for training posts is high: for every place for clinical psychology training there are 17 applicants. For every master's place there are 8 applicants. The steady supply of psychology graduates in Scotland means that expansion of the workforce is possible when training and service posts are available. In recent years, Scottish Government has provided funding for service posts as well as increased training posts.

2.4   The MSc **Psychological Therapy in Primary Care (PTPC)** is a unique programme in Scotland commissioned by NES to provide expert training in delivering evidence-based cognitive behavioural therapy (CBT) to adults in primary care experiencing anxiety and depression. Current data shows 74% of graduates are either retained and working in the NHS or relevant voluntary settings or in advanced training. In the last 9 years we have increased annual intake numbers from 22 in 2011 to an intake of 35 in 2020 and an anticipated intake of 40 for 2021.

3.   Primary Care Psychological Therapy Workforce Expansion

3.1   Scottish Government provided funding to enable boards to recruit an additional 31.4wte PTPC graduates for deployment to primary care mental health services as part of plans that include trainings and supervisions supported by NES.

4. Increasing Primary Care Capacity in Psychological Therapies and Interventions

4.1 NES Psychology is working to **increase capacity within the Scottish Primary Care workforce** to deliver effective and accessible, effective, person centred, psychological interventions and therapies within robust supporting infrastructures to ensure safe and effective practice.

4.2 **Mild to moderate mental health problems presenting in primary care** – NES Psychology works closely with NHS Boards to develop networks of staff who can provide training in brief enhanced psychological interventions. NES is also providing training to the **new primary care mental wellbeing workforce** associated with Action 15. Over recent years;

- Anxiety - Brief CBT / Guided CBT: over 1,400 training places have been rated as highly satisfactory.

- Depression – Behavioural Activation: 863 staff have been trained to provide BA. Following attendance at a Behavioural Activation Group, people had significantly reduced symptoms of depression (see Figure 2).

- Older Adult Mental Health - 159 training places provided.

4.3 **Long-term physical health conditions (LTC)** - Training in adapting Cognitive Behavioural Therapy for common mental health problems and long-term physical health issues has resulted in significantly higher knowledge, confidence and has evaluated positively by 150 staff and service managers in a pilot known as ADAPT.

- Early results from 140 patients included highly statistically significant improvements in depression, anxiety, quality of life and progress towards healthy lifestyle goals.

- Considerable levels of patient satisfaction were reported with 90% people rating their care as being highly person-centred, supportive and goal oriented.

- Service manager and staff evaluations are positive: '*Speedy access to service, the patient journey is almost seamless…*' and '*this is crucial to my role and developing my overall understanding of the role of LTCs*'

Figure 1: Reduction in depression symptoms (n=76)

BA Group*
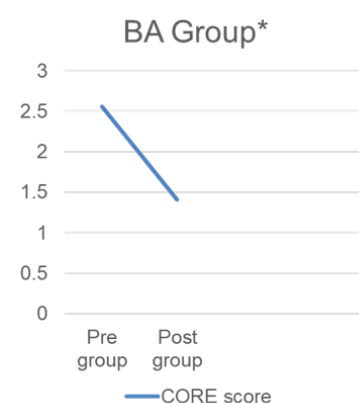
Figure 1: Reduction in depression and anxiety symptoms (n=140)

ADAPT brief CBT**
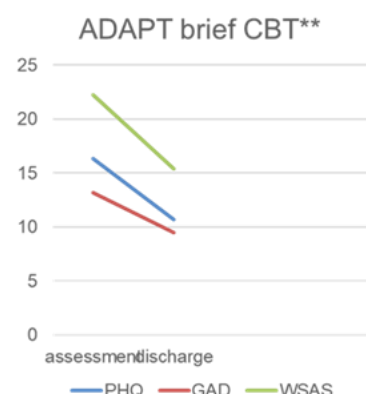
4.4   **Severe and enduring mental health problems** – Primary care is the first point of contact for a range of complex mental health problems. Training programmes are also provided for:

- Substance misuse – MI and Core skills.
- Psychosis – Psychosocial Interventions (PSI) for Psychosis.
- Personality disorder & emotional vulnerability – STEPPS.
- Forensic mental health – Psychological Interventions.

4.5   In addition to the work detailed above NES Psychology also provides education and training in psychological therapies and interventions in the following areas relevant to the primary care workforce;

- Early Years, Children and Young People's Mental Health
- Perinatal Mental Health
- Dementia
- Autism
- Learning Disability
- Suicide Prevention

5.   The Psychological Trauma Training Framework & Training Plan

5.1   The Scottish Government has outlined the ambition of having a 'trauma informed' workforce across the NHS including primary care. The Patient Charter of Rights and Responsibility, revised in June 19, includes reference to 'trauma informed' principles as part safe and effective care and treatment.

5.2   We are developing a range of tools and resources including animations 'Opening Doors' for those working primarily with adults vimeo.com/274703693 and 'Sowing Seeds' for services working with children/young people vimeo.com/334642616 and 'Developing your Trauma Skilled Practice' an e-module can be accessed at: https://learn.nes.nhs.scot/24384/elearning-psychology/developing-your-trauma-skilled-practice.

6.   Future directions

6.1   NES Psychology is currently in discussion with the Scottish Government regarding workforce development to improve access to psychological therapies and interventions in primary care adult mental health.

- Expanding the competencies of the existing workforce to deliver the most effective treatments
- Providing training to the new primary care mental wellbeing workforce associated with Action 15 and expanded primary care teams.
- Supporting models of service delivery that enables cost-effective stepped care, patient choice and increases capacity (drawing on implementation science, QI methodology and the IAPT model in England).

NES DIGITAL SERVICE (NDS) RESPONSE TO THE DEVELOPMENT OF PRIMARY CARE

1   Background

1.1   NES Digital Service (NDS) was set up in June 2018 to create the national digital platform – an interoperable system for clinical data across health and social care. The platform seeks to improve the wellbeing of people across Scotland by ensuring the right information is available in the right place, at the right time for both staff and citizens. It is a key strand of the Digital Health and Care strategy (2018).

2.   ReSPECT

2.1   The first product on the platform is the ReSPECT application, which supports anticipatory care planning. ReSPECT allows a patient's wishes on emergency care to be appropriately accessed and shared by health and care staff. Primary and secondary care professionals have access to patient information relating to emergency care across the system. The ReSPECT application was purposefully chosen as it contains vital patient information that should be shared across primary care disciplines. Future phases will extend the service to social care, emergency services and direct access by citizens.

2.2   The ReSPECT application is live in the NHS Forth Valley area. The primary means of accessing the ReSPECT information will be through alerts embedded in the Forth Valley Clinical Portal – showing only the critical emergency information for a person, with a link to their full ReSPECT form. Further embedding of ReSPECT in the GP workflow will be provided by automatically sending updated ReSPECT forms to GP surgeries via docman – their document management solution.

2.3   The work with Forth Valley has been invaluable not just to design and build a more usable product but to understand the environment and working practises within the health board in which ReSPECT will be implemented. We have captured these learnings in an implementation guide which will support rollout to further health board areas.

3.   Ophthalmology

3.1   While investment in primary care has delivered improvements to community eyecare services, the national ophthalmology workstream identified the urgent need for an ophthalmology electronic patient record (oEPR) as an enabler to reform eyecare services and to replace largely paper-based records. The oEPR will be delivered through the national digital platform.

3.2   The electronic capture of clinical, audit and follow-up data are vital to eliminate irreparable sight-loss from patients on waiting lists, and to facilitate greater shared care across the primary and secondary eyecare interface. In addition, the oEPR work will further integrate the service across the primary and secondary care interface by supporting full shared care and discharge of patients with chronic ophthalmic conditions to accredited community optometrists.

3.3   This will free up appointments at hospital eye services and enable ophthalmologists to focus on managing only the most complex eye conditions through the reduction of unnecessary referrals and re-referrals from primary care. The target is to deliver at least 23,000 less referrals to the hospital eye service from optometrists by 2022.

1. Summary and Conclusions

1.1   A number of Directorates have contributed to this paper.

1.2   This represents a comprehensive review of all the work being undertaken in NES to support the SG policy of increasing Primary Care services.

NHS Education for Scotland

Board Paper Summary

1. **Title of Paper**

   Finance Report as at 29th February 2020.

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

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

3. **Purpose of Paper**

   The purpose of this paper is to present the financial results for the first eleven months of the year to 29th February 2020 and to indicate the current forecast outturn as at 31st March 2020.

4. **Key Issues**

   As the last paper received by the full Board was as at 31st December this paper reflects the movements between that date and the 29th February. In the interim the Finance and Performance Management committee received an update on the position as at 31st January 2020.

   a. We are currently reflecting an anticipated final revenue budget for 2019/20 of £500.4m for NES. This is a reduction of £5.6m since the position reported in Month 9 as we have now:
      - recognised a non-recurring contribution towards the National Boards savings of £1.5m,
      - finalised allocation adjustments of £2.7m which includes the removal of £1.9m of revenue funding being transferred to Capital,
      - agreed to return/ not draw down non-recurrent funding of £0.8m to Scottish Government.
      - reflected a carry forward of £0.5m in relation to transformation funded projects which has been approved by Scottish Government.

   b. Members will be aware that there is a historic recurrent funding deficit in Medical Training Grades (MTGs) which the Scottish Government have agreed to fund on a non-recurrent basis in the current financial year, with a view to securing additional recurrent funding in future years.

   c. In reporting the NES financial position, we separate MTGs from the Rest of NES to highlight the anticipated allocation in respect of this funding gap. The year-end forecast position is a deficit on Medical training grades of £1.4m (section 4) which will be funded by Scottish Government.

There is currently a forecast underspend in the balance of the NES budget of £0.4m. If this materialises at 31st March it will reduce the amount of funding required for the deficit on Medical training grades.

d. We are currently monitoring the impact of the response to the COVID-19 pandemic on our financial position and will work with Directorates to ensure that all financial impacts, for example, underspends caused by cancellation of training events; additional purchases of IT equipment to enable home working; the redeployment of NES staff to support front-line services; and lost income are recorded. We will agree with Scottish Government how these impacts will be managed and ensure that we have enough funding both in this financial year and next to undertake activities currently being postponed.

e. We have agreed to an additional £1.5m non-recurrent contribution towards the £15m target given to the National Boards in 2018/19. We have previously contributed £2.5m on a recurring basis and the additional contribution has been made to bridge the outstanding gap across all National boards. We will work with the other boards during 2020/21 to agree a solution for delivery of the outstanding £4m on a recurrent basis.

5. **Educational Implications**

N/A

6. **Financial Implications**

NES has three financial targets which need to be met on an annual basis. This report focuses on the requirement to meet the Revenue Resource Limit (RRL). The current financial forecast is break-even dependent on the receipt of funding from Scottish Government to cover the historic funding deficit in the Medical Training Grade Salaries.

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

A High Performing Organisation

8. **Impact on Quality Ambitions**

Delivering a break-even outturn will ensure that NES meets its Quality Ambitions.

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

The key Risks to the final finance position are reported in Section 7. A new risk relating to the financial impact of COVID-19 has been included this month, however it is not anticipated the financial impact in this financial year will be material. The impact on the financial position in 2020/21 is likely to be more significant, however UK and Scottish Ministers have been clear that the NHS should get the funding needed to support the response to COVID-19.

10. **Equality and Diversity**

We currently anticipate a balanced financial position by the year end. The recommendations within the report will not create any equality and diversity risks.

11.   **Communications Plan**

We are in regular communication with the Policy and Finance teams at SG. No further external communication plan is required.

12.   **Recommendations**

The Board is invited to note the information contained in this report including the additional £1.5m non-recurrent contribution to the National Board savings target in 2019/20.

NES
March 2020
AMc /JS/ LT

Finance Report to 29th February 2020

1. Funding Overview

We are currently reflecting an anticipated final budget for 2019/20 of £500.4m for NES.

Full details of the overall anticipated allocations and their classifications are shown in Table 1 below.

Table 1: Total Anticipated Revenue Funding

Area	Recurring		Earmarked		Non Recurring		Total		Total Funding Anticipated
	Received	Outstanding	Received	Outstanding	Received	Outstanding	Received	Outstanding	
2018/19 Baseline	423,353						423,353	0	423,353
2018/19 Pay award	8,558						8,558	0	8,558
National Boards Savings	(4,000)	1,500					(4,000)	1,500	(2,500)
2019/120 Pay Award	8,384						8,384	0	8,384
Board Development posts (HIS)	70						70	0	70
Excellence in care	165						165	0	165
Original budget	**436,530**	**1,500**	**0**	**0**	**0**	**0**	**436,530**	**1,500**	**438,030**
National Boards Savings		(1,500)			213	(213)	213	(1,713)	(1,500)
Removal of revenue to capital					(1,935)		(1,935)	0	(1,935)
Superannuation	16,370						16,370	0	16,370
NDS		0	2,774		(194)		2,580	0	2,580
Transformation					1,559		1,559	0	1,559
Aberdeen Dental School			3,140				3,140	0	3,140
Dental Outreach/VT/START			350		241		591	0	591
Speciality Training Expansion posts			5,510				5,510	0	5,510
MEP funding gap			5,049	(220)			5,049	(220)	4,829
IST & IMT Funding					625		625	0	625
Mental Health Programme					7,000		7,000	0	7,000
Psychology Trauma Funding					480	0	480	0	480
Psychology CAMHS					3,274		3,274	0	3,274
Pharmacy AEIPC & ACT					2,822		2,822	0	2,822
Pharmacy PRPS			5,455		840		6,295	0	6,295
Other Pharmacy			651		546		1,197	0	1,197
GPN Funding - Primary Care					1,350		1,350	0	1,350
GP Bursary - Primary Care					2,280		2,280	0	2,280
Other Primary Care Fund					1,122		1,122	0	1,122
Project LIFT					327		327	0	327
Digital Pharmpress			372	0			372	0	372
Outcome Framework-CNOD Bundle					2,495		2,495	0	2,495
Dental Overseas Levy (return of income)					(806)		(806)	0	(806)
Other allocations	0		357	0	1,977	59	2,334	59	2,393
Total Revenue Allocation	**452,900**	**0**	**23,658**	**(220)**	**24,217**	**(154)**	**500,775**	**(374)**	**500,401**
Total		**0**		**23,438**		**24,063**		**500,401**	**500,401**

All figures are in £000's

1.1 Movement in Revenue Funding

In Month 9 we reported anticipated full year funding of £506m, this has since reduced by £5.6m to £500.4m as a result of the following anticipated adjustments to allocations. The adjustments in italics reflect changes applied in Month 11, the other adjustments relate to period 10 and as such were detailed to the Finance and Performance Management Committee in their report on 19th February 2020.

Table 2: Funding movements since Month 9

Reason for Adjustment	Reduction £000s
National Boards Saving as agreed by Board on non-recurrent basis	(1,330)
Additional non recurrent contribution to National Boards saving	(170)
Sub total	(1,500)
Transformation projects funding to carry forward into 20/21	**(490)**
Earmarked/Non recurring Allocations not required	
Primary Care Funding	(300)
Psychology CAHMS funding	(191)
NDS	(194)
Pharmacy – Over the Counter Prescribing training	(150)
Sub total	(835)
Allocation Adjustments	
MEP funding Gap adjusted for overseas numbers	(220)
Return carry forward provided in error	(369)
Purchase of Manikin – funding transferred to Forth Valley	(181)
Workforce allocation no longer anticipated	(38)
Transfer of Revenue funding to Capital	(1,935)
Sub total	(2,742)
Total Adjustments	(5,567)

1.2   National Boards Saving

Although NES contributed £2.5m on a recurring basis in 2018/19 to the National Boards savings target of £15m, the national target had not been achieved in full on a recurring basis. As a consequence, the Scottish Government initially removed a further £1.5m from NES in 2019/20 and then informed us that a slightly reduced contribution of £1.33m is required. As agreed by the Board in January this saving has been met in 2019/20 on a non-recurrent basis. We have also agreed to contribute a further £170k in year in recognition of the savings still outstanding and our current financial position.

1.3 Transformation Funding

We have identified a £490k underspend from Transformation Projects which Scottish Government have agreed to allow us to carry forward into 20/21 to enable the ATOS work not delivered in 2019/20 to be undertaken (£150k) as well as the continued development of the Turas Data Intelligence Platform.

1.4 Return of non-recurrent allocations

As we approach year-end, we have finalised the forecast expenditure relating to projects funded non recurrently by Scottish Government and this has identified areas where funding will be returned.

a) **Primary Care Funding** – an underspend of £300k has arisen across Pharmacy (£250k) and Workforce (£50k). Within Pharmacy, service pressures have impacted on the availability of staff to support the expansion of Experiential Learning funded by Pharmacy ACT. Within Workforce the 3rd intake of GP Coaching was delayed due to late advertising of places by Scottish Government meaning that some of the costs will not be incurred in this financial year.

b) **Psychology CAMHS** – The directorate has agreed £191k will be returned to Scottish Government as too much CAMHS funding was drawn down in this financial year. This is because not all boards have been able to recruit to the level of Psychology posts that Scottish Government agreed to fund.

c) **NDS** – The £2.5m NDS allocation was received in December and was adjusted in January by the return of £194k to reflect reduced funding requirements largely due to delays in recruitment which generated a pay underspend of £205k.

d) **Pharmacy** –We no longer anticipate receiving funding of £150k relating to 'Over the counter prescribing training' as this will now not go ahead in the current financial year.

1.5   Allocation Adjustments

The following adjustments to allocations are required:

a) **Medical Education Package (MEP) funding Gap (£220k)** – Since 2015/16 non-EEA overseas medical students attending Scottish Universities have contributed towards the costs of their clinical teaching in the form of an ACT levy. The income raised from the levy is used to fund a set of measures known as 'the Medical Education Package'. The measures include Widening Access and ScotGEM and a balancing allocation is actioned each year to provide for the 'gap' between the Levy and the cost of MEP, this allocation reflects the adjustment required to fund this. This is the result of more overseas students than forecast.

b) **Carry forward (£369k)**– During the current year the NES 2018/19 year-end underspend was returned to us as a carry forward. This was an error and therefore we are returning the funding to Scottish Government.

c)   **Manikin (£181k)** –the purchase of a new Human Patient Simulator (HPS) manikin for use in clinical skills training was approved in December. As this has been ordered by Forth Valley as part of a larger procurement tender, we have transferred the funding to them.

d) **Workforce (£38k)** - A previously anticipated allocation within Workforce to support a Technological Enabled Care post is no longer expected as this is currently funded in full by NES on a non-recurring basis.

e) **Revenue to Capital transfer (£1,935k)** - Based on our estimated capital spend as at January, £1.9m has been transferred from our revenue allocation to create a capital allocation during Month 11.

1.6 Medical Training Grade Funding

The training grade budget is impacted by a complex combination of factors which are subject to change on a regular basis. These factors include how and where posts are filled, the hours trainees work, how many trainees take maternity/sickness leave, how many trainees will require remedial training and when the trainees find permanent posts at the end of their training. The assumptions made for each of these during Operational Planning can change throughout the year and particularly around August and February when trainees join and rotate through their training programmes.

In recognition of this volatility we have agreed with the Scottish Government that the amount of additional funding required will be agreed in one transaction at the end of the financial year. In addition to the monthly financial return provided to SG we have updated the SG Finance team to make them aware of the forecast movements.

2 Summary Financial Position

2.1 At Month 9, we reported to the Board that the overall corporate position was an overspend of £1.8m, made up of a £2.7m overspend in MTG salaries offset by an £0.9m underspend across the rest of NES.

Since Month 9 overall this has reduced by £0.7m which is made up of reduced spend in MTG of £1.2m and increased spend across the rest of NES of £0.5m. Table 3 shows the detail of this combined, corporate position, the 2 elements of which are then detailed in sections 3 and 4.

Table 3: Corporate Summary Financial Position

MONTHLY REPORTING to FEBRUARY 20				Period 11				
	Year to Date			**Full Year**				
Directorate	**Current Budget**	**Outturn**	**Variance**	**Current Budget**	**Outturn**	**Variance**	**Variance last month**	**Movement in variance from prior month**
NES -excluding Medical Training grade Salaries	213,594	211,097	2,496	237,751	237,374	377	125	252
Training Programme Management - MTG Salaries	196,342	197,936	(1,595)	262,650	264,064	(1,415)	(2,185)	770
TOTAL NES	**409,935**	**409,034**	**902**	**500,401**	**501,438**	**(1,038)**	**(2,059)**	**1,022**

3 NES – Excluding Medical Training Grade salaries

3.1 Summary Movement in Forecast from M9 – NES (Excluding Medical Training Grade Salaries)

Table 4: Information by Directorate – includes the variance from the last position reported to Board, Month 9

MONTHLY REPORTING FOR FEBRUARY 2020				Period 11					
	Year to Date			Full Year				Movement in Variance	
Directorate	Current Budget	Outturn	Variance	Current Budget	Outturn	Variance	Variance last month	from last month	From Month 9
Quality Management	75,059	74,938	121	82,036	81,927	109	109	(0)	81
Strategic Planning and Directorate Support	5,604	5,541	63	6,067	6,024	43	60	(17)	(4)
Training Programme Management Excl Training Grades	16,720	16,292	428	18,254	18,040	214	155	59	158
Professional Development	6,185	5,637	548	7,218	6,826	391	330	62	264
Pharmacy	10,817	10,491	327	12,026	11,943	84	156	(73)	(94)
Medical Total	**114,384**	**112,897**	**1,487**	**125,601**	**124,761**	**841**	**810**	**31**	**406**
Dental	41,117	41,087	30	44,945	45,040	(95)	(184)	88	91
NMAHP	10,187	10,320	(133)	13,672	13,809	(137)	(147)	11	(97)
Psychology	19,605	19,406	199	23,373	23,201	172	101	71	36
Healthcare Sciences	2,553	2,519	34	2,767	2,728	39	45	(6)	5
Optometry	960	930	30	969	1,073	(104)	(106)	2	2
NDS	1,457	1,412	46	1,811	1,688	123	0	122	54
Digital	9,856	10,138	(282)	11,189	11,401	(212)	(363)	152	111
Workforce	4,878	4,719	159	5,159	5,013	170	153	17	141
Finance	2,157	1,849	308	2,392	2,114	278	246	32	56
Properties	3,666	3,601	65	4,050	3,996	54	59	(5)	22
Facilities Management	650	611	39	712	688	24	23	1	2
Planning (incl OPIP)	1,200	1,167	32	1,312	1,285	27	34	(7)	1
Net Provisions	921	440	482	(201)	601	(802)	(546)	(256)	(1,325)
NES Total (revenue)	**213,594**	**211,097**	**2,496**	**237,751**	**237,374**	**377**	**125**	**252**	**(494)**

All figures are in £000's

Since Month 9 the forecast has moved by £0.5m as detailed in table 4. The most significant movements include;

- Reduced budget due to the £1.5m contribution to National Boards savings; offset by:

- An increased Medical underspend of £0.4m which is mainly through Training Programme Management (TPM) (£0.16m) from a range of underspends including reduced recruitment costs (£0.13m) and Professional development (PD) (£0.3m) where QI have reduced spend (£0.07m) and the Fellows underspend has increased by £0.07m. These are explained further in sections 3.4 -3.7.

- Net reduction in spend of £0.4m across all the other directorates, the most significant being £111k in Digital and £141k in Workforce. These and other movements of over £90k are detailed in section 3.

- The release of provisions (£0.2m) no longer required as costs have been absorbed within Directorate budgets

3.2   Capital

The forecast revenue position now excludes expenditure totalling £1.9m which has been reclassified as Capital and transferred to the balance sheet. Spend that has been classed as capital includes the purchase of IT equipment, hardware and VC upgrades (£0.6m), work to date on the NDS Platform (£0.5m) and Digital products including the 360 Tool and Turas Job evaluation software (£0.5m). We currently anticipate a £67k underspend in Capital which has arisen as some purchases originally anticipated to be capital, upon review, have been deemed to be revenue.

3.3   Year to Date

Currently NES, excluding Medical Training Grades, is showing a Year to Date underspend of £2.5m. This is expected to come back into line in Month 12 as claims and payments are made across Directorates where budget was incorrectly phased, and the technical adjustments reported through Provisions are complete.

Directorate movements in Full-Year Forecast

Significant variances within the Full-Year Forecast movement **since M9** are reported below:

Medical

3.4   In Quality Management the largest factor in the £81k movement was the unexpected receipt of £70k of income from Health Education England (HEE). This was in respect of a contribution to the cost of teaching St Andrews University Medical Students who complete their undergraduate training within England. HEE had informed us previously that they would not be supporting these costs in this or future years.

3.5   Within Training Programme Management (TPM**)** a movement of £158k since M9 is mainly comprised of £132k reduced spend on Recruitment from a combination of factors including reduced marketing spend (£59k), reduced recruitment centre costs (£42k) and a lower charge for the National Recruitment system than expected (£24k).

3.6   In Professional Development the full year forecast underspend is £391k, a £264k increase from Month 9. The significant elements of this movement include £72k lower spend on Quality improvement mainly from reduced costs on the QI Access project and the Patient Safety Fellowship; £75k lower costs on Fellows due to the funding arrangements for Academic Fellows and £25k of spend which was approved by the Executive team for Rural Credentials work not taking place in this financial year; and £150k in reduced course costs from a combination of fewer courses being delivered, from both reduced uptake and reduced delivery costs from combining courses; and lower venue costs from utilising NES premises where possible.

3.7   In Pharmacy the forecast underspend of £84k reflects a movement of £94k since Month 9. The movement is mainly due to mandatory training being launched ahead of a new redesigned minor ailment and common clinical conditions service at the request of the Scottish Government at a cost of £127k. The impact of this is slightly lessened by a £42k reduction in Pharmacy ACT spend against a total Pharmacy ACT budget of £2.2m.

Dental

3.8   The Month 9 forecast overspend in Dental of £185k which reflected approved additional expenditure, has reduced by £91k in Month 11. The bulk of the movement is due to two factors: £36k from additional vacancies in Business Support; and £33k income received from the Committee of Post Graduate Dental Deans and Directors (COPDEND) not previously forecast. In addition, £17k of the approved additional expenditure will now not be incurred.

NMAHP

3.9   Since Month 9 NMAPH have increased their forecast overspend by £97k. This is due to higher than anticipated uptake in training modules within the Post Registration, Post Graduate & CPD Programmes forecast to cost an additional £167k. Within programmes a level of drop offs is anticipated, based on historic trends, to ensure a reasonable level of funding is allocated. Across General Practise Nursing, Advanced Nurse Practitioner, District Nursing & Return to Practise (RtP) this year the level of drop off has been lower than forecast, this has been offset by underspends in the Women Children Young People & Families programme as intake of School Nursing students is lower than anticipated to reflect revised requirements (£47k) and additional vacancy lag budget being released (£30k).

Digital

3.10   Digital are forecasting an overspend of £212k at the year end, a reduction of £111k since Month 9 after additional £56k (net) additional commercial income was received following the signing of a contract to supply Family Nurse Partnership software to NHS England and the release of a £55k budget created in the expectation that the reduced content on the e-Subscriptions contract may lead to increased costs for the British Library.

Workforce

3.11   Since Month 9, the forecast year end position of a £29k underspend has increased to an underspend of £170k. This mainly relates to pay underspends created due to the reorganisation of the Directorate (£140k), via both vacant posts and posts being filled at lower scale points than expected (often due to internal recruitment). The reorganisation is now complete.

Provisions

3.12   The full year budget for net provisions had reduced in Month 10 from £2.1m to a credit of £0.1m and it has since reduced further to £0.2m. This is due to the original £2.1m budget being reduced by £1.5m in respect of the non-recurring National Board savings contribution; £0.4m being moved from provisions to Medical Training Grades after being held in provisions until agreement on funding was reached with Scottish Government; and returning the £0.369m carry forward figure to Scottish Government as detailed in table 2.

3.13   The overall £1.3m movement in the forecast outturn position for provisions since Month 9, arises from the removal of the National Board Saving (£1.5m) off-set by the reduction of corporately held provisions no longer required as costs have been absorbed within Directorate budgets (£0.2m).

4   Medical Training Grades Salary Costs

Table 5: Medical Training Grade Salaries Financial Position.

MONTHLY REPORTING FOR DECEMBER 19				Period 09				
	Year to Date			Full Year				
Directorate	Current Budget	Outturn	Variance	Current Budget	Outturn	Variance	Variance last month	Movement in variance from last month
Training Programme Management – Medical Training Grade Salaries	240,695	241,922	(1,227)	262,650	264,064	(1,415)	(2,185)	770

All figures are in £000's

The forecast position in Training Grades has moved by £1.2m since Month 9. £400k of movement reflects the transfer of the £400k previously held within provisions to Medical Training Grades and £770k movement in Training Grade spend reflecting the impact of the February rotations as detailed below.

4.1   Medical Training Grade Salaries – Movement

- A £453k increased underspend in Hospital Trainees due to:

  Core and ST (£348k underspend):
  - 22 WTE fewer paid posts than anticipated creating an increased underspend of £198k from the impact of the February rotations. In line with the funding received from SG, our policy is to only pay Expansion posts when all core established posts in the same programme are filled. As a result, until trainees take up their posts there is always a risk of movement in our forecasts particularly when Trainees rotate through their training programme,
  - Lower remedial costs from 8 WTE fewer than anticipated receiving additional support (£72k) and
  - 7 WTE fewer Certificate of Completion of Training (CCT) trainees opting to take up the six-month period of grace while applying for their preferred Consultant post, reducing spend by £59k

  FY1 and FY2:
  - fewer remedials than anticipated in FY1 And FY2 increasing the underspend by £45k

  GP in Hospital
  - 18 WTE fewer GP100 posts being paid than forecast following February Rotations due to vacancies in corresponding GP100 programmes and boards (£155k)
  - Offset by 11WTE higher ST1 trainees rotating into Hospital Placements (£95k)

- £317k increased underspend in GP Trainee placements in Primary Care
  - 11WTE fewer than forecast in GPST1 and GPST3 reducing spend by £308k following the February rotations

Impact on Current Funding Gap

4.2   The movement detailed above will impact on the amount of funding required to be drawn down from Scottish government to meet the recurrent Training Grade Deficit. If nothing else was to change, the amount of the training grade funding deficit at year end would be £1.4m, a reduction of £3.5m from the original funding gap estimated.

5   Savings – Vacancy Lag

5.1   A recruitment lag saving of £1.5m was included in the 2019/20 Financial Plan which, this year, has been allocated to directorates to allow greater control and ownership. To date £2.3m has been realised and we anticipate a further £0.3m to be released before year end. These savings are included in the directorate figures in table 4 above and explain a significant amount of the underspend which has been delivered and reinvested in year.

6.0   Transformation Fund Projects

6.1   Transformation Funding

We previously reported that NES has received a total of £2.5m in relation to Transformation priorities. £2.049m was received directly from the Transformation fund and additional £0.4m came from other areas within Scottish Government. NES has allocated a further £0.3m from within our own resources on a non-recurring basis bringing the total available to £2.7m. As detailed in table 2 we are now returning £0.5 of underspends to Scottish Government in order to achieve the original objectives where work delayed in 2019/20 will need to be completed in 2020/21. This adjustment to funding is reflected in the table below.

Table 7 – Transformation Funding

Source	£000's
Transformation Fund	2,049
NES non-recurrent allocation	238
Elective centre funding	128
SG Workforce Directorate	157
Psychology funding for CAMHS posts (£50k NES baseline/ Balance SG)	151
Agreed carry forward into 2020/21	(490)
Total Funding	**2,233**

6.2   Programme Summary

This funding has been split across 2 main programmes detailed below. Monthly reports are submitted to Scottish Government which cover the progress related to the £2.049m. All these figures are also contained within table 4 of this report.

a) **Workforce Priorities -** The Workforce Priorities group consists of several projects including the ongoing support required for Lead Employer; the further development of the Turas Platform for People, Appraisal and Learn; the development of the Workforce Platform; the CAJE replacement; the Employee Engagement Portal and the hosting of the National Workforce Policies.

b) **Business Systems -** Business Systems is currently the e-Rostering project where this funding will enable an interface to be developed between SSTS and existing systems used for rostering. This interface will reduce the double keying of information until a long-term solution is agreed. The funding also supports the procurement of a new e-Rostering system to the point where a preferred supplier has been identified but no additional work will be carried out until a funding stream has been identified.

7   Risks to forecast Position

The risks to the year-end financial position result from the following:

a)   Medical Training Grades Baseline Funding Gap

At the review meeting which took place with Scottish Government it was acknowledged that the funding required to fill the historic gap in Medical Training Grades will move throughout the year as the cost drivers are out with NES' control. In order to manage this in-year movement it was agreed that whilst we will update Scottish Government on a regular basis as to the expected amount of funding required, a single drawdown figure will be agreed at year-end.

b)   COVID-19 Financial Implications

We are currently monitoring the financial implications of COVID -19 across the organisation both in the current financial year and 2020/21. Some examples of potential impacts will include:
- increased spend where we may need to purchase supplies not previously anticipated (e.g. IT equipment to allow large scale working from home),
- Additional costs due to improved hygiene measures e.g. Hand sanitisers, hand towels, pre-packed catering, deep cleaning costs
- Pay costs of staff redeployed to front-line clinical services
- Increased absence costs
- reduced income where we are not generating the levels of attendance expected as NHS staff focus on delivering front-line services,
- recognition of losses where events do not go ahead and deposits on venues, catering etc are not returned;
- reduced spend where events are cancelled and we do not incur anticipated costs
- increased spend in future years where activities and events are postponed and then re-arranged.

Information on these items will be detailed in future reports as appropriate.

8.0   Recommendation for Decision

The Board is invited to note the information contained in this report including the £1.5m non-recurrent contribution to the National Board saving in 2019/20.

NES
March 2020
AMc/JS/ LT

NHS Education for Scotland

Board Summary

1. Title of Paper

Performance Management Report following 31st December 2019 progress updates.

2. Author(s) of Paper

Karen Howe, 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 2019/20.

4. Key Issues

Overall, there are 562 targets, of which 20 are red, 46 are amber, and 496 are green. Of the 111 priority targets, 6 are red, 10 are amber and 95 are green.

5. Educational Implications

The performance targets cover all NES planned educational activity.

6. Financial Implications

The performance targets are delivered within the NES budget.

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

A high performing organisation

8. **Impact on the Quality Ambitions**

The performance targets cover the quality ambitions.

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

The performance targets have attached risks to delivery contained within the corporate risk register.

10. **Equality and Diversity**

Equality and diversity performance targets are included and reported each quarter.

11. **Health Inequalities**

There are a range of health inequality focused targets included.

12. **Communications Plan**

The AOP includes these performance targets and is published each year.

13. **Recommendation(s) for Decision**

To note and approve the current performance of NES.

NES March 2020 KH

NHS Education for Scotland – 2019/20 Quarter 3 Performance Report

1.Corporate Dashboard

Full performance data can be found in the [Corporate Insights](#) area of TURAS | Data Intelligence which presents corporate metrics in one place. *Note: this will require a TURAS user sign in.*

2. Summary of Performance

There are 562 performance targets for 2019/20, of which 111 have been identified as priorities and represent key performance indicators. Diagram 1 shows the performance across the 111 priority targets and diagram 2 outlines performance across all 562 targets. Performance is measured using RAG (Red, Amber, Green) ratings, the definitions are set out below:

- **Red** – progress has not been satisfactory. The target is more than 10% off the stated goal and/or delayed by more than 3 months.
- **Amber** – progress against this target/outcome has not been fully satisfactory. The target is up to 10% off the stated goal AND/OR is delayed by up to (and including) 3 months.
- **Green** – progress against this target/outcome has been satisfactory, with 100% of the target achieved or exceeded AND meeting all time deadlines.

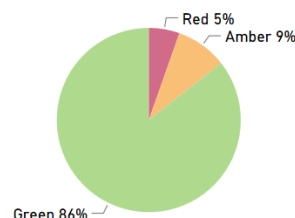**Diagram 1 – Summary of performance for priority targets (Q3, 2019/20, n=111)**
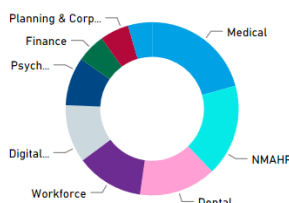
Performance (Priority Targets)

Targets by Directorate and RAG

DirectorateName	Red	Amber	Green	Total
Dental	1	2	13	16
Digital Group	1	1	10	12
Finance			6	6
Medical	1	1	21	23
NES Digital Service			5	5
NMAHP	1		18	19
Planning & Corporate Resources		1	5	6
Psychology		3	7	10
Workforce	2	2	10	14
Total	**6**	**10**	**95**	**111**

Targets by Strategic Theme and RAG

StrategicThemeName	Red	Amber	Green	Total
Digital and Data	1	1	8	10
High Performing NES	2	1	16	19
Quality Learning and Employment		2	17	19
Recruitment, Training and Retention		6	22	28
Skilled Workforce	3		32	35
Total	**6**	**10**	**95**	**111**
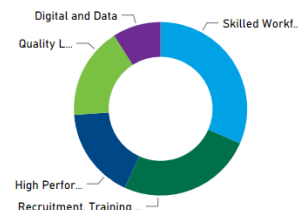
Of the 111 priority targets, 6 are red, 10 are amber and 95 are green. All priority target updates are reviewed to ensure the updates accurately reflect the content of the target and that the RAG rating is correct. Overall, ten priority targets were followed up for further clarification. Of those ten: six remained unchanged; two were changed from amber to red; one was changed from green to red; and one was changed from amber to green.

A recent audit of performance management also recommended that we independently verify the supporting documentation behind a sample of the updates to provide additional reassurance that the inputs are accurate, complete and representative of the current status. Therefore, 5% (n=5) of the priority targets were independently verified, which included reviewing meeting agendas/papers, intranet/internet content and screenshots of appropriate documentation. All the information collected verified the updates that had been provided and no changes were made.

A spreadsheet with all 111 priority targets along with their quarter 3 updates and RAG status can be found here - further details of the red and amber priority targets are outlined in Tables 1 and 2 below.

Table 1 – Red priority targets Q3 2019/20

Target	Comment
Medical - Appoint up to 10 GP-SIPS (Stay in Practice) doctors at an average of 6 sessions per week by March 2020. (TAR0002925)	There remains only one GP in the SiPs scheme at Q3. Being monitored carefully and has been publicised widely amongst local networks. No further expressions of interest to date.
Workforce - To deliver education standards, learning networks and career pathways in digital skills to support Domain D of the Digital Health and Care Strategy. (TAR0002917)	Our proposal for funding to provide dedicated resource for this broad and complex programme was submitted to SG in June as part of Comprehensive Spending Review. An outcome is pending. As with the rest of the Digital Health and Care Strategy, we expect this will be informed by the secondment of Caroline Lamb to Scottish Government as Director for Digital and Service Engagement. In the interim, we used a jointly hosted breakout session with SSSC at the national Digital Health and Care Conference to test user personas developed to inform our work. We have also presented at Scottish Partnership Forum Secretariat on our work, and through tis have been asked to present to full SPF and Chief Executives, which it is hoped will strengthen our case for investment from 2020/21. Following ETSR approval in December, recruitment will be undertaken in early 2020 to a permanent Specialist lead for Digital Health and Care to ensure some continuation of this work irrespective of additional national resourcing.
Workforce - 100% of eligible staff having meaningful appraisal discussions and 100% of eligible staff completing all Essential Learning. (TAR0003114)	Our performance against this key target remains unsatisfactory. Unfortunately, due to some data script errors, our PRP performance at October was over-reported. A gap was highlighted in the data transform process which impacted on the accuracy of the reported figures. Corrective action has now been taken with scripts set to run every night (instead of weekly) and an immediate notification of any script failure. Our completion figures are: As it currently stands. Our PRP completion figures are: PR&P October November Appraisal 73% 76% Objectives 79% 82% PDP 79% 82% In Essential Learning, completion of the H&S modules shows 70% of staff completing all modules. Completion rates for Equality and Diversity, Information Governance and Counter Fraud are 91%, 90% and 93% respectively at end November. Counter Fraud for Managers is lower at 78% and this may reflect capacity issue which we will aim to resolve. Attendance at Corporate Induction sits at 48%. Our 'First 90 days project' will improve the onboarding journey for new staff and includes a process of automatic booking of new staff onto Corporate Induction. This should increase the attendance at Corporate Induction for all new starts in NES. We are also aware that some of the challenges around completion of these key corporate activities may reflect gaps in some line managers' capability and / or confidence. In order to address this and reinforce NES' expectation of managers responsibilities, we will undertake a review of our Leadership and Management development in NES. We are also considering the inclusion of a manager's performance objective couched positively in terms of ensuring a

Target	Comment
	safe working environment and supporting staff performance and development through meaningful appraisal.
Dental (Optometry) - Design a programme of education and training to support the management of Ocular Hypertension and Glaucoma by Scottish Optometrists and deliver to first cohort of 30 by January 2020. (TAR0002495)	All work fully completed, with the course being approved by the SQA, and rated at level 11. We have successfully recruited 22 optometrists to commence in early 2020. Target was set at 30 due to proposed funding, however funding has been reduced mid-year and hence there is now only funding for 22 places, which has been achieved (over 80 applications received). We await confirmation of government funding.
Digital - Achieve accreditation with ISO27001 by October 2019 and Cyber Essentials Plus, completion by March 2020. (TAR0002652)	This work is now more than 3 months behind target due to delays earlier in the year. Funding for IS Manager now confirmed. Business case to be completed by end of December, but earlier delays mean that this work won't be completed by the end of the financial year.
NMAHP - Test and evaluate innovative models for at least 5 Return to Practice placements across GPN/DN integrated teams with collaboration between general practices, NHS Boards and HEI providers by March 2020. (TAR0002766)	NES have fully delivered on this work and have liaised with general practices, NHS Boards and universities. Placements have been advertised and the opportunities made available. There's funding and a recruitment process in place for the Return to Practice placements to be managed. However, the target is rated red because there has been no appetite for these opportunities as - to date - no-one has applied for a placement, although we will to continue to offer opportunities via the NES website.

Table 2 – Amber priority targets Q3 2019/20

Target	Comment
Dental - Support approximately 16-18 Practitioner grade Clinical Physiology trainees will start training in Sep19 (2019 Cohort). (TAR0002467)	We have agreed year 1 sponsorship of 15 trainees (less than 10% under target), with service likely to contribute additional posts. Recruitment still underway. 15 trainees supported.
Dental - 94 Dental Core trainees and 45 Specialty and post Certificate of Completion of Specialist Training (CCST) trainees working towards the learning outcomes of the relevant curricula. Supported by relevant digital systems and trainers who can access support from NES. (TAR0002584)	87 of the 94 posts have been filled. We are still trying to fill the vacancies with the introduction of post DCT fellowships.
Digital - Turas Learn continues to be developed with a clear scope, robust processes and standards, including: improved reporting for content owners; portal functionality for payments; the	Compliance reports live and Line manager reports now out for testing. Discussions continuing with NSS and Scottish Ambulance Service about a move to Learn. Delays in receiving all MoUs hence the change in status to Amber.

Target	Comment
addition of browse functionality; Memorandums of Understanding (MoU) in place for all external organisations within 2 months of going live; and expand users to include at least one more national board by March 2020. (TAR0002735)	
Medical - Establish, evaluate and refine new processes for Recognition of Medical Trainers (RoT), using existing and new data management systems by end March 2020. (TAR0002557)	We are still experiencing difficulties with TURAS Trainers for RoT. Regional (Health Board) Administrators appear to have access to the system beyond what has been agreed, therefore by-passing our EO checking of a trainer's eligibility for recognition. This has again been communicated to the TURAS development team and we are awaiting further development of the system.
PCG - Establish a long-term property option for the NES Digital Service and complete a new lease for Westport by end December 2019. (TAR0002476)	A property agent has been appointed and a search initiated for properties which could satisfy the requirement both within the public and private sectors. A shortlist is on target to be reviewed early January with a view to conducting viewings Jan 2020. Scottish Govt Property Division are aware of this ongoing project.
Psychology - Recruit three trainee health psychologists in training to commence in May 2019 and support four current trainees to complete training by January 2020. (TAR0003000)	Two trainee Health Psychologists commenced in May 2019. Four trainees due to complete by the end of January 2020. A further cohort of 3 were recruited in December and are due to start in March 2020.
Psychology - Support 30 trainees for psychological therapies in primary care (PTPC) and 30 MSc trainees in applied psychology for children and young people (APCYP) to complete training by January/February 2020. (TAR0002999)	28 trainees in Applied Psychology for Children and Young People are on track to complete training by the end of February 2020. One trainee will require an extension and one trainee withdrew earlier in the year.

On track for 27 trainees to complete the MSc for Psychological Therapies in Primary Care by the end of January 2020. Two trainees require extensions and one trainee withdrew earlier in the year. |
| **Psychology -** Support 54 clinical psychology trainees to complete pre-registration training by the end of October 2019. (TAR0002998) | 52 clinical psychology trainees completed pre reg training by the end of October 2019. Three trainees have extensions but are due to complete by the end of March 2020. |
| **Workforce -** Contribute to work across NHS Scotland on Agenda for Change reform that strengthens the link between Appraisal, Essential Learning and Incremental Progression, ensuring that outcomes of this work are reflected in development of Turas Appraisal and Learn, and our portfolio of OD&L national development | Funding for development of Turas Learn/Appraisal secured and work commencing November 2019. Three stakeholder discovery workshops held during December with further workshops planned in January. The workshops have provided information on the user requirements and will be further refined with the development team. Funding now secured for some of the other developments including the 'Once for Scotland' mandatory modules. Continue to work closely with the SLWG charged with agreeing content of modules. |

Target	Comment
programmes and resources. (TAR0002900)	
Workforce - Widen opportunities for young people by supporting all Boards in Scotland to promote NHSScotland as an employer of choice, widening access routes and opportunities for under-represented groups, increasing the number of young people entering the service, including apprentices. (TAR0002933)	In November 2019 supported, along with SG and a number of Boards, the Skills Scotland regional career events in Glasgow, Aberdeen and Edinburgh promoting the NHS Scotland Careers materials which NES produced. Won Best Stand Award, and Best Use of Social Media at all three events. Working closely with University of Highlands and Islands and they have agreed to run a blended distance Learning/face to face training Prince's Trust 'Get In to Healthcare' Programme pilot. Developing a mentor's programme for Prince's Trust. Plans in place to pilot with NHS Ayrshire and Arran as part of their next PT programme.

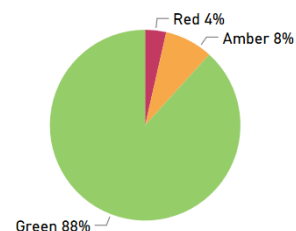## Diagram 2 – Summary of performance for all targets (Q3, 2019/20, n= 562)

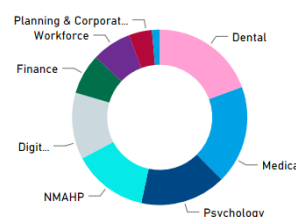*Performance (All Targets)*

Clear all filters

Targets by Directorate and RAG

DirectorateName	Red	Amber	Green	Total
Dental	2	5	102	109
Digital Group	2	9	58	69
Finance	3	2	37	42
Medical	3	9	90	102
NES Digital Service			8	8
NMAHP	2	3	73	78
Planning & Corporate Resources	2	2	20	24
Psychology	4	13	72	89
Workforce	2	3	36	41
Total	**20**	**46**	**496**	**562**

Targets by RAG status

Red 4%
Amber 8%
Green 88%

Targets by Strategic Theme and RAG

StrategicThemeName	Red	Amber	Green	Total
Digital and Data	1	5	44	50
High Performing NES	8	6	92	106
Quality Learning and Employment	2	8	73	83
Recruitment, Training and Retention	1	7	77	85
Skilled Workforce	8	20	210	238
Total	**20**	**46**	**496**	**562**

Targets by Directorate

Planning & Corporat...
Workforce
Finance
Digit...
NMAHP
Dental
Medical
Psychology

Targets by Theme

Digital and Data
Quality Le...
Skilled Wor...
Recruit...
High Performing NES
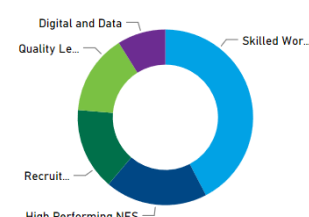
Overall, there are 562 targets, of which 20 are red, 46 are amber, and 496 are green. As part of quality control, all the red and amber targets were reviewed and approximately 10% (n=50) of the green targets were randomly selected to ensure the update accurately reflected the content of the target and that the RAG rating was correct. Of the targets reviewed, only one was followed-up and while additional information was provided, the RAG rating remained unchanged. The red non-priority targets are outlined in Table 3 *(Note: priority targets have been excluded from Table 3 to prevent duplication).*

Table 3 – Red non-priority targets Q3 2019/20

Target	Comment
PCG - Organise and deliver the NES Annual Review by December 2019. (TAR0002717)	Scottish Government have confirmed that we do not need to hold an annual review during 2019, so this work will no longer take place. Scottish Government have advised that our next Annual Review requirement will not be until 2020. We will not know whether the NES Annual Review will be ministerial or non-ministerial until nearer the time. Guidance will be issued circa May 2020. Target was closed in Q2, so no further update for Q3.
Medical - Develop a pharmacy genetics website with educational support resources. (TAR0002513)	This is a duplicate of TAR0002512 which is on target and green. This target is a duplicate and was closed in Quarter 1 and therefore no further update.
Psychology – To continue to increase supervision capacity in major psychological interventions: Cognitive	After the delayed start, all clinicians have been assigned an FBT supervisor and are underway with clinical work apart from 1 health board reporting having difficulties with finding cases of young people with anorexia nervosa.

Target	Comment
Behavioural Therapy (CBT), Interpersonal Therapy (IPT) and Family Based Treatment (FBT). (TAR0003009)	A further cohort of 10 clinicians attended CBT supervision training in December 2019 with a total of 21 trained since April 19.
Dental (Optometry) - Scoping work to determine safety concerns in Optometric practice, and consideration of appropriate training to support in these areas: analysis of questionnaires to the profession to be completed by end of quarter 2. (TAR0002499)	This target has been negatively impacted on by a simultaneous project launched by the GOC. We have therefore stalled issuing the questionnaire until the results of the GOC survey are released. The survey results have still not been released. Work no longer to be completed, due to similarity of project elsewhere. We have moved tutor time to focus on the topics of QI in the profession and addressing this particularly in our Enhanced Service Delivery training package development.
Digital - All phase 3 recruitment activity completed before end of September 2019 (TAR0002624)	All phase 3 recruitment has been progressed resulting in appointments, internal changes with a few remaining roles unappointed to due to the appointability of candidates and attraction and fit within the current market. NES Digital have worked to adjust our adverts to increase attraction, liaised with HR and NDS colleagues around their recruitment processed and have factored any potential role grading changes into Op Planning for the coming year in order to ensure the attraction and retention of appointable candidates for any remaining posts.
Finance - Undertake an information needs analysis to identify the financial reporting requirements of the corporate groups and committees within NES to be provided for the scheduled meetings to support decision making (TAR0002954)	Delays to the recruitment of the Head of MIS role mean this analysis will not take place in 2019/20. Interviews for the role will take place in January 2020 so this target will be carried into 2020/21.
Finance - Produce an Information Strategy for Finance to identify the preferred reporting solution to improve the quality of financial reporting to NES. This will include identifying the various data sources, including the corporate data warehouse being developed by NSS, the workforce planning data lake to be developed and the Turas data warehouse, as well as the data visualisation tool to support user friendly reporting (TAR0002953)	Delays to the recruitment of the Head of MIS role mean the development of an Information Strategy for Finance will not take place in 2019/20. Interviews for the role will take place in January 2020 so this target will be carried into 2020/21.
Finance - Ensure MiTracker problems identified from the 2019/20 budget setting process are resolved and ensure that the efficiency targets can be tracked. Developments to be submitted	Although the finance requirements for Operational Planning 20/21 were submitted in good time to Digital for action, a lack of development resources from the supplier and within NES resulted in manual workarounds being deployed again. The use of MiTracker within NES as a planning and budgeting tool is likely to continue for the 2021/22 period and Finance and Digital will work together to obtain assurance that the system issues will be resolved.

Target	Comment
for inclusion in the sprint reviews for development, testing and implementation in time for operational planning for 2020/21. (TAR0002956)	
Medical - Produce and publish a revised Clinical Skills and Simulation Strategy by June 2019 (TAR0002555)	This strategy document is fully complete. However, due to an internal change in process, additional checks have been put in place and therefore the strategy document has not yet been circulated, resulting in delays. Awaiting input from the Leads for Patient Safety and Quality Improvement and once completed this will be distributed for further consultation.
NMAHP - Work with The Scottish Collaboration for the Enhancement of Pre-registration Nursing (SCEPRN) and Midwifery Education Group Scotland (MEGS) to provide programme enhancement and development for the new NMC standards for Nursing and Midwifery across Scotland though the funding of at least 2 projects to be completed by end March 2020. (TAR0002680)	Capacity within the universities to undertake any funded research work because of the new Future Nurse and Midwifery standards is extremely limited and no bids were submitted by the end of September. This was reported to Scottish Government and to the Nursing & Midwifery Programme Advisory Board meeting in November 2019.
PCR - Room booking system and helpdesk: full scope of the solution to be completed to enable all sites to move to one platform (which will enable more automation) by end of March 2020. (TAR0002479)	Digital aiming for FMEasy system to have remote access by Jan 2020. Digital discussing other room booking system options for all sites but the scoping of a solution to enable all sites to move to one platform is behind for this financial year.
Psychology - To continue to promote and monitor the use of the Emotion Matters Module. 500 access rates and 250 pass rates by March 2020. (TAR0003028)	24 people accessed the module and 4 people passed the module in Q3 on Learn. The access rates on TURAS Learn have not improved. There were 101 unique visitors on the KK site for the interactive pdf in Q3. The module has been recommended as part of ADAPT training and will be added to resources recommended for staff in prison settings. (Cumulative totals at Q3 are 61 accessed and 17 passed).
Psychology - Continue to monitor the Scottish Government funding utilisation for up to 10.5wte clinical psychology posts in Children's Services for delivery of Psychological Interventions and Therapies, supervision, training and coaching. (TAR0003118)	TIPS-EIC national meeting well attended in Nov 19. Celebration event for delivery staff on 5th December attended by 60 staff and well received. Training is gaining good traction across Grampian, FV, Lothian, A&A, GGC, Highland and Fife. Situation across other Boards is variable, but some are managing well despite the challenges i.e. it is tricky to recruit to vacancies given the uncertainty around funding post 2020.
Psychology - Improve practice and add consistency to the process of Cognitive Rehabilitation in Dementia. Deliver 2 Cognitive Rehabilitation workshops to a	Developments ongoing for revisions to the Cog Rehab toolkit and updates to programme. A meeting with author and key facilitator took place on 5th December to discuss further changes to content of workshop. Relaunch of resource planned to be delivered in Stirling on 28th February 2020 and between 25 and 30 attendees are expected. A date for the revised Cognitive Rehabilitation workshop has yet to be confirmed due to trainer availability, so

Target	Comment
total of 50 health and social care staff. These will be delivered by March 2020. Workshops will support the implementation of Cognitive Rehabilitation in clinical practice by supporting the correct use of the Cognitive Rehabilitation in Dementia learning resource and mobile application. (TAR0003034)	it is unlikely that we will manage to deliver to the full 50 health and social care staff this year but should be achieved in Q1 of 20/21.

January 2020

NHS Education for Scotland

EDUCATIONAL & RESEARCH GOVERNANCE COMMITTEE

Draft minutes of the thirty-eighth meeting of the Educational & Research Governance Committee held on Thursday 20 February 2020 at Westport 102, Edinburgh

Present: Mr Douglas Hutchens (Chair)
                 Dr Doreen Steele
                 Ms Sandra Walker
                 Ms Vicki Nairn (by videoconference)

In attendance: Professor Stewart Irvine, Acting Chief Executive
                 Ms Karen Wilson, Director, Nursing, Midwifery & AHPs/
                                                  Executive Lead
                 Professor Alastair McLellan, Postgraduate Dean
                 Professor Adam Hill, Postgraduate Dean
                 Mr Duncan Pollock, General Manager (Quality)
                 Ms Jill Murray, Senior Quality Improvement Manager
                 Mr Rob Coward, Principal Educator/Executive Secretary
                 Mr Chris Duffy, Senior Admin Officer, Board Services

1. Welcome and introductions

Douglas Hutchens welcomed everyone to the meeting, including Chris Duffy who was attending his first E&RGC meeting.

2. Apologies for absence

Apologies were noted from Mr David Garbutt, NES Chair.

3. Notification of any other business

There were no notifications of any other business.

4. Declaration of interests

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

5. Minutes of the Educational & Research Governance Committee (NES(E&RGC)20/01)

The Committee reviewed the unconfirmed minutes of the E&RGC meeting held on 12 December 2019 and confirmed them as an accurate record.

6. Action status report (NES(E&RGC)20/03)

The Committee reviewed the report on the status of actions agreed at previous meetings. It was noted that several actions had been completed and should be removed from the report. There were also outstanding actions of which most were not yet due. Members noted action items marked as 'ongoing' and it was agreed these would be deleted when the Committee is confident that the agreed changes had been adopted as standard practice.

Members focussed on the wording of Action 3.2 from 12/12/2019 and put forward some amendments. RC will make the necessary changes.

Action: RC

The work on report cover papers was recognised, and it was noted that they were more fit for purpose at this committee. It was suggested however that further work was needed to ensure a consistent approach to the completion of cover sheets.

7. Educational & Research Governance Lead's report (NES(E&RGC)20/05)

The Committee considered the Educational & Research Governance Lead Officer's report, which provided information on new products and services, good practice and emerging issues relating to NES's education and research activities. Members commented that the report provided a helpful overview of the breadth of work NES covers in different staff groups and directorates. The report can also be used as a source of good practice

Commenting on the Turas Learn update, members noted that the update was a little thin and requested a more substantial update for the next meeting.

Action: RC/TP

8. Educational & Research Governance Executive Group minutes (NES(E&RGC)20/05)

The E&RGC received and noted the unconfirmed minutes of the Educational & Research Governance Executive Group (ERGEG) held on 28 January 2020 for information. Three programmes of work were presented at ERGEG Antimicrobial Resistance Health Care Associated Infections programme, Adults with Incapacity for Dentists programme and the Pharmacy Educational Governance Review. Assurance was provided to the committee and no concerns were raised.

An Educational Governance risk profiling exercise will take place across all directorates, an update will be brought to the next committee. Members noted that the exercise will be useful and requested that their appreciation for the work undertaken by ERGEG should be fed back.

Action: RC

9. Medical Training Quality Management GMC On-line Deans Report (ODR) (NES(E&RGC)20/06)

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

- Item 09 – An update on the deanery process for interacting with the General Medical Council's (GMC's) Online Dean's Report with an overview of current items, delivered by Jill Murray
- Item 10 – A summary of the 2019 GMC National Trainee Survey triage process, delivered by Adam Hill.
- Item 11 – A detailed briefing on the current Enhanced Monitoring situation in Medical training quality management, delivered by Alastair McLellan.

Following the presentation of the online dean's report members enquired how items were closed on the report, Jill Murray confirmed that NES recommend the closure and contact the GMC directly, the GMC then confirm the item has been closed. It was also noted that there were what appears a larger number of items closed in 2018, this was due to an extensive streamlining process of the report which took place in 2018. Further to this, the number of visits is increasing and there is a member of NES staff on the GMC's ODR User Group.

Members enquired if the Health Boards are engaged with this Quality Management work and asked who is responsible for using this evidence across the boards. Alastair McLellan confirmed that the Taskforce for Improving the Quality of Medical Education (TIQME) was introduced in 2014 where the Quality Management processes have been showcased as good practice. This taskforce has attendance from Medical Directors and Directors of Medical Education from all Health Boards and Quality Management has been revisited twice.

10. Medical Training Quality Management GMC Triage Process (NES(E&RGC)20/07)

Following the presentation on the GMC Triage Process it was noted that NES was already committed to visiting all sites highlighted through the GMC triage process. This underlined the accuracy of NES's quality management processes. Members of the committee asked who the visit feedback is shared with, the quality team confirmed that the visit report is published online. Previous visit reports and further Quality Management information can be found on the Scotland Deanery website,

. It was also confirmed that although survey data and visit reports are in the public domain, the GMC triage list is not.

11. Medical Training Quality Management GMC Enhanced Monitoring in Scotland (NES(E&RGC)20/08)

Professor McLellan introduced the data on the Enhanced Monitoring cases in Scotland, which comprised six cases (down from eight the previous year). In a response to a question regarding trainees in enhanced monitoring posts missing training opportunities, Professor McLellan reassured the committee that this is picked up at the Annual Review of Competency Progression (ARCP) process. At the ARCP, any gaps in training are identified and can be targeted appropriately.

A further question was raised regarding the educational governance of Enhanced Monitoring posts. It was confirmed that the governance of training sits with the Health boards, immediate feedback is given to Site Leads, Directors of Medical Education and the Heads of Service. The GMC commended NES in 2017 for their Quality Management systems and processes. The Quality team continue to work with the GMC to get better at analysing the data.

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

12. Medical Training Quality Annual report (NES(E&RGC)20/09)

The Committee noted the Medical Training Quality Annual Report which was presented by Duncan Pollock. A section on the training year in numbers helped to summarise the vast amount of work that has taken place in the last year. It was noted that the GMC are taking a new approach to Quality Assurance and will come to NES meetings/visits as observers to gain assurance. The GMC will then produce a draft annual summary. The E&RGC found the report very helpful in providing a rounded assurance. Committee members would like to continue to receive detail of the new GMC Quality Assurance process and requested the GMC draft summary to come to the committee when available.

Action: RC/AMcL

13. GMC Workforce Survey (NES(E&RGC)20/10)

The Committee received and noted the report on the 2019 GMC registrant survey. The Committee would like to continue to receive updates when these are available.

Action: RC

14. NES Volunteering Policy and Handbook (NES(E&RGC)20/11)

NES are currently in the process of applying for re-accreditation in the award of Investors in Volunteering (IiV) status and the E&RGC are asked to approve the updated NES Volunteering Policy and Handbook. Members of the committee agreed the following amendments:

- Clarify the mileage allowance for reimbursement of volunteers' car use expenses
- Indicate that NES's Whistleblowing Policy applies to volunteers
- Add in a link to NES's work experience policy
- Include a document review date in the Document Information
- Include a reference to the Investing in Volunteers Advisory Group

Action: RC

The E&RGC further resolved that the Volunteering Policy should be referred to the Staff Governance Committee for information and comment, and the NES Board for final ratification.

Action: RC

15. Educational Governance case study (NES(E&RGC)20/12)

The Committee noted an Educational Governance case study based on the NES Pharmacy team's Over-The-Counter Consultations education programme. E&RGC members noted the positive educational response to an identified service quality issue.

16. Items for inclusion in the E&RGC risk registers

No risks were identified.

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

The committee identified the following for inclusion in the E&RGC annual report:

- The excellence of Quality Management work in providing the GMC with assurance on postgraduate medical education
- The clear link between the Quality Management of postgraduate medical education and public services in Scotland.

18. Date and time of next meeting

The next meeting of the E&RGC will be held on Thursday 14 May 2020 at 10.15 a.m. at the 2 Central Quay Office, Glasgow.

CD/RC/   February 2020

Draft

NHS Education for Scotland   **NES/SGC/20/16**

Minutes of the Sixty-Seventh Meeting of the Staff Governance Committee held on Thursday 6th February 2020 at Westport 102, Edinburgh

Present: Linda Dunion, Committee Chair
                        Anne Currie, Non-executive Board member
                        Jean Ford, Non-executive Board member

In attendance: Dorothy Wright, Director of Workforce/Executive Secretary
                        Stewart Irvine, Acting Chief Executive
                        Morag McElhinney, Principal Lead, HR
                        Tom Power, Associate Director, Workforce
                        Ameet Bellad, Senior Specialist Lead, Workforce Infrastructure
                        Lynette Grieve, Employee Director
                        Kristi Long, Senior Specialist Manager, Workforce
                        Anne-Marie Campbell, Specialist Lead, Digital Learning
                        David Cunningham, Staff Side (BMA), (Via telephone)
                        Chris Duffy, Senior Admin Officer

1.   Chair's welcome and introduction

Linda Dunion welcomed everyone to the meeting. Introductions were given as this is the first meeting for Chris Duffy and Lynette Grieve. Item 7 on the agenda will be deferred to the next meeting due to late submission.

2.   Apologies for absence

Apologies were received from Liz Ford, Employee Director and David Garbutt, Board Chair.

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 August 2019   (NES/SGC/19/49)

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

5.   Action Status Report   (NES/SGC/20/02)

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

- It was agreed that the Fair Work 2025 paper is not required for the committee. Kristi Long will bring back to the committee in the future if required.

- The Update on the TURAS E+D Zone will be deferred to the next meeting to avoid a crowded agenda today.

Action: KL

6. Matters arising from the minutes

The board met last week and were given an overview of the budget. The Scottish budget will be read out today. Government funding is essential for ongoing work on Lead employer, once for Scotland policies and digital developments. Business cases have been sent to Scottish Government. It is an uncertain picture at the moment and therefore an area of risk for NES. It is important that the Staff Governance committee are aware of this.

It was highlighted that a Healthy and Safety report has not yet been provided to the committee. Dorothy Wright confirmed that the paper was requested but it is produced by a different directorate. The report will be brought to the April meeting.

Action: Nicola Todd/Bob McDonnell

7. Leadership & Management: Current Overview   (NES/SGC/20/03)

This item was deferred to the next meeting.

8. People & OD Dashboard: Key Performance Measures   (NES/SGC/20/04)

a) People and OD Dashboard

Ameet Bellad gave a presentation on the live dashboard, it's current position and the direction of travel. In January 2020 a paper was taken to the Executive Team to seek endorsement for the dashboard, agree the approach and agree the reporting format. The executive team endorsed all recommendations but agreed to test the dashboard at executive level before sharing more widely. The dashboard gives a snapshot of performance against KPIs and can be interrogated at organisation and Directorate level. Currently the dashboard has data for 14 of the 24 KPIs.

Key themes emerging for quarter 3 are:
- A review of establishment control outcomes may inform workforce planning;
- There is a greater focus across the HR and OD team on using the analytics and sharing insights around the indicators of happy teams and highly performing teams. These indicators will be further explored over the next quarter and will include the KPIs from the live dashboard, and
- The Smarter working programme will be informed by data and insights on staff experience and wellbeing.

Discussion of the presentation resulted in the following points,

- Two features of the report were clarified, the four blocks indicate the current month plus three previous months. And the RAG is set against the previous quarter. Going forward benchmarks will be set for the RAG.
- Dorothy Wright highlighted that other health boards are interested in this work and Tom Power agreed it would be useful to benchmark against comparable organisations.

b) Workforce Intelligence – Third insights

Morag McElhinney introduced a paper providing an update on the areas for improvement identified at the August 2019 meeting of the committee. The KPIs in the people and OD dashboard will future inform the analysis and discussions in the workforce directorate. For this quarter 3 report, the dashboard was in its final stage of development and so the KPIs were not available, instead the group focussed on the people analytics journey to date. The following areas were covered in the paper:

- Quarter 3 Headlines
- The People Analytics Journey
- Indicators of highly performing teams
- Smarter Working

The Committee considered the updates and insights provided and no further actions were agreed. The next update will be an interesting one driven by the data and will be provided at the next meeting.

9. Digital Learning Content – OD/Leadership & Learning (NES/SGC/20/05)

Anne-Marie Campbell gave an overview of learning zones developed by the OLED team as part of NES' online learning environment on the Turas platform and shared the plans for continuous improvement.

The learning zones include:

- Estates and Facilities Hub
- Business and Administration Hub
- Leadership and Management Zone
- Technology Enabled Care Zone
- Organisational Development Matters

Discussion on the presentation resulted in the following points,

- The business and administration hub contains a pathway for non-clinical staff to gain qualifications and all these qualifications are aligned with SCQF levels and quality assured.
- The Data group will use Power BI to explore the analytics.
- A member of the committee asked if the users have the ability to give feedback. Anne-Marie Campbell explained that feedback can be given in a variety of different ways, through the TURAS helpdesk, through a mailbox. There are stories on the TURAS learn backlog, shareholder networks, a product owner group and a directorate group. Ameet Bellad also

confirmed that users can rate the e-modules, they can rate out of 5 and answer "was this helpful" with a yes or no.

- A member asked, as this is a national resource can be feedback be given to the individual boards one their use and access to the resources. Tom Power confirmed that boards are encouraged to access the data.
- The Committee noted the progress on Digital Learning content and sought clarification as to whether this item needs to be reported to this committee in the future and it was agreed that the Educational and Research Governance Committee would be more appropriate to review the progress of this work.

Action: Tom Power

10. Recruitment to NES (NES/SGC/20/06)

Morag McElhinney delivered a presentation to the committee to provide an update on activities being progressed by HR to improve recruitment into NES. The presentation provided the following updates;

- The range and volume of recruitment delivered by NES HR
- The time to fill and the impact on staff of running below establishment
- Recruitment approaches
- Jobtrain implementation
- Values Based Recruitment
- Candidate experience.

A member recommended including the rollout of values-based recruitment in a specific objective. Dorothy Wright added, it will be important to assess the impact in the three-year workforce plan. Stewart Irvine noted some concerns on the implications for NES due to the volume of recruitment and the time to recruit. Dorothy Wright highlighted, East Region: recruitment shared services will be coming in the future and it was advised that NES should streamline their processes first. The Committee noted the recruitment update and will receive regular updates as this work progresses.

11. SMARTER Working Project (NES/SGC/20/07)

Tom Power gave an overview of the SMARTER Working project. This is a priority corporate improvement project in NES sponsored by the executive team being delivered by a cross Directorate team including agile coaches, corporate communications, human resources, OLED and performance improvement. The project is going to be as inclusive as possible, there will be a focus on presenteeism rather than output and there is going to be more work with individual teams. Stewart Irvine is very supportive of the project and there should be a measurement plan to focus on the outcomes and what NES achieve. The committee noted the progress of the project and a further update will come to the December meeting.

Action: Tom Power

12. Development of new People & OD Strategy (NES/SGC/20/08)

The Committee agreed that the approach to developing the new strategy is a good one and an update on the new proposed strategy will come to the August Staff Governance Committee.

Action: Director of Workforce

13. HR to Workforce (NES/SGC/20/09)

Tom Power, Morag McElhinney and Ameet Bellad delivered a presentation to provide the committee with an overview of the Workforce Directorate's development under the leadership of Dorothy Wright. It was important to acknowledge Dorothy Wrights contribution over the last 10 years. The Committee noted the presentation and the team were thanked for their work. It was suggested that the presentation be given to any new non-executive directors joining the committee.

14. Staff Governance Committee Remit (NES/SGC/20/10)

The committee approved the remit. The Staff Governance Committee remit would now be forwarded to the NES board.

15. Lead Employer: Update (NES/SGC/20/11)

The committee noted the update.

16. Equality and Diversity: Update (NES/SGC/20/12)

Kristi Long reported two future events for the committee to be aware of. Firstly, there is going to be a ministerial review of specific equality duties starting this year. Secondly, there is a Human rights leadership group being held on 20th Feb which includes senior members of the NHS, this group will be looking at differential attainment. Kristi Long will observe how these progress and bring any updates back to the committee. The Committee noted the update.

17. Staff Governance Monitoring Return (2018/19) (NES/SGC/20/13)

The committee noted the Staff Governance Monitoring return.

18. Employment Tribunals (NES/SGC/20/14)

Dorothy Wright shared a confidential paper containing 4 employment tribunals. The Committee noted this paper.

19. Managing, Health, Safety and Wellbeing Committee Minutes
(NES/SGC/20/15)

The minutes of the meeting held on 22nd October 2019 were noted.

20. Change Management Programme Board Minutes (NES/SGC/20/16)

The minutes of the meeting held on 7th October 2019 were noted.

21. Any other business

The was no other business.

22. Date and time of next meeting

It was confirmed that the committee's next meeting will take place on Thursday 16th April 2020 at 10.15 a.m.

NES
February 2020
CD

NHS Education for Scotland

DIGITAL COMMITTEE

Draft minutes of the first meeting of the Digital Committee held on Monday 2 March 2020 at Westport 102, Edinburgh

Present: Mr David Garbutt (Chair)
Mr Douglas Hutchens
Mr Angus McCann
Ms Vicki Nairn (by videoconference)

In attendance: Professor Stewart Irvine, Acting Chief Executive
Mr Donald Wilson, Director of Information and Digital Technology, NHS Lanarkshire
Dr Paul Leonard, Clinical Lead for Digital, NHS Lothian
Dr Lorna Ramsay, Medical Director, NHS National Services Scotland
Mr Alan Aitken, Policy Manager, Health and Social Care, COSLA
Dr David Felix, NES Caldicott Guardian
Ms Audrey McColl, Director of Finance and Deputy Chief Executive
Mr Christopher Wroath, Director of Digital
Mr Geoff Huggins, Director of NDS
Ms Gemma Diamond, Audit Director, Audit Scotland
Mr Colin Brown, Head of Strategic Development, Chair's Office
Mr Chris Duffy, Senior Admin Officer, Board Services

1. Welcome and Introductions

David Garbutt welcomed everyone to the first meeting of the Digital Committee.

2. Apologies for Absence

Apologies were noted from Ms Dorothy Wright, Director of Workforce.

3. Notification of Any Other Business

There were no notifications of any other business.

4. Declaration of Interests

Dr Lorna Ramsay declared her position as Chair of The Public Benefit and Privacy Panel for Health and Social Care.

5. Membership and Remit (NES(DC)20/02)

Members of the Committee were informed that if they were unable to attend a meeting in the future, the Committee would welcome a deputy providing that person could speak on behalf of the organisation they work for. One amendment was suggested for the Remit to ensure that the Committee can assure itself of the

appropriateness of the strategic approach being progressed for digital in NES. The Remit was then accepted by the Committee.

Action: CD/CB

6. Draft Minutes and Actions of the Final Digital Sub Committee (NES(DC)20/03)

The minutes of the final meeting of the Digital Sub Committee were approved following two amendments suggested by those who were present at that meeting. On page 1 under chair's update bullet point 1 the text "he would" was added to make the sentence clearer. On page 4 bullet point 3 the point will be re-drafted and separated into 2 points for clarity. The first point is "when bringing information to the Committee it needs to be framed for the purposes of governance and assurance, with important technical concepts and details presented and explained in a way which is accessible to Committee members who do not have specialist technical knowledge. This is necessary to ensure the Committee can properly exercise its scrutiny function". The second point is "the Digital Sub Committee also considered the nature and importance of partnership working. This included looking at the nature of partnerships; scale; how and why NES/NDS is engaged with various partners together with looking at the engagement processes for and assessing the impact of working with NHS Boards. The Committee indicated its willingness to ensure the new Digital Committee could help support and develop partnership arrangements".

Action: CD

The outstanding actions from the final Digital Sub Committee were provided to the Chair for review in advance of this meeting as part of the handover process. It was noted that a number of actions were now complete or in hand and would be rolled forward to the new Digital Committee as necessary. In relation to an action regarding workplan and presentation it was noted that work has been ongoing to integrate NDS planning into the Annual Operating Plan procedures fully in accordance with NES corporate planning arrangements. It takes account of recent discussions with Scottish Government regarding the NDS commission.

Action: AudMcC, GH

7. Matters Arising

There were no matters arising from the minutes.

8. Planning Future Business – For Discussion (NES(DC)20/04)

Following consideration of the paper the Committee agreed that its approach and the format of information provided should ensure the discharge of its assurance and scrutiny functions in accordance with the remit. The model contained on page 6 of

the Blueprint for Good Governance document was recommended as an appropriate basis for such an approach. In particular, it clearly acknowledges the importance of how a Board approaches the achievement of its strategic aims and objectives as well as its focus on performance and outcomes. The Committee will develop what it considers to be an appropriate level of risk appetite in this context. It was agreed that a proposal for an assurance framework to underpin the Committee's work would be developed and brought back for further consideration.

Action: Chair and AudMcC

8.1 Approach to Governance (Audit Scotland)

Building on the discussion set out at 8 above, Gemma Diamond from Audit Scotland delivered a presentation on "Principles for a Digital Future" with a focus on clear leadership, active governance and risk. It was noted that digital in the public sector, and health in particular, will be prominent in Audit Scotland's forward work programme for 2020/21 and is receiving considerable attention from the Public Audit and Post Legislative Scrutiny (PAPLS) Committee in the Scottish Parliament. PAPLS has recognised the importance of all public sector organisations having regard to the Audit Scotland guidance to ensure an approach to governance for digital which is evidence based and applies existing lessons and good practice from other organisations into NES. There was some consideration of the use of Agile methodology and the implications for governance. The Director of NES Digital referred the Committee to 'The NES Agile Handbook – Delivering Public Governance in an Agile Environment'. It was agreed this will be circulated to the Committee and given further consideration at a future meeting. It was also discussed that the NES Board should have a good working understanding of Agile and consider associated governance issues.

In this context the Committee highlighted the following:

- the importance of scrutiny and assurance with regard to the strategic direction for digital within NES and alignment to national priorities and policy direction – principally through the Annual Operating Plan process and the related digital component
- seeking structured feedback from a range of external organisations and interests to provide validation of the approaches being adopted by NES – potentially using examples from other organisations
- understanding the implications of national level governance arrangements for digital as they relate to NES
- the importance of stakeholder engagement (noting the point above concerning validation)
- the Committee agreed to invite Audit Scotland back to future meetings

8.2 Scottish Government Annual Operating Plan Guidance

The NES Annual Operating Plan (AOP) has been submitted to the Scottish Government. A response is awaited. As noted, all NHS Boards were required to submit an additional detailed digital plan as part of the 2020/21 approach to AOPs. The plan will come back to the Committee when signed-off by Scottish Government and will go to the NES Board. It is expected that a synopsis of the digital elements of all 22 NHS Board plans will be available to the Committee in due course.

Action: CD

8.3 Approach to Planning Future Business

This item was covered under the discussions at Item 8.1.

8.4 Development Plan for the Digital Committee

The following items were noted for consideration as part of a future development plan for the Committee:

- clinical safety and assurance
- cyber security
- Scottish Government policy and strategy
- strategic working
- potential visits to and engagement with other relevant other bodies for e.g. NHS X

All Committee members were invited to provide suggestions for the development plan.

Action: All

9. Lead Officer's Report (NES(DC)20/05)

The Lead Officer's report provided updates on the 2019/20 financial position for both NDS and NES Digital, the progress in securing an agreed commission from Scottish Government in relation to the activity to be undertaken by NDS and the Cloud Procurement undertaken by NDS. The Committee discussed further the Cloud procurement and the rollout of ReSPECT in Forth Valley due to go live on 4th March In response to questions about clinical safety and assurance, The NDS Director noted the extent of governance and compliance arrangements for ReSPECT.

10. Internal Audit Review of NDS (NES(DC)20/06)

The Internal audit review of NDS was shared with the Committee for information. The report notes a number of governance issues within NES, including the establishment of the Digital Committee which was considered to be a positive development. Actions from the review have been fed into the Committee action tracker and with linkage across to the Audit Committee as appropriate.

11. Any Other Business

Four key points were made under any other business;

- the Committee would like to be engaged with NDS work going live
- it was noted that NES has recently become an authorised user of data in the NHS and the Chair referred to consideration being given to amendments to the NES Establishment Order with regard to data sharing
- David Bates will be visiting the Bayes Centre on the 19th March and members of the Committee are very welcome to attend
- as the Committee moves forward it will have the ability to utilise additional expertise as necessary to assist with a particular area of work

12. Date and time of next meeting

The next meeting of the Digital Committee will be held on Monday 1st June 2020 at 1:00 p.m. in Room 4, 102 Westport, Edinburgh, EH3 9DN.

NHS Education for Scotland

FINANCE AND PERFORMANCE MANAGEMENT COMMITTEE

Minutes of the Finance and Performance Management Committee meeting held on Wednesday 19 February 2020 at Westport, Edinburgh.

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

1.   Chair's welcome and introduction

David Garbutt welcomed everyone to the meeting, particularly Liz Ford who was attending the Finance and Performance Committee for the last time before stepping down as Employee Director at the end of March 2020.

David thanked Liz for the work she has done on behalf of the Finance and Performance Management Committee and noted that she has consistently represented the best interests of NES staff and provided sound advice to the Committee regarding staff matters. The Committee wished Liz well for the future.

David also welcomed Lynnette Grieve to the Committee, who was attending for the first time and will be taking up the post of Employee Director from April. The Committee welcomed Lynnette to the Finance and Performance Management Committee.

2.   Apologies for absence

Apologies were received from Jean Ford, Non-Executive Director.

3.   Minutes of the previous meeting held on 21 Nov 2019   (NES/FPM/19/39)

The minutes of the previous meeting were approved as a correct record.

4.   Action list from previous meeting held on 21 Nov 2019   (NES/FPM/19/40)

Members noted that all the action points had been completed or were in hand, following agreed minor correction.

5.   Matters arising from the minutes

There were no matters arising.

6.   Declarations of Interests

There were no declarations of interest.

Business Matters

7.   Finance Report   (NES/FPM/20/02)

Janice Sinclair introduced a paper presenting the financial results for the first ten months to 31st January 2020 and to indicate the anticipated forecast outturn as at 31 March 2020.

- The current anticipated final NES budget for 2019/20 is £502.5m. This is a reduction of £3.5m due to an additional £1.5m of non-recurrent contribution towards the National Boards savings, finalised allocation adjustments of £0.8m, agreement to return non-recurrent funding of £0.7m to Scottish Government, and a request to carry forward £490k in relation to transformation projects.

- The Medical Training Grades financials have been separated from the rest of NES to simplify presentation of the financial position. When the 2019/20 budget was set it was expected that the amount required in 2019/20 to fund the Medical Training Grade deficit would be £4.9m. The current underlying Medical Training Grades deficit is £2.6m.

- An agreement is in place with the Scottish Government regarding the historic recurrent funding deficit in Medical Training Grades to be addressed on a non-recurrent basis in the current financial year with a view to securing additional recurrent funding in future years.

- The current year end forecast outturn is an overspend of £2.1m. This arises from a reduced funding requirement from Scottish Government for Medical Training Grades of £2.21m after £0.4m held in provision has been applied, this is further reduced by an underspend in the balance of the NES budget of £0.1m. This funding will be received from Scottish Government as agreed.

- A member commented that there appears to be more movements to the NES financials compared to previous years, highlighting the increased challenges and complexities to work within the budget provided.

- It was noted that in year funding can sometimes be allocated late in the year, which can impact on the likelihood of completing agreed work. NES management have raised this with colleagues at Scottish Government.

- A member raised a concern that NES will be expected to contribute more to the National Board savings target, given that NES have contributed an additional £1.5m non-recurrently in addition to the £2.5m recurrent saving made from the 2018/19 budget.

- Audrey McColl explained that recurrent savings of £11m have already been delivered by the National Boards. The balance of £4m has been delivered across the national Boards on a non-recurrent basis for 2019/20 and therefore this £4m will have to be carried forward into 2020/21 until a recurrent solution is agreed. There is an expectation from Scottish Government that these savings will be delivered. After discussion it was agreed that £1m could be offered on a non-recurrent basis for 2020/21 at this stage.

- A member raised a query regarding the £180k for a training mannequin based in Forth Valley hospital. Stewart Irvine explained that NES supports two training simulation centres in hospitals in Scotland and that the mannequin will be located in Forth Valley simulation centre in support of undergraduate medical education.

- A member raised a query regarding the Digital overspend of £363k. Janice Sinclair explained that this is mainly due to additional approved spend of £525k for the purchase of IT hardware and an additional purchase of a back catalogue of journals (£60k) from the Royal College of Nursing (that were previously removed as an efficiency saving as part of the 2019/20 budget process). This overspend has been offset from other areas of the NES budget.

- Stewart Irvine noted two areas of concern that could affect NES budget going forward: there is a growing challenge for Boards to release staff from services to take part in training and education; and the increasing challenge to recruit to certain roles within NES which could have an impact on the recruitment lag.

The Committee noted the Finance Report and the increased contribution to the National Board savings target contained within the figures. The Committee were satisfied that sufficient controls are in place to manage the NES financial position, however noted the increased complexity involved in managing the NES budget. The Committee thanked Finance colleagues for their work towards balancing the NES budget.

8.   **Performance Management Report**   (NES/FPM/20/03)

Donald Cameron presented a paper which provided the committee with an overview of NES's performance against the targets set out in the NES Operational Plan for the 3rd quarter of the reporting year 2019/20.

- Out of 562 targets, 496 have been rated green, 46 amber and 20 red. 111 have been ranked as priority targets. Of the 111 priority targets, 95 are green, 10 amber and 6 red.

- Donald Cameron explained that it is usual that more targets are rated red towards the end of the year, particularly when in year funding is received late, is reduced or becomes unavailable, which result in the deliverables becoming reduced or unachievable.

- Colleagues in Planning and Corporate Governance are looking at the possibility of introducing additional colours alongside the red and amber rated targets, which

will help identify to members which targets have been rated red or amber due to elements out of their control, such as reduced or late received funding.

- A member raised a query regarding a red rated target regarding Data security which has been rated red due to exceeding the target date. Donald Cameron noted he will provide an updated from Digital colleagues regarding this target. **Action: DC**

- A member raised a query regarding if there could be checks in place to help identify red and amber targets at an earlier date. Donald explained that as well as the impact of external funding being stopped, reduced or allocated later than expected, it is also normal that it becomes more apparent towards the end of the year what is and what is not fully achievable.

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

9.   Draft Operational Plan and Financial Plan

a) 2020-21 Draft Annual Operational (AOP) Plan and Digital Plan   (NES/FPM/20/04)

Donald Cameron presented the draft Annual Operational Plan (AOP) and draft Digital Plan for financial year 2020/19.

- The AOP guidance was received at the end of November 2019 and NES submitted a draft to the Scottish Government on 13th December 2019. In addition, a letter was received from Caroline Lamb, Director of Digital Reform, Scottish Government, requesting a more detailed Digital Health and Care Plan and NES submitted a draft at the end of January 2020.

- The NES Board and Scottish Government provided feedback on the draft AOP and a final draft was submitted to Scottish Government on 14th February along with the supporting draft Digital Plan. Feedback from the draft Digital Plan has not yet been received. Final versions of both documents will go to the NES Board on 26th March 2020. **Action: DC**

- The AOP is supported by a detailed Operational Plan, which is aligned with the five key areas of strategic focus and outcomes within the NES strategy for 2019-24. The finalised Operational Plan will be submitted to the Finance and Performance Management Committee in May for information. **Action: DC**

- The NES Operational Plan will work on a three-year planning cycle which identifies priorities for the forthcoming year and outlines plans for years two and three. Targets will form the basis of performance management during 2020/21.

- Members noted that much of the work in relation to National Digital Services (NDS) is subject to funding and discussed the strategic risks in relation to this.

- Members commented that the AOP is an excellent document highlighting the breadth and quality of work ongoing in NES. One member felt that more emphasis could be made on the positive impact NES has on NHSS. Donald Cameron noted

that the strategic outcomes reflect the impact NES has on the wider Health and Care service in Scotland and will ensure to liaise with members of the Finance and Performance Management Committee to review wording in relation to this prior to submission of the AOP for 2021/22.   **Action: DC**

The Committee noted and were satisfied with the draft Annual Operational Plan (AOP) and Digital Plan for 2020/21.

b) 2020-21 Draft Financial Budget Update   (NES/FPM/20/05)

Lizzie Turner provided the Committee with an update on the development of the draft baseline Budget for 2020/21.

- The Scottish Government has confirmed NES's 2020/21 baseline recurring funding at £461.5m, which is £2m less than the budget assumed in earlier drafts of the NES budget.

- The majority of the £2m difference is due to confirmation that the National Board saving target of £1.5m will remain allocated against the NES budget. Within the numbers presented it has been assumed that NES will contribute £1m to the National Board savings target which will be funded by vacancy lag savings on a recurrent basis and the remaining £0.5m will be met by other National Boards. After discussion it was agreed that this contribution should be proposed on a non-recurrent basis initially to allow other Boards to develop plans to increase their recurrent contribution. The remaining £0.5m is based on 2% inflation uplift to the total baseline recurrent NES budget instead of specifically funding pay inflation.

- The general inflation uplift has disproportionately impacted on the Medical Training Grade budget increasing the deficit in this area. This is offset by an increased level of funding from the rest of NES.

- As part of the agreement with Scottish Government to underwrite the deficit on Medical Training Grades until a more sustainable funding model had been put in place, it was agreed that NES endeavour to reduce the amount of additional funding required for Medical Training Grades. NES have identified savings of £2.5m in the draft budget for 2020/21, which could contribute to reducing the training grade deficit to £2.5m, which would be underwritten by Scottish Government.

- Pay awards for Medical and Dental staff have yet to be agreed however an assumption of 2.5% have been set out in the NES budget.

The Committee noted the draft Budget and recognised that there is still a high level of uncertainty in relation to some cost pressures.

10. Procurement Reports

a) Procurement Update Report (NES/FPM/20/06)

Kenny McLean presented the paper which provided the Committee with an update on the procurement activity which has taken place during the third quarter of 2019/20.

- The overall commitment which Procurement could directly influence for the third quarter of 2019/20 was just over £5.7m (of which £3.8m was placed via SLA's to other boards and training grades). NES high value contracts accounted for £1.9m of this order placement and the balance committed via NHS National Procurement and Scottish Government frameworks and pre-existing contract and call off agreements. In the third quarter, cumulative savings of £878k were identified.

- Scottish Government have requested NES Digital Services (NDS) support implementation of an ophthalmology Electronic Patient Record system to replace a largely paper-based records. ToukanLabs have been contracted to produce a version of their OpenEyes software for roll out in early 2021.

- The Dental Directorate has become aware of an increasing difficulty in sourcing sufficient patients for dental training and teaching. In order to alleviate this situation, NES has procured three Nissin Simodont Dental Trainers (simulation equipment), due for delivery in March.

- Kenny McLean informed the Committee that the recent corona virus outbreak could lead to delays to the supply chain for items such computer hardware.

- A member raised a query regarding Procurement arrangements during and after the Brexit transition period. Kenny McLean gave assurance to the Committee that Procurement activity during the transition period will remain the same as the EU Procurement arrangements and added that it is likely that Procurement arrangements will remain largely unchanged after the transition period.

- Final bids for the National Cloud Procurement for National Digital Services (NDS) are being evaluated and a decision is expected week beginning Monday 17th February 2020.

The Committee noted and were satisfied with current and planned procurement activity.

b) Procurement Duty Annual Report (NES/FPMC/20/07)

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

- In accordance with the Procurement Reform (Scotland) Act 2014, the procurement team maintain a robust set of processes which are designed to support fair and consistent procurement practice and enable measurement of overall compliance and NES's use of these processes.

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

- The Suppliers Sustainability Code of Conduct is published on the NES Internet to support NES's Equality and Diversity aims.

- The Committee noted that all companies contracted to provided services to NES offices, such as cleaning and catering, pay their staff the living wage.

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

11. Sustainability and Climate Change Performance Report (NES/FPM/20/08)

Donald Cameron and Nicola Todd presented the report which updated the Committee on NES's progress towards improving sustainability in relation to procurement, travel and facilities.

- NES are currently required to submit two reports on an annual basis, commissioned by Scottish Government, in relation to Sustainability and Climate Change. It has recently been announced that these two reports will be combined to form one annual return.

- The report contains information from financial year 2018/19. A report detailing sustainability progress in financial year 2019/20 will be submitted to the November committee meeting, which will be the first of an annual report submitted to the Committee every November going forward.

- The sustainable procurement policy, supported by the sustainability code of conduct, is in place to ensure that procurement activity complies with appropriate legislation, such as the United Nations Global Compact for Responsible Business Practice.

- When the Glasgow and Edinburgh catering contracts were re-tendered, NES requested details of their recycling commitments and strongly encouraged them to consider paying the Living Wage which they are both now committed to doing.

- There was a 15% reduction in the numbers of journeys taken in 18/19 compared to 17/18, however rail costs have slightly increased as there has been an increase in the cost of the average journey from £20 - £24. Overnight accommodation has increased in 18/19 from 17/18, however costs have decreased.

- Reduction of Multi-Functional Devices (MFDs) at 2CQ and Westport has resulted in a reduction of printing, amounting to £20.5k savings over 5 years. Recycling increased in 18-19, however there has been an increase in landfill waste at 2CQ, which could be attributed to an increase in staff numbers.

- A member asked if the number of virtual meetings could be captured for inclusion in future reports, as this could help to illustrate the extent of the reduction of travel.

Action: NT

- The Committee agreed that the report should be submitted to the Senior Leadership Management Team and Senior Operational Leadership Group for information.

Action: JA

The Committee noted and were satisfied with NES's progress towards improved sustainability performance and noted that an annual report will be submitted to the November Finance and Performance Management Committee.

12. Priority Improvement Project Progress Report (NES/FPM/20/09)

Donald Cameron introduced a paper providing an update on the activities undertaken by and supported by the OPIP team.

- The main areas of work for the OPIP team continue to focus on cross-organisational projects identified by NES as priorities: SMARTER working; Properties; Unified Communications; Continuing Professional Development; Dental Outreach; and Training Programme Management.

- The Committee noted that projects are at different stages and therefore further details will be confirmed as the projects continue.

- A member raised a query regarding figures in relation to the Inverness accommodation project and Donald Cameron assured the Committee that under the Properties policies, NES is required to review contracts and explore alternative options as contracts approach a lease break. Costs potential refurbishment and potential savings to rental costs will be established when full feasibility study has been produced.

The Committee noted the ongoing performance improvement developments taking place in NES and the new report format.

13. South East Payroll Consortium Business Case (NES/FPM/20/10)

Audrey McColl presented the report which informed the Committee of the Business Case for the Single Employer, Multiple Site model for Payroll services within the South East Payroll Consortium.

- The South East Payroll Consortium is made up of seven Boards: NHS Fife, NHS Forth Valley, NHS Lothian, National Services Scotland (NSS), Healthcare Improvement Scotland (HIS), NHS Education for Scotland (NES) and the Scottish Ambulance Service (SAS). Public Health Scotland will join the Consortium on the 1st April 2020. The shared payroll services will reduce five payroll services into one.

- NSS and NHS Lothian both bid to become the 'Single Employer' and NSS was identified as the preferred 'Single Employer' by an Independent Panel on 10th January. This will be followed by a period of consultation and approval by Boards, with the outcome that payroll staff will be TUPE transferred to NSS.

- NES currently outsources its payroll to NSS therefore this will have no effect to NES staff.

The Committee endorsed the outcome of the Business Case on behalf of the NES Board given that NES's payroll is already processed by NSS.

14. NES Risk Register Primary 1 Report   (NES/FPM/19/11)

Audrey McColl introduced the annual report to present inherent primary 1 risks which have been identified as relevant to the Finance and Performance Management Committee.

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

Items for information

15. Internal Audit Reports

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

a) Review of NES Digital Services (NDS)
   The Committee noted and were content with this report. Audrey McColl noted that this report will also go the Digital Committee.

b) Review of Financial Control Framework
   The Committee noted and were content with this report. Stewart Irvine noted that this was an extremely positive report.

16. External Audit Draft Plan 19/20

The Committee noted the External Audit Draft Plan for the 19-20 financial accounts and noted that the materiality has been calculated £10.34m (2% of gross expenditure based on 2019/20 budget), with performance materiality set at 75% of overall materiality. This has remained at the level previously adopted and is based on auditors' experience of auditing NES over the previous three years.

15. Any Other Business

No other business was raised for discussion.

16. Date of Next Meeting

The date of the next meeting is Wednesday 20th May at 10:45 and will take place in Westport, Room 8.

NES
Feb 2020
JA/dc/amc

NHS Education for Scotland

Board Paper Summary

1. <u>**Title of Paper**</u>

    NES Assurance Framework

2. <u>**Author(s) of Paper**</u>

    Rob Coward, Principal Educator

3. <u>**Purpose of Paper**</u>

    Members will recall that NES developed an Assurance Framework setting out the sources of assurance against each of the information systems required by the Scottish Government's Blueprint for Good Governance[1] and the Audit and Assurance Committee Handbook. The NES Assurance Framework was reviewed by the NES Board at its meeting in June 2019.

    A revised version of the Assurance Framework was reviewed by the Audit Committee meeting on 16 January 2020. Enhancements suggested by the Audit Committee were subsequently incorporated in the revised Framework document attached at Appendix 1.

    The Board is invited to consider the revised Assurance Framework and related action plan at Appendix 2. However, it should be noted that given the current operating environment in relation to COVID-19 it is expected that the timescales for these actions will slip.

    Suggestions for updating and enhancement of the Assurance Framework will be welcomed.

4. <u>**Key Issues**</u>

4.1 **Presentation changes**

    The assurance information provided for each organisational function is presented in the format approved by the Board in June 2019. New introductory text has been added to the document to explain the origins and purpose of the Assurance

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[1] Scottish Government, *Blueprint for Good Governance*, January 2019

Framework. A document control page has also been provided to enable users of the document to track the changes made.

4.2 Risk Management

As discussed by the Board, new text relating to risk management has been added under the sections on Financial Management, Human Resource Management and Information Management. This is in addition to the discrete section on Risk Management and reflects the distributed nature of this responsibility.

4.3 Whistleblowing responsibilities

The Assurance Framework has been updated to address NES's new responsibilities for supporting corporate Whistleblowing. This takes into account new NHS Scotland Whistleblowing arrangements including a national policy and standards and the appointment of a non-executive Whistleblowing Champion Board member at NES. Detailed arrangements for providing assurance on Whistleblowing at NES will be agreed with the incoming non-executive Whistleblowing Champion.

4.4 Action plan

Following the Board's review of the NES Blueprint for Good Governance action plan in October 2019, it was recognised that several of the planned actions related to Board assurance. Accordingly, these actions will enhance levels of assurance (primarily Second Line) and will be addressed in the Assurance Framework. The current status of these actions and the estimated completion dates is provided in the table at Appendix 2.

5. Educational Implications

Awareness of the NES Assurance Framework is currently limited to Board members, the Executive Team and staff involved in developing the document. This is a potentially useful reference source for other NES staff and there may be value in making it available on the NES intranet.

6. Financial Implications

The revised Assurance Framework has no direct financial implications although the proposed actions to address assurance deficits may incur limited indirect costs.

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

The NES Assurance Framework has clear relevance to the NES Strategy 2019-2024 under Strategic Focus 5 'A high performing organisation'. By providing clear information on sources of assurance under each of our key corporate functions we will identify gaps and enhance our systems and processes.

8.   **Impact on the Quality Ambitions**

The Assurance Framework relates to each of the three NHS Scotland Quality Ambitions (Person-Centred, Effective, Safe). The Person-Centred ambition is addressed in particular by the information for Quality Management as it relates to equality, diversity and Feedback, Comments, Concerns and Complaints. This section is also germane to the 'Effective' section of the Framework relating to Educational & Research Governance.

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

The key risks pertaining to the Assurance Framework are that it does not enable the Board to identify areas of assurance deficit or areas where excessive assurance is provided. These risks are mitigated by annual reviews of the Framework by the Audit Committee and NES Board.

10.   **Equality and Diversity**

NES has a range of statutory and policy duties for promoting and protecting equality and diversity across its functions. The Assurance Framework addresses these responsibilities under the sections dealing with Performance Management, Quality Management and Human Resource Management. This information indicates that NES has a range of first, second and third-line sources of assurance that would alert the Board to any areas of non-compliance or poor performance.

11. **Health Inequalities**

The Assurance Framework has no direct relevance to Health Inequalities although these are addressed by several NES products and services.

12.   **Communications Plan**

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

Yes   [   ]   No   [x]

13. Recommendation(s) for Decision

The Board is invited to consider the updated NES Assurance Framework (Appendix 1) to check the accuracy and clarity of information presented and confirm the sources of assurance. Suggested enhancements will be welcomed.

Board members are also asked to consider the Assurance Framework action plan at Appendix 2 and note progress against planned actions to further enhance assurance.

NES
March 2020
RC

NHS Education for Scotland

Assurance Framework

March 2020

Document information

Consultation		Executive Team
		NES Board
		Audit Committee
Scope of Document		The sources of assurance used by the NES Board to obtain assurance on the delivery of the organisation's strategic, operational and financial plans
Objective		To enable the NES Executive Team and Board to assess the level of assurance provided in all corporate functions.
Linked Documentation		-
Document Sponsor	Name	Audrey McColl
	Job Title	Director of Finance and Acting Deputy Chief Executive Officer
	Division	Finance and Procurement
Approved by/ & Date		
Author	Name	Rob Coward
	Job Title	Principal Educator

Amendment History

Date	Issue No.	Details of Change
11/09/19	2	New introductory text to explain the origins and purposes of the Assurance Framework
11/09/19	2	New content under Staff Governance on Whistleblowing
11/09/19	2	New content under several functional areas to reflect the distributed nature of risk management
04/10/19	2	Change Management – New text to indicate that Change Management Board Minutes are presented at Staff Governance Committee
14/02/20	3	Quality Management - New reference to sharing examples of good practice
14/02/20	3	New information regarding directorate reporting on Equality & Diversity performance targets in Performance Management
14/02/20	3	Links to current Committee remits in introductory section

Introduction

The Scottish Government's Blueprint for Good Governance[1] set out the requirement for Health Boards to commission information systems to assist them in obtaining assurance on the delivery of the organisation's strategic, operational and financial plans. The Blueprint - a response to reviews of governance processes and practice in NHS Tayside and NHS Highland – indicated that assurance systems should provide frequent and informative performance and financial reports to assure the Board that it is delivering safe, accessible, quality, affordable and sustainable services.

The Blueprint reinforces the Scottish Government's requirements published in the revised Audit and Assurance Committee Handbook (April 2018) for health boards to develop an Assurance Framework. The purpose of the new Framework is to enable the Audit Committee and the Board to understand the levels and sources of assurance it receives in relation to work, systems and processes. This will enable identification of areas where current levels of assurance are considered excessive or where further assurance mechanisms need to be identified and implemented.

The Audit and Assurance Handbook specifies the following corporate functions where the Board will require assurance regarding management, quality and performance:

- **Performance in delivering Strategic Plans** – setting the organisation's strategic direction and monitoring and managing performance against related objectives.
- **Quality Management** – monitoring quality, making improvements and rectifying quality deficits
- **Financial Management** –the organisation's financial resources are managed effectively
- **Human Resources Management** – NES employees are recruited, developed and managed fairly and effectively
- **Change Management** – organisational and service change is efficient and effective
- **Risk Management** – NES's processes and practices for identifying and managing operational, strategic and other risks are effective.
- **Information Management** – the policies, processes and for collecting, holding, using and sharing information safely and effectively.

The responsibilities of the NES Board and its Standing Committees in obtaining and improving assurance NES's key functions. The specific responsibilities of the Board and standing committees are provided in the linked remits:

Audit Committee

Digital Committee

Educational & Research Governance Committee

Finance & Performance Management Committee

Staff Governance Committee

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[1] Scottish Government, *Blueprint for Good Governance*, January 2019

What are we seeking assurance on?	First line (from front line operational areas)	Second line (oversight, effective management information)	Third line (independent and more objective assurance		Executive Assurance Role	Board Governance Assurance Role

NES Assurance Framework – 3 March 2020

What are we seeking assurance on?	First line (from front line operational areas)	Second line (oversight, effective management information)	Third line (independent and more objective assurance		Executive Assurance Role	Board Governance Assurance Role
Performance in delivering Strategic Plans **(Making sure that our plans deliver against our strategy and that we deliver against our plans)**	Development of the NES Strategy in consultation with internal and external stakeholders	Board workshop and sign-off of consultation draft and final NES Strategy	Consultation feedback on NES Strategy and Scottish Government feedback		Managing the process to develop the Strategic Plan and Financial Plan for approval by the F&PM and the Board.	Setting the Direction (Approval of Strategic Plan and Financial Plan (Board)
	Operational Planning processes – ensuring strategic alignment	Annual Operational Plan presented to F&PM and Board, evidences plans to progress delivery of key strategic outcomes.	Internal Audit Reports on Performance, and Staff Governance		Ensuring systems and processes at a local directorate level support high performance. Executive Team oversight of performance indicators, financial indicators and staffing indicators.	Holding to Account (Receiving quarterly performance reports and challenging areas of poor performance (F&PM))

What are we seeking assurance on?	First line (from front line operational areas)	Second line (oversight, effective management information)	Third line (independent and more objective assurance	Executive Assurance Role	Board Governance Assurance Role
Performance in delivering Strategic Plans (continued)	Corporate Performance Management Dashboard with quarterly reports and quality control process Financial Plan aligns with Operational plan All staff have objectives that relate to delivery of key targets Performance against targets considered at Directorate meetings – measures taken to remedy areas of poor performance	Quarterly Performance Reports presented to F&PM and Board with detail of actual performance against targets. Annual Strategic Outcomes progress report to Board Reports to Staff Governance Committee on personal objectives and Staff Governance Standard	External Audit review of Performance in Annual Report and Accounts Scottish Governance monitoring of Staff Governance Standard		Assessing Risk (Achieving balance between ambition and realistic assessment of what is achievable given resources, environment etc (Board, standing committees)) Engaging Stakeholders (obtaining assurance that stakeholders have been involved in the setting of Strategy and in understanding annual operational plans. Influencing Culture (oversight of Staff

What are we seeking assurance on?	First line (from front line operational areas)	Second line (oversight, effective management information)	Third line (independent and more objective assurance	Executive Assurance Role	Board Governance Assurance Role
Performance in delivering Strategic Plans (continued)	Staff management – ensuring staff are managed in accordance with the Staff Governance Standard and NES policies to be high performing.

Equality and diversity targets developed annually in operational planning | Reports to Staff Governance Committee on personal objectives and Staff Governance Standard.

iMatter results.

Biannual performance Equality & Diversity reports presented to E&RGC & SGC

Directorate updates on prioritised E&D targets reported to Finance & PM Committee | | Executive Team has oversight of progress against equality and diversity targets. | Governance indicators (SGC)) |

What are we seeking assurance on?	First line (from front line operational areas)	Second line (oversight, effective management information)	Third line (independent and more objective assurance	Executive Assurance Role	Board Governance Assurance Role
Performance in delivering Strategic Plans (continued)	Feedback, complaints handling and participation processes implemented by directorates and corporate Complaints Handling team	E&RGC and Audit Committee sign-off annual Feedback, Comments, Concerns and Complaints (FCCC) report	Scottish Government and Scottish Public Services Ombudsman reviews FCCC report and provides feedback		
	Engagement with stakeholders	Board sign-off of Stakeholder Map and Communication Strategy			

What are we seeking assurance on?	First line (from front line operational areas)	Second line (oversight, effective management information)	Third line (independent and more objective assurance		Executive Assurance Role	Board Governance Assurance Role
Quality Management **(Making sure that what we deliver – in all areas, is of a high quality, and fit for purpose)**	Local processes in place to ensure quality and 'fitness for purpose' of educational programmes, resources.	Educational Governance Framework approved by the E&RGC Risk-based reporting in line with Educational Governance Framework to E&RGC	Internal Audit reviews. Formal Review by the GMC (every 5 years) of Medical Education in Scotland.		Managing local operational processes to assure, control and improve quality. Ensuring appropriate stakeholder engagement in development of new products/review of existing programmes.	Setting the Direction (approval of the Educational Governance Framework (E&RGC)) Holding to account (reviewing educational governance reports, Annual FCCC report, Equalities Outcomes progress reports (E&RGC, SGC))
	Systematic sharing of good practice for organisational learning and improvement	E&RGC has approved arrangements for sharing education practice and is keeping these under review	-		Executive Team oversight of draft Educational Governance processes	
	Educational Governance case shared with directorates	E&RGC receives and reviews Educational Governance case studies	-			Assessing Risk (Identifying risks to receiving assurance related to performance and quality including

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What are we seeking assurance on?	First line (from front line operational areas)	Second line (oversight, effective management information)	Third line (independent and more objective assurance	Executive Assurance Role	Board Governance Assurance Role
Quality management (continued)	Feedback collected from service users and stakeholder organisations and reviewed to identify quality issues	E&RGC approval of Annual Feedback, Comments, Concerns and Complaints (FCCC) Report	Scottish Government review of Feedback, Comments, Concerns and Complaints report	Executive Team approval of complaints handling processes	compliance with statutory and policy duties (Board, standing committees))
	Complaints management process (including follow-up on complaints related recommendations) and annual review	E&RGC review of local quality management outcomes, including those from trainee surveys.			Engaging Stakeholders (oversight of appropriate stakeholder/lay involvement in educational and digital developments (E&RGC))
	Annual review of standing committee business to check performance against approved remits	Audit Committee review of Board committee annual reports confirming adherence to approved remits Standing committee annual workplans			Influencing Culture (advocating for proper oversight of learning environment at all NHS Boards (E&RGC))

What are we seeking assurance on?	First line (from front line operational areas)	Second line (oversight, effective management information)	Third line (independent and more objective assurance		Executive Assurance Role	Board Governance Assurance Role
Quality management (continued)	Development of standing committee annual workplans	approved by standing committees and Audit Committee				
	Compliance with equality related statutory duties	Approval and monitoring of: Equality Outcomes and Mainstreaming Priorities Equality Impact Assessments Fairer Scotland Duties	Review of Equality Outcomes and associated reports by Equality & Human Rights Commission		Executive Team oversight of draft Equality Outcomes, Mainstreaming Priorities and FCCC reports	
	Application of local quality management processes to digital developments	-	User feedback on digital products			

What are we seeking assurance on?	First line (from front line operational areas)	Second line (oversight, effective management information)	Third line (independent and more objective assurance	Executive Assurance Role	Board Governance Assurance Role
Quality management (continued)	Application of local research governance process aligned with NES Research Framework	Approval of NES Research Governance Framework (aligned with UK Research Standards) and annual report to E&RGC on research governance	Internal audit of research governance		
Financial Management **(Making sure that our resources are properly applied to deliver our Strategic Plans and that we do not breach our financial limits)**	Budget setting process aligned to Operational Planning which aligns to Strategic Plan Operational level challenge to budget setting process	Full details of process of developing an annual budget discussed at F&PM and Board Staged review of developing budget by ET.	Internal Audit	Detailed controls on expenditure at a Directorate level. Adherence to delegated authorities Regular review of Finance monitoring reports	Ensures effective financial stewardship through considering value for money, financial control and financial planning and strategy through the following: Setting the Direction (Approval of

What are we seeking assurance on?	First line (from front line operational areas)	Second line (oversight, effective management information)	Third line (independent and more objective assurance		Executive Assurance Role	Board Governance Assurance Role
Financial Management (continued)	Regular review of in-year financial performance at Directorate level	Monthly VAR meetings with Directorates. Overall position signed off by Individual Director/Deputy or Senior Manager.				Strategic Plan and Financial Plan) Holding to Account (Receiving monthly Finance Report)
	Regular and accurate reporting of actual against budget and forecast at a NES corporate level.	Regular Financial reporting to ET, F&PM and Board				Assessing Risk (Understanding key areas of budget risk) Engaging Stakeholders (Ensuring that stakeholders understand the budget)
	Production of Annual Accounts and sign-off by Accountable officer Annual Best Value review	Review of annual accounts by Audit Committee and approval by NES Board	External Audit of Annual Accounts Auditor General for Scotland and the Scottish SG review and provide feedback on Annual Accounts			Influencing Culture (Setting a strong tone in relation to the

What are we seeking assurance on?	First line (from front line operational areas)	Second line (oversight, effective management information)	Third line (independent and more objective assurance	Executive Assurance Role	Board Governance Assurance Role
Financial Management (continued)					proper use of public money)
	Development and adherence to Standing Financial Instructions setting out limits of financial delegation	Directors assurance provided to the C.E to support signing of the Governance Statement.	Internal Audit of controls.		
	Development and implementation of procurement controls	F&PM Committee monitoring of Procurement including performance of the compliance with Procurement Duty (through Procurement Annual Report)	Procurement Annual Report

Internal Audit | | |

What are we seeking assurance on?	First line (from front line operational areas)	Second line (oversight, effective management information)	Third line (independent and more objective assurance	Executive Assurance Role	Board Governance Assurance Role
Financial Management (continued)	Development and implementation of financial controls and reconciliations		Internal Audit		
	Savings plans and measurement of delivery	For the 4 main improvement programmes recorded by OPIP and reported via F&PM			
	Management and reporting of finance risks.	Quarterly directorate reviews of risk including analysis of breaches. Risk report to F&PM Committee and Board review of Corporate Risk Register	Internal Audit		

What are we seeking assurance on?	First line (from front line operational areas)	Second line (oversight, effective management information)	Third line (independent and more objective assurance	Executive Assurance Role	Board Governance Assurance Role
Human Resource Management **(Making sure that NES recruits, develops, manages and retains its staff fairly, efficiently and effectively)**	People and OD Strategy including Key Performance Indicators (including relevant workforce metrics) Reports on Staff Governance Standard Use of feedback on staff satisfaction and team working through iMatter to identify issues and affect improvements	Approval of People and OD Strategy (including KPIs) by Staff Governance Committee Staff Governance Committee reviews progress against agreed KPIs (through quarterly review of metrics and dashboard with KPIs) and reports on Staff Governance Standard Staff Governance Committee review of NES and national iMatter reports	Internal audit External audit Scottish Government reviews Staff Governance Monitoring data and provides feedback Publication of iMatter comparative data by Scottish Government and thematic review	ET ensures alignment of human resources with strategic priorities and operational needs ET reviews performance against People and OD Strategy KPIs ET reviews reports on Staff Governance Standard ET reviews iMatter reports and initiates change where required	Setting the Direction (Approving the People and OD Strategy and Workforce Plan (SGC)) Holding to account (Reviewing reports on Staff Governance, the Workforce Plan, iMatter, performance against KPIs (SGC)) Assessing Risk (Identifying key risks relating to Human Resource Management and ensuring these are managed effectively (Board, SGC))

What are we seeking assurance on?	First line (from front line operational areas)	Second line (oversight, effective management information)	Third line (independent and more objective assurance	Executive Assurance Role	Board Governance Assurance Role
Human Resource Management (continued)	Monitoring quality of staff performance objectives and personal development plans to ensure alignment with directorate and NES objectives	Report to Staff Gov Committee on outcomes from quality assurance of performance objectives and PDPs	-	ET considers Establishment Control recommendations at each meeting	Engaging stakeholders (Ensuring that People, OD and policy application is developed in partnership (SGC))
	Compliance with the specific statutory duties under Equality and Fairer Scotland legislation	Staff Gov. Committee approves Equality Outcomes and Mainstreaming Priorities and monitors progress reports Staff Gov. Committee monitors compliance and improvement in relation to specific equality duties through review of Equal Pay	Equality and Human Rights Commission scrutiny Scottish Government reviews Workforce Plan	Equalities performance data reviewed by SMLT	Influencing Culture and standards of people management across the organisation (SGC)

What are we seeking assurance on?	First line (from front line operational areas)	Second line (oversight, effective management information)	Third line (independent and more objective assurance	Executive Assurance Role	Board Governance Assurance Role
Human Resource Management (continued)		statement and workforce equality data (presented in Workforce Plan) and Fairer Scotland related reports.			
	Ensure fair remuneration of senior staff	Remuneration Committee considers pay levels and performance of senior staff.	National Performance Evaluation Committee reviews performance ratings and provides feedback.		
	Ensure fair access to development opportunities and training progression for staff and employed trainees through 'Differential Attainment' actions	Staff Governance Committee and E&RGC considers reports on Differential Attainment initiatives and information.			

What are we seeking assurance on?	First line (from front line operational areas)	Second line (oversight, effective management information)	Third line (independent and more objective assurance	Executive Assurance Role	Board Governance Assurance Role
Human Resource Management (continued)	Whistleblowing Policy and processes to encourage staff and others to raise public interest concerns and ensure these are investigated and reported effectively	*[Arrangements for Board oversight of [Whistleblowing processes and policy in development.]* Non-Executive Whistleblowing Champion appointed	Independent external review of Whistleblowing concerns referred to the Independent National Whistleblowing Officer.	*[Assurance arrangements in development]*	Holding to account for whistleblowing policies and practice. Assessing risks identified in whistleblowing concerns Influencing the culture to encourage staff and others to report public interest concerns
	Maintenance of risk registers relating to human resources	Staff Governance review of annual risk registers report/Board review of corporate risk register			

What are we seeking assurance on?	First line (from front line operational areas)	Second line (oversight, effective management information)	Third line (independent and more objective assurance	Executive Assurance Role	Board Governance Assurance Role
Change Management **(Making sure that NES manages significant service change and any consequential organisational change)**	Business cases and plans for service re-design and change (including explicit information on impact and efficiency and Stakeholder Engagement Plan) Organisational Change Policy and Procedures	Plans for service re-design and progress reports Organisational Change Policy and Procedures approved by Staff Governance Committee Change Programme risk register reviewed by Staff Governance Committee	Internal audit External audit	ET reviews and authorises business cases and plans for service re-design and change Change Management Programme Board authorises and monitors organisational change processes	Setting the direction (Approving the Organisational Change Policy-Staff Gov) Holding to account Assessing risk Engaging stakeholders (Ensuring NES follows consultation and engagement processes (Board)) Influencing culture (Ensuring NES is focused on improvement in all

What are we seeking assurance on?	First line (from front line operational areas)	Second line (oversight, effective management information)	Third line (independent and more objective assurance		Executive Assurance Role	Board Governance Assurance Role
Change Management (continued)	Change Management Programme Board authorises and monitors organisational change processes	Minutes of Change Management Programme Board meetings reported to Staff Governance Committee				aspects of its work (Board, Standing Committees)
	Organisational Perf. Imp. Programme processes	The F&PM committee review a quarterly report from the OPIP team.				

What are we seeking assurance on?	First line (from front line operational areas)	Second line (oversight, effective management information)	Third line (independent and more objective assurance	Executive Assurance Role	Board Governance Assurance Role
Risk Management **(Making sure that NES identifies and manages key risks to its services, stakeholders and the organisation)**	ET review of NES Risk Strategy and Risk Management Framework.	Audit Committee review and approval by Board of Risk Strategy and Management Framework. Annual review of risk appetite by the Board	Internal audit reviews External audit	ET reviews reports on risk registers ET advises on Risk Strategy and Risk Management Framework	Setting the Direction (Approving the Risk Strategy and Management Framework, determining NES's risk appetite)
	Recording and monitoring of directorate and project risks using Planning and Risk Management System (MiTracker).	Directorate quarterly review and update of directorate risk registers.	Internal audit reviews		Holding to account (Reviewing corporate and directorate risk registers to check key risks are identified and managed effectively)
	Reports to ET on directorate and Corporate risk registers	Regular Board review of the Corporate Risk Register	Internal audit reviews		Assessing risk (Identifying key risks to NES business)

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What are we seeking assurance on?	First line (from front line operational areas)	Second line (oversight, effective management information)	Third line (independent and more objective assurance	Executive Assurance Role	Board Governance Assurance Role
Risk Management (continued)	Data compiled on Inherent and residual risk levels.	Standing Committee review of the most significant inherent (Primary rated) Directorate risks Reports of Audit Committee on Standing Committees' review, handling and identification of risks Audit Committee review of Audit Scotland reports	External audit as part of Annual accounts process.		

What are we seeking assurance on?	First line (from front line operational areas)	Second line (oversight, effective management information)	Third line (independent and more objective assurance		Executive Assurance Role	Board Governance Assurance Role
Information Management **(Making sure that NES only collects the data it needs, the data is kept securely and is only accessed by the correct people)**	Development and implementation of Information Management Strategy Policies, plans and processes for information governance, data security, records management, Freedom of Information and intellectual property. Information management policies, plans and processes aligned with relevant legislation, international quality standards and Scottish	Board reviews Caldicott Guardian annual report Annual Information Governance & Security report reviewed by Finance and PM Committee	Internal audit External audit The Digital Health & Care Strategic Portfolio Board reviews and provides feedback on regular reports from the NES Digital Service		Executive Team approves organisational policies, plans and processes for information management. Executive Team monitors Information Management through reports in areas such as Freedom of Information and data protection.	Setting the direction (Approve strategy (F&PM, Digital Sub-Committee) Holding to account (Review and challenge progress reports from NDS. Review Data incident reports) (Digital Committee) Assessing risk (Understand the kind of information risks NES could be exposed to and seek assurance on how these are addressed)

What are we seeking assurance on?	First line (from front line operational areas)	Second line (oversight, effective management information)	Third line (independent and more objective assurance	Executive Assurance Role	Board Governance Assurance Role
Information Management (continued)	Government policy/strategies Role-based access to information systems and dashboards Development, implementation and audit of NES Information Security Management System Information Asset Register and Data Protection Impact Assessment Register				(Digital Sub-Committee) Engaging stakeholders (how do we communicate how we use the data we hold) Influencing culture

What are we seeking assurance on?	First line (from front line operational areas)	Second line (oversight, effective management information)	Third line (independent and more objective assurance	Executive Assurance Role	Board Governance Assurance Role
Information Management (continued)	Business continuity/disaster recovery systems and processes	The Executive team has reviewed and commented on the iterative development of NES Business Continuity plans			
	Provision of cloud-based information management systems for safe data storage, retrieval and sharing	There is governance oversight of the NES Digital Service through the Board's Digital Sub-Committee			
	Information security based on agreed processes for authentication and registration of system users.				
	Mandatory training of all NES staff on Information Governance.	Staff Governance scrutiny of training data			

What are we seeking assurance on?	First line (from front line operational areas)	Second line (oversight, effective management information)	Third line (independent and more objective assurance		Executive Assurance Role	Board Governance Assurance Role
	Assessment and management of risks relating to data management	Digital Committee review of NDS Risk Register				

Appendix 2 - Action plan for further enhancement of assurance

Functional area	Identified Enhancement	Proposed action	Progress summary	Responsible officer(s)/ Estimated completion date
Performance management	Enhance assurance on engagement with stakeholders	To seek comment on Stakeholder map as part of development of new Communications Strategy.	Preparatory work for stakeholder survey completed. The survey results will inform a refreshed corporate Comms Strategy to be signed off by the Board	John McEachern Summer 2020
Quality management	Supplement Second Line Assurance relating to quality of education workstreams	To be addressed in Educational Governance risk profiling process to ensure a higher proportion of educational workstreams are subject to E&RGC reports.	Discussed with the E&RGC in December 2019 and agreed in principle. Risk profiling exercise to be conducted in March/April and reported to the E&RGC in May 2020	Karen Wilson May 2020

Functional area	Identified Enhancement	Proposed action	Progress summary	Responsible officer(s)/ Estimated completion date
Risk Management	There is an opportunity to review and benchmark the identification of risks against other similar organisations	Risk management strategy, processes and practices will be reviewed by NES's internal auditors using their Global Risk Maturity Assessment Tool. This includes benchmarking against risk management practices and outcomes in similar organisations.	Global Risk Maturity Assessment to be completed by end March 2020	Audrey McColl March 2020
Risk Management	Ensure that risk assessment and risk management are consistently embedded across the organisation and used as a management tool to support sustainable service delivery.	Workshops are planned for NES Risk Champions, senior managers and Board members to assist with the standardisation of judgements in risk identification and prioritisation.	The planned workshops are contingent on the outcomes from the internal auditor's Global Maturity Assessment.	Audrey McColl May 2020

| Human Resource Management | Reporting arrangements relating to Whistleblowing to be developed | To be addressed following publication of NHSScotland Whistleblowing Policy | Detailed arrangements for supporting Whistleblowing at NES considered by Executive Team in December 2019 | Board Whistleblowing Champion

Director of Workforce

Donald Cameron

May 2020 |

NHS Education for Scotland   NES/20/39
Agenda item 10a   (enclosure)
March 2020

NHS Education for Scotland

Board Paper Summary

1.   Title of Paper

Draft NES Financial Plan for 2020/21 -2022/23

2.   Author(s) of Paper

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

3.   Purpose of Paper

To present the Board with the draft NES Financial Plan for the three years from 2020/21 to 2022/23 for approval.

4.   Key Items

a)   The headline figures and key messages within this paper remain largely unchanged from the position reported to the Board on 27th February.

b)   The NES Annual Operational Plan (AOP) and associated 3-year Financial plan were submitted to Scottish Government at the end of February, based on the numbers in this paper. We have been advised that given the exceptional circumstances surrounding the COVID-19 outbreak that the review of the AOP's will be a 'light touch' approach.

c)   An additional addendum has been requested to the AOP which outlines the COVID-19: NES Local Mobilisation Plan (LMP). This provides a summary of how NES will support the health and care system across Scotland during the COVID-19 (Coronavirus) pandemic.

d)   Following the UK budget announcement on 11th March the funding confirmed by Scottish Government on 6th February remains unchanged with baseline recurring funding of £461.5m confirmed for 2020/21. This is a 1.9% increase on our confirmed 2019/20 baseline recurrent funding of £452.9m. This differs from the 3.8% uplift announced by Scottish Government as in-year allocations, including the pay award received for Training Grades in 2019/20, were not included in their baseline position, but are included in the uplift instead.

e)   The figures within this report include £87m of Earmarked or non- recurrent funding from Scottish Government. This has increased from an anticipated £49m in 2019/20 and represents 16% of our overall budget. The non-recurrent nature of these allocations introduces volatility in terms of service delivery and makes it increasingly challenging to manage our financial position effectively.

f) The recurrent baseline funding for Medical Training Grade (MTG) salary costs has not kept up with growth in posts and pay costs since 2013/14, resulting in an anticipated underlying recurrent funding gap within MTGs of £23m in 2020/21. This gap has been reduced to £5m for 2020/21 from several non-recurring measures as detailed in Section 6. These adjustments align with the current policy agreed with Scottish Government.

g) Scottish Government have again agreed to underwrite the residual deficit on medical training grades in 2020/21 until a more sustainable funding model has been put in place. As part of this agreement in 2019/20 it was agreed that NES would make every effort to release savings on the balance of the NES budget to reduce the amount of additional funding required for Medical training grades. In creating the draft budget for 2020/21 we have assumed the same approach and £2.5m has been identified to contribute to reducing the residual £5m training grade deficit to £2.5m as shown in table 1.

Table 1: Summary of draft NES baseline position

	Medical Training Grades		Rest of NES		
	Recurring £000s	Non recurring £000s	Recurring £000s	Non recurring £000s	Total £000s
Anticipated budget available (Table 3)	**261,963**	**0**	**201,363**	**0**	**463,326**
Directorate budget submissions 20/21	275,235	0	199,585	(62)	474,758
Additional Funding requests	0	0	888	153	1,041
National Board Savings contribution				1,000	1,000
Medical Training Grade costs pressures (detailed in section 6)	0	9,597			9,597
Budget required	**275,235**	**9,597**	**200,473**	**1,091**	**486,396**
		284,832		201,564	
Initial Budget Gap	**(13,272)**	**(9,597)**	**890**	**(1,091)**	**(23,070)**
		(22,869)		(201)	(23,070)
Proposed actions to reduce gap					
Recruitment Lag			1,000	800	1,800
Recycle Training Grade funding		17,917		0	17,917
Other Income				323	323
Procurement savings				300	300
Efficiency Savings from Directorates			259		259
Total Potential Available budget	**0**	**17,917**	**1,259**	**1,423**	**20,599**
Net Budget Required	**275,235**	**(8,320)**	**199,214**	**(332)**	**465,797**
Remaining Gap	**(13,272)**	**8,320**	**2,149**	**332**	**(2,471)**
		(4,952)		2,481	(2,471)
Residual gap to be underwritten by SG					2,471
Balance					0

5.   Educational Implications

The draft budget will underpin the activities that we will include in our Annual Operational Plan (AOP). This has been drafted based on Directorate submissions to the planning system.

6.   Financial Implications

A robust operational planning process (including developing a draft budget) is essential to ensure that we do not breach any of our delegated financial limits.

7.   Which of the 5 key Outcome(s) does this align to?

A robust operational planning process contributes to the achievement of all our strategic objectives.

8.   Impact on the Quality Ambitions

The education and training that NES provides/commissions is designed to impact on all the quality ambitions.

9.   Key Risks and Proposals to Mitigate the Risks

a)   The current ability of NES to manage the impact of the underlying funding gap for Medical Training Grades (MTG) of £23m from recycling funding could come under pressure. One measure uses savings from the Less Than Full Time (LTFT) gaps which arise from the fact that recruitment on a WTE basis only occurs where we have been specifically advised by Scottish Government to do so. Another measure whereby payment of vacant MTG posts at 16/17 rates could be seen as putting additional pressure on placement boards. Any changes to these policies would put significant pressure on the Training Grade budget, however discussions with Scottish Government have confirmed that they will underwrite any MTG deficit in 2020/21 and will discuss arrangements required to provide a more sustainable funding model for future years.

b)   The pay awards for Medical and Dental staff have yet to be agreed and if higher than our current assumptions (2.5%) we would need to identify further savings of approximately £1.5m for every 0.5% above the assumed level. The funding required to cover the element of this relating to the MTGs will be provided under the agreement with Scottish Government, but the remainder will need to be met from savings elsewhere in NES.

c)   An additional non recurrent NES contribution of £1m to the National Boards' savings target has been included in the draft budget leaving £0.5m to be met from other National boards. There is a risk that NES is asked to increase its level of contribution.

10.   Equality and Diversity

Directorates are required to assess any Equality & Diversity impacts from their proposed savings.

11. Communications Plan

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

Yes [   ]   No   [X]

Operational Planning guidance has been produced and a detailed timetable made available on the intranet for all planners.

12.   **Recommendation(s) for Decision**

The Board is asked to;
      -approve the NES financial plan for 2020/21-2022/23

NES
March 2020
LT, JS & AMcC

1.0 Background & National Context

1.1   The Scottish Budget was announced on 6th February and was approved in Parliament on 5th March. Funding of over £15 billion was allocated to the Health and Sport portfolio. The UK budget was announced on 11th March and we do not anticipate any changes to our allocation as a result.

1.2   The table below shows the budgets and uplifts allocated to the national boards. The 3.8% increase quoted for NES is based on the existing practice within Scottish Government, which compares the new budget against the opening baseline position for the prior year. The 2019-20 allocation of £444.8m quoted has therefore excluded in-year baseline allocations we have received, the most significant being £7.9m for the Medical Training Grade Salary pay award, which has been included within the £16.7m uplift figure. The new budget is 1.9% higher than the baseline budget in our latest allocation letter.

Table 2: National Boards Allocations

NHS National Boards	2019-20 Allocation £m	Uplift £m	Uplift %	2020-21 Allocation £m
National Waiting Times Centre	58.3	1.7	3.0%	60
Scottish Ambulance Service	270.3	8.1	3.0%	278.4
The State Hospital	36.5	1.1	3.0%	37.6
NHS 24	70.6	2.1	3.0%	72.7
NHS Education for Scotland*	444.8	16.7	3.8%	461.5
NHS Health Scotland / Public Health Scotland**	18.9	0.4	2.0%	47.9
NHS National Services Scotland**	345.6	9.1	2.6%	327.7
Healthcare Improvement Scotland	25.8	0.5	2.0%	26.3
Total	**1,270.70**	**39.8**	**3.10%**	**1,312.10**

* The uplift quoted for NHS Education for Scotland includes the 2019/20 pay award for training grades.

** Budget for Public Health Scotland of £47.9 million reflects budget for new public health body and includes transfer of £27.1 million from NHS National Services Scotland.

1.3   Our draft financial plan was presented to the Board and Finance and Performance Management Committee during January and February and our Annual Operational Plan (AOP) and associated Financial plan were submitted to Scottish Government at the end of February, based on the figures contained within this report. We anticipate Scottish Government approval of the AOP and Financial Plan before 31st March per their issued timetable, subject to approval by the Board.

2   NES Context 2020/21

2.0   As there are some recurrent allocations which were not included in the letter from Scottish Government, the recurrent budget we anticipate to receive for 2020/21 is slightly higher than the £461.5m published in the Funding letter. We expect our recurrent baseline budget to be £463.3m as detailed in the table below and this is what our financial plan has been based on.

Table 3: Anticipated Funding

Anticipated Baseline Budget	£m
19/20 Allocation	**444.8**
2019/20 Training Grade Pay Award	7.9
2020 /21 Inflation	8.8
20/21 Allocation per SG letter	**461.5**
2019/20 Allocations still to be allocated	0.2
2020/21 National Boards saving (only approved on a non recurrent basis)	1.0
2020/21 National Boards contribution to saving	0.5
2020/21 Funding allocation	**463.3**

2.1   The £0.2m represents 2 recurring allocations made in 2019/20; £70k for Board Development posts previously delivered through HIS and £165k Excellence in Care delivered via Quality Improvement. Scottish Government have confirmed these allocations will be included in our first funding letter.

2.2   Discussions with Scottish Government have confirmed that the additional National Boards saving of £1.5m will remain allocated against the NES budget until agreement is reached by the National Boards on how it should be correctly allocated. We anticipate that the other National Boards will contribute £0.5 of the remaining £1.5m savings currently attributed to NES (with NES identifying the remaining £1m on a non-recurrent basis). The full £1.5m is therefore anticipated to be brought back into our recurrent baseline with £1m anticipated to be given up non recurrently in 2020/21 and the £0.5m to be delivered by other national boards. These savings are in addition to the £2.5m savings approved by the NES board in £2018/19.

Planning Assumptions – Pay

2.3   The pay award inflation currently assumed within the figures presented is based on existing agreed pay scales for AfC c5% and 2.5% for all other scales.

2.4   There is a risk that pay scales not yet agreed (including all Medical and Dental Training grades) may not match our assumptions. If pay inflation for these pay scales were agreed at 3% rather than 2.5% a pressure of around £1.5m would be created. If pay inflation for these scales were agreed at 2%, i.e. 0.5% lower than currently assumed, then around £1.5m of funding would become available to the organisation.

2.5   Incremental increases continue to be required to be absorbed by directorates in line with previous assumptions.

Planning Assumptions – Non Pay

2.6   Although a headline figure of 2% inflation across the organisation has been provided this is not sufficient to cover pay pressures therefore, directorates continue to absorb non-pay inflationary increases which may lead to reductions in planned activity.

2.7   No impact from any of the changes required from the adoption from 1st April 2020 of IFRS16 accounting for Leases is included. The new accounting standard requires entities to record all leases on the balance sheet, which will impact on the reporting of depreciation, rental obligations and assets. SG are monitoring the impact and will ensure that allocation adjustments are provided in-year as necessary. These are technical accounting adjustments and will not impact on the overall financial position of the board.

Planning Assumptions - Medical Training Grades

2.8   Recent communications with Scottish Government colleagues have confirmed that we should continue to assume that any residual funding gap relating to the historical underfunding of Medical Training Grades, after the recycling of funding from e.g Less Than Full Time, will be met by Scottish Government.

Recruitment Lag Savings

2.9   Savings of £1.8m from recruitment lag have been included within this financial plan. This reflects the current and historic trends in this area. Of this saving, £1m of the savings have been actioned on a recurring basis reflecting the ongoing nature of natural staff turnover. The remaining £0.8m has been applied on a non-recurrent basis to minimise the level of risk to the organisation should the level of staff turnover reduce. These savings are generated from the point a post is vacated until it is filled with either a temporary or permanent member of staff and will not impact on the recruitment of staff in any way. It was agreed at a recent staff Governance committee that actions would be taken to reduce the amount of time taken to recruit new staff which may impact on our ability to reach this target going forward and we will monitor this budget closely throughout the year.

Scottish Government Funding - Non recurring

2.10   As in previous years we are anticipating that we will receive a significant proportion of funding from Scottish Government on a non-recurring basis in 2020/21. Included within the plan is £87m of which £50m is considered to be confirmed, where we have written confirmation of the allocation. The remaining £37m, while expected to be allocated, has not been confirmed in writing at this point.

2.11   This level of funding follows the trend of recent years which has seen the amount of non-recurrent funding increasing each year. Once finalised we will be working with colleagues within Scottish Government finance to highlight the allocations which we feel could be added to our baseline and therefore allocated recurrently.

2.12 Some of the larger anticipated allocations within the £87m include:

   a)   Medical Education Package & ACT (confirmed c£12m)
   b)   Pharmacy Education & Training (confirmed c£11m)
   c)   NDS* (current cost estimate included of £9m)
   d)   CAMHS Taskforce (confirmed £5.2m)
   e)   Mental Health Funding (unconfirmed c £13m)
   f)   Expansion posts including GP100 (unconfirmed c£10m)

*It is now anticipated that NDS will not be baselined in 2020/21 but will come in as earmarked recurring. The level of direct NDS funding and associated deliverables is currently being agreed with Scottish Government and is likely to be significantly lower than shown here.

Income

2.13 In line with 2019/20, the figures include around £3m of income generated from course fees and the sale of products and services including TURAS, Family Nurse Partnership and Quality Improvement.

3   Spend Plans

3.0 Within the AOP priorities are split across the 5 Key areas of focus contained in the NES strategic plan for 2019-24. Directorates have developed spend plans totalling £552.7m required to deliver these outcomes for 2020/21 as described in the AOP. The table below shows the net baseline budget required and the additional Scottish Government allocations anticipated across the organisation split across these 5 key areas.

Table 4: Total anticipated funding shown by Key priority

Strategic Theme		NES £'000	SG £'000	Total £'000
1.	a national digital platform, analysis, intelligence and modelling	5,928	12,784	18,712
2.	a high performing organisation (NES)	17,478	2,424	19,901
3.	a high-quality learning and employment environment	32,278	13,969	46,247
4.	national infrastructure to improve attraction, recruitment, training and retention	396,184	43,282	439,466
5.	education and training for a skilled, adaptable and compassionate workforce	13,929	14,417	28,346
Total		**465,797**	**86,875**	**552,672**

High level directorate figures

3.1 Table 5 below shows the breakdown of funding and spend plans by Directorate.

Table 5: Baseline budget and budget required shown by Directorate

Directorate	Available Budget (NES Baseline)	Budget Required (NES Baseline)	Baseline Variance		SG funding Anticipated	Total Anticipated Funding
Medical Quality Management	77,275	77,268	7		12,314	89,582
Medical SPDS	6,248	6,250	(2)		63	6,313
Medical TPM	15,172	15,336	(164)		4,577	19,913
Medical Professional Development	5,700	5,721	(21)		1,948	7,669
Medical Pharmacy	1,667	1,633	34		11,357	12,990
Medical Total	**106,062**	**106,208**	**(146)**		**30,259**	**136,467**
Dental	42,913	43,130	(217)		4,153	47,283
NMAHP	10,450	10,359	91		5,855	16,214
Psychology	12,569	12,567	2		19,128	31,695
Healthcare Sciences	2,863	2,978	(115)		6	2,984
Optometry	1,020	1,019	1		181	1,200
NES Digital Services	0	0	0		8,318	8,318
Digital	8,823	9,165	(342)		4,542	13,707
Workforce	4,430	4,419	11		4,066	8,485
Finance	2,434	2,475	(41)		111	2,586
Properties	3,891	3,929	(38)		580	4,509
Facilities Management	701	713	(12)		0	713
Planning	1,323	1,354	(31)		18	1,372
Provision	3,884	566	3,318		50	616
Total Non-Medical Training Grades*	**201,363**	**198,882**	**2,481**		**77,267**	**276,149**
Medical TPM Training Grades	261,963	266,915	(4,952)		9,608	276,523
Grand Total*	**463,326**	**465,797**	**(2,471)**		**86,875**	**552,672**

All figures are in £000s.
* These totals have been updated since the February Board Report as although all individual directorate figures were correct the totals were not calculated correctly.

3.2 As detailed previously Provisions holds the budget for expected corporate costs which are not allocated to specific Directorates. These include Depreciation (£1.2m), the Apprenticeship levy (£0.3m), and contingencies (£0.7m). These costs have been offset by savings expected to be delivered across the organisation from the Vacancy Lag (£1.8m), procurement and other efficiency savings (£0.6m), the 20% top-slicing of income generated by directorates as a contribution to overheads (£0.3m).

3.3 Within the £0.7m Contingency are the estimated costs of staff engaged under Fixed Term Contracts who we want to extend beyond 31st March 2020 but where non-recurrent funding will not be confirmed until later next year.

Capital

3.4 NES does not receive a capital allocation from Scottish Government and therefore any capital purchases are funded via a revenue to capital transfer. Approximately £2m of the spend included above is estimated to be of a capital nature and will be moved to the balance sheet during the year. The spend is largely from the National Digital Platform being created by NDS but this is very much a high- level estimate at this stage that will depend on the final Commission from Scottish Government. Once the details of this spend are better understood the budget required for Depreciation will be recalculated taking into account asset values and lifespans. This will change the budget requirement for Depreciation both in year and for future years.

NES Baseline

3.5 In developing the draft budget, cost pressures of almost £1m, arising from incremental increases, non-pay inflation and essential growth based on the 19/20 budget have been identified. These have been addressed through a range of measures, including increasing income, staffing restructures and efficiencies within directorates. Details are provided in table 6.

Table 6: Cost pressures met to deliver the current draft budget position

Cost Pressure	£000s
Incremental Pay Increases	(427)
Non-Pay Inflation	(134)
Service priorities	(375)
Total pressures	**(936)**
Addressed by	
Service Efficiency	282
Staffing Restructures	99
New Income and funding streams	229
Budget & Payroll Adjustments	413
Total available to address pressures	**1,023**

3.6 In addition, where individual directorates have outcomes that need to be funded by NES baseline, but they have no 19/20 budget to cover the expenditure they identify an additional funding requirement as part of the Operational Planning process. This year approved requests total £1m and these costs are included within the budget requirements of each directorate. These include spend in areas such as increasing numbers of Dental Therapists and Healthcare Science trainees to maintain existing intake levels(£316k), Room Booking system replacement and Digital replacement programme (£90k), fit out of an assessment centre (spend to save) (£100k) and increasing workforce costs associated with the Medical National Programme Trainees joining our lead employer programme (£177k). These are included within the 'budget required' figures in Table 5 above.

4   Corporate Position

4.0   The table below is a summary of the funding and spend positions detailed in the report and shows a similar position to last year where a combined recurrent and non-recurrent deficit of £23m on Medical training grades is being offset on a non-recurrent basis through recycling training grade funding, recruitment lag, procurement and efficiency savings, and increased income leaving a balance to be underwritten by Scottish Government of £2.5m.

Table 7: Summary of draft NES baseline 2020/21 Budget position

	Medical Training Grades		Rest of NES		
	Recurring £000s	Non recurring £000s	Recurring £000s	Non recurring £000s	Total £000s
Anticipated budget available (Table 3)	**261,963**	**0**	**201,363**	**0**	**463,326**
Directorate budget submissions 20/21	275,235	0	199,585	(62)	474,758
Additional Funding requests	0	0	888	153	1,041
National Board Savings contribution				1,000	1,000
Medical Training Grade costs pressures (detailed in section 6)	0	9,597			9,597
Budget required	**275,235**	**9,597**	**200,473**	**1,091**	**486,396**
		284,832		201,564	
Initial Budget Gap	**(13,272)**	**(9,597)**	**890**	**(1,091)**	**(23,070)**
		(22,869)		(201)	(23,070)
Proposed actions to reduce gap					
Recruitment Lag			1,000	800	1,800
Recycle Training Grade funding		17,917		0	17,917
Other Income				323	323
Procurement savings				300	300
Efficiency Savings from Directorates			259		259
Total Potential Available budget	**0**	**17,917**	**1,259**	**1,423**	**20,599**
Net Budget Required	**275,235**	**(8,320)**	**199,214**	**(332)**	**465,797**
Remaining Gap	**(13,272)**	**8,320**	**2,149**	**332**	**(2,471)**
		(4,952)		2,481	(2,471)
Residual gap to be underwritten by SG					2,471
Balance					0

5 Savings

5.0 During the operational planning process Directorates were asked to consider what savings they would propose and what impact that would have on their directorates should a 10% reduction to their non pay budgets be required. Each Directorate put forward a range of proposals giving each saving proposal a RAG (Red Amber Green) status based on their view of the anticipated impact. Details are included at Table 8.

5.1 £259k of savings were identified as green and have been included in the financial plan to reduce the funding gap. No provision has been taken for any of the amber or red proposals at this time, but they will continue to be monitored for any additional in year or future year savings required.

Table 8: Efficiency Savings

Efficiency Savings Summary	£000s
Non pay budget considered	26,190
10% Target	**2,619**
Green Savings	259
Amber Savings	632
Red Savings	1,583
Total Potential Savings identified	**2,474**

5.2 Work to date relating to the four Improvement Programmes (Consolidation of Training Programme Management, Dental Outreach, Continuing Professional Development and SMARTER ways of Working (incorporating working practices/policies, new technologies and use of work spaces) have primarily released capacity savings and driven improvements in consistency and quality. However, significant cash releasing savings are unlikely to relate to 2020/21.

6 Medical Training Grade Salaries

6.0 Medical Training Grades show a recurrent budget pressure of £13m, which has arisen because the level of recurrent funding provided to NES via increases to our baseline has not kept pace with the cumulative impact of pay and HMRC policy changes since 2013/14.

6.1 In addition, there are non-recurrent cost pressures of £9.6m arising from:

a) Expansion posts relating to 2014, 2015, 2016 and 2017. From 2018 any agreed expansion posts which have filled have been funded on a non-recurrent basis by Scottish Government

b) Remedial trainees where Trainees require extra time in post to complete their training,

c) GP Maternity/Paternity costs where trainees are not part of the funded training establishment.

d) Double running in Hospital due to trainee numbers being above training establishment i.e. early return from maternity leave when post has been filled by another trainee for the training year, extension of CCT date due to extended absence during training period.

e) Increased costs of GP Trainer Grants from higher headcount of trainees (practices with a LTFT trainee still receive full payment) and more remedial trainees where the trainer is then paid at a higher rate.

f) Post CCT extension costs where Trainees can opt to extend their trainee placement by up to 6 months while they secure a consultant role.

6.2 This combined pressure of £23m is reduced to £5m through savings from Trainees working Less than Full Time (LTFT) and savings which are created by the payment of Hospital baseline vacant and Out of Placement (OOPs) Trainees being held at 16/17 prices. The breakdown of these savings and the movement from the 2019/20 budget assumptions is shown in table 8 below.

Table 9: Breakdown of source funding available to be recycled.

Description	2020/21 £000s	2019/20 £'000	Movement £'000
Opening Training Grade Funding Gap	**(22,869)**	**(21,696)**	**(1,173)**
Measures taken to reduce Gap:			
Hospital less than full time savings incurred across FY1, FY2 and Core/ST.	6,939	6,080	859
GP Practice ST1 & St3 vacancy savings	7,651	7,267	384
Hospital Core/ST vacancy savings i.e. vacancies paid at lower rate	2,678	2,222	456
OOP Savings now paid at lower rate	649	0	649
Total budget available for reallocation on a non-recurrent basis	**17,917**	**15,569**	**2,348**
Residual Funding Gap	**(4,952)**	**(6,127)**	**1,175**

6.3 The table shows that the underlying funding gap has widened due to the unfunded costs associated with remedial trainees, GP maternity costs, Double running and Post CCT extensions. The reduction in the level of the residual gap from £6.1m to £5m has been generated from a continuing trend towards more trainees choosing to work Less Than Full Time (LTFT) and the impact of the freeze on vacancy payment rates noted above.

7   Medical Education Package (MEP)

7.0   It is recognised within the financial plan that the total cost of the Medical Education Package is projected to be more than the funding raised by the Levy and the Scottish Government has agreed that additional funding will be provided each year to cover this gap. The requirement of c£4.2m for 2019/20 has been received in full. This figure rises to approximately £9.5m by 2022/23 as shown in table 10 below. These figures have reduced from those anticipated last year as we have since received confirmation that the new Community Oriented Medical Experience Track (COMET) and Health Care Professional (HCP) students will not funded through MEP as we had previously anticipated but through a separate allocation.

Table 10: MEP Gap between Income and Expenditure:

	2020/21	2021/22	2022/23
Anticipated gap in Funding for the Medical Education Package	£7.5m	£9.3m	£9.5m

More detailed information on MEP can be found in both the January and February Board papers.

8   Additional Cost of Teaching (ACT)

8.0   ACT funding is provided to Health Boards who train undergraduate Medical and Dental Students to allow them to employ staff and purchase necessary materials and equipment to train and provide practical experience to students. Medical and Dental ACT accounts for £91m of the NES baseline allocation. Medical ACT will increase in 2020/21 to account for increased Student numbers from widening access, Community Oriented Medical Experience Track (COMET) and Health Care Professionals (HCP) and increased GP payment rates. However, no inflationary increase has been proposed as the total baseline uplift received by NES does not cover the total increase in salary costs of trainees. The decision to not provide an inflationary uplift to ACT is in line with all non-pay budgets within NES however, it is recognised that this will increase pressure on Boards as a significant proportion of the funding is committed to staff pay within the boards.

9   Future Years

9.0   NES has prepared a 3 year Financial plan for baseline funding as required by Scottish Government and in line with the Scottish Government Financial Framework. We do not plan to utilise the flexibility to underspend or overspend up to one per cent of our annual budget at this time as we anticipate a breakeven position across each of the years although there are savings targets within that.

9.1   As with 2020/21 there are planning assumptions included within the future years' figures. These are similar to those used for 2020/21 and include:

a)   General funding Inflation of 2%
b)   Pay inflation of 2.5% across all staff and incremental pay increases as staff progress though the pay scales.

c) The general uplift will not be enough to cover any increases to non-pay inflation therefore directorates will also need to absorb non-pay inflationary increases.

d) Any residual funding gap relating to the historical underfunding of Medical Training Grades will be met by Scottish Government

e) No further expansion growth in Training Grades has been built in at this time, the assumption therefore being any further expansion will be fully funded by Scottish Government and have no impact on the NES baseline position.

f) £1.5m will be generated from a Recruitment lag across Directorates. This arises from pay savings from the point a post is vacated until it is filled with either a temporary or permanent member of staff. This is a reduced figure from 2020/21 to reflect the actions agreed by NES to reduce the time taken to fill posts.

g) Depreciation is estimated based on current estimates of capital purchases and will change as detail are confirmed. It is also shown before the impact of IFRS16 is applied.

9.2   A summary of the 3 year position is shown in table below with full details contained in Appendix 1. This highlights the Medical Training Grades deficit increasing over the years as the inflationary increase assumed (2%) does not keep pace with the pay inflation assumed (2.5%). Currently the level of available funding within the rest of NES budgets increases as the 2% general inflation uplift is more than known pressures at this time. Prioritisation will be required to determine how much support can be given to Medical Training Grades and how much is required to support growth and pressures in the rest of NES.

Table 11: Summary of future year anticipated funding & budget requirements

	2020/21			2021/22			2022/23		
	Recurrent	Non recurrent	Total	Recurrent	Non recurrent	Total	Recurrent	Non recurrent	Total
Non Medical training Grades									
Funding Available	201,363	0	201,363	205,390	0	205,390	209,498	0	209,498
Funding Required	200,473	1,091	201,564	203,158	1,230	204,388	205,371	1,166	206,540
Gap	**890**	**(1,091)**	**(201)**	**2,232**	**(1,230)**	**1,002**	**4,127**	**(1,166)**	**2,958**
Potential savings/ income	(1,259)	(1,422)	(2,681)	(1,259)	(1,100)	(2,359)	(1,259)	(1,100)	(2,359)
Non Medical TG Total	**2,149**	**331**	**2,481**	**3,491**	**(130)**	**3,361**	**5,384**	**(66)**	**5,317**
Medical Training Grade Salaries									
Total available funding	**261,963**		**261,963**	**267,202**		**267,202**	**272,546**		**272,546**
Budget Required	275,235		275,235	281,425		281,425	288,560	0	288,560
Cost Pressures		9,597	9,597	0	9,652	9,652	0	9,863	9,863
non recurrent recycling		(17,917)	(17,917)		(18,365)	(18,365)		(18,824)	(18,824)
Medical TG Total	**(13,272)**	**8,320**	**(4,952)**	**(14,223)**	**8,713**	**(5,510)**	**(16,014)**	**8,961**	**(7,053)**
Corporate Total	**(11,123)**	**8,651**	**(2,471)**	**(10,731)**	**8,583**	**(2,149)**	**(10,630)**	**8,895**	**(1,736)**
SG underwriting required			**2,471**			**2,149**			**1,736**
Budget variance			**0**			**0**			**0**

All figures in £000s

Note: Scottish Government have confirmed that they will underwrite any residual Medical Training Grade deficit in 2020/21 and will discuss arrangements required to provide a more sustainable funding model in respect of Medical Training Grades for future years.

9   Risks

9.0   Some specific risks associated with the figures in the report, not detailed in the main body of the report are detailed below;

a) The tables within this report do not include expenditure where we know policy changes or recommendations will impact on our outcomes, but we do not yet know enough detail to estimate what funding would be associated with this, e.g. the proposed new Medical School.

b) Our current ability to recycle Less Than Full Time (LTFT) gaps within Medical Training grades arises from the fact that recruitment on a WTE basis only occurs where we have been specifically advised by Scottish Government to do so. If this were to be implemented across all specialties (as many wish) this would put a very significant pressure on the Training grade budget as the funding which flows from LTFT gaps would not be available for other unfunded cost pressures within the Medical training grade budget such as expansion posts.

c) Whilst the recycling of budgets from LTFT gaps and vacancy savings have been necessary to reduce the recurrent pressure within Training grades and fund expansion posts, these policy decisions in effect reduce funding to placement boards. Trainees going LTFT reduces the payments made to Boards for that rotation period in line with the trainees reduced wte, this leaves a financial pressure in Boards where the vacant wte is not filled by Locum Appointment for Training (LAT) (These are paid by NES). The Boards also absorb the pressure created by baseline vacancies being paid at 16/17 rates and the current rates for backfill. However, it should be recognised that as part of the introduction of Modernising Medical Careers, paying for baseline posts when they were vacant was agreed as an interim measure. Prior to this vacant posts were only funded for a three month period.

d) The increasing level of non-recurring funding continues to put pressure on our core infrastructure and our ability to deliver long term, core objectives as resource is increasingly required to focus on the outcomes associated with the non – recurrent funding.

e) An assumption has been included that NES will contribute an additional £1m on a non-recurrent basis towards the National Board saving target and that the balance of £500k will be funded by other boards.

f) Some contingency has been built into the figures above to allow for any liability faced by NES through the continuation of contracts beyond March 31st where non-recurrent funding will not be confirmed by Scottish Government until later in the year.

g) There is a risk that pay scales not yet agreed (including all Medical and Dental Training grades) may not match our assumptions. If pay inflation for these pay scales were agreed at a higher rate then we would need to identify further savings of approximately £1.5m for every 0.5% above the assumed level. The funding required to cover the element of this relating to the MTGs will be provided under the agreement with Scottish Government, but the remainder will need to be met from savings elsewhere in NES.

h) Figures include Depreciation of £1.2m before any impact of the changes required from the adoption of IFRS16 for Leases is included, as it is assumed an allocation will be provided for any technical adjustments required.

i) No allowance has been made for the impact of the COVID-19 outbreak. This could have a significant impact on our financial position in 2020/21.

10   Recommendation

The Board is asked to;
 -     Approve the draft financial plan for 2020/21-2022/23

A McColl
J Sinclair
L Turner
March 2020

Appendix 1 – Future Years

	2020/21 - NES Baseline					2021/22 - NES Baseline					2022/23 - NES Baseline				
	Recurrent	Non-Recurrent	Pay	Non-Pay	Total	Recurrent	Non-Recurrent	Pay	Non-Pay	Total	Recurrent	Non-Recurrent	Pay	Non-Pay	Total
	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s
Allocations															
Baseline Funding	195,868				195,868	201,363				201,363	205,390				205,390
General Uplift	3,760				3,760	4,027				4,027	4,108				
anticipated allocations	1,735				1,735										
Total Anticipated funding	**201,363**				**201,363**	**205,390**				**205,390**	**209,498**				**209,498**
Expenditure															
Training Grades															
Dental	12,732	(75)	0	12,657	12,657	13,058	0	0	13,058	13,058	13,393	0	0	13,393	13,393
Healthcare Sciences	2,561	(66)	0	2,495	2,495	2,627	(67)	0	2,559	2,559	2,694	(69)	0	2,625	2,625
Psychology	7,834	0	0	7,834	7,834	8,030	0	0	8,030	8,030	8,231	0	0	8,231	8,231
Workforce	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Training Grades	**23,127**	**(141)**	**0**	**22,986**	**22,986**	**23,715**	**(67)**	**0**	**23,648**	**23,648**	**24,318**	**(69)**	**0**	**24,249**	**24,249**
Medical Quality Management	77,268	0	841	76,427	77,268	77,304	0	877	76,427	77,304	77,338	0	911	76,427	77,338
Medical SPDS	6,250	0	5,872	378	6,249	6,596	0	6,067	529	6,596	6,787	0	6,259	529	6,788
Medical Pharmacy	1,633	0	1,352	281	1,633	1,678	0	1,397	281	1,678	1,724	0	1,443	281	1,724
Medical TPM	15,286	51	4,894	10,443	15,337	15,611	0	5,046	10,565	15,611	15,940	0	5,197	10,743	15,939
Medical PD	5,858	(137)	2,802	2,919	5,721	5,984	62	2,798	3,249	6,047	5,904	62	2,901	3,066	5,968
Medical Total (exc Training Grades)	**106,295**	**(86)**	**15,760**	**90,447**	**106,207**	**107,173**	**62**	**16,185**	**91,050**	**107,235**	**107,694**	**62**	**16,712**	**91,045**	**107,757**
Dental	30,495	(22)	6,035	24,439	30,474	30,733	0	6,269	24,465	30,734	30,936	0	6,479	24,458	30,937
NMAHP	10,359	0	5,265	5,094	10,359	10,625	0	5,425	5,200	10,625	10,896	0	5,586	5,310	10,896
Psychology	4,733	0	1,562	3,171	4,733	4,790	0	1,619	3,171	4,790	4,847	0	1,676	3,171	4,847
Healthcare Sciences	495	(13)	210	272	482	502	0	218	285	502	508	(13)	223	272	495
Optometry	1,019	0	299	720	1,019	1,039	0	306	732	1,039	1,061	0	316	745	1,060
Digital	9,311	(147)	5,410	3,755	9,165	9,445	(101)	5,624	3,721	9,345	9,681	(146)	5,852	3,684	9,536
NES Digital Services	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Workforce	4,380	39	3,135	1,284	4,419	4,672	36	3,266	1,442	4,708	4,797	31	3,371	1,456	4,827
Finance	2,475	0	2,111	364	2,475	2,584	0	2,213	371	2,584	2,661	0	2,282	379	2,661
Properties	*1,839*	*0*	*0*	*1,839*	*1,839*	*1,879*	*0*	*0*	*1,879*	*1,879*	*1,914*	*0*	*0*	*1,914*	*1,914*
- rental (fixed costs)	*2,090*	*0*		*2,090*	*2,090*	*2,091*	*0*		*2,091*	*2,091*	*2,091*	*0*		*2,091*	*2,091*
Facilities Management	695	19	468	245	713	713	0	465	248	712	732	0	481	250	732
Planning	1,354	0	1,298	59	1,357	1,392	0	1,332	59	1,391	1,431	0	1,373	59	1,432
Departmental Expenditure	**198,667**	**(350)**	**41,553**	**156,764**	**198,317**	**201,352**	**(70)**	**42,921**	**158,360**	**201,282**	**203,566**	**(134)**	**44,351**	**159,083**	**203,434**

Appendix 1 – Future Years

	2020/21 - NES Baseline					2021/22 - NES Baseline					2022/23 - NES Baseline				
	Recurrent	Non-Recurrent	Pay	Non-Pay	Total	Recurrent	Non-Recurrent	Pay	Non-Pay	Total	Recurrent	Non-Recurrent	Pay	Non-Pay	Total
	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s
					0					0					0
Depreciation	1,174			1,174	1,174	1,174			1,174	1,174	1,174			1,174	1,174
Apprenticeship Levy	300			300	300	300			300	300	300			300	300
CNORIS etc	36			36	36	36			36	36	36			36	36
VS		142		142	142					0					0
Contingency	296	300		596	596	296	300		596	596	296	300		596	596
National Board Contribution		1,000		1,000	1,000		1,000		1,000	1,000		1,000		1,000	1,000
Total Provisions	**1,806**	**1,442**	**0**	**3,247**	**3,247**	**1,806**	**1,300**	**0**	**3,106**	**3,106**	**1,806**	**1,300**	**0**	**3,106**	**3,106**
Total Expenditure	**200,473**	**1,091**	**41,553**	**160,011**	**201,564**	**203,158**	**1,230**	**42,921**	**161,466**	**204,388**	**205,371**	**1,166**	**44,351**	**162,189**	**206,540**
underspend/(overspend) position	**890**	**(1,091)**	**(41,553)**	**(160,011)**	**(201)**	**2,232**	**(1,230)**	**(42,921)**	**(161,466)**	**1,002**	**4,125**	**(1,166)**	**(44,351)**	**(162,189)**	**2,958**
Potential resource savings/ income															
Recruitment Lag	(1,000)	(800)		(1,800)	(1,800)	(1,000)	(500)		(1,500)	(1,500)	(1,000)	(500)		(1,500)	(1,500)
Increased Income		(322)		(322)	(322)		(300)		(300)	(300)		(300)		(300)	(300)
Procurement Savings		(300)		(300)	(300)		(300)		(300)	(300)		(300)		(300)	(300)
Directorate Efficiency Savings	(259)			(259)	(259)	(259)			(259)	(259)	(259)			(259)	(259)
Anticipated Revised Position	**2,149**	**331**	**(41,553)**	**(157,330)**	**2,481**	**3,491**	**(130)**	**(42,921)**	**(159,107)**	**3,361**	**5,384**	**(66)**	**(44,351)**	**(159,830)**	**5,317**
Medical Training Grade Salaries															
Medical Training Grade Budget	256,827				256,827	261,963				261,963	267,202				267,202
Pay Inflation	5,136				5,136	5,239				5,239	5,344				5,344
Funding assumed available	**261,963**				**261,963**	**267,202**				**267,202**	**272,546**				**272,546**
Medical Training Grade required	275,235				275,235	281,425				281,425	288,560				288,560
Cost Pressures		9,597			9,597		9,652			9,652		9,863			9,863
non recurrent recycling		(17,917)			(17,917)		(18,365)			(18,365)		(18,824)			(18,824)
Total	**(13,272)**	**8,320**			**(4,952)**	**(14,223)**	**8,713**			**(5,510)**	**(16,014)**	**8,961**			**(7,053)**
Corporate Total	**(11,123)**	**8,651**	**(41,553)**	**(157,330)**	**(2,471)**	**(10,732)**	**8,583**	**(42,921)**	**(159,107)**	**(2,149)**	**(10,630)**	**8,895**	**(44,351)**	**(159,830)**	**(1,736)**

NHS Education for Scotland

NES Board Paper Summary

1.   **Title of Paper**

      Pre-registration and Postgraduate Dental Education and Training:
      2018 Training Progression and Outturn for Dentists and Dental Care Professionals in
      Training

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

      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

3.   **Purpose of Paper**

      This paper has been prepared to provide Board members with a brief overview of
      progression and performance management in postgraduate dental education
      and training and to report on the training year 2018/19 output.

4.   **Key Issues**

      •   Structure of performance management and progression in training within
           programmes.
      •   Analysis of the outcomes of the Annual Review of Competency and Progression
           (ARCP). In Scotland 97.6% of the outcomes of the ARCPs were positive/neutral,
           signifying that the trainees receiving these outcomes could satisfactorily progress or be
           put forward as having completed training.
      •   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 Guide1 and Dental Silver Guide2.

6.   **Financial Implications**

The paper does not provide details of the costs of the training grade workforce.

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

Theme 1 –   A high quality learning and employment environment
Theme 2 –   National Infrastructure to improve attraction, recruitment, training and retention
Theme 3 –   Education and training for a skilled, adaptable and compassionate workforce.

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.

10.   **Equality and Diversity**

Further work will be undertaken to look at ARCP outcomes aligned to E&D information held on Turas TPM. However as submission of this information is voluntary the picture may be incomplete. The position is also complicated by the small numbers of trainees involved which mean that this data cannot be presented for individual cohorts and will necessitate aggregating cohorts to avoid identifying individual trainees.

11. <u>Health Inequalities</u>

This report does not have any direct linkage with altering health inequalities.

12. <u>Communications Plan</u>

This data in this report is shared with the Specialty Training Committees and the Scottish Dental Vocational Training Committee.

13. <u>Recommendation(s) for Decision</u>

The Board is asked to **note** and **comment** upon the attached report.

NES
March 2020
DF

[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 and Training : 2019 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 2018/19 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:
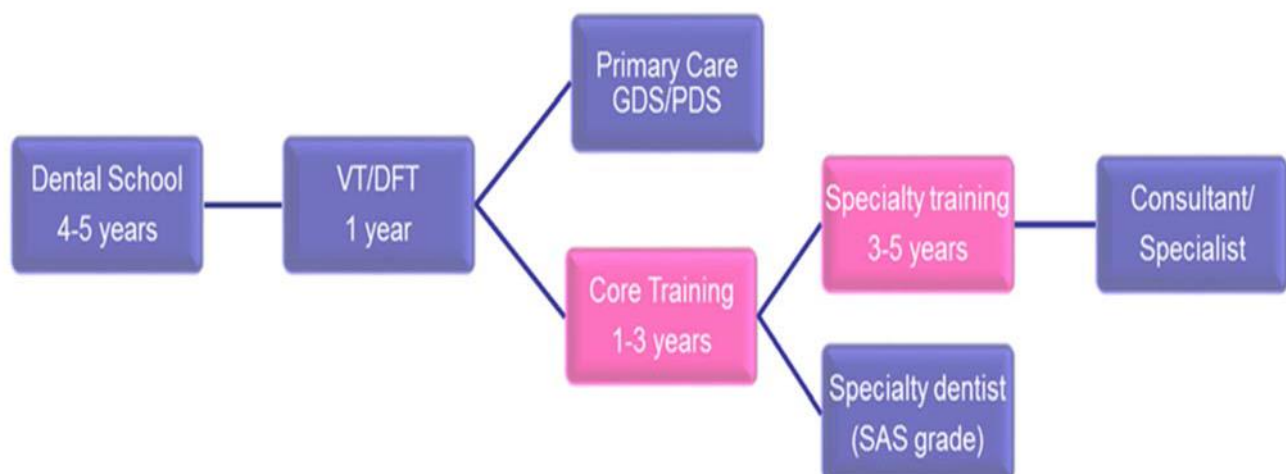
    2.3   The number of dental training posts are shown in Table 1.

| Trainee Category	Number of posts in 2018/19
Dental Vocational Training	171
Core Training	94
Specialty Training	40 - 45

Table 1: Number of posts in training year 2018/19

    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:
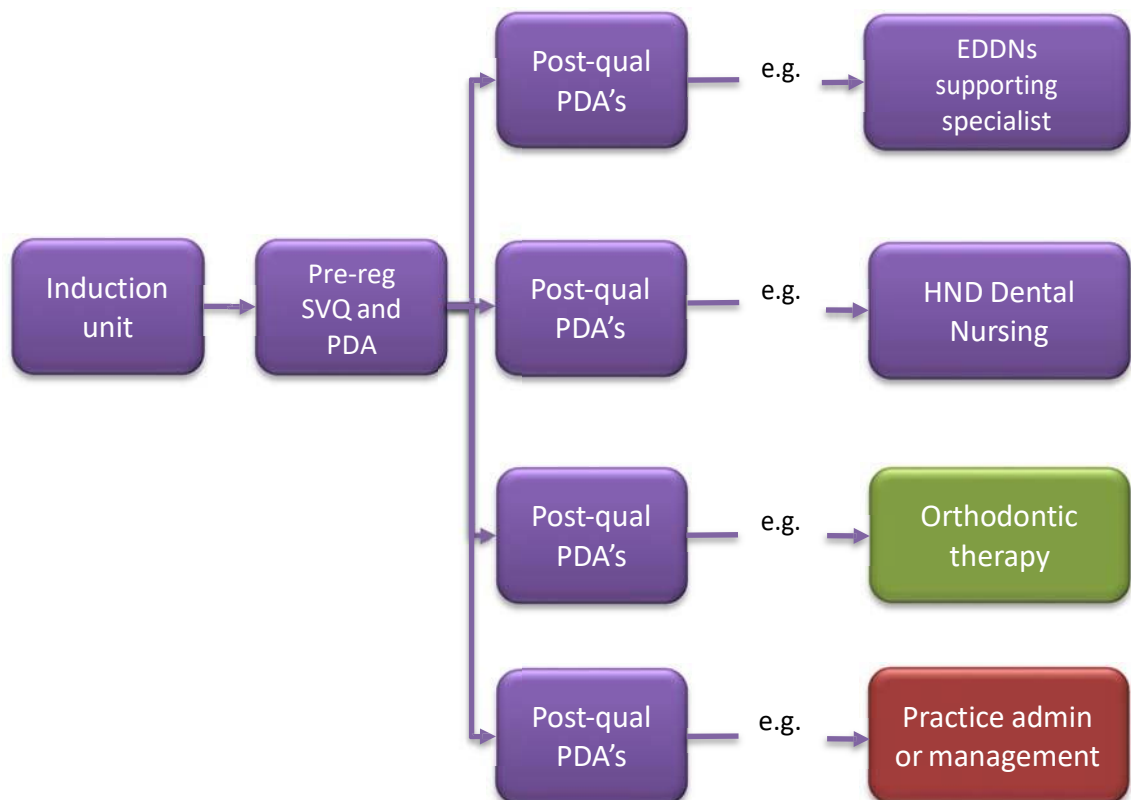
3. **Performance Management of Training**

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 which are intercollegiate committees of the Royal Colleges with input from a variety of stakeholders. Curricula 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.

4. **Dental nurse training leading to registration with GDC**

4.1 **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.

4.2 **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.

4.3 **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.

4.4 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.

5. **Dental Care Professional Trainee Progression**

5.1 Pre registration Dental Nurse Training

Trainee Category	No. of trainees	No. of Passes
Dental Nurse Induction	138	138
Dental Nurse (pre-registration)	84	75
Orthodontic Therapy trainees	6	4

Table 2: Pre registration dental nurse and orthodontic therapy training outcomes

5.2 Post registration Dental Nurse Training

Course Name	No. started	No.
Decontamination	9	9
Graded Unit	24	24
Impression taking	8	8
Inhalational sedation	14	14
IV sedation	19	19
Oral Hygiene Instruction	22	21
Photography	9	9
Practice Administrators	30	30
Practice Managers	29	29
Radiography	9	9
Special Care	8	8
Supporting the Healthcare	5	5
Total	186	185

Table 3: Post registration dental nurse training outcomes

6. **Dental Vocational Trainee Progression**

6.1 For VT in 2018/19, 171 were considered for Satisfactory Completion, and 166 were successful (97%).

6.2 Of those unsuccessful in obtaining satisfactory completion one is currently unwell and unable to resume training, three were offered additional training and a further trainee was reintroduced to recruitment.

7. **Annual Review of Competency and Progression (ARCP)**

7.1 Background

7.1.1 An Annual Review of Competency and Progression (ARCP) panel is convened for both Core and Specialty training.

7.1.2 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 4 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 4 below) are invited to attend a second panel in person to agree necessary action. Trainees have a right to review or appeal an outcome.

7.1.3 The 'Reference Guide for Postgraduate Specialty Training in the UK' - Gold Guide - (Conference of Postgraduate Dental Deans and Directors) 2018 edition1, 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 guide2 - 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 and/or Specialist Advisory Committee representation as a means of providing external oversight.

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)

7.1.4 The ARCP results in the award of one of multiple outcomes to dentists in training. These outcomes are outlined in Table 4 and mirror those in medicine, except for the outcomes for locum appointments for training (LAT), which do not exist in dentistry in Scotland.

7.1.5 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 2018/19.

Outcome 1	Outcome 2	No Outcome
76*	0	2**

Table 5: Dental Core Trainee ACRP outcomes for training year 18/19.

* 6 initially given outcome 5 which was converted to outcome 1 following submission of further evidence

**One of the individuals given no outcome was on a break from their training programme and the other left their post prior to the ARCP

*The individuals awarded no outcome left their posts prior to the ARCP

7.1.6 The data in Table 6 below shows the total number of ARCP outcomes and percentage breakdown in the training year 2018/19.

	Outcome 1	Outcome 2	Outcome 3	Outcome 4	Outcome 5	Outcome 6	Outcome 8 (out of programme)
Specialty							
Dental and Maxillofacial Radiology	100%						
Oral and Maxillofacial Pathology	100%						
Oral Medicine	50%				25%		25%
Oral Surgery	83.3%						16.7%
Restorative Dentistry	70%					10%	20%
Endodontics	100%						
Paediatric Dentistry	62.5%		12.5%			25%	
Dental Public Health	100%						
Orthodontics	58.3%		16.7%			16.7%	
Special Care Dentistry	100%						
Number of Trainees	33	0	3	0	1	5	5

Table 6: ACRP outcomes by specialty grouping for training year 2018/19

7.2 **ARCP Analysis**

7.2.1 All of the dental core trainees received an outcome indicating that they had met the required standard. This is the first year, since the introduction of the ARCP in the training year 2016/17, that this has happened. For comparison, 71 % of trainees in 2016/17 received a satisfactory outcome.

8. **Outturn Data for Dentists completing specialty training**

8.1 **Background**

8.1.1 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.

8.2 **Outturn Analysis**

8.2.1 For the training year 2018/19, 5 dentists completed training to CCST or post CCST level.

8.2.3 No specialty trainees resigned or were released from training in this year and no dentists transferred to Deaneries elsewhere in the UK.

9. **Conclusion**

9.1 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.

9.2 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 125 ARCP outcomes in core and specialty training in the training year 2018/19, 122 were positive/neutral signifying that the dentists receiving these outcomes could satisfactorily progress or be put forward as having completed training.

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**

   Potential NES implications of the Integrated Health and Social Care Workforce Plan for Scotland (December 2019)

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

   Simon Williams, Principal Lead – Planning & Corporate Governance

3. **Purpose of Paper**

   To inform the Board of the publication of An Integrated Health and Social Care Workforce Plan for Scotland, the potential impact of this plan on NES, and NES's response this far to the actions contained within the plan

4. **Key Issues**

   The Scottish Government published 'An Integrated Health and Social Care Workforce Plan for Scotland' in December 2019.

   The Plan re-states several workforce commitments previously delivered, several commitments previously made and yet to be delivered, along with 11 'key commitments' and a range of activities which may have an impact on NES.

   This paper identifies the commitments and activities and highlights some of the activities NES is carrying out in response to the Plan.

5. **Educational Implications**

   There are potential educational implications throughout the Plan.

6. **Financial Implications**

   There are potential financial implications throughout the Plan.

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

   This aligns most closely to Areas of Focus 1-4.

8. Impact on the Quality Ambitions

This work will impact on all three of the Quality Ambitions

9. Key Risks and Proposals to Mitigate the Risks

Key risks have been identified for activities already in hand and will be identified for any individual activities which are progressed, and risk mitigation will be put in place.

10. Equality and Diversity

Equality and diversity issues are considered for all activities. This will continue to be the case for activities within the Integrated Health and Social Care Workforce Plan for Scotland.

11. Health Inequalities

Health inequalities issues are considered for all activities. This will continue to be the case for activities within the Integrated Health and Social Care Workforce Plan for Scotland.

12. Communications Plan

A Communication Plan is produced for all appropriate activities. This will continue to be the case for activities within the Integrated Health and Social Care Workforce Plan for Scotland.

13. Recommendation(s) for Decision

The Board is asked to note the publications of the Integrated Health and Social Care Workforce Plan for Scotland and its potential impact on the work of NES.

NES
March
SW

An Integrated Health and Social Care Workforce Plan for Scotland (December 2019)

1. Introduction

1.1 The Scottish Government published 'An Integrated Health and Social Care Workforce Plan for Scotland' in December 2019[1]. This was accompanied by guidance[2] and illustrative scenarios[3]. The principle document is attached.

1.2 The Plan seeks to put effective workforce planning at the forefront of achieving safe, integrated, high quality and affordable health and social care services for the people of Scotland. It underlines the need for better evidence to support the many national actions that are being taking to address the challenges which services face. There is a focus on national challenges including further embedding integration, improving waiting times and improving mental health support. The Plan sets out recommendations to address these challenges.

1.3 Prior to the publication of this document, the Government has established a new governance structures for Health and Social Care Workforce Planning, through a National Health and Social Care Workforce Planning Programme Board and a National Workforce Planning Group, on both of which, NES has representation.

1.4 In support of this work, NES has already delivered the **Turas** data intelligence platform, bringing together workforce data in one place, and has now formally taken on the role of collecting and publishing the NHS Scotland workforce data. In addition, discussions are currently in train on the distribution of workforce planning tasks between Scottish Government and NES.

2. Key Areas impacting on NES

2.1 The Plan re-states several workforce commitments previously delivered (for example 100 additional GP training places) and several commitments previously made and yet to be delivered (for example 500 additional Advanced Nurse Practitioners trained by 2021).

2.2 The Plan also contains 11 'key commitments' which are set out in detail in section 3.

2.3 The Plan also contains a range of activities which may have an impact on NES. There are sections in the plan where NES is explicitly named, and others where NES may be involved but have not been explicitly cited. The areas in which NES is or may be involved have been identified as belonging to the broad areas set out below, and described in more detail in Appendix 1.

- **People**
  - Recruitment
  - Career support
  - Returners
  - Young people

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[1] https://www.gov.scot/publications/national-health-social-care-integrated-workforce-plan/
[2] Integrated Health and Social Care Workforce Planning for Scotland : Guidance
[3] Integrated Health and Social Care Workforce Planning for Scotland : Illustrative Scenarios

- **Training**
  - Pre-registration training
  - Academies
  - Reshaping training programmes
  - Mandatory training
  - Controlled staffing groups
- **Skills**
  - Skill mix / roles
  - Team working skills
  - Skills re people living with frailty, disabilities, multiple morbidities and long term conditions,
  - Skills re working with health and care service users and their families.
  - Understanding of mental health issues and how to support people
  - Understanding of how digital solutions can improve care
  - Workforce planning skills
- **Digital**
  - Workforce data and Digital Modelling
  - Digital skills
  - Digital Leadership
  - Workforce Skills
  - Workforce Skills (specialist)
  - Future Workforce
- **Leadership**
- **Elective centres**

3. Key Commitments in the Plan

3.1 There are 11 'key commitments' listed in the Plan, some of which may be of relevance to NES. These are set out below, together with a note of those where there is existing or already planned NES activity.

Commitment	NES Action / Notes
Create 225 more Advanced Musculo-Skeletal (MSK) Practitioners in Primary Care, by increasing MSc training places for the Physiotherapy workforce.	
Support the shift in balance of care into community settings, by delivering more care at home and reducing rates of admission to acute hospital services. Train and introduce into the workforce an additional 375 nurses within the district nursing service based upon the current skills mix, over the next 5 years.	
Increase the Cardiac Physiologist workforce thereby increasing capacity to carry out diagnostic testing by supporting an additional 30 training places on the 4-year BSc course in Clinical Physiology. Over the next 3-5 years we will also focus on increasing the workforce by promoting recruitment into Scientist Training Programmes and Practitioner BSc. Programmes.	Engaging with SG, service and HEI provider (March 2020) to progress this commitment. The current training arrangement is increasingly unsustainable; profession is split as to best approach and Plan's focus on only cardiac physiology could destabilise other physiology specialties' training. The commitment is an opportunity to influence and shape next steps.
Create up to 120 more Pharmacists to work in primary care settings, increasing Pharmacy pre-registration training places by 40 each year over the next 3 years.	
Support an additional 60 Clinical Psychologists in training by: • Increasing the training programme intake by 10 students per year for the next three years. • Maintain the current intake level (30 per annum) for the two existing Masters training programmes. This will continue the additional 10 places which have been available in recent years.	

Commitment	NES Action / Notes
Support additional Mental Health Officer (MHO) capacity in local authorities by providing funding to help address the current shortfall in capacity of 55 WTE by 2022-23. In the medium term, modelling work will take place to assess the impact of reforms to adults with incapacity requirements, particularly around guardianship applications on mental health services workload and demand for MHOs.	
Increase Reporting Radiography training places by 30 (10 in each of the next 3 years).	Developing a 4-tier model for the delivery of Radiography services in Scotland. Currently reviewing the role and scope of practice of Assistant Practitioners in order to be able to support Reporting Radiographers to be able to increase their reporting capacity.
In partnership with NHS Tayside the Scottish Government will develop a bespoke training programme to upskill Interventional Radiologists (and others with appropriate skills) to perform Mechanical Thrombectomy (MT) procedures to improve treatment of stroke patients across Scotland, and ensure these skills are approved as credentials by the GMC.	Working, together with SG colleagues through the UK Medical Education Reference Group and Curriculum Oversight Group to ensure the appropriate steps are taken to introduce a credential in Mechanical Thrombectomy for management of stroke patients in Scotland.
Scottish Government, working with COSLA, will design and oversee work to obtain a national picture of workforce planning capacity, methodology and capability in Local Authorities/ Health and Social Care Partnerships for planning social care services. We will respond by considering how best to support effective collaborative and strategic workforce planning in light of the findings.	This is a commitment for action by SG. However, NES is actively engaged with SG on the overall position with regard to the support of the executive, as opposed to the policy aspects of workforce planning for health and care.
Over the next 12 months Scottish Government and COSLA will work with the Scottish University and College sectors to examine, develop and build a workforce planning educational qualification - building a strategic approach to developing workforce planning education and skills for the health and social care workforce.	See above.

Commitment	NES Action / Notes
Provide additional support in 2019/21 to the third and independent social care sectors to enable their contributions to the developments in workforce planning to be supported through this Workforce Plan.	See above.

4. Areas of the Plan with Potential Impact on NES

4.1 The table below summarises areas of the plan which may be of relevance to NES, or where it might be felt that NES could play a role. We anticipate that those which Scottish Government wish to prioritise with us will be picked up through the operational planning process, give the clear imperative to support any additional activity with appropriate resource, in the light of the current NES financial position.

Page	Action	NES Action / Notes
10	**Digital Modelling** National modelling being undertaken around the Delivery Plan by ISD Scotland already includes a workforce dimension alongside service planning and financial planning elements. In addition to this NHS Education for Scotland (NES) and the Scottish Social Services Council (SSSC) are both working to develop a more comprehensive evidence base around the health and social care workforce.	Currently working with SG around midwifery workforce and education review. Using NES data, workforce planning to model scenarios for workforce in new model Best Start and education provision. Particular concerns for remote and rural areas. The NES data group is providing an evidence base to support workforce planning in several areas including midwifery, medical undergraduate group, Scottish Shape of Training Transitions Group, General Medical Practice and Elective Centres.
12	**Skill mix / roles** The creation of [elective] centres will have particular impact on workforce demand in specialties such as Orthopaedics, Ophthalmology, General Surgery and Dermatology. The impact on these specialties will be as a	Radiography are currently developing a 4 tier skill mix model to support transforming radiography roles.

Page	Action	NES Action / Notes
	result of the increasing demand for the age-related treatments as detailed above and skill mix and roles will need to evolve to support this increase in demand.	The NES data group is providing an evidence base to support workforce planning for Elective Centres
13	**The Health and Care (Staffing)(Scotland) Act 2019** The 2019 Act places a duty on Health Boards to ensure appropriate numbers of suitably qualified and competent staff are in place for the health, wellbeing and safety of patients. …The Act also requires that Health Boards ensure clinical team leaders have adequate time to fulfil their leadership role. In some areas this may require additional clinical or administrative staff.	The Act also imposes a duty on Scottish Ministers to take all reasonable steps to ensure that there is a sufficient number of— (a) registered nurses, (b) registered midwives, (c) medical practitioners (d) other types of employees
13-14	**Digital skills** SSSC, NES and others continue to make long term commitments to develop resources that support the workforce to use and embrace technology. … However, to take full advantage of these opportunities our workforce must have the necessary digital skills.	SMMDP are piloting training for remote and rural for education using such platforms. We are leading a cross-sector group for Domain D of the Digital Health and Care Strategy comprising SG, NES, NSS, Digital Office, SCVO, SSSC, COSLA and Digital Health & Care Institute. In 2019 we submitted a bid for significant funding to SG for 4 years from 21/22 to support spread and scale of national approaches. This builds on our research on digital literacies and use of technology enabled care. We have continued to offer the successful Digital Health and Care Leadership

Page	Action	NES Action / Notes
		Programme to NMAHP staff, Healthcare Scientists and TEC Leads.
15	**Skills** We need a workforce that is flexible and adaptable to the demands of a changing health and care environment, digitally confident and able to work effectively in multi-disciplinary teams. [We] will have particular need for: • **Team working** skills to work well in multi-disciplinary teams delivering joined up services that focus on anticipatory and preventative care, respond to people's needs and ensure vulnerable people's rights are supported and protected; • Skills to provide **more complex support and care** to people living with frailty, disabilities, multiple morbidities and long term conditions, particularly in community settings, in a way that ensures a meaningful continuity of care and support for the person receiving it. For example, many care home workers are taking on a wider range of tasks such as the administration of medication, delivering end of life and palliative care and specialist dementia care; • **Working with health and care service users and their families.** In a community setting this will focus on promoting self-care, prevention and shared decision making; • Understanding of **mental health issues** and how to support people – across the workforce; • An understanding of how **digital solutions** can improve care and how to effectively implement and use these solutions in delivering care. The actions we take to improve training, create and develop career pathways and support continuous professional development need to reflect these developing skills requirements.	Putting in a PID to perinatal & infant mental health board for Health Visitor CPD in this area. School nurse commissioning and CPD developments ongoing
15	**People**	

Page	Action	NES Action / Notes
	…we can estimate what this means for the overall numbers that may be required in key staffing groups over the next 10 years. • Over 8,800 more nursing & midwifery staff • Over 1,100 more medical consultants • Over 1,500 more AHPs • Over 700 more healthcare scientists	Sets out the scale of the additional workforce required and will need to be factored into the work of the data group in support of overall workforce planning.
16	**Changing shape of our workforce** Many staff now have different expectations of their career and are looking for greater flexibility from their employers to accommodate different, more flexible work patterns, career breaks and less linear careers.	Well established work in (e.g. medicine) with the GMC and AoMRC to support more flexible training pathways and less than full time training / working.
16	**Vacancies** • more than half the long term vacancies are at consultant level, with particular pressures in Clinical Radiology, General Practice and Psychiatry • nursing and midwifery turnover and vacancy rates have also been rising in part due to the number of leavers; • In the allied health professions, turnover remains steady but increasing numbers of workers are nearing retirement and there has been an increase in vacancies	Sets out the scale of the additional workforce required and will need to be factored into the work of the data group in support of overall workforce planning.
17	**Remote, Rural and Island Sustainability** There are distinct recruitment issues across health and social care in remote, rural and Island areas driven by specific patterns of demographic change.	Well established programmes of work through RRHEAL and the development of credentials in remote and rural medical practice.
20	**Growing the Numbers in Training or Employment**	The medical training pathway diagram misinterprets the pathway to career posts.
23-24	**Controlled staffing groups**	

Page	Action	NES Action / Notes
	Scottish Government have already increased or maintained training places in these controlled staffing groups. • Scottish Government is on track to create 2,600 more **nursing and midwifery** training places by 2021, with a particular focus on increasing places in mental health, learning disability and midwifery; • Scottish Government has committed to increasing the **Student Nursing** intake from 4,006 to 4,206 in 2020/2021; • Scottish Government funds pre-registration nursing places through University of the Highlands and Islands (UHI) at its campuses in Inverness and Stornoway. Ensuring access to training and qualification to those from more remote, rural and island communities; • To meet regional demand, particularly in remote, island and rural communities, for **midwives** in the Highlands and Islands, a pilot programme at UHI has been funded to allow nurses to retrain as midwives in a shortened time frame; • Scottish Government will have created 190 additional **Medical Undergraduate** places by 2021 (a 22% increase over 2016 levels); • To accommodate the additional undergraduate medical trainees Scottish Government will increase the number of **Medical Foundation training** posts by 51 in 2021 and by a further 54 in 2022. These will accommodate the first of the additional graduates and enable them to proceed to the next stage of their training in order to become qualified doctors. The new places will create a greater range of placements for trainee doctors, particularly in general practice and psychiatry and in remote or rural parts of Scotland; • Scottish Government have increased **Medical Specialty training** posts by 190 since 2014, particularly specialties such as Paediatrics and Radiology and also increasing GP Specialty Training numbers by 100 to 400 per year; • To grow the **Pharmacy** workforce in hospitals, GP practices and community settings, Scottish Government increased the number of **funded pre-registration** places from 170 to 200 in 2018-19;	The NES data group is providing an evidence base to support workforce planning for dental, medical and nursing and midwifery intake reference groups. We are currently working to identify appropriate placements for the additional Foundation places in 2021 The NES data group produces an annual workforce report on the Pharmacy workforce provide an evidence base for workforce planning in Pharmacy We will continue to provide a sufficient number of Dental Vocational Training posts

Page	Action	NES Action / Notes
	• Scottish Government has committed to maintaining the Dental Student Intake numbers, funding 135 places in 2020/2021.	which at least matches the output of the Dental Schools in Scotland for those graduates who wish to undertake training in Scotland.
24	**Pre-registration training** In pharmacy, the one year pre-registration course is nationally funded by Scottish Government and managed by NHS Education for Scotland. In line with previous evidence there is an expectation that at least 80% of pharmacy students will remain in Scotland after qualification.	
26	**Reshaping training programmes** We will ensure that we shape existing training programmes to increase the time spent in community settings. […] We are therefore taking the following actions: • A five year integrated initial education programme for Pharmacists is being developed in Scotland, which will include more time spent in primary care and out-of-hours services during their undergraduate training; • The *Increasing Undergraduate Education in Primary Care Working Group* established jointly by the Scottish Government and the Board for Academic Medicine is considering ways of increasing medical undergraduate education in primary care settings to encourage more medical students to choose General Practice. The report is due to be published shortly; • Scotland's first graduate entry programme for medicine has an emphasis on experience in General Practice to produce doctors more likely to choose a career in General Practice; • To meet regional demand, a new Optometry course is starting at the University of the Highlands and Islands from September 2020. It is aimed at improving recruitment and retention of Optometrists in remote and rural areas in the Highlands and Islands.	This report has now been published, fully supported by work in NES medicine to develop and implement proposals to better support undergraduate training in primary care through greater ACT resources. Similarly, the Graduate Entry Programme is fully supported by innovative use of ACT resources. In addition, NES are managing the bursary available to graduate course entrants. NES Optometry will plan for sufficient postgraduate support in light of expected

Page	Action	NES Action / Notes
		increased workforce and the potential for increased geographical concentration in the Highlands and Islands area. This would strengthen the need for a new regional Teach and Treat clinic.
26	**Mandatory training** Through actions such as making mental health and suicide prevention training mandatory for all NHS staff who receive mandatory physical health training, we are also developing a better understanding of mental health issues across our health workforce.	
27	**Elective Centres** In light of the potential impact the Elective Centres will have on workforce demand, a specific workforce plan for the centres is being developed, which focuses on the clinical teams required to provide increased capacity and the support these teams will need to function effectively. Using the new data platform developed by NES, indicative workforce figures for the centres have been collated. These will be refined as the models of care are developed to reflect modern work practices, which will be adopted in the centres.	The NES data group is providing an evidence base to support workforce planning for Elective Centres. The initial results of this work have been presented at two stakeholder workshops.
27	**Academies** To build the workforce capacity required we are building on existing academy models currently in place in several health boards and the new NHSScotland Training Academy that will be established at the Golden Jubilee Foundation. We are also linking with the Accelerating the Development of Advanced Practitioners programme which has been successfully tested and implemented in NHS Lanarkshire.	NES senior team working with GJHF colleagues to develop the academy proposal.
28	**Optometry** Enabled by a new shared Electronic Patient Record, we are providing funding to enable 80 independent prescribing (IP) Optometrists to become	NES Optometry have successfully enrolled 20 students for the pilot year of their SQA level 11

Page	Action	NES Action / Notes
	accredited to safely manage 20,000 low risk glaucoma and treated ocular hypertension patients in the community. The first cohort of IP Optometrists will commence training in January 2020, with the first low risk glaucoma patients being discharged to their management in early 2021. Once fully rolled out in 2024, this shift in the balance of care will free up approximately 30,000 appointments per annum in the hospital eye service.	accredited Glaucoma Award Training (NESGAT). This course has been designed to facilitate qualified independent prescribing (IP) optometrists in the safe and effective community management of patients with treated ocular hypertension and low risk glaucoma, enabling the discharge of suitable patients from secondary care. The course blends online learning and portfolio resources with competency-based clinical placements involving supervision by specialist glaucoma practitioners, in the learner's host health board. NES have been delighted both by the high level of NESGAT interest within the profession as well as the support received from secondary care colleagues. By early 2021, the first cohort will be accredited to receive patients discharged from secondary care, freeing up capacity within hospital eye services. NES Optometry expect to continue to assist these practitioners by delivering tailored continuing professional development (CPD) that supports their new remit; as well as continuing their support of the mandatory CPD requirements of Scotland's expanding group of IP optometrists. Funding from Scottish Government has so far been around the course design and the delivery of the pilot, however, NES will be looking to secure funding to provide a sufficient number of accredited optometrists across the country to support local discharge schemes, as well as funding for the associated CPD required as part

Page	Action	NES Action / Notes
		of any scheme introduced. As we monitor how the profession embraces this new challenge, NES will be looking for opportunity to use aspects of NESGAT to deliver profession wide CPD in the management of these long-term conditions. It is hoped that the development of our novel NESGAT training package will encourage future support from the Scottish Government around NES Optometry's delivery of enhanced service qualifications. Enhancing the role optometrists play has also been a driving force in our strong support of multidisciplinary approaches within NES on leadership and quality improvement training – topics we see as essential for the profession taking on their new roles.
30	**Recruitment** We have also established an International Recruitment Unit to improve Scotland's effectiveness in recruiting internationally and support the resilience of NHS Scotland as we approach potential EU Withdrawal. To this end, the unit is providing expert support on the immigration process and regulatory requirements to work in Scotland, as well as matching people to job opportunities.	
30	**Recruitment** In medicine, we will learn from the recent experience of our national recruitment campaign on Radiology. Also over the last 5 years we have been working in partnership with NES and the medical Royal Colleges to recruit international doctors to non-Consultant posts by developing and supporting schemes such as the International Medical Training Fellowship and the Medical Training Initiative. [...] To date over 90 posts have been approved across medical specialties.	This is ongoing work as part of medical trainee recruitment. Working with SG Year nurse & midwife which dovetails with recruitment campaigns

Page	Action	NES Action / Notes
30	**Young people** Three year employability partnership between NHSScotland and Prince's Trust Scotland. "*Get into Healthcare*" will support around 400 young people from disadvantaged backgrounds to achieve their potential and develop their skills through a career in the health sector. We will also support similar schemes being delivered for social care in Scotland, in partnership with employers in the sector. This work will explore pilot approaches suitable for smaller employers that form a significant part of social care provision.	
30	**Young people** Modern Apprenticeships (MA) are available to young people aged 16-24 to widen access to health and social care careers. There are apprenticeship frameworks available with social services, clinical and non-clinical pathways, which give young people the opportunity to start a career in a range of job families in social care and the NHS and to work and earn whilst gaining a qualification. MA Frameworks that are available include Social Services and Healthcare, Healthcare Support (clinical and non-clinical), Business and Administration, Estates and Facilities, and IT.	The Dental Directorate has established a Modern Apprenticeship model for delivering Dental Nurse training across five centres in Scotland and will offer up to 125 training places in 2020/21. We are represented on the Scottish Apprenticeships Advisory Board and continue to work closely with Boards across Scotland to develop new and support the adoption of a range of existing MA frameworks linked to our non-clinical Healthcare Support Worker Education Pathways. We believe there could be benefit to the system if NES were to adopt a coordinating role for maximising the use of Apprenticeship Levy funding by Boards.
31	**Widening Access**	Working with SG and SFC colleagues to support widening access initiatives,

Page	Action	NES Action / Notes
	In our medical education we have acted in recent years to support a greater number of students from areas of social deprivation into medical careers. 50 of the additional undergraduate medical places have been designated as 'Widening Access' places.	including the development and implementation of a system to 'index' medical undergraduates in Scotland, allowing monitoring of progress.
31	**Recruitment** Recommendations [from the Chief Nursing Officer's commission into widening participation to nursing and midwifery education careers] include establishing a route from school into pre-registration nursing and midwifery through the apprentice route; adopting a positive approach to commissioning pathways into nursing careers for healthcare support workers; attracting people into the professions (particularly men); and extending existing routes such as the funded HNC and the Open University (OU) options to deliver a pre-registration nursing programme for health care support workers, with a particular focus on remote and rural areas.	
33-4	**Leadership** We are investing and supporting career development in our workforce through Project Lift, identifying and developing our leaders of the future at all levels.[...] More than 3,000 staff have registered with the App and around 1,600 have completed the self-assessment questionnaire, which identifies leadership strengths and areas for development. [...] Over 100 Career Conversations have been offered to aspiring directors and we have developed a new bespoke Scottish leadership development opportunity for this cohort, named Leadership³. Moving forward, we are commencing a pilot with SSSC to extend these development opportunities beyond NHS staff and those working in Health and Social Care Partnerships into the social care workforce.	We are the lead delivery partner for Project Lift, providing expertise in: the delivery of talent management support for high potential/priority individuals, leadership development that has included Leadership[3] and aligning our other national programmes to the Project Lift ethos and infrastructure; and broadening the accessibility of development support to a community of individuals at all levels interested in leadership, including in partnership with SSSC, Social Services colleagues.
34	**Flexibility** • We are taking actions to ensure more flexible postgraduate medical training. The future needs of the population demands more	Well established work in (e.g. medicine) with the GMC and AoMRC to support more

Page	Action	NES Action / Notes
	generalist care, where our medical workforce can implement new technologies and innovations in patient care, and more easily change career paths; • We are working with the General Medical Council (GMC) and others to ensure that medical credentialing is implemented. This affords national training bodies and employers more influence over the training content for doctors and the means to more rapidly upskill doctors to support national priorities.	flexible training pathways and less than full time training / working. Contribution to the development and implementation of credentials through close work with SG policy leads, and co-chairmanship of the Scottish Shape of Training Implementation Group. Development of rural credential.
35	**Digital skills** Workforce development is an important part of the Digital Health and Care Strategy and focusses on four key areas of skill development: • **Digital Leadership**: The skills required by all staff at all levels to champion digital as an enabler in transforming health and care; • **Workforce Skills**: The digital skills required by the general workforce to effectively deliver services to meet patients' and service users' expectations; • **Workforce Skills (specialist)**: The skills and development of those in specialist digital roles (ICT staff) to deliver digital solutions in health and care; • **Future Workforce**: The skills that will be required and shaped by our ongoing transformation of services, in line with patient and service user demand. NES and SSSC (working with COSLA and Health and Social Care Partnerships), are taking forward a programme of work to support implementation of this in the health and social care environment and providing the necessary leadership to drive changes. This approach includes:	The cross-sector Steering Group listed in 13-14 above has developed a model for scoping and planning workforce development that reflects the four headings listed here. This builds on our existing provision of learning resources – e-learning modules, animations supporting Technology Enabled Care via the Digital Health and Care Zone on Turas Learn and a Professional Development Award at SCQF Level 7. The recent appointment of a Band 7 Specialist lead for Digital Health and Care in the Workforce Directorate will ensure momentum is maintained in respect of developing once for Scotland learning resources. Our ability to work closely with the wider system in scaling and spreading skills

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	• partnership with the Scottish Government's Digital Academy, to improve access to high quality digital skills training; • developing digital leadership skills through partnership with bodies such as NHS Digital Academy and others; • working with our universities and colleges to ensure that digital skills are an integral part of education and training for our future workforce; • building capacity and capability across specialist digital, IT and data professions; • promoting existing and new solutions that enable more mobile and flexible working; • identifying solutions that bring the most modern of technologies to our business and administrative requirements, freeing up staff to focus on frontline services; • providing productivity and collaboration services and tools, such as shared calendars, email, video and instant messaging, to support effective, efficient and secure ways for working across organisational boundaries.	development will be dependent on the outcome of the bid to SG mentioned above. NES is also active in supporting the roll out of Office 365 across NHS Scotland. Along with the workforce applications on our Turas Platform, this will significantly increase the scope for collaboration within and across boards, the flexibility for staff to work in different ways, and enhance their experience of common workforce administrative activities. MS Teams is being seen as a particularly significant component of this in light of the Covid-19 outbreak.
36	**Returners** We are looking to develop schemes to encourage staff from the health workforce to return further and wider across the health and social care workforce. We are: • Establishing a 'one point of contact' co-ordinated process to support **AHPs who wish to return to practice**; • Enhancing our **GP retainer** scheme which enables qualified GPs who are currently unable to commit themselves to a full-time post, to continue working part-time in general practice and enter a permanent post when their circumstances permit; • Creating a flexible resource of **recently retired or part-time doctors**, who are willing to take on short-term work to support our Rural General Hospitals. To date 30 Surgeons and Anaesthetists have expressed an interest in the Clinical Collaborative which was	

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	launched in March, and already, services in Fort William and Stornoway are being supported; • Launching an innovative Professional Practice Adviser pilot offering **recently retired nurses and midwives** the opportunity to coach and advise newly qualified staff in midwifery, health visiting, district nursing and advanced nursing practice settings; • Encouraging **former nurses and midwives** to return by providing the opportunity for them to undertake a Return to Practice programme. Since April 2015, almost 600 former nurses and midwives have taken up the opportunity to retrain.	
37	**Career support** We also need to provide support for staff who are training and/or working in health and care to deal with the pressures of that career. Some examples of this to address issues doctors were facing include the new Lead Employer model introduced for all Doctors in Training. This new arrangement provides a continuous contract during training that avoids tax code complications and makes it easier for doctors in training to secure mortgages, as well as avoiding unnecessary administration related to changing employer.	Continue to develop and support the lead employer model.
37	**Career support** For GPs, a package of support has been developed within their first five years of qualifying. This includes a mentoring scheme and training for a new group of 40+ mentors in 2018/19. We are also supporting Continuing Professional Development access and Quality Improvement project opportunities for up to 200 "First 5" GPs each year. Wider support for GPs also includes the rollout of the existing confidential wellbeing service GP across remote and rural areas of Scotland and a new coaching service launched last year and has now extended to 125 places in response to demand.	
38	**Rostering**	

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	This will involve a range of approaches, including improvements in rostering. We are procuring a NHS wide e-rostering system which will lead to implementation of a full automated rostering system for all staff groups. This will create efficient rosters with full gap analysis and be responsive to real time situations, ensuring the most efficient and effective use of staffing resources clearly linked to demand.	NES digital supporting the procurement of the national eRostering solution.
39	**Workforce planning** We need the health and social care sector to have the capability to develop more effective workforce plans and to understand, and use, scenario planning methodology that reflects their particular requirements.	The NES data group has provided a workforce and scenario planning framework to support workforce planners in Scotland. The framework is being applied in several different areas.
40	**Workforce Data** Better workforce data will support more informed decision making. Significant progress has been made on creating a single workforce data platform, and work is under way to better understand the labour market for social care. NES have brought together existing workforce data sources in a new supply side platform, which was launched in April 2019. Data from the platform is already being used to inform decisions on controlled group numbers, to identify workforce gaps, and develop enhanced roles and new staffing models to mitigate them. Work will continue to identify and add to the data available and to refine social care and primary care data, so that as the platform evolves, health and social care workforce data can increasingly be accessed in one place and analysed using an integrated approach. Extensive data on the social care workforce is already published as official statistics by the SSSC and is available for interrogation in an interactive data visualisation tool. The work being taken forward by NES is complemented by the legislative requirement being placed on Healthcare Improvement Scotland (HIS) in	The first version of TURAS Data Intelligence (TDI) is live. Version 2 is being developed in consultation with stakeholders. TDI draws together data from several different sources to allow workforce planners to develop a clearer picture of the workforce. TDI provides access to these data and analyses based on them to provide an evidence base to support workforce planning. NHS Education for Scotland (NES) has taken responsibility for some national workforce data, statistical and intelligence functions. Since the publication of workforce statistics on 3 December 2019, NES has been named in legislation as a producer of official statistics. For the December 2019 publication NES voluntarily applied the UK Statistics Authority's Code of Practice for

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	the Health and Care (Staffing) (Scotland) Act 2019. Under the Act, HIS is required to monitor Health Board compliance with staffing duties, monitor and review staffing tools and methodology and develop new staffing tools. In doing so, HIS, and NHS Boards, will generate robust data on the workload required to deliver high quality care which will, in turn, inform and improve workforce data. The procurement of an NHS wide e-rostering system, in addition to creating efficient rosters, will provide further data evidence clearly linking efficient and effective use of staffing resources to demand.	Statistics and worked to ensure full continuity in producing the NHS Workforce statistics according to the three pillars of the code of practice.
40	**Workforce Planning** Workforce planning requirements and practices differ substantially across health and social care organisations. A level of variation is entirely appropriate given that an independent company with a few employees will have very different workforce planning needs than an NHS Board with thousands of employees. Nonetheless if we are to workforce plan in an integrated way, there is benefit in a level of consistency in the methodological approach used. The guidance we are issuing along with this Plan signposts a range of existing methodologies and encourages all health and social care employers to use these in planning for the workforce they require. It also considers the implications of planning activities for third and social sector employers delivering commissioned services. On workforce planning tools, the Nursing and Midwifery Planning tool has already been reviewed and improved and we are exploring workforce prediction tools for skill-mixed AHP services. A scoping exercise has reviewed and mapped the landscape of workforce planning tools within the Scottish Government, NES and ISD. Following this, work will start on ensuring consistency and transparency between tools, filling gaps where appropriate.	The Workforce Directorate is working with SG Workforce Planning Leads to support the development of the workforce planning community. This includes facilitating national engagement between SG, HR Directors and Workforce Planning Leads to explore joint approaches to longer term workforce planning, consistent with SG expectations. We are also testing training delivered by the Chartered Institute of Personnel and Development (CIPD) to establish if it meets the needs of both specialist workforce planning teams and others with leadership and business responsibility for workforce planning. Subject to initial evaluation and national resourcing, we will broaden this offer in 2021/22
42	**Workforce data**	See above.

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	The progress made with NHS Education for Scotland on its national TURAS data platform is beginning to yield better quality information, more consistently accessible and useable across both health and social care. The work being done with NHS Health Improvement Scotland on implementing the provisions of the Health and Care (Staffing) Act 2019 will benefit from this. The evidence needed to inform important decisions about the future shape of our services will depend on it.	

NHS Education for Scotland

Board Paper Summary

1.   Title of Paper

NES Risk Register – for submission to March 2020 Board meeting.

2.   Author(s) of Paper

Stewart Irvine, Acting Chief Executive

3.   Purpose of Paper

The purpose of this paper is to present the NES Risk Register as at March 2020.

4.   Key Issues

A new risk has been added to the register (R18). This is to reflect the impact of CO-VID 19. As an organisation, we have taken a number of steps to put contingency processes in place. A Resilience coordinating team had been formed and is operational. Senior discussion and decision-making has been facilitated remotely, we have created bespoke 'Teams' Channels.

5.   Recommendation(s) for Decision

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

DSI
March 2020
NES

NES Corporate Risk Register - March 2020

Risk No.	Description	Risk Owner (Lead Director)	I x L	Inherent Risk	I x L	Residual Risk	Mitigating measures	Appetite	I x L	Residual Risk
				Current Period					**Last Period**	
Strategic Policy Risks										
R1	Pressures on the system result in education and training being considered as less important	NES Executive Team (Stewart Irvine)	4 x 4	Primary 1	4 x 4	Primary 1	1. NES Board to advocate and promote the importance of education and training 2. Revised NES Strategic Plan clearly articulates the importance of education and training to a sustainable workforce. This has been well received		4 x 4	Primary 1
R2	Scottish Government budgetary decision results in an uplift for NES that is less than cost pressures which in turn could mean NES Board are unable to balance expenditure	NES Executive Team (Audrey McColl)	5 x 5	Primary 1	4 x 3	Primary 2	1. NES Board approves annual budget which includes measures required to reach a balanced position. Monthly management accounts show actual performance against budget projections ahead of year-end 2. Monthly management accounts are reviewed by Directors and the Director of Finance allowing mitigating action to be taken to manage any overspend/ underspend 3. Close working underway with SG to address the underlying deficit resulting from the expansion of TGs and uplifts that have been less than cost pressures in this area. SG have agreed to underwrite the in-year deficit position.	**Open**	4 x 3	Primary 2
R3	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 (Stewart Irvine)	4 x 4	Primary 1	3 x 3	Contingency	1. NES Directors maintain strong engagement with relevant leads at Scottish Government 2. NES to maintain an evidence bank to support ability to influence policy decisions 3. Chief Executive and NES Directors to maintain links with other UK organisations		3 x 3	Contingency
R4	Challenges that Boards and other organisations have in meeting demand for staffing result in a negative perception of NES's involvement in the attraction, recruitment and retention of the workforce	NES Executive Team (Stewart Irvine))	4 x 4	Primary 1	3 x 4	Primary 2	1. Maintain clarity in relation to NES's role and influence - recent example is presenting a paper on PGMET to Chief Executives. A further paper was discussed at a Management Steering Group in September 2019. 2. Work with Boards to ensure optimal deployment of staff		3 x 4	Primary 2
R5	Changes in the landscape of health and social care and pressures in the system result in a risk that NES is unable to manage constructive relationships with key partners	NES Executive Team (Stewart Irvine))	4 x 4	Primary 1	3 x 4	Primary 2	1. Chief Executive and/or NES Directors maintain open and collaborative relationships/arrangements with counterparts in partner organisations 2. Ensure Chair is well briefed to manage relationships with other Board/organisational Chairs - Chair's regular Newsletter now being issued to other Chairs.		3 x 4	Primary 2
R16	The UK fails to achieve a trade deal with the EU by the end of 2020 and this results in disruption to NHS services	NES Executive Team (Stewart Irvine)	4 X 5	Primary 1	3 x 5	Primary 1	1. The main impact of a 'no deal' Brexit is likely to be felt by Territorial NHS Boards rather than directly by NES. We would seek to mitigate the impact on those Boards by the same means as for a major incident/flu etc 2. Regular updates from SG at CEs and HRD meetings		3 x 5	Primary 1
R17	The National Digital Platform is not delivered in line with the Digital Health and Care Strategy.	NES Executive Team (Geoff Huggins)	4 X 4	Primary 2	4 X 3	Primary 2	1. Working with SG to agree an 'Interim Commision' to give clarity on expectations re deliverables and timelines 2. Continued engagement with key stakeholders, despite challenges 3. Moving governance arrangements from a sub-Committee to a Standing Committee		N/A	N/A

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

Risk No.	Description	Risk Owner (Lead Director)	I x L	Inherent Risk	I x L	Residual Risk	Mitigating measures	Appetite	I x L	Residual Risk
				Current Period					**Last Period**	
Reputational/Credibility Risks										
R12	NES is not able to demonstrate the impact from the interventions that it has developed and delivered	NES Executive Team (Stewart Irvine)	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**
R13	NES does not deliver leading to a loss of reputation and confidence from stakeholders	NES Executive Team (Stewart Irvine)	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										
R14	Failures in Board processes lead to corporate governance non-compliance and loss of credibility with Scottish Government e.g. failure to comply with statutory and/or other requirements, failures in financial/audit/staff governance/educational quality procedures	NES Executive Team (Donald Cameron)	5 x 5	**Primary 1**	2 x 2	**Housekeeping**	1. Standing committees responsible for each governance domain 2. Each committee provides annual report to Audit Committee 3. Comprehensive programme of internal audit 4. An Assurance framework has been developed in line with the 'Blue Print for Governance' and the Assurance and Audit Committee Handbook	**Averse**	2 x 2	**Housekeeping**
R15	NES has a breach of Information Governance requirements resulting in loss of data and/or negative publicity	NES Executive Team (Christopher Wroath)	4 x 5	**Primary 1**	4 x2	**Contingency**	1. Statutory and relevant data security processes in place, with specific reference to the new General Data Protection Regulations. 2. Specific additional policies, procedures and practices being put in place to ensure robust security applies to the National Digital Platform.		3 x 2	**Contingency**
R18	Impact to NES operations, staff and stakeholders as result of Coronavirus pandemic.	NES Executive Team (Stewart Irvine)	5 x 5	**Primary 1**	4 x 5	**Primary 1**	1. Immediate implementation of emergency planning arrangements including NES Business Continuity Plan, Mobilisation Plan and Communications Plan. On-going review, monitoring and update in response to UK and Scottish Government guidance and latest developments. 2. NES Resilience Co-ordinating Team in place and operational. 3. Strategic deployment and enablement of remote access technology to support meetings and decision-making; operational activities; and staff working from home 4. Reporting protocols agreed and implemented. 5. Dissemination and cascade of organisation-wide communications across key platforms.			

NHS Education for Scotland   **NES/PF/20/12**

PARTNERSHIP FORUM

Minutes of the eighty-seventh meeting of the Partnership Forum held on Wednesday 22nd January 2020 at NES, DDEC, Dundee

Present:
Stewart Irvine, Acting Chief Executive (Joint Chair)
Liz Ford, Employee Director (Joint Chair)
Dorothy Wright, Director of Workforce (by VC link)
David Felix, Postgraduate Dental Dean/Management Representative (by VC link)
Lynnette Grieve, Staff Side Representative, Unison
David Cunningham, BMA Representative (by VC link)
Morag McElhinney, Principal Lead (HR)

In attendance:
Chris Duffy, Senior Officer (minute-taker)

1. Welcome and Introductions
The Chair welcomed everyone to the meeting.

2. Apologies for Absence
Apologies were received from Linda Walker, Staff Side representative GMB, Jackie Mitchell, RCM representative, and Ros Shaw, RCN representative.

3. Partnership Forum Minutes 30th October 2019 (NES/PF/19/37)
The minutes were approved as an accurate record.   **Action: CD**

4. Partnership Forum Actions 30th October 2019 (NES/PF/19/38)
One action remains on the action status report, all other actions are complete. The remaining action relates to engagement with the E&D Leads regarding development of the Dignity at Work survey. Dorothy Wright has spoken to Kristi Long and there hasn't been any engagement yet and so the action is still incomplete.
Action: DW,KL

It was agreed that a 2-hour meeting will be arranged to review what the Partnership Forum have achieved and discuss what is on the horizon. With significant changes to the members of the partnership forum it is important to complete a thorough handover. Dorothy Wright will liaise with the CEO office to setup the meeting.   **Action: DW**

5. Matters Arising from the Minutes
5.1 Staff Experience Evaluation Report
There were discussions at the last meeting regarding doctors in training completing the imatter survey. There have been some concerns that doctors in training could experience survey fatigue and in particular in a GP practice be the only member of staff required to complete the imatter survey. It was agreed that this will be discussed as an agenda item at the first Joint Local Negotiating Committee meeting in February. Also, Amjad Khan is attending a meeting with Liz Reilly, Chief Legal Officer to also discuss this issue. It was noted this will also apply to dentists working in general practice. **Action: CD**

5.2. Cabinet Secretary Short Life Working Group (Sturrock Report)
NES has received no specific feedback on the submissions to Scottish Government. HR Directors and OD Leads received a request from Government to provide information on all work related to culture. This resulted in a long list which has now been themed and will be used as a vehicle to discuss further. The work is ongoing, and 2 more meetings have been arranged with the cabinet secretary group, at which point it is likely to conclude.

5.3 Joint Local Negotiating Committee
Dorothy Wright informed the forum that the first meeting originally planned for December was postponed and the first meeting will take place on 24th February 2020.

Governance Items
6. Agenda for Change Pay Reform (Appraisal, including Statutory and Mandatory Training) (NES/PF/20/02)
Dorothy Wright presented the paper to update the forum on the current position of this national transformational change programme. The programme board met for the first time last week and the digital work is looking at what can be achieved immediately to improve the experience for staff.

Liz Ford found the way in which the new Health and Safety module was introduced very unhelpful. These views have been reflected by other colleagues across the organisation. This was due to completion of an old module in November 2019 and being asked to complete the new module in January 2020, it was unclear if the old module would remain valid and this can cause confusion for staff. Dorothy Wright took the point on board and it was agreed that this will be referred to the Managing Health, Safety and Wellbeing Committee. **Action: DW**

Funding has been approved for a Programme Manager and a Learning & Development role, the programme manager is still vacant and the Learning & Development role will be advertised shortly. No communications are in place yet and as soon as they are available, a local communications plan will be developed. There is potential for additional work for NES to come out of this programme.

7. Once for Scotland Policies Implementation (NHS Scotland) (NES/PF/20/03)
The purpose of this paper is to highlight that Phase 1 has been completed and Phase 2 has commenced. This is an intensive phase as 17 policies need to be developed. Continuation of contingent funding is being sought from Scottish Government.

8. Once for Scotland Policies Implementation (NES) (NES/PF/20/04)
This paper summarises the work that has taken place since the last meeting in October. Workshops (drop-in sessions) will be delivered jointly by staff side and HR to support the formal launch of the Once for Scotland policies in March 2020. The Once for Scotland policies will also go on the Joint Local Negotiating Committee Agenda and the TURAS Hub to ensure this reaches doctors in training. The refreshed policies focus on the managers role and manager development workshops will be linked to the policies. NES may have a role in the creation of these manager development workshops, both Dorothy Wright and Stewart Irvine agreed it would have to be appropriately resourced. It was noted that the letters attached to the phase 1 policies are still in progress, approximately 80 letters require editing and so it is a large task.

Morag McElhinney said the policies have taken a very person-centred approach. Staff Governance monitoring standards will be used to view the progress of the implementation, progress so far has been recognised as exemplar working.

Specific Investigation and conduct training for line managers has commenced, with the session being oversubscribed. There is another session planned for Westport and more sessions can be arranged in response to demand.

Liz Ford thanked Dorothy Wright and Morag McElhinney for their contribution to the great amount of work this paper covers. Staff side have been actively engaged throughout the process and are looking forward to the upcoming local workshops. There has been some suggestion that not all unions have been involved in the consultation and Liz Ford checked if David Cunningham was happy from a BMA perspective, David Cunningham confirmed he was.

9. Independent Whistleblowing Officer (INWO) for NHSScotland (NES/PF/20/05)
This paper was provided as a factual update and will require further conversation later in the year. NES will appoint a Non-executive Whistleblowing Champion. An area that may come under scrutiny is the interface between the Lead employer, placement board and the Deanery. There will be new arrangements that NES will need to comply with. Liz Ford said she viewed this as an opportunity for joint training with staff side and the whistleblowing champion.

Stewart Irvine advised that NES has had discussions with the SPSO on the Deanery/service/lead employer/placement board interface, where there is the potential for complaints to be received but with the solution lying with the placement board/service. It was noted that we have a robust Quality Management process and

we would hope the SPSO would distinguish between business as usual issues and complaints that were to be regarded as whistleblowing. There is potential to include whistleblowing as a board development session.

10. Turas Job Evaluation (NES/PF/20/06)
This is a new system which has replaced the old CAJE system. It stores all the agenda for change job evaluations. The data was transferred to TURAS in December 2019 and CAJE will close in January 2020. DW confirmed that this work saved Scottish Government money and NES are now the hosts. Stewart Irvine affirmed that NES were commended for this piece of work and asked that this was fed back to David McColl. **Action: CD**

11. Staff Governance Monitoring Return 2018/2019 – Feedback from Scottish Government (NES/PF/20/07)
This paper highlighted the feedback from Scottish Government but also included the NES reply to the feedback. This will now go the Staff Governance Committee for information.

12. NHSScotland/National Board Shared Services Programmes (NES/PF/20/08)
Morag McElhinney summarised the work that has progressed through the Shared Services Programme to date. Work is currently ongoing to select a single employer for payroll in the east, business cases have been produced and will go to the next Executive Team meeting and to the Finance and Performance Management Committee. Jobtrain (the shared recruitment system) is now live and posts are going through the system. HR have moved forward with HR connect and implemented the JIRA helpdesk. Dorothy Wright attended the National Board of HR Directors where there was a discussion on progress to date. Dorothy Wright noted NES are the only board who have fully implemented HR Connect.

13. Workforce Plan
Scottish Government have advised that NES will have to produce a 3-year workforce plan (April 2021) rather than a 1-year plan. This will require wider engagement in NES and will need to include, Talent Management, Succession Planning and Digital upskilling.

14. Policies
No updates were received.

For information and Discussion as Required
15. Lead Employer update (NES/PF/20/09)
Morag McElhinney updated on NES's progress as Lead Employer for Doctors and Dentists in training.
- The formation of the Joint Local Negotiating Committee will be key to engagement.

- National training programmes will be employed by NES from 05/02/2020, this will be an additional 405 trainees.
- Hospital dental trainees (140) will be employed by NES in September 2020.

Standard operating procedures continue to be refined. Some systems present challenges, for e.g. doctors and dentists in training are not on the e:ESS system and work is ongoing with TURAS People and e:ESS to ensure appropriate data transfer and avoid duplication of work. Currently the main focus of the Core Steering Group is to deliver the 2020/2021 Implementation Plan agreed with the Chief Executives Group in November 2019. Dorothy Wright advised that the continuation of the transformation fund is essential to this piece of work and the request for continuation of funding to Scottish Government is underway.

For Information and Noting
17. Managing Health, Safety and Wellbeing Committee minutes (NES/PF/20/10)
The minutes of the meeting held on 22nd October 2019 were noted.

18. Change Management Programme Board minutes (NES/PF/20/11)
The minutes of the meeting held on 7th October 2019 were noted.

19. Any other business
Stewart Irvine acknowledged that this will be Dorothy Wright's last Partnership Forum meeting. Stewart Irvine thanked Dorothy Wright for all the work that has gone into these meetings and it is evident by how smoothly the meetings have run, that an enormous effort has been undertaken.

20. Date of next meeting
25th March 2020, at 11:00 Westport, Edinburgh. Please note there will not be an all staff meeting.

NES
January 2020
CD

NHS Education for Scotland

Board Paper Summary

1.　　**Title of Paper**

　　　Training and Development Opportunities for Board Members

2.　　**Author(s) of Paper**

　　　Joy Harvey, 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 Joy Harvey (CEO.nes@nes.scot.nhs.uk) or Alison Sheill (ceo.nes@nes.scot.nhs.uk) for further details on these opportunities.

4.　　**Recommendation(s) for Decision**

　　　This paper is for information.

NES
March 2020
JH

Appendix 1 - Training and Development Opportunities for Board Members

Structured Training

On Board Scotland Training		
Date	**Location**	**Cost**
2020		
19 March	Grand Central Hotel, Glasgow	£395.00 plus VAT per place.
19 June	Stirling Court Hotel, Stirling	
8 September	Radisson Blu Hotel, Edinburgh	
4 December	Stirling Court Hotel, Stirling	
10 December	The Effective Audit and Risk Committee	

Development Opportunities with a focus on understanding more about NES's work.

Medicine*		
Date	**Event**	**Location**
2020		
30th April and 1st May 2020	The Scottish Medical and Education Conference	Edinburgh International Conference Centre

NMAHP		
Date	**Event**	
2020		
11 March 2020	Dementia Champions Cohort 10 Graduation	
29 April 2020	AHP Careers Fellowship Cohort 2 Induction Day	Rooms 1 & 2, Westport
30 April 2020	The National NMAHP Conference	Edinburgh Training & Conference Centre

Procurement		
Date	**Event**	**Location & Link**
2020		
28 April 2020	P4H (Procure for Health)	EICC, Edinburgh Link

Quality Improvement Programme Events to December 2019		
Date	**Event**	**Location**
Scottish Improvement Leaders (ScIL) Programme		
10 – 12 March 2020	ScIL Cohort 22 Workshop This is the third and final three-day workshop of 3 workshops for the cohort and is focused on the presentation of data and information.	Golden Jubilee
Scottish Quality and Safety Fellowship (SQSF)		
10 March 2020	Fellowship Networking Event This one-day event will showcase all the learning gained from Cohort 11 Fellowship participants completing their international study trips, focusing on how the learning can be applied to the Scottish system	Radisson Blu Edinburgh
Masterclass		
11 March 2020	QI Masterclass 2020 This annual masterclass is open to all QI Alumni and members of the Q Initiative, with 250 places available. The theme this year is twofold: • developing relational skills to co-produce improvement through authentic relationships • develop storytelling skills such as public narrative to unleash people's intrinsic motivation to change	EICC