NHS Education for Scotland   NES/18/73

AGENDA FOR THE ONE HUNDRED AND FORTY-THIRD BOARD MEETING

Date: Thursday 27th September 2018
Time: 10.15 a.m.
Venue: **Edinburgh Training and Conference Venue, 16 St Mary's Street, Edinburgh**

1.   Chair's introductory remarks

2.   Apologies for absence

3.   Declarations of interest

4.   Minutes of the One Hundred and Forty-Second Board Meeting   NES/18/71
To approve the minutes of the meeting held on 26th July 2018.   (Enclosed)

5.   Actions from Previous Board Meetings   NES/18/72
For review.   (Enclosed)

6.   Matters arising from the Minutes

7.   Chair and Chief Executive Updates

   a.   Chair's Report   Oral report

   b.   Chief Executive's Report   NES/18/74
         (Enclosed)

8.   Governance and Performance Items

   a.   Finance and Performance Management Committee: NES/18/75
         23rd August *(D. Garbutt)*   (Enclosed)
         To receive a report and the minutes.

   b.   Finance Report *(A. McColl)*   NES/18/76
         To receive and endorse.   (Enclosed)

c. Organisational Performance Report *(D. Cameron)*   NES/18/77
To receive and endorse.   (Enclosed)

d. Staff Governance Committee: 9th August *(L. Dunion)*   NES/18/78
To receive a report and the minutes.   (Enclosed)

e. Board and committee meeting dates 2019/20 *(C. Lamb)*   NES/18/79
For approval.   (Enclosed)

9. Strategic Items

a. Annual Review 2018 Draft Self-Assessment Document *(C. Lamb)*   NES/18/80
For consideration.   (Enclosed)

b. Sharing Intelligence for Health & Care Group : Annual   NES/18/81
Report *(K. Wilson)*   (Enclosed)
For consideration.

c. NES and SFC Joint Action Plan *(C. Lamb)*   NES/18/82
For approval.   (Enclosed)

d. Dental Recruitment *(D. Felix)*   NES/18/83
For consideration.   (Enclosed)

e. NES Digital Service *(C. Lamb)*   NES/18/88
To receive an update paper.   (Enclosed)

10. Items for Noting

a. Partnership Forum: 2nd August *(C. Lamb)*   NES/18/84
To receive a report and the minutes.   (Enclosed)

b. Training and Development Opportunities for Board Members   NES/18/85
For information.   (Enclosed)

11. Risk Register   NES/18/86
For consideration.   (Enclosed)

12. Any Other Business

13. Date and Time of Next Meeting

Thursday 29th November 2018 at 10.15 a.m.

CLOSED SESSION

14. Property Business Cases   NES/18/87
For consideration and approval.   (To Follow - Restricted circulation)

(N.B. This paper will be restricted to Board members only, as it contains 'Commercial – In Confidence' information)

NHS Education for Scotland
Floor 3, Westport 102
West Port
EDINBURGH EH3 9ND

Tel: 0131 656 3424 (direct dial – David Ferguson)
e-mail: david.ferguson@nes.scot.nhs.uk

September 2018
DJF/tn/cl

NHS Education for Scotland

MINUTES OF THE ONE HUNDRED AND FORTY-SECOND BOARD MEETING HELD ON THURSDAY 26th JULY 2018 AT WESTPORT 102, EDINBURGH

Present: Mr David Garbutt (Chair)
 Mrs Linda Dunion, Non-executive member
 Professor Stewart Irvine, Director of Medicine
 Ms Caroline Lamb, Chief Executive
 Mrs Audrey McColl, Director of Finance
 Dr Doreen Steele, Non-executive member
 Dr Andrew Tannahill, Non-executive member
 Ms Sandra Walker, Non-executive member
 Mrs Karen Wilson, Director of NMAHP

In attendance: Mr David Ferguson, Board Services Manager (Board Secretary)
 Mr Donald Cameron, Director of Planning and Corporate Resources
 Ms Dorothy Wright, Director of Workforce
 Ms Jean Allan, Associate Director, Medical (primarily for agenda Item 9b)

1.   CHAIR'S INTRODUCTORY REMARKS

The Chair welcomed everyone to the meeting.

It was noted that Jean Allan (Associate Director, Medical) would be taking part in the discussion on agenda item 9b – Medical Recruitment.

The Chair informed the Board that Anne Currie has been appointed as a non-executive Board member with effect from 1st September, to replace Susan Stewart, who resigned recently.

The Chair advised that, following discussion with Scottish Government, a formal request for a new non-executive director was being submitted to the Cabinet Secretary. The Scottish Government has also suggested that a useful development opportunity might be offered through including a trainee role on the Board.

2.   APOLOGIES FOR ABSENCE

Apologies were received from Liz Ford, David Felix and Christopher Wroath.

3.   DECLARATIONS OF INTEREST

In relation to agenda item 9b (Medical Recruitment), Douglas Hutchens declared that his son is currently a doctor in training.

4. MINUTES OF THE ONE HUNDRED AND FORTY-FIRST (NES/18/56) BOARD MEETING

Subject to one agreed amendment and the correction of one typographical error, the minutes of the Board meeting held on 28thJune 2018 were approved. **Action: DJF**

5. ACTIONS FROM PREVIOUS BOARD MEETINGS (NES/18/57)

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

Professor Stewart Irvine advised that the two actions in relation to Medical Revalidation will be considered at forthcoming meetings of the Revalidation Delivery Board for Scotland and the Revalidation Oversight Group, respectively.

6. MATTERS ARISING FROM THE MINUTES

There were no matters arising which did not feature elsewhere on the agenda.

7. CHAIR AND CHIEF EXECUTIVE REPORTS

a. Chair's Report

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

- Meetings which emphasised the complexities of the work undertaken by the Dental Directorate, which has a high reputation in the UK and beyond.
- Discussions with Shirley Rogers, Scottish Government Director of Health and Care Workforce, on a range of topics, including leadership and talent management; and workforce.
- A useful visit to the NES Digital team in Glasgow, including attendance at a 'sprint' meeting.
- Meetings with NES's sponsor division to discuss current work and issues, including a move towards putting NES funding on a more consolidated basis.
- Early work on developing a plan for including non-executive Board members in a range of visits.

b. Chief Executive's Report (NES/18/59)

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

- NHSScotland 70th Anniversary celebrations in early July 2018; and NES's heavy involvement in supporting the Scottish Government and other NHS Boards to communicate this anniversary.
- The forthcoming retirals of Dr Ann Shearer (Associate Postgraduate Dental Dean), Margie Taylor (Chief Dental Officer) and Professor Bill Reid (Postgraduate Medical Dean, NES Edinburgh office).
- The recent appointmant of a new Cabinet Secretary for Health and Sport has led to a short delay in publishing the National and Regional Boards Collaborative Discussion Docements and the issue of a letter from Scottish Government allocating the first tranche of priority investment funding.
- The establishment of the NES Digital Service (NDS) on 4th June 2018. A progress report on developments will be submitted to the NHS Chief Executives in September.
- The Turas People product is still on target for delivery in August 2018.
- NES's Oral Health poster won the People's Choice poster award at the NHSScotland Event in June 2018.
- NES's speech, language and communication resource for Health Visitors and Family Nurses was highlighted in a recent debate in Westminster.
- The Cabinet Secretary's recent announcement that the new Lead Employer arrangements across NHS Scotland will come into effect on 1st August 2018. This will involve a move from potentially 22 NHS Board employers to 4 Lead Employers for trainee doctors. Dorothy Wright and colleagues in the Workfoce and Medical Directorates were commended for this significant achievement.

At the Chief Executive's invitation and in view of likely press interest in an associated public meeting taking place later in the day, Professor Stewart Irvine highlighted the need to re-design the service delivery model at Dr Gray's Hospital in Elgin in order to reduce the reliance on doctors in training.

The following points arose in discussion:

- It was confirmed that the Board development session on 30th August 2018 will include an item on the new General Data Protection Regulations (GDPR).
- It was agreed that it will be useful to include a briefing and update on the new NES Digital Service (NDS) at a forthcoming Board development session, perhaps on 25th October 2018.   **Action: DJF**

8.   GOVERNANCE AND PERFORMANCE ITEMS

a.   Risk Register   **(NES/18/60)**

The Chief Executive introduced a paper presenting the NES Corporate Risk Register as at 12th July 2018. It was highlighted that the risk register now includes explicit reference to each risk's control measures and indicates the risk owner/lead director.

Attention was drawn to adjustments to the ratings associated with Risks 2 and 7.

Discussion of the paper produced the following main points:

- It was suggested that it might be more useful to include the Risk Register at or near the end of Board agendas in future.
- Following comments by one of the members, it was agreed to review the risk control measures and re-focus them, as necessary. The resulting amendments will be included in the next version of the Risk Register submitted to the Audit Committee.

Action: AMcC and CL

b.   <u>Finance Report</u>   **(NES/18/61)**

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

- There is currently a small underspend and the current year-end forecast indicates a break-even position or perhaps a slight underspend.
- It is expected that the consolidated forecast will change once the impact of the August rotation of Medical Training Grades, from both new recruitment and the transition of trainees between the different stages of training, is included.
- Further recurrent baseline funding has been allocated for the estimated cost of pay increses for trainees. Further recurrent funding for expansion posts will also be made available, if required.
- A letter is awaited from Scottish Government to confirm the allocation of funding from the Transformation Fund.

Discussion of the paper generated the following points:

- It was confirmed that the position in relation to the savings required from the vacancy lag will be monitored closely.
- It would be possible to utilise underspending in the medical training grades budget for other appropriate purposes, for example clinical fellow posts.

c.   <u>Educational & Research Governance Committee: 28th May 2018</u>   **(NES/18/62)**

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

- There is a later version of these unconfirmed minutes, incorporating some comments from committee members.
- In its reports on the 2017 GMC National Review of Medical Education and Training in Scotland, the General Medical Council had paid tribute to the high standards of medical education and training in Scotland.
- Douglas commended Andrew Tannahill's excellent chairing of this committee during 2017-18 and previously.

d.   <u>Remuneration Committee: 31st May 2018</u>   **(NES/18/63)**

The Board received and noted a summary, which was introduced by Doreen Steele.

e.	Remuneration Committee: 5th July 2018	**(NES/18/64)**

The Board received and noted a summary, which was introduced by Doreen Steele.

It was advised that, as most of the current members of the Remuneration Committee are relatively new to the committee, a range of induction materials has been produced.

David Garbutt reported that the Scottish Government will shortly be issuing a new circular to reinforce the standards pertaining to Remuneration Committees.

f.	Caldicott Guardian Annual Report to the Board	**(NES/18/65)**

Professor Stewart Irvine introduced a paper produced to provide the Board with assurance around NES's compliance with the Caldicott Principles. Christopher Wroath and Tracey Gill were thanked for their significant inputs to the preparation of the paper.

The following points were highlighted:

- NES currently holds no Patient Identifiable Information (PII).
- The proposed developments in relation to the NES Digital Service (NDS) will result in NES routinely holding significant quantities of PII and work is already underway to understand the considerable implications for Caldicott responsibilities.
- The development of a new Family Nurse Partnership (FNP) system within the Turas platform may also result in NES holding PII.

The Board noted the content of the report.

9.	**STRATEGIC ITEMS**

a.	Progress against Strategic Outcomes for 2014-2019	**(NES/18/66)**

Donald Cameron introduced a paper providing an update on progress against NES's nine key strategic outcomes for 2014-2019. The following points were highlighted:

- This is the fourth of five annual reports.
- The report will inform the forthcoming strategic review, in particular the Board workshop on 30th August, and the considerable progress indicated in the report provides a sound platform on which to build for the future.
- The report will also inform the self-assessment document for the next NES Annual Review.
- Attention was drawn to a number of succesful change programmes carried out since 2014, including organisational change in Medicine, Dentistry, Finance, Procurement and Planning.

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

- It was confirmed that full account had been taken of points raised in discussion at the corresponding Board meeting last year and it was accepted that it would

- have been useful to make reference in the covering paper to the action taken on those points.
- A small wording change was agreed in the fifth paragraph on page 27 of the report.
- Some discussion took place on the approach taken to obtaining feedback from participants in NES training courses. It was noted that this varies across courses but that the E&RGC is giving consideration as to how a more consistent approach might be introduced, within types of provision.
- It was noted that NES is working closely with the care home sector in relation to workforce development. The challenge of releasing staff to attend training is being addrerssed through the availability of a range of online training provision.
- The Board agreed that the report indicates very considerable progress, with NES exceeding expectations in a number of areas, for example workforce development and digital transformation.

Following discussion, the Board noted the information in the paper and thanked Donald Cameron and his colleagues for their useful paper.

b.   <u>Medical Recruitment</u>   **(NES/18/67)**

Jean Allan was welcomed to the meeting for this item.

Professor Stewart Irvine introduced a paper prepared to provide the Board with a brief overview of recruitment to postgraduate medical education and training, to report on the 2018 recruitment cycle and to outline key issues relating to recruitment/retention of doctors in training in Scotland and across the UK. Jean Allan, Fiona Muchet and Anne Dickson were thanked for their helpful inputs to the paper.

The following points were highlighted by Professor Irvine:

- The size of the training workforce is determined by the projected need for trained doctors.
- The distribution of the training workforce is determined primarily by available educational opportunities.
- There are significant supply side challenges in recruiting to training posts.
- Gaps in programmes and the failure to recruit across the whole geography of Scotland impacts directly on the quality of training for those in programmes and on patient care.
- The overall vacancy fill in Scotland is 85%, compared to the UK figure of 87%.
- There are clear challenges in some specialty areas.
- Attention was drawn to the table of page 15 of the paper, relating to Establishment Fill, and the distinction between this and Vacancy Fill.

Jean Allan advised that the data in the reports was developed in association with Scottish Government workforce colleagues and highlighted the fact that NES makes a financial contribution towards the cost of running the UK medical recruitment system.

The following main points arose in discussion:

- It was noted that only 50% of graduates from Scottish medical schools are in training in NHSScotland four years later. There is a need to attract more

graduates who live in Scotland but the number of applicants is steadily decreasing. Medicine appears to be a less popular career choice than previously and there appears to be a need to heighten awareness of medicine (and the NHS generally) as a career choice.

- There is a significant supply side challenge and a pressing need to increase the graduate output and, in doing so, to widen access to medical schools. It was recognised that these are issues for Scottish Government and the Scottish Funding Council to address but it was agreed that NES should continue to seek to influence discussions on these matters, whenever possible.

Following discussion, the Board noted the paper, in particular the key messages set out on page 6.

c. The role of Health & Social Care Partnerships in reducing health inequalities **(NES/18/68)**

The Chief Executive introduced a paper presenting this report from NHS Health Scotland and a covering letter from the Director-General Health & Social Care and Chief Executive NHSScotland. Attention was drawn to the associated NHSS Board actions and members of the Board were invited to comment on how NES can support Health & Social Care Partnerships (H&SCPs) in reducing health inequalities, in advance of receiving a fuller paper on this issue at a future Board meeting.

It was noted that this paper followed on from a previous NHS Health Scotland discussion document on what NHS non-executive directors can do to make a difference in relation to reducing health inequalities, and it was agreed to re-circulate this earlier paper for information and reference. **Action: DJF**

Discussion of the paper resulted in the following main points:

- It will be important to take account of this paper in the context of the forthcoming NES strategic review.
- In relation to reducing health inequalities, NES has roles around educational content (including leadership development), widening access to education, access to data and issues relating to prejudice and discrimination.
- Consideration might usefully be given to reflecting this topic in the Risk Register.
- It might also be useful to consider how to strengthen and champion the NES focus on reducing health inequalities, perhaps by identifying an executive lead for this area.

Following discussion, the Board noted the paper and it was agreed to bring a fuller discussion paper to a future Board meeting. **Action: CL**

10. ITEMS FOR NOTING

a. Feedback, Comments, Concerns & Complaints Annual Report 2017-18

The Board received and noted this report, which had been considered by the E&RGC and the Audit Committee and published on the NES website in June. It was noted that the report reflects the new national, tightly-prescribed, format.

A minor typographical error was noted on page 6 of the report.

The following were raised as points which might usefully be taken into account in producing the next annual report:

- It might be useful to include more narrative on how NES learns from complaints and feedback.
- It may be appropriate to include compliments and positive feedback in future.
Action: DC

b. Partnership Forum: 17th May 2017 **(NES/18/69)**

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

c. Training and development opportunities for Board members **(NES/18/70)**

This paper was noted.

d. The Governance of the NHS in Scotland – ensuring delivery of the best healthcare for Scotland

The Board noted this paper, produced by the Scottish Parliament Health and Sport Committee, which had been circulated for information at this stage. The Chair advised that the Scottish Government's response to this paper will be circulated to the Board, once available. **Action: DJF**

The Chair also drew attention to a forthcoming report in relation to NHS Highland (this review had been carried out at NHS Highland's request). As this report may include some useful learning for NES, copies will be circulated to the Board, once available. **Action: DJF**

11. ANY OTHER BUSINESS

There was no other business.

12. DATE AND TIME OF NEXT MEETING

The next Board meeting will take place on Thursday 27th September 2018 at 10.15 a.m.

NES
July 2018
DJF/dg/ds/at

NHS Education for Scotland

NES
Item 5
September 2018

NES/18/72
(Enclosure)

Actions arising from Board meetings: Rolling list

Minute	Title	Action	Responsibility	Date required	Status and date of completion
Actions agreed at Board meeting on 26ᵗʰ July 2018					
7b	Chief Executive's Report: NES Digital Service (NDS)	Include a briefing on NDS in the programme for a forthcoming Board development session.	David Ferguson	September 18	NDS has been added to the Board Agenda as a standing item.
8a	Risk Register	Review the risk control measures and re-focus them, for consideration by the Audit Committee in due course.	Audrey McColl and Caroline Lamb	October 18	To be reviewed by the Audit Committee in October and then to the Board in November 18
9c	The role of Health and Social Care Partnerships in reducing health inequalities	(i) Re-circulate an earlier NHS Health Scotland document on reducing health inequalities	David Ferguson	Complete	Circulated on 27ᵗʰ July 2018.
		(ii) Bring a fuller discussion paper on this topic to a future Board meeting	Caroline Lamb	November 18	Paper scheduled to come to the Board meeting on 29ᵗʰ November 2018.
10a	Feedback, comments, concerns and complaints Annual Report 2017-18	Take account of the points raised in discussion, as appropriate, in producing the next annual report.	Donald Cameron	July 2019	Ongoing
10d	The Governance of the NHS in Scotland – ensuring delivery of the best healthcare in Scotland	(i) Circulate the Scottish Government's response to this paper, once available.	David Ferguson	Response awaited	Ongoing
		(ii) Circulate a forthcoming report in relation to NHS Highland, once available.	David Ferguson	Ongoing	Ongoing

Minute	Title	Action	Responsibility	Date required	Status and date of completion
Actions agreed at Board meeting on 28th June 2018					
7e	Organisational Performance Report	(i) Address formatting/presentation issues with the report spreadsheet.	Donald Cameron	September 18	Interactive link now provided to the corporate performance dashboard
		(ii) Consider featuring the new digital dashboard, once completed, in a future Board development session.	Donald Cameron	October 18	Presented to the F&PMC in August. Available to Board Members from link in the performance report circulated for the September meeting.
Actions agreed at Board meeting on 19th April 2018					
8c	E&RGC minutes: 22nd February 2018	Arrange for the Board to receive, at an appropriate time, an update on the corporate position regarding NES's communication with the IJBs and the community planning partnerships.	Stewart Irvine	November 18	This will be considered in the contexts of the consultation plans for the review of the NES strategic plan.
Actions agreed at Board meeting on 8th March 2018					
10d	Medical Revalidation	(i) Raise the possibility of diverting funding from HIS for the purposes of producing the Scottish annual overview report in future.	Stewart Irvine	Ongoing	The issue of resources for the production of the Scottish annual overview report has been referred to the next meeting of the Scottish Government-led Responsible Officer Network.
		(ii) Consider the suggestion that it may be useful for the Board to consider, at some point, the suggested questions	Stewart Irvine	Ongoing	The GMC has advised that, following the Pearson Review, and in relation to the

Minute	Title	Action	Responsibility	Date required	Status and date of completion
		for boards and other governing bodies set out on pages 46-47 of the Pearson review report.			questions of governance, they are amending and updating the Governance Handbook and expecting to re-issue this in the Autumn.
Actions agreed at Board meeting on 24th January 2018					
8ci	Revised Risk Management Strategy	Take account of the discussion points in finalising the revised strategy	Audrey McColl	October 18	The revised Risk Management Strategy has been scheduled for submission to the Audit Committee in October 18
8d	Revised Audit Committee Remit	Take account of the discussion points when the Audit Committee next reviews its remit.	Audrey McColl	January 2019	

NHS
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CHIEF EXECUTIVE'S REPORT

Caroline Lamb, Chief Executive

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September 2018

1   INTRODUCTION

The agenda for our Board meeting today will cover the NES Self-Assessment Document, which has been prepared in anticipation of our Annual Review, whilst noting that we are still awaiting guidance from Scottish Government as to the approach to Annual Reviews. Also on the agenda are the Sharing Intelligence for Health and Care Group Annual report, the NES and Scottish Funding Council Joint Action Plan and an update on Dental recruitment.   We have also added an update on NDS as a standing item on the Board agenda.

The Board are asked to note the Training and Development Opportunities paper. The paper highlights the structured training available, NES conferences and the opportunities that are available for members to engage further with the core business of NES. We very much welcome interest from Board members in attending the opportunities identifed.

2   ANNOUNCEMENTS

Changes to membership of the NES Board
Anne Currie, formally joined the Board as our new Non-Executive Board member on 1 September 2018. This is Anne's first Board meeting. This appointment will be for three years and will run from 1st September 2018 to 31st August 2021.

Professor Adam Hill
Following the recent retiral of Professor Bill Reid, we have appointed Professor Adam Hill to the post of Postgraduate Medical Dean, based in Edinburgh. Professor Hill is currently a Consultant Respiratory Physician with NHS Lothian, an Honorary Professor with the University of Edinburgh, and has been working with NES as an Associate Postgraduate Dean in our Quality workstream.

Clinical Skills Managed Educational Network (CS MEN): 2018 ASPIRE Award
NHS Education for Scotland (NES) has been recognised for its work to improve clinical skills by being awarded the prestigious international 'ASPIRE' award for simulation training from the Association for Medical Education in Europe (AMEE). The 2018 Award for Excellence in Simulation was granted for the "exemplary simulation" training being carried out by the Clinical Skills Managed Educational Network (CS MEN). Over the last 10 years, CS MEN has used its mobile simulation unit, online blended learning support systems and telemedicine to train over 9,000 practitioners, often in remote and rural areas, who otherwise would not have access to high quality simulation education. CS MEN is the first national simulation network in the world to receive this award.

3   STRATEGIC UPDATE

Strategic Framework Review
Board members participated in a workshop to review the NES Strategic Framework on 30 August. A second workshop for the Senior Leadership and Management Team was held on 4 September, which yielded similar outcomes. Both groups concluded that NES's vision and strategic themes should be broadened to reflect an extension of role encompassing 'cradle to grave' support for health and care staff throughout their careers. This anticipated roles for NES in attraction, recruitment and selection, enhancing the employment experience and supporting workforce planning. Further workshop discussions are planned for the Senior Operational Leads Group and the Participation, Equality and Diversity Leads Network.

The views of workshop participants and respondents to the online surveys of staff and external stakeholders will be analysed and used to produce a draft consultation version of the Strategic Framework. This will be presented for Board approval in November prior to external distribution.   After that there will be a period of consultation with external stakeholders with an aim of gathering responses and presenting a final draft to the Board in March.

Implementation of the NHSScotland Business Systems
The sixth Business Systems Communication was circulated to stakeholders and colleagues in the NHS this month. The update highlighted the progress of works towards implementing the vision for the business systems road map. Key features in the updated included work to procure an eRostering system, and the successful launch of Turas People.

Turas People - Supporting the Lead Employer Arrangements
This successful has been an example of how positive changes can be achieved through collaborative working. Employment arrangements for Scotland's junior doctors were simplified on 1st August 2018.   Under the new arrangements, trainees will carry on working where they are, but for administrative purposes, the number of Health Board employers has been reduced to four, with trainees benefitting from having one employer for the duration of their training programme.

These changes have been made possible by the development of Turas People. This is an application that interfaces between existing systems (e.g. Oriel, Turas TPM, e:ESS) to enable employment and trainee information to be easily shared between lead employers, placement Boards and DDiTs (Doctors and Dentists in Training).

Trainees can seamlessly access, update and provide employment and training information, regardless of where they are or the device they are using. Boards can access, update and provide information on trainees on placement and/ or employed by their Board and Boards can extract information from Turas People to feed their internal systems (payroll, IT, induction, rotas).

The development was initiated to improve the working lives of DDiTs in Scotland in order to improve attraction and recruitment. At the same time, reduced duplication of effort by trainees and administrators in repeated onboarding and employment

related administration will result in cost and time savings across NHS Scotland; for both administrative staff and for trainees.

4   MEDIA INTEREST, COMMUNICATIONS AND EVENTS

From July to September, we issued news releases including covering the implementation of the Lead Employer Scheme for Junior Doctors, a new 'boot camp' for surgical trainees, Dementia Award finalists, a report on men in nursing, and new Scottish Pharmacy Clinical Leadership Fellowships. In August we also publicised our Clinical Skills Managed Educational Network being recognised with the international ASPIRE award.

We also supported work to refresh NES' overall Strategy with internal and external engagement to seek views on our existing priorities and activities.

In terms of social media, our most successful activity was around publicising the NES Strategy engagement and the Men in Nursing Report. We continued our social media activity to promote Medical recruitment, with this receiving consistent interest. Our follower base continues to grow steadily, with Twitter followers at 21,000 and Facebook likes at almost 10,000.

The creation of the NES Digital Service has involved communications activity in that area, both to establish it as a presence among stakeholders and to support recruitment. This has meant creating branding, building a website https://nds.nes.digital, producing a steady stream of blogs, and using Twitter and LinkedIn to promote these. We are also co-ordinating a number of media and conference speaking opportunities as a result.

5   DIGITAL

The Turas Appraisal system now links with the Scottish Workforce Information System (SWIS) which will allow new staff (AfC) to be added to Turas Appraisal as well as staff changes and terminations. In addition to this, the e-KSF archive data will soon be available, so staff will be able to access their historical personal development plans, objectives and development reviews.

The FNP development team led a demonstration of a user test version of Turas FNP to the entire user base earlier this summer. This was the first opportunity that many Family Nurses had to interact with the system; and it was received with great enthusiasm.

Turas Learn went live in NHS Grampian at the beginning of September with development focussed around ensuring Territorial Board staff will be able to access content and enabling reporting for organisational compliance.

6 DENTAL

NES is now registered with Skills for Health as a Modern Apprenticeship Centre. We will submit a bid to Skills Development Scotland to deliver Dental Nurse Training under the Modern Apprenticeship Framework when next tendered. At present we have been only allocated Dental Nursing. However, Skills for Health also develops, maintains and provides certification for the MA frameworks for Healthcare Support (Clinical) and Healthcare Support (Non-Clinical) at level 2 and level 3, and Pharmacy at level 2 and level 3. We are eligible to register for these frameworks; so, there are opportunities for other Directorates to work alongside Dental in this area.

The Dental Directorate's Scottish Dental Clinical Effectiveness Programme (SDCEP) has developed professional advice to facilitate consistent implementation of the amended National Institute for Health and Care Excellence (NICE) Clinical Guideline 64 (CG64), *Prophylaxis against infective endocarditis.* A short-life, multidisciplinary working group, with representatives from dentistry, cardiology and pharmacy and members of the NICE CG64 development committee, was convened to develop the advice. Use of the implementation advice has government support in each UK country and formal endorsement by NICE, several Royal Colleges and the British Cardiovascular Society (news item). The SDCEP implementation advice, supporting tools and patient information can be viewed at www.sdcep.org.uk/published-guidance/antibiotic-prophylaxis/.

7 MEDICINE

GMC Review of Gross Negligence Manslaughter and Culpable Homicide
Following several recent high-profile cases, and the publication of the Williams review[1] in England, the GMC has commissioned an independent review into how gross negligence manslaughter and culpable homicide are applied to medical practice[2]. Because of the significant differences in the legal framework in Scotland, a separate Scotland task-and-finish group (Chaired by Dr Iain Wallace) will feed into this review. NES is represented by the Medical Director.

Guidance on Reflective Practice
Joint guidance has been published to support doctors with reflection. It has been co-produced by the Academy of Medical Royal Colleges (AoMRC), the Conference of Postgraduate Medical Deans (COPMED), the General Medical Council (GMC) and the Medical Schools Council (MSC). The guidance[3] has been developed following calls from doctors, responsible officers and appraisers, for clearer information on what is meant by reflection, and how those in training and engaging in revalidation should reflect as part of their practice. In addition, a toolkit[4] has been developed by

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[1] https://www.gov.uk/government/groups/professor-sir-norman-williams-review
[2] https://www.gmc-uk.org/about/how-we-work/corporate-strategy-plans-and-impact/supporting-a-profession-under-pressure/independent-review-of-medical-manslaughter-and-culpable-homicide
[3] https://www.copmed.org.uk/publications/reflective-practice
[4] http://www.scotlanddeanery.nhs.scot/media/226897/academy-reflective-practice-toolkit-august-2018.pdf

the AoMRC and COPMED, which includes several templates and examples for use alongside this guidance.

Shape of Training Implementation
At UK level, NES and Scottish officials continue to assist developments to support curricular change, working closely with the GMC to ensure curricular change proposals are consistent with the key principles arising from the Shape review, and to support the development of a credentialing framework. In Scotland, the Shape of Implementation group is taking forward a range of activity and on 30th May hosted a workshop on surgical training to assist service planners scope their requirements for improved general surgical services. Further workshops are planned for later in 2018. The first cohort of trainees have started in the Improving Surgical Training (IST) programme and our plans are well advanced for the implementation of Intermediate Medical Training (IMT) in 2019.

An IST simulation lead has been appointed to aid with the implementation including facilitating access to "bootcamp" courses for all trainees, providing laparoscopic simulation equipment for trainees to learn at home, developing a defined monthly simulation teaching programme across Scotland as well as developing an evaluation process. We are now working with the specialist trainers to develop simulation training requirements to match the implementation of the IMT programme which recruits trainees for the first time in 2019.

Improving Junior Doctors Working Lives
In addition to the work to implement Lead employer arrangements, a minimum rest period of 46 hours off for all Junior Doctors following a run of night shift working has been agreed and will be implemented by August 2019. This complements the actions already undertaken including abolishing Junior Doctors working seven-night shifts in a row.

The Scottish Government has also committed to the introduction of a maximum working week of 48 hours for doctors in training, with no averaging (as currently allowed under Working Time Regulations). Professor Philip Cachia - recently retired as a NES postgraduate dean - will Chair an Independent Expert Working Group to develop recommendations on the implementation of this policy.

Medical and Dental Recruitment and Selection (MDRS)
The Board will recall discussion at the July Board on the paper 'Postgraduate Medical Education & Training (PGMET) – 2018 Recruitment & factors affecting recruitment/retention of doctors in training', which included background on the development of the current Medical and Dental Recruitment and Selection (MDRS) Process and governance.

Subsequently, Professor Rowan Parks, Deputy Medical Director, has been asked to chair a Task and Finish Group to review Scotland's involvement in national recruitment and whether or not it is in our best interest to remain a member of this. The main purpose of this group is to:
1. Coordinate Scottish stakeholder input on the current recruitment process

2. Scope alternatives for Scotland wide recruitment
   a. Pros and cons of the current arrangements
   b. Where would improvements be beneficial
   c. Would alternative arrangements better meet Scotland's need and future interests
   d. Costs; of the current system and in the future
3. Recommend to Scottish Shape of Training Transitions Group (SSoTTG) the best way forward.

8 NMAHP

NMAHP Directorate: Nursing Midwifery Council (NMC) Standards for Education

We are facilitating national education leadership to support the new NMC Standards of proficiency for registered nurses. These have been updated to reflect the changing landscape of health, with the workforce employed across a range of settings and care increasingly being delivered by integrated teams. They are one of a suite of Standards published in May 2018.

- Standards of Proficiency for Registered Nurses
- Standards Framework for Nursing and Midwifery Education
- Standards for Student Supervision and Assessment
- Standards for Pre-registration Nursing Programmes

Available at https://www.nmc.org.uk/standards/standards-for-nurses/

The standards of proficiency for registered midwives and the standards for pre-registration midwifery programmes are currently being developed and will be published in February 2019.

The introduction of the new Standards is positioned within the Scottish context of the: Health and Social Care Delivery Plan (parts 1, 2 and 3), the Nursing 2030 Vision, The Best Start: A Five-Year Forward Plan for Maternity and Neonatal Care in Scotland and the CNO Commission on Widening Participation in Nursing and Midwifery Education and Careers.

To support implementation the Scottish Future Nurse and Midwife Programme Board was established, chaired by Professor Fiona McQueen (Chief Nursing Officer). The Board will provide strategic oversight and governance of the implementation of new Nurse and Midwife Standards in partnership with Scottish Executive Nurse Directors, NHS Education for Scotland, Council of Deans of Health (Scotland) and social care colleagues.

A significant change is the move from a single mentor role to the introduction of a practice supervisor, practice assessor and academic assessor model. The supervisor can be any health or social care professional. Future activity will build on our existing practice education programme of work and will further enhance the national network of practice education facilitators and care home education facilitators.

9   PHARMACY

Scottish Pharmacy Clinical Leadership Fellowship scheme
From September 2018, four Scottish Pharmacist Clinical Leadership Fellows were seconded to NHS Education for Scotland for three days a week, for 12 months. Working closely with Scottish Government, NHSScotland pharmacy leaders and other key stakeholders they will take forward national initiatives linked to service redesign and improvement in all NHS pharmacy sectors. The four key areas of focus are in relation to Hospital Pharmacy service transformation, Community Pharmacy service developments, Primary Care Pharmacy – Pharmacotherapy Implementation and finally on the integration of Pharmacy Services.

In addition, a new Joint Clinical Leadership Fellow – Pharmacy Technician has also been recently seconded into NES as a joint appointment with the General Pharmaceutical Council and Scottish Government. The focus of their full-time appointment for one year will be to review the Scottish Pharmacy Technician workforce and career framework development across all pharmacy sectors, leading a project aimed at understanding the drivers and barriers of professional behaviours for pharmacy technicians, and contributing to an initial approach to evaluation of the General Pharmaceutical Council (GPhC) revalidation.

The Pharmacy Fellows will be provided with national leadership training, coaching and mentorship and will undertake a tailored development programme with other Pharmacy Clinical Leadership Fellows within the UK as well as other professions including Medicine and Dentistry.

Pharmacy First for Community Pharmacy Prescribers in Scotland
NES Pharmacy, working in partnership with Community Pharmacy Scotland, the Scottish Schools of Pharmacy and the NES Clinical Skills Collaborative, has commissioned bespoke fully funded Independent Prescribing (IP) courses for up to 50 community pharmacists in NHS Scotland. The intention of this education provision is to increase access to community pharmacy as the first port of call for managing self-limiting illnesses and supporting self-management of stable long-term conditions, in-hours and out-of-hours utilising independent prescribing skills. With this new Scottish Government funding, in addition to costs for the IP course and NES Clinical Assessment Skills courses, funding will also be available for locum fees for the 6 days at the University, 4 days for clinical assessment skills training and completion of the 90 hours experiential training as a part of the IP course. The first course, for up to 25 community pharmacists, will commence in January 2019.

Pharmacy Revalidation
Pharmacy revalidation was implemented by the General Pharmaceutical Council (GPhC) on 30th March 2018. NES Pharmacy has developed resources on Turas Learn which is dedicated to supporting pharmacists and pharmacy technicians with mandatory revalidation. It contains key information sources to support pharmacy professionals to meet the GPhC requirements for revalidation. In addition, live and digital solutions have been developed to support pharmacy professionals through this change.

10   PSYCHOLOGY

Trauma
The follow up day of the Scottish Trauma Informed Leaders Training (STILT) was well attended by senior colleagues across many sectors of the workforce. It was a collaborative, interactive day designed to support services and sectors in considering the leadership challenges of implementing trauma informed approaches in line with the NES (2018) *Transforming Psychological Trauma.* This represents the final stage of the first pilot with several other roll outs planned this year.

Psychological Interventions and Therapies for Adult Mental Health
In August 2018, we launched a new e-learning module for staff working with older adults to develop knowledge of promoting positive psychological wellbeing. This resource is aimed at raising awareness of psychological approaches to wellbeing in staff working with older adults across the NHS and social care and is hosted on Turas Learn.

Psychology of Parenting
Connecting with Parents' Motivations (CwPM) is a strength-based communication skills training system. CwPM is designed to enhance the abilities of the wider early years workforce so that they can have more conversations with parents that facilitate uptake of support. The manualised training programme is geared towards:

- the promotion of non-judgemental, empowering partnerships between practitioners and parents
- encouraging greater use of specific strength-based communication skills that have been scientifically demonstrated to increase engagement in other therapeutic contexts.

Since 2015, 1068 multi-agency early years workers across Scotland have now attended CWPM training in 11 Health Board areas, with plans for further delivery across the remainder of 2018-19.

CALENDAR

23 July

Helen Raftopoulos, Scottish Funding Council
I met with Helen to discuss the Digital Health and Care Institute Strategic Outline Case.

25 July

Colin Sinclair, Chief Executive NSS
Colin and I discussed the NES Digital Service and the respective contributions of NES and NSS to the Digital Health and Care Strategy.

26 July

NES Board Meeting
The NES Board discussed the progress on the 2014-19 strategic outcomes, postgraduate training and recruitment and how the Health and Social Care Partnerships can reduce health inequalities. Several key reports were also noted.

27 July

Angiolina Foster, Chief Executive, NHS 24
I met with Angiolina to discuss the work that we are taking forwards as implementation leads for the National Boards.

NHSS Implementation Leads
The Implementation Leads received an update from Philip Raines on the publication of the Financial Framework. Other agenda items discussed included feedback from the meeting with the Cabinet Secretaries Office on the 19th July, the National Narrative Update and the Communications Plan Update.

30 July

Scottish Trauma Network Steering Group (STN) Pre Meeting
I met with Kate Burley & Martin McKetchnie to discuss the agenda for the STN Meeting. The STN education materials were also discussed.

Scottish Trauma Network Steering Group (STN)
I chaired the STN Group meeting, the agenda items that were discussed were the communication Strategy, Major Incident with Mass Casualties Group and STN monthly report. The group also received a number of updates from working groups. Papers noted for information included the STN monthly update, Annual Report 2017-18. A demonstration of eSTAG was provided.

31 July

All Staff Meeting – Westport
I provided a presentation to staff on the NES Digital Service (NDS). We also received a presentation from Audrey Taylor and Gail Nash from NMAHP on Clinical Supervision.

1 August
Diane Murray, Associate Chief Nursing Officer, Scottish Government
Diane Murray and I discussed the tender exercise to procure the system for e-Rostering.

2 August

All staff Meeting - Glasgow
An All staff meeting was held in 2 Central Quay, Glasgow. This meeting was well attended by colleagues. I provided a presentation on the NES Digital Service.

Partnership Forum
The substantive agenda items discussed at this partnership forum included the NES Workforce Plan 2018/19, Doctors and Dentist in Training Lead Employer Programme update, an update on the NES Digital Services and the Fair Work Framework Benchmarking. Items for noting included the Staff Governance Monitoring Return 2017/18, Workforce projections -2018/19 and Scotland National Staff Experience Measurement.

Management Steering Group Meeting (MSG)
The main items of discussion at this meeting were Agenda for Change and the Medical workforce. We received updates from NHS Staff Council, Scotland Pay Framework & AfC Terms and Conditions and the Scottish Distant Islands Allowance. The CAJE contract was discussed and options to replace the system were noted.

3 August

Alan Gray, Director of Finance Grampian
Alan and discussed the next AAG Report which she is due to be published in October 2018.

13 August

Lynsey McDonald and Sir Lewis Ritchie, Scottish Government
I meet with Lynsey McDonald and Sir Lewis Ritchie to discuss the series of meetings arranged with NHS Tayside Colleagues.

Sir Lewis and I then attended a series of meetings at NHS Tayside, this was to discuss the third progress report which is due for submission to Paul Gray in October 2018. Discussion were held with Annie Ingram, Malcolm Wright, Ann Erskine, Frances Rooney and Mark Wilde.

14 August

NHS Tayside Performance and Resources Committee
I attended this meeting which discussed the Committees' workplan for 2018/19, financial report for the period ended 30 June 2018, the draft financial framework, NHS Tayside key metrics report and the workforce information report as 1 August 2018.

NHS Tayside Staff Governance Committee
I attended the Staff Governance Committee at NHS Tayside, at this meeting agenda items included discussed staff governance standards, risk report, monitoring reports and annual report/work plans.

15 August
Margaret Whoriskey, Scottish Government
I had a telephone with Margaret and we discussed the service transformation domain of the Digital Health and Care Strategy.

16 August

Bank, Agency and Rostering Steering Group
The new Bank, Agency and Rostering Steering Group met, the focus of the meeting was a national approach to eRostering and time recording. The group also discussed the need to re-issue the national guidance on best rostering practice. Updates on agency spend for medical and nursing banks were also noted.

Joint Business Planning Meeting - Implementation of Regional & National Delivery Plans
I attended a joint meeting of SWAG and STAC which discussed the engagement with staff side around the National and Regional Delivery Plans.

20 August

Sustainability & Value Programme Board (S&V)
I attended the S&V Programme Board Meeting. At this meeting the agenda items included workstream updates on workforce, National facilities and procurement, clinical transformation and effective prescribing.

21 August

All Staff Meeting Aberdeen
The Executive Team and I attended an all staff meeting in Aberdeen. Presentations included:
- Aligning five sites into a single SQA Centre and streamlining our processes (Kim Roberts, Administrator)
- National careers and the regional approach that spans the UG/PG interface (Dr Mustafa Osman, Associate Postgraduate Dean)
- NES-funded research on perceived organisational support and career intentions (Ronald McVicar, Postgraduate Dean)

22 August,

National Board Chief Executive Monthly Call
This telephone call was the regular catch-up which is held with the 8 National Boards Chief Executives.

23 August

Holyrood 'Workforce Planning in Health and Social Care' Event
Christopher Wroath and I presented on the Key Opportunities and Challenges for Workforce Planning. The event was an opportunity to showcase the Workforce Planning Platform, and feedback received has been very positive.

24 August

Geoff Huggins, Director NES Digital Service and Colin Sinclair, Chief Executive, NSS
Geoff, Colin and I discussed the progress of work within NDS, and implications for NSS.

Implementation Leads Meeting - Sir Andrew Cash 'Delivering Transformation' Session
Sir Andrew Cash provided a presentation on delivering transformation. The outline of the session provided an overview of the current policy landscape and system changes in NHS England. Sir Andrew Cash also provided a personal view on how they are working and his experience of leading Sheffield Teaching Hospital as well as being system leader for South Yorkshire and Bassetlaw ICS. System leadership challenges and strategies, as well as covering multi- organisation governance challenges across health, social care, LAs, multiple Trusts was also discussed.

27 August - ASPIRE to Excellence Awards
As mentioned in the introduction section of this report, I had the pleasure of attending the awards with Jean Ker and her team to receive the award for the 2018 Award for Excellence in Simulation.

29 August

NSS/NES Chair & Chief Executives Meeting
I attended this meeting with David Garbutt, Colin Sinclair (Chief Executive, NSS) and Elizabeth Ireland (Chair, NSS). The focus of the meeting was to share understanding and build on the collaborative partnerships that are needed to enable the opportunities that the digital strategy provides in improving care and outcomes for people across Scotland

30 August

Digital Health & Care - Strategic Portfolio Board Meeting
This was the first meeting of the Digital Health & Care Strategic Portfolio Board. The Board is Chaired by Christine McLaughlin, Scottish Government. The items discussed included the role of the Board, a status update for each of the domains and the next steps and communication for the Board.

3 September

Quality Improvement Masterclass for Board Members
I attended this masterclass, the aim of which was to support NHS Board members (executive and non-executive) by enhancing their individual and collective abilities to create an environment where quality improvement can flourish.

Gavin Thomson, Atos

Geoff Huggins, Christine McLaughlin and I met Gavin Thomson. This was to discuss the National IT Services Contract.

4 September

NES/SFC Chairs and CEOs Meeting

The agenda items discussed at this meeting included background information, Joint Action Plan 2017-2019, UK wide issues on medical education and international student intake and a discussion on future direction of joint work.

5 September

NES/NSS eRostering Meeting

Christopher and I met with colleagues from NSS and NES. The agenda items that were discussed included governance, resources, project aims & benefits and the procurement strategy timetable for the procurement of the national systems for e-Rostering.

Health & Social Care Management Board

I attended the Health and Social Care Management Board, chaired by Paul Gray, where Geoff Huggins and I presented on the establishment of the NDS and its contribution to the Digital Health and Care Strategy.

7 September

NHS Scotland Implementation Leads

We discussed progress towards publication of the National and Regional Plans and the Transformation Change fund. I provided an update on to the leads on the NES Digital Service and the Digital Health and Care Strategy.

11 September

NHS National Boards Collaborative Programme Board

At this meeting we discussed the Tranche one arrangements and governance. Other agenda items that were discussed included stakeholder engagement, primary care transformation, strategic communication and engagement and an update on productive opportunities across the National Boards.

NHS Chief Executives Private Meeting

The Chief Executives received papers on clinical engineering, an update on the NHS Scotland Payroll Services Programme Board and an update on the National Planning Groups. I provided a joint presentation with Geoff Huggins and Christine McLaughlin. This provided an update to the Chief Executives on NES Digital Service. Alastair Hann, Chief Technical Officer, NDS presented on the future roadmap for CHI.

12 September

NHSS Chief Executives - Strategy Meeting
The substantives agenda items at this meeting were Health and social care in prisons; and achieving improvements in cancer treatment times. Diane Murray and Fiona McQueen provided a very useful update on the Health and Care Staffing Bill.

NHSS Chief Executive Business Meeting
The main items for discussion at this meeting included performance and the development of a waiting times improvement plan.

NHSS Chief Executive Private Meeting with Paul Gray
I attended the monthly private meeting with Paul Gray.

13 September

Scottish Trauma Network Annual Performance Review
The programme for this meeting included an update on the current position, the highlights of achievements to date and the 2018/19 workplan.

The 2018 David Hume Lecture by Peter Mathieson
I was invited to attend this lecture given by Peter Mathieson, the relatively new principal at the University of Edinburgh.

NHS Education for Scotland

Board Paper Summary: Finance and Performance Management Committee Minutes

1. **Title of Paper**

    Unconfirmed minutes of the Finance and Performance Management Committee meeting held on 23rd August 2018: underline copy attached.

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

    David Ferguson, Board Services Manager

3. **Purpose of Paper**

    To receive and note the unconfirmed minutes of the meeting of the Finance and Performance Management Committee meeting held on 23rd August 2018.

4. **Items for Noting**

    Item 7 – Finance Report

    The committee noted the report for the period April to July 2018.

    Item 8 – Performance Management Report

    The committee noted the report and welcomed the new, improved, interactive format.

    Item 9a – Procurement Update Report

    The committee noted the current and planned procurement activity.

    Item 9b – Procurement Annual Report

    The committee noted the report and approved it for publication on the NES website.

    Item 10 – Category analysis of travel costs

    The committee noted this analysis and agreed that staff should be asked to provide more specific details when submitting Expenses claims in future.

Item 11– Property and Facilities Management Reports

The committee noted a number of verbal updates.

Item12 – Performance Improvement Report

The committee noted the update report and agreed to ask the Senior Operational Leadership Group to consider the issue of performance improvement capacity across NES.

Item 13 – Equality & Diversity Annual Report

The committee noted this report.

Item 14 – Internal Audit Reports

The committee noted internal audit reports in relation to Educational and Research Governance; and Property Transaction Monitoring.

Item 17 – 'Commercial – In Confidence' item – Property Strategy: Options Appraisal

The committee noted a paper in relation to the identification of suitable accommodation for the NES Digital Service (NDS) for an initial 12 month period, endorsed the preferred option and supported the submission of a full business case to the September 2018 Board meeting.

5.   Recommendations

None.

NES
August 2018
DJF

IN CONFIDENCE **NES/FPM/18/35**

NHS Education for Scotland

FINANCE AND PERFORMANCE MANAGEMENT COMMITTEE

Minutes of the Finance and Performance Management Committee meeting held on Thursday 23rd August 2018 at Westport 102, Edinburgh

Present:	David Garbutt, Chair
	Douglas Hutchens, Non-Executive Director (by VC link)
	Liz Ford, Employee Director
In attendance:	Donald Cameron, Director Planning and Corporate Resources/Lead Officer
	Audrey McColl, Director of Finance
	Caroline Lamb, Chief Executive
	Janice Sinclair, Head of Finance (except agenda item 17)
	Kenny McLean, Head of Commissioning and Procurement (except agenda item 17)
	Nicola Todd, Interim Head of Properties and Facilities Management
	David Ferguson, Board Services Manager

1.   Chair's welcome and introduction

The Chair welcomed everyone to the meeting.

2.   Apologies for absence

There were no apologies for absence.

3.   Minutes of the previous meeting held on 23rd May 2018   (NES/FPM/18/25)

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

4.   Action list from previous meeting held on 23rd May 2018   (NES/FPM/18/26)

It was noted that all of the action points were completed or in hand.

5.   Matters arising from the minutes

There were no matters arising which did not arise elsewhere on the agenda.

6. Declarations of Interests

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

7. Finance Report (NES/FPM/18/28)

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

- Overall, there is an underspend of £0.8 million as at 31st July 2018.
- The current forecast outturn for 2018/19 is a £136,000 underspend, with underspends on Medical Fellows being offset by smaller overspends in Digital (data transfer in collaboration with NHS24), Workforce (recharge of PVG staff costs removed) and Finance (additional agency costs).
- This forecast will change once the impact of the August rotation of Medical Training Grades, from both new recruitment and the transition of trainees between the different stages of training, is included.
- Discussions are underway with Scottish Government in relation to the future treatment of vacancy factor funding.
- Work is in hand to ensure that all outstanding non-recurrent allocations are received from Scottish Government.

Discussion of the paper resulted in the following main points:

- There is a need to arrive at a long-term strategy for the treatment and use of vacancy factor funds.
- For 2018/19, NES has absorbed the PVG staff costs previously paid by the employing NHS Boards but hopes to receive a recurrent allocation to cover these costs in future years.
- It was confirmed that the final outcome of NES's substantial VAT appeal to HMRC is still awaited.

Following discussion, the committee noted and was satisfied with the information in the report.

8. Performance Management Report (NES/FPM/18/29)

Donald Cameron introduced a paper providing a summary or NES's performance for the first quarter of 2018/19 and a summary of targets which were rated as amber during the last quarter of 2017/18. The following points were highlighted:

- The report includes a link to the first iteration of a Corporate Dashboard, which was demonstrated briefly online. The aim of the developing Corporate Dashboard is to present all corporate metrics, for example workforce, performance and risk reports, in one place, offering consistency in presentation and flexibility in detail and analysis.

- The link allows the targets to be looked at interactively, although additional detail and narrative have still to be incorporated.

- The report includes a focus on 79 priority targets identified by Directorates.
- The Medical Director is confident that the current amber target relating to medical training establishment fill rates will be achieved. Nevertheless, it was agreed to discuss and clarify this target further offline. **Action: DC and CL**

The report was discussed and the following main points emerged:

- The new interactive format and accessibility of the report were commended and it was agreed to convey the committee's thanks to the staff concerned in this significant step forward. **Action: DC**
- It is hoped to incorporate workforce and risk data in the corporate dashboard in time for the Quarter 2 performance report. Finance data will be added at a future date.
- It is intended to ensure, via the corporate dashboard, that Board and committee members are sighted on strategic issues and risks.

Following discussion, the committee noted and was satisfied with the current perfomance of NES.

9.   Procurement Reports   (NES/FPM/18/30)

a.   <u>Procurement Activity for the first quarter of 2018/19</u>

Kenny McLean introduced a paper providing an update on the procurement activity undertaken during the period April to June 2018, drawing particular attention to the updates in relation to commitment and savings; Procurement Shared Services; the eRostering project; the single PECOS Purchase to Pay solution; and the publication of two VEAT (Voluntary Ex-ante Transparency) notices in May 2018.

In discussion, it was envisaged that further collaborative work with the other National NHS Boards would provide opportunities for further savings, as would the establishment of the new NES Digital Service (NDS).

The committee noted the information in the report.

b.   <u>Procurement Annual Report</u>

Kenny McLean introduced the NES Procurement Annual Report for 2017/18, highlighting the following main points:

- These annual reports are now required in terms of the Procurement Reform (Scotland) Act 2014. The reports cover procurement commitments of £50k and above.
- The annual reports should be relevant and proportionate to the organisation's size and expenditure levels.
- This first annual report covers the period January 2017 to March 2108.

- No information contained within this Annual Report has not already been published via the Procurement Strategy and the quarterly procurement reports, or both.
- There were relatively few waivers and these are controlled very carefully.

Audrey McColl advised that some minor re-wordings would be made to the report before publication.

In response to a question from one of the members, Kenny McLean emphasised that the format of the annual reports is very prescriptive.

The committee noted the information in the report and, subject to the minor re-wordings referred to above, approved it for publication on the NES website. **Action: KMcL**

10. Category Analysis of Travel & Subsistence (NES/FPM/18/31)

At the last meeting the committee requested an analysis of the travel costs incurred through the travel services provider CTM, which had been highlighted as a high value supplier in the Procurement report. For completeness, Janice Sinclair introduced a paper presenting an analysis, as set out in Appendix 1 of the paper, of the total travel costs recorded within the NES financial system of £2.2 million.

It was highlighted that in preparing the paper it has proved challenging to identify the purpose of many of the journeys, due to the limitations of the information currently available, which has some journeys classified simply as 'business travel'. Moving forward, it was suggested that claimants should be reminded to include as much detail as possible in relation to claims for travel expenses.

The following points arose in discussion:

- The committee agreed that it would be useful to issue a note to staff requesting the inclusion of specific details in relation to travel claims submitted in future.
                                                                                    Action: JS
- It would be helpful to develop a more standardised approach across Directorates for classifying travel related to training.
- The quarterly analysis on travel, which was previously presented to the Executive team should be reinstated as part of the Senior Leadership and Management Team meeting. **Action: JS**

Following discussion, the information in the paper was noted.

11. Property and Facilities Management Reports

Nicola Todd provided verbal updates, as follows:

a. Accommodation for NES Digital Service (NDS)

It was noted that this woiuld be covered in the 'Commercial – In Confidence' item at the end of the meeting.

b.   Westport 102 lease extension

The business case is expected to be completed in September, following which it will be submitted to the Chief Executive of NHSScotland (as the value will be in excess of £2 million).

c.   National Boards collaboration

Work is ongoing to consider the scope for collaboration and sharing of services between/across the NationaNHS Boards and it is hoped to identify a direction of travel by the end of September 2018.

d.   Accommodation at Centre for Health Sciences, Inverness

The phase one lease is due to expire in 2021 and there is scope to reduce the space occupied by NES (reducing costs), while also improving the working conditions and opportunities for collaboration and interaction for the NES staff based there. A business case will be submitted to Scottish Government in due course.

12. Performance Improvement Report   (NES/FPM/18/32)

Donald Cameron introduced a paper providing an update on the activities undertaken by the OPIP team since the last paper was submitted to the committee in May 2018, with a particular focus on four key improvement programmes, including support for workforce data analysis.

In the latter connection, Caroline Lamb advised that Scottish Government has agreed that, with the move of ISD into the new public health body for Scotland, NES should assume responsibility for the workforce data function across NHS Scotland. This will require the creation of a dedicated workforce data team in NES, with additional OPIP capacity also likely to be needed.

Some discussion took place on the limited capacity in the OPIP team currently and the risk that this capacity is being spread too thinly. In view of this, it was agreed that it will be important for Directorates to develop their own performance improvement capacity. This point will be raised for discussion by the Senior Operational Leadership Group (SOLG).
Action: DC

The committee noted the information in the paper.

13. Equality and Diversity Annual Report (NES/FPM/18/33)

In the absence on leave of Kristi Long, Donald Cameron introduced the Equality and Diversity Annual Performance Report for 2017/18, which summarised performance against the operational plan equality and diversity targets, equality impact assessments and statutory reporting requirements, and provided an overview of key pieces of equality and diversity work from the reporting year.

In discussion, it was clarified that the decision to defer the EQIA tracking of the Turas People development had been taken due to the rapidly changing nature of this product durung 2017/18.

The committee noted report evidencing the substantial progress made during 2017/18 in relation to NES compliance with and delivery of equality and diversity duties.

14. Internal Audit Reports

a. Educational Research & Governance

This report was noted.

b. Property Transaction Monitoring

This report was noted.

15. Any Other Business

There was no other business.

16. Date of Next Meeting

The date of the next meeting was confirmed as Thursday 22nd November 2018.

Commercial – In Confidence item

17. Property Strategy – Options Appraisal (NES/FPM/18/34)

Janice Sinclair and Kenny McLean withdrew from the meeting at this point.

The discussion in relation to this 'Commercial – In Confidence' item is recorded in separate confidential minutes.

NES
August 2018
DJF/amcc

NHS Education for Scotland

Board Paper Summary

1. ## Title of Paper

   Finance Report to 31st August 2018.

2. ## Author(s) of Paper

   Keith Douglas, Interim Head of Finance Business Partnering.
   Audrey McColl, Director of Finance.

3. ## Purpose of Paper

   The purpose of this paper is to present the financial results for the first five months of the year to 31st August 2018 and to indicate the current anticipated forecast outturn as at 31st March 2019.

4. ## Key Items

   The NES year to date position, as at 31st August, is an underspend of £426k and the current forecast outturn is an underspend of £227k.

   This is an increase of £91k on the underspend reported last month which arises from the net impact of overspends in the Medical Directorate (Training Grades and Grants offset by Fellows), Digital Directorate (data transfer in collaboration with NHS24), Workforce Directorate (recharge of PVG staff costs removed) and Finance Directorate (additional agency costs), offset by underspends in the Dental Directorate and Provisions.

   Whilst the overall forecast has not changed significantly, Members will be aware, that August is when new first year Medical trainees begin their training programmes, and existing trainees move to their next rotation. As a result, like previous years, there has been substantial variation across the forecast as the financial impact of movements in the multiple elements of these budgets are quantified. Movements between training years result in double-running or remedial costs where trainees, for a variety of reasons, can need an extended period to complete a training year. There is usually a temporary increase in double running costs in August as, in order to maximise recruitment opportunities, we incur double running of posts during August on the basis that trainees who have completed their training will leave payroll at the end of the month.

   We have received notification of £4.1m funding to support the Workforce elements of the National Boards Submission to the Transformational Change Fund. However, we expect this to reduce to £3.7M to reflect those areas where expenditure can be incurred in this financial year. This funding will be reflected in the September report.

   SG have also confirmed that the Agenda for Change pay award will be fully funded on a recurrent basis and this should be received in the September allocation letter.

Although we still have a significant value of allocations outstanding, SG are aiming to have the majority finalised in time for the September allocation process.

5.   **Recommendations**

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

Finance Report to 31st August 2018

1   Overview

1.1 Background

NES' original baseline budget for 2018/19 was £423.4m. We have now received a further £5.4m of recurrent baseline funding which relates to the estimated cost of pay increases for trainees. In August, £2.0m of the £2.5m expected contribution to the National Boards Savings target, was removed from the NES baseline on a recurrent basis. Therefore, revised recurrent baseline funding at the end of August is £426.8m

We have received confirmation of additional earmarked allocations totalling £9.4m which includes funding for Pharmacy Pre-Registration Training (£4.9m) and Aberdeen Dental School (£3.1m). To date, £5.5m of these allocations have been received.

We also have confirmed non-recurring in-year allocations of £19.4m. This is an increase from the last report of £8.2m which is the net impact of reclassification of the Mental Health allocation from earmarked to non-recurring (£7m); additional funding of £3.9m reduced by £2.7m for funding relating to the disestablishment of training posts which it had been anticipated would flow to Boards via NES, but which will now be paid direct to Boards via an allocation from Scottish Government. The largest elements of additional funding are Pharmacy trainees (£848k), Practice Nurse Training (£815k) and carry forward from 2017/18 of £309k. Of the £19.4m, we have received £12.0m to date, including Mental Health (£7.0m).

We have also included an anticipated allocation of £0.6m from the Scottish Government Transformational Change Fund, which represents NES' committed expenditure to date on relevant programmes.

Therefore, the current budget for 2018/19 is £456.2m.

Although the 2018/19 budget submitted to SGHD was balanced, this included a requirement for savings of £1.7m which it was expected would be realised from the time lag on staff recruitment and from employer pension contributions not required for those staff who choose to opt out of the pension scheme. A similar figure was also part of the 2016/17 and 2017/18 budget development and savings of £1.9m were delivered in each of those years. At the end of August, £385k has been realised and reported within the year to date numbers, whilst a further £170k has been identified as anticipated savings within the directorates, and forms part of the forecast outturn.

1.2 Summary Financial Position

As the detailed Financial position (section 2 below) shows, the YTD variance is an underspend of £426k. This is primarily due to:

- Medical (overall £40k underspend) - training grades (£99k overspend) with higher volumes of GP trainees and double running / remedial costs offset in part by lower volumes of Hospital Trainees and Medical Fellows vacancies.
- Dental (£249k underspend) - primarily timing issues within Dental VTs and forecast underspend in Dental Training Grades
- NMAHP & Psychology directorates are reporting c£160k overspends to date, all related to timing issues with training expenditure.

- Digital (£720k overspend) of which £509k relates to programmes where funding is expected to be received from the Scottish Government Transformational Change Fund and the remainder is due to the timing of e-portfolio income compared to budget.
- Properties (£77k underspend) due to timing related underspends on maintenance and service charges, and a refund of previously overcharged rates.
- Net provisions (£1,033k underspend) – due to unbudgeted allocations, and VAT reclaimed in the period partly offset by less than profiled savings realised to date from superannuation opt-outs and vacancies.

The forecast outturn as at 31st March 2019 (see table below) is an underspend of £227k made up primarily of:

- An overspend in Medical of £353k, largely due to the reforecast of Training Grades for the year giving an overspend of £610k, GP Training Grades overspend being offset by underspends in Hospital Grades; Also, vacancies in Fellows (£500k underspend) offset by an increase in Medical Training Grants due to a higher than budgeted number of eligible trainees (£283k).
- Dental underspend of £117k related to training grades reforecast.
- Overspend in Digital due to costs relating to the transfer of NHS 24 data to the NES Data Lake (£84k).
- Workforce overspend largely due to the absorption of PVG staff costs by NES (£104k)
- Overspend of £42k in Finance due to pay pressures caused by utilisation of agency staff covering essential vacant posts.
- Provisions forecast is an underspend of £683k with the release of a VAT accrual (£267k), receipt of SG allocations reducing corporate cost pressures (£196k) and review of Apprenticeship Levy provision (£140k).

2.0 Variance Analysis

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

MONTHLY REPORTING FOR AUGUST	Period 5							
	Year to Date			Full Year				
Directorate	Current Budget	Outturn	Variance	Current Budget	Outturn	Variance	Variance last month	Movement in variance from last month
Quality Management	31,870	31,886	-17	78,919	78,898	21	9	12
Strategic Planning and Directorate Support	2,669	2,678	-9	6,925	6,958	-33	-16	-17
Training Programme Management	106,411	106,201	210	257,413	257,759	-346	217	-563
Professional Development	1,714	1,858	-144	7,045	7,040	4	131	-126
Medical Total	**142,664**	**142,624**	**40**	**350,302**	**350,655**	**-353**	**341**	**-694**
Dental	18,740	18,491	249	45,056	44,939	117	20	97
NMAHP	2,116	2,188	-72	10,965	10,922	43	11	32
Psychology	6,249	6,337	-88	18,105	18,119	-14	-5	-8
Healthcare Sciences	971	974	-3	2,450	2,479	-29	22	-52
Optometry	294	276	18	938	938	-0	0	-1
NDS	0	86	-86	0	0	0	0	0
Digital	3,701	4,421	-720	**9,632**	9,728	-96	-93	-2
Workforce	1,805	1,846	-40	4,617	4,700	-83	-78	-4
Finance	827	815	12	2,042	2,084	-42	-63	21
Properties	1,586	1,509	77	3,805	3,805	0	0	0
Facilities Management	270	256	14	641	639	2	2	0
Planning (incl OPIP)	462	469	-8	1,135	1,136	-1	-0	-1
Net Provisions	1,195	162	1,033	6,512	5,829	683	-20	703
NES Total (revenue)	**180,879**	**180,453**	**426**	**456,200**	**455,973**	**227**	**136**	**91**

All figures in £'000s

2.1 Medical

Following an initial review of the August trainee intake detail, the revised forecast outturn is a £353k overspend, an increase in costs of £694k from July. This is a combination of the following;

- Hospital Trainees Foundation years 1 and 2
  When a trainee moves to Less Than Full Time working, the budget for the remaining fraction is retained by NES. The impact of a higher than expected number of LTFT trainees in FY2 results in a forecast underspend of £206k.

- Core/Specialty Training
  Overall, this is reporting a £101k underspend. Funding from the reconfiguration of 4-year GP programmes to 3yr GP programmes, the disestablishment of training posts where the educational content of rotations no longer reflected service needs and vacant expansion posts have been offset by increased double-running costs (£425k), more CCT posts (£80k) and fewer LTFT savings (£144k).

- GP Training Grades
  The year-end forecast is a £917k overspend. This is largely due to the reprofiling of GP100 costs across financial years and higher than expected costs for remedial training of £292k, offset by increased vacancy savings of £640k, and lower maternity / sick pay of £169k.

- GP Training Grants
  These are paid to GP practices and there are a higher number of eligible trainees than initially forecast. This is because Less Than Full Time trainees still attract a full training grant for the practices. There are also a higher number of remedial trainees who attract a higher rate of training grant for the practice. This results in a forecast overspend of £283k.

- Vacancies in Fellows across Rural, Scottish Clinical Research Excellence Developments Scheme (SCREDS), Forensic, SCLFs and GP Health Inequality create an underspend of £500k.

- Additional income for Approved Medical Practitioner (AMP) training and reduced demand for Revalidation & Appraisal courses results in an underspend of £72k within Professional Development

It should be noted that no decision has been reached on the funding position for vacant Foundation Year 1 and 2 posts which were created as part of an expansion programme. This is still under discussion with SG therefore, in the forecast outturn, it has been assumed that this funding (£606k) will be passed on to Boards and is not reflected as an underspend at the year end.

In addition, it has been agreed that further in year funding can be made available by SG to support GP training grades if this is necessary.

2.2 Dental

The year to date underspend of £249k is made up of;

- Training grades - £52k underspend due to lower volumes within Core and Speciality Training where10 posts are still in recruitment with NHS Boards(£35k), and Therapist vocational training which is running below budgeted levels (£17k).
- £147k underspend in Vocational Training Support, Continuing Professional Development, Dental Core Professionals and Clinical Effectiveness. This is currently identified as a timing difference which will reverse within the financial year.

- £36k timing differences across Training Grades, Dental Outreach travel costs and Portal Income.

The full year forecast is currently an underspend of £117k. This relates to the anticipated full year impact of 4 of the 10 Core and Speciality Training posts noted above being filled and 7 out of the 10 Therapist vocational training posts filled.

The underspend has increased by £94k from last month driven by the movement in training grades described above.

2.3 NMAHP

For the year to date, the NMAHP Directorate is reporting a £72k overspend which is mainly due to timing from the following:
- pay costs uplift to budgets (£34k)
- overspends in Post Registration / Post Graduate Education, and CPD (£20k) where spend has exceeded budget to date due to learning reports being received earlier than anticipated,
- Women, Children and Young People & Families where costs have been incurred slightly earlier than anticipated (£18k).

The full year forecast is currently an underspend of £43k which is made up of £63k of anticipated staff vacancies which will be clawed back in future periods, partly offset by a cost pressure arising from collaborative work between NES and Scottish Ambulance Service (SAS), where a SAS employee has been seconded by NES to help deliver a revised model for paramedic education.

2.4 Psychology

The YTD overspend of £88k is primarily related to;
- £52k overspend related to higher than budgeted pay uplifts which will reverse on allocation of relevant SG funding
- the termination of a fixed term employment contract (£13k)
- £14k overspend in training expenses and £15k in CAMHS infrastructure costs where activities have progressed slightly in advance of previous expectations.

The current forecast is for a small overspend of £14k, driven by the Fixed Term contract termination cost noted above, which was triggered when a fixed term employee became pregnant for the second time before the end of their initial maternity leave, taking the employee beyond two years employment with NES, and eligible for redundancy. The Directorate will attempt to mitigate this unexpected overspend by identifying savings as the year progresses.

2.5 Healthcare Science

Healthcare Science is reporting a small underspend of £3k YTD, but a £29k overspend for the full year forecast. This has arisen from a £45k overspend from Maternity returners higher than assumed in the budget, partly offset by underspends in pay, training costs for early leavers, and general running costs.

2.6 NES Digital Services (NDS)

The NDS expenditure is £86k as at the end of August. This is currently reflected as an overspend pending confirmation of the amount of funding which will be available in 2018/19.

£84k of the total relates to pay costs for the three staff in post from 1st June to 31st August, with the small balance being equipment purchases.

As it has been agreed that the NDS will be funded by Scottish Government the forecast outturn reflects a break-even position.

2.7 Digital

The Digital directorate is reporting an overspend in the 5 months to the end of August of £720k.

Of this, £509k relates to programmes where, in order to meet required delivery schedules, expenditure took place in advance of formal confirmation of anticipated Transformational Change Funding from SG. The programmes are; Appraisal (£112k), Single Employer (£294k), and Turas Learn (£103k).

A timing overspend has also arisen on ePortfolio (£207k net of corporate contribution) due to budget phasing which is monthly whereas the income is expected to be received in 3 separate tranches.

The forecast outturn as at 31st March reflects the fact that a letter has now been received from SG, confirming all anticipated allocations from the Transformational Change Fund. Therefore, the forecast outturn is now an overspend of £96k. The 2 main cost pressures are;

- £84k to support the transfer of NHS 24 data into the data lake. This work will be carried out by Elastacloud enabling a skills transfer to both NES and NHS24 staff, creating a wider pool of required skills.
- £74k relates to VAT reclaim issues on Azure Hosting and Alma Primo licences. We are awaiting the outcome of the HMRC ruling on October 5th prior to finalising next steps.

These forecast overspends are partially offset by some smaller value savings across a range of spend areas within the Directorate.

2.8 Workforce

The Directorate is reporting an overspend for the 5 months to August of £40k.

Within this, reduced income relating to the full year staff costs for PVG and Tier 2 visas accounts for £113k. NES manages these processes for all medical trainees on a once for Scotland basis. Although all direct costs e.g. the cost of the visa, are recharged to Boards, it was agreed after the 2018/19 budget was set, that the staff costs would be absorbed by NES.

In addition, we have timing differences of a £50k overspend on Tier 2 and disclosure costs invoicing to the Boards. These overspends are offset by a £131k timing underspend due to Leadership & Management training activities (Project Lift, Management Training Scheme and Leadership for Integration) not taking place as profiled in the budget.

The full year forecast has moved only slightly, to an overspend of £83k which is mainly the result of the absorption of PVG staff costs (£104k) offset by pay variances net of agency and maternity leave costs of £28k.

2.9 Finance

The year to date position is an underspend of £12k. This is an overspend on pay of £24k agency costs and a currently unfunded 0.5 WTE offset by underspends arising from a post

where the holder is on a career break and appointments made below budget. This pay overspend is offset by an underspend of £36k, which is a timing difference, as no Internal Audit costs have been incurred this year to date.

Finance is reporting a forecast overspend for the full year of £42k. This is primarily due to pay pressures from utilising agency cover for essential vacant posts (£63k) in line with the protocol agreed by the Chief Executives of the National Boards to facilitate the development of a new target operating model for Finance. This protocol is currently under review. There have also been additional recruitment costs of £24k relating to 4 further finders fees, with agencies utilised following previous, unsuccessful recruitment rounds. These costs have been offset by underspends generated by one post on a career break (£29k) and staff appointments below budget (£12k).

2.10   Properties

The Directorate is showing an underspend for the period to August of £77k. Of this, £25k is a real saving arising from a credit for overcharged rates following the challenge of the previous charge. Further credits received on a service charge (£15k) and water charges (£12k) are being corrected by Business Stream and are therefore timing differences.

The forecast outturn is breakeven where the credit from the rates overcharge of £25k is offset by the additional costs of essential maintenance unable to be completed in 2017/18.

2.11   Net Provisions

The full year budget for net provisions is £5.8m. This is made up of 2018/19 budgeted pay award, charges for depreciation, savings targets to be clawed back from Directorates, the Apprenticeship Levy, top-slicing of external income to cover overheads, our expected contribution to the National Boards £15m savings target and other provisions (such as those for redeployment and potential claims and unidentified savings targets).

Our current contribution to the £15m savings target for 2018/19 has been £2m of the £2.5m approved by the Board. Any further contribution will be reviewed as part of the mid-year review when the data for September is available.

The current forecast for Provisions is a £683k underspend for 2018/19. This is primarily made up of:
- Part of the provision for the 2018/19 Pay Award has been released following final confirmation of funds to be allocated in respect of the final pay awards (£80k)
- The Forecast for the Apprenticeship Levy charge has been reduced by £140k. The Annual budget had been increased to reflect the move to Lead Employer and the associated levy Increase. However, the Boards are being recharged for all costs including Apprenticeship Levy, and therefore the additional budget can be released.
- £209k of the 2017/18 underspend must be transferred to NSS as part of the final reconciliation of the £15m National Boards savings target. The balance of £100k has been released in the forecast.
- We have been informed that we no longer require to accrue the VAT liability of £267k from 2017/18, and we have released this in the period. We are anticipating a further HMRC ruling (5th October) in relation to library services, when we will be able to finalise remaining provisions for this year.

3.0 Key risks to achievement of financial targets

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

- Although £0.4m of the required £1.7m of savings from the vacancy lag has already been realised, this is £0.3m behind our target for this stage of the year. In the period Sep '17 to March'18 NES reported vacancy savings of £1.3m and a similar return will be required for the remainder of 18/19 to achieve our year-end target.
- As we have now received confirmation of the funding to be allocated to NES as part of the implementation of the National Board collaborative plan, the focus for NES has moved to ensuring that the plans can be delivered as agreed within the remainder of the financial year.
- NES received an allocation of £5.4m on 2nd July for a potential pay uplift of 2% on training grade salaries. The recent NHS Circular of 5th September on National Salary Scales confirmed the Training Grades uplift would be 3% which equates to a further cost pressure of £2.1m. This has been highlighted to SG and this paper assumes that this will be fully funded by SG.
- Due to the delays in the completion of the Mobile Clinical Skills Unit, there was an underspend of £252k in 2017/18 Capital Spend. This was requested to be carried forward into 2018/19 but has not yet been confirmed by SG. If this is not forthcoming the capital requirement would need to be transferred from the NES revenue budget.
- As noted within the Provisions section, we are anticipating a ruling from HMRC related to the VAT treatment of e-library services. If the ruling is in our favour, we could be due a substantial VAT reimbursement, increasing our forecast underspend. If this arises we will discuss potential options with SG.

4.0 Recommendations

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

AMcC
KRD

September 2018

NHS Education for Scotland

Board Paper Summary

1. **Title of Paper**

Performance Management Report following 30th June 2018 progress updates.

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

Karen Howe, Planning and Corporate Governance Manager

Lynnette Grieve, Planning and Corporate Governance Manager

Donald Cameron, Director of Planning and Corporate Resources

3. **Purpose of Paper**

This paper provides a summary of performance for the first quarter of 2018/19. There is also a summary of targets which were rated amber during the last quarter of 2017/18.

4. **Corporate Dashboard**

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

5. **Summary of Performance**

There are 483 performance targets for 2018/19, of which 79 have been provisionally ranked as a priority - a review of this classification is currently taking place. Diagram 1 shows the performance across the 79 priority targets and Diagram 2 outlines performance across all 483 targets. Performance is measured using RAG (Red, Amber, Green) ratings, the definitions of which are set out below:

- **Red** – progress has not been satisfactory. The target will not be achieved and/or there has been major deviation from deliverables.
- **Amber** – progress against this target/outcome has not been fully satisfactory and may now be behind schedule, but overall outputs/programme objectives are expected to be completed. Targets rated amber during the last quarter of 2017/18 were expected to be complete by 30th June 2018. These are reported on for the final time as either green (complete) or red (not achieved).
- **Green** – progress against this target/outcome has been satisfactory. The target is expected to be delivered on schedule and/or better than expected.

Diagram 1 – Summary of performance for priority targets (Q1, 2018/19, n=79)

Targets by Directorate and RAG

DirectorateName	Red	Amber	Green	Total
Dental		3	21	24
Digital Group			20	20
Finance			6	6
Medical			9	9
NMAHP			7	7
Planning & Corporate Resources	1		3	4
Psychology			6	6
Workforce			3	3
Total	**1**	**3**	**75**	**79**

Targets by Strategic Theme and RAG
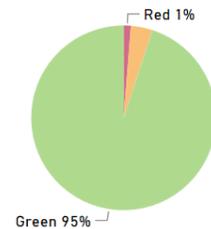
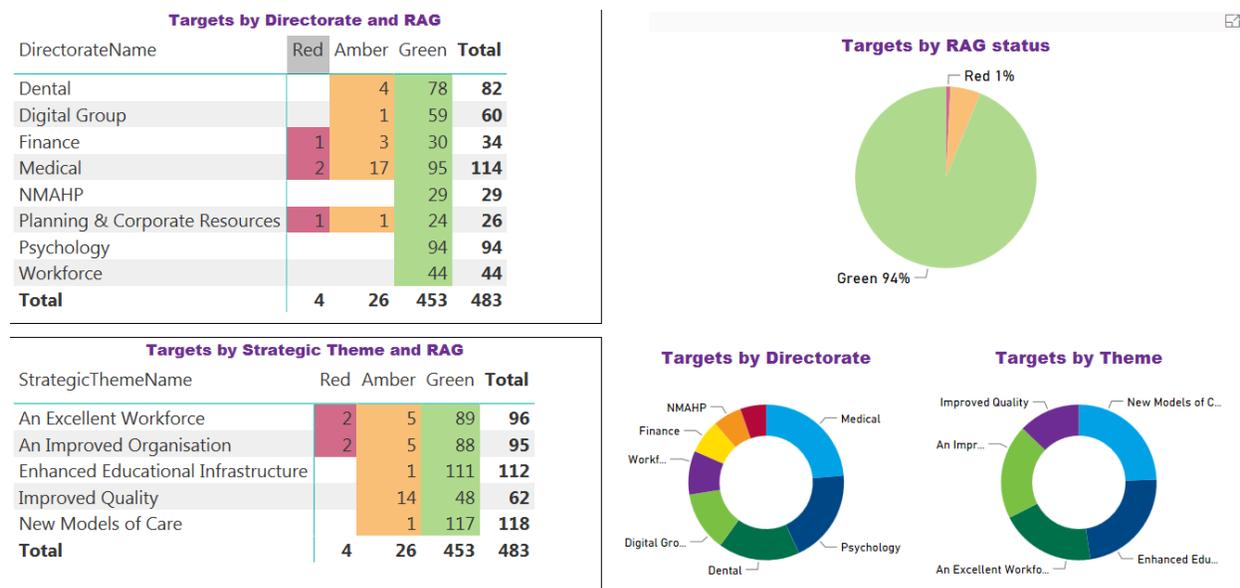| StrategicThemeName	Red	Amber	Green	Total
An Excellent Workforce		1	22	23
An Improved Organisation	1		12	13
Enhanced Educational Infrastructure		1	23	24
Improved Quality		1	4	5
New Models of Care			14	14
Total	**1**	**3**	**75**	**79**
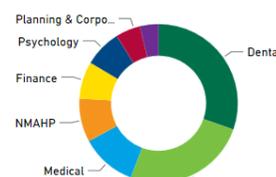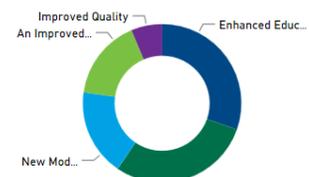
Of the 79 priority targets, 1 is red, 3 are amber and 75 are green. The red target aimed to review the property and facilities management services across the national boards and develop a collaborative service with NSS. However, this will not be achieved within the timescales originally set and the national boards have just started to scope a potential operating model for the future - this work is being led by NSS.

Of the 3 amber priority targets 2 are in the Dental and 1 in Healthcare Science. Of the Dental targets one aimed to recruit 94 training grade dentists by September 2018. This target is amber due to 4 vacancies currently in the clearing process; further recruitment is ongoing to achieve the target. Another dental target to support quality improvement activity for the dental team and a GDP fellowship programme is amber while full details of the support required is agreed with the Scottish Government following publication of the oral health improvement plan; a working group is currently being configured and scoping work is underway. The Healthcare Science amber target relates to the delivery of learning for early and mid-career leaders and trainers. This work is broadly on target but capacity for training delivery still requires to be fully identified.

Diagram 2 – Summary of performance for all targets (Q1, 2018/19, n= 483)

Targets by Directorate and RAG

DirectorateName	Red	Amber	Green	Total
Dental		4	78	82
Digital Group		1	59	60
Finance	1	3	30	34
Medical	2	17	95	114
NMAHP			29	29
Planning & Corporate Resources	1	1	24	26
Psychology			94	94
Workforce			44	44
Total	**4**	**26**	**453**	**483**

Targets by RAG status

Red 1%
Green 94%

Targets by Strategic Theme and RAG

StrategicThemeName	Red	Amber	Green	Total
An Excellent Workforce	2	5	89	96
An Improved Organisation	2	5	88	95
Enhanced Educational Infrastructure		1	111	112
Improved Quality		14	48	62
New Models of Care		1	117	118
Total	**4**	**26**	**453**	**483**

Targets by Directorate

NMAHP
Finance
Workf...
Digital Gro...
Dental
Medical
Psychology

Targets by Theme

Improved Quality
An Impr...
Digital Gro...
An Excellent Workfo...
New Models of C...
Enhanced Edu...

Overall, there are 483 targets, of which 4 are red, 26 are amber, and 453 are green. Two of the four red targets are awaiting budget confirmation regarding increasing the number of doctors completing the GP returners programme and the number of doctors attending an enhanced induction programme. In Finance a target to produce a finance information strategy will be delayed because of staff recruitment issues. Finally, and as outlined above, a target to review the property and facilities management services

across the national boards and develop a collaborative service will not be achieved within the timescales set as scoping work has only just commenced.

Diagram 3 – Summary of performance for 2017/18 targets rated amber in the last quarter of 2017/18 (Q1, 2018/19, n= 30)

MiTracker Management - Performance Report RAG Status Q5
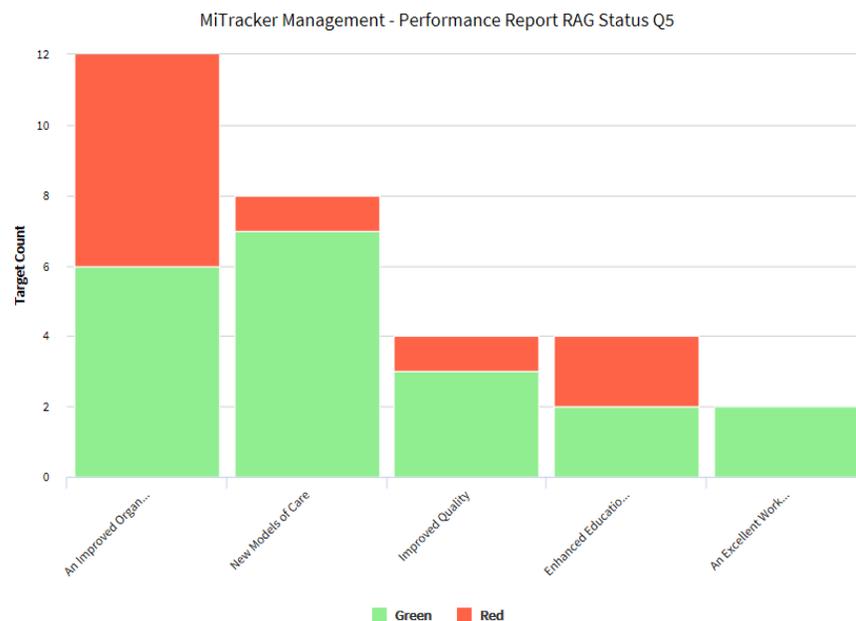
Of the 30 targets which were rated amber at the end of the last financial year (indicating that they should be completed by 30th June 2018), 10 are red and 20 are rated green. Of the 10 red targets, one included a plan to increase organisational development capacity and capability and develop shared services across national boards. This has not happened yet because of the need to wait for regional and national plans to be published. A target to agree and fund a baseline training grade medical establishment was not achieved, and Board members will be aware of the continuing dialogue with Scottish Government in relation to the funding of annual expansion posts. We still do not have the funding for all of this in our baseline but we continue to work with colleagues to ensure that the overall funding envelope is not breached.. Two medical targets relating to the transfer of medical data from ePortfolio version 2 to version 3

have not been fully achieved. Work to develop a business-partnering model for Planning and Corporate Governance services is not being taken forward. A full review of the financial information needs from the TURAS trainee management system was not achieved due to staff changes; progress is now being made in 2018/19. Work to develop templates for the finance service desk to speed up response times will be continued in 2018/19. The corporate business continuity plan has not been fully implemented and tested but this will be achieved by the end of 2018. Implementation of a new service desk and room booking system has not been completed due to reprioritisation of SNOW projects and this target will be achieved later in 2018/19.

6. Recommendation(s) for Decision

To note the current performance of NES.

NES
August 2018

NES   **NES/18/78**
Item 8d   **(Enclosure)**
September 2018

NHS Education for Scotland

Board Paper Summary: Staff Governance Committee Minutes

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

Minutes of Staff Governance Committee meeting held on 09th August 2018: <u>copy attached</u>.

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

Jenn Allison, Senior Officer

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

To receive the unconfirmed minutes of the Staff Governance Committee meeting held on 09th August 2018.

4. <u>**Items for Noting**</u>

Item 7 – People & OD Strategy (Revised)

Dorothy Wright introduced the interim People and OD Strategy 2018-2020, which has been revised, since it was submitted to the Staff Governance Committee in April. The Staff Governance Committee approved the People and OD Strategy, following discussed minor amendments.

Item 8 – Lead Employer Update

The Staff Governance Committee noted and were satisfied with the progress of Lead Employer. They noted that it has been a very successful project that has made a positive difference to trainee DRs lives and is an excellent example of working on a Once for Scotland basis.

Item 9 – Turas Platform

a) **Leadership and Management Zone**

The Staff Governance Committee thanked Graham Paxton for the presentation regarding the progress of the Turas Leadership and Management Zone.

b) **Equality and Diversity Zone**

The Staff Governance Committee thanked Kristi Long for the presentation regarding the plans for the Equality and Diversity Zone.

Item 10 – Workforce Metrics: Presentation on Live Data

The Staff Governance Committee thanked Ameet Bellad for the demonstration of the live Workforce Metrics dashboard.

Item 11 – NES Workforce Plan 2018/19

The Staff Governance Committee noted the Workforce Plan and approved its submission to Scottish Government and publication on the NES website by 31 August 2018.

Item 12– Equality and Diversity Update

The Staff Governance Committee noted and were satisfied with the Equality and Diversity update.

5.   Recommendations

None.

NES
August 2018
JA

NHS Education for Scotland   **NES/SGC/18/28**

Minutes of the Sixty-First Meeting of the Staff Governance Committee held on Thursday 09th August 2018 at Westport 102, Edinburgh

Present: Linda Dunion, non-executive Board member (Chair)
                         Andrew Tannahill, non-executive Board member
                         Liz Ford, Employee Director

In attendance: Dorothy Wright, Director of Workforce/Executive Secretary
                         Christine McCole, Head of Service, HR
                         Morag McElhinney, Senior Specialist Lead (Workforce)
                         (particularly for agenda item 08)
                         Graham Paxton, Principle Lead (Workforce)
                         (particularly for agenda item 09a)
                         Kristi Long, Senior Specialist Manager (Workforce)
                         (particularly for agenda item 09b)
                         Martin
                         Ameet Bellad, Senior Specialist Lead (Workforce)
                         (particularly for agenda item 10)
                         Kristi Long, Senior Specialist Manager (Workforce)
                         (particularly for agenda item 09b)
                         Jenn Allison, Senior Officer, PCR

1.   Chair's welcome and introduction

The Chair welcomed everyone to the meeting.

2.   Apologies for absence

There were no apologies received.

3.   Declaration of interests

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

4.   Minutes of meeting held on 26th April 2018   (NES/SGC/18/16)

The minutes were approved, following agreed minor amendments.   **Action: JA**

5.   Action list from meeting held on 26th April 2018   (NES/SGC/18/17)

It was noted that all of the action points had been completed or were in hand. It was agreed that an update would be submitted to the next Staff Governance Committee regarding progress of work with training programme managers relating to comparison of staff experience reports.   **Action: DW**

6. Matters arising from the minutes

There were no matters arising which did not appear elsewhere on the agenda.

7. People and OD Strategy (Revised)   (NES/SGC/18/19)

Dorothy Wright introduced the interim People and OD Strategy 2018-2020, which has been revised, since it was submitted to the Staff Governance Committee in April. The following was noted/discussed:

- The Strategy sets out NES as the People Board for NHSScotland. The theme of the Strategy is 'Supporting transform by working differently', with a focus on working collaboratively, working in an agile way, being responsive and enhancing NES and NHSScotland's digital capability by being digitally lead and data driven.

- The Strategy will help to support development of Values Bases Recruitment and NES's Our Way. It was agreed an update on Our Way will be submitted to the next Staff Governance Committee.   **Action: DW**

- Members of the committee thanked Workforce colleagues for their work and noted the document was clear and accessible. One member raised a query regarding the illustration on page 6 and it was agreed that the illustration was not required. A member suggested that 'digitally enabled' or 'digitally empowered' may be more suitable wording than 'digitally driven'.

- Members noted that the strategy published for staff will be formatted differently and will be more conversational in style.

The Staff Governance Committee approved the People and OD Strategy, following discussed minor amendments.   **Action: DW**

8. Lead Employer Update   (NES/SGC/18/20)

Morag McElhinney updated the Partnership Forum on the progress of implementation of the Lead Employer Programme for Doctors in Training (DiT). The following was noted/discussed:

- In the new model NES will be the lead employer for all General Practice, Public Health and Occupational Medicine Specialty Trainees. This will result in a reduction of employment contracts and onboarding activity for doctors due a reduction in employers during a training programme.

- There are 3 other lead employers in addition to NES employing trainees across all the other training programmes on a regional basis and national programmes will be split across the 4 employing Boards.

- Early adopter intake of General Practice Speciality Trainees (GPSTs) began 1st August 2017 with further intake in 7th February 2018. The August 2018 cohort began in 1st August 2018 and 95% of staff

engagement forms have been completed. Forms and pre-employment checks have been submitted through Turas People and include payroll details which are being processed by NES, NSS (as NES's payroll provider) and placement boards. In future contracts, mandatory training and policies will be accessible via Turas People.

- Discussion took place regarding the importance of developing policies on a Once for Scotland basis, as currently some policies of employing boards and placement boards may differ. Dorothy informed the committee that Scottish Government had now put governance groups in place in partnership has been set up to prioritise and develop polices on a Once for Scotland basis. It was noted that this prioritisation should be carried out with reference to the DDiT programme.

- Morag noted they are working to agile methodology and therefore ongoing improvements will be implemented over time. Other areas for further improvement include: work to further develop processes and procedures on a Once for Scotland basis such as, Standard Operating Procedures (SOPs), absence reporting and statutory training and work to build integration links between vital HR systems such as eESS and Turas People. It was recommended that Morag liaises with Colin Tilley regarding the linkages between the development of the workforce data warehouse and Turas People. **Action: MMcE**

The Staff Governance Committee noted and were satisfied with the progress of Lead Employer. They thanked Morag and all colleagues involved for their hard work and noted that it has been a very successful project that has made a positive difference to trainee DRs lives and is an excellent example of working on a Once for Scotland basis.

9. **Turas Platform**

   a) **Leadership and Management Zone** (NES/SGC/18/21)

Graham Paxton gave a presentation to update the committee on the progress of the Turas Leadership and Management Zone. The following was noted/discussed:

- The Leadership & Management Zone on was released on Turas as a Minimum Viable Product at the end of January 2018. Between February 2018 and July 2018 there has been significant work on the content, design and structure of the Zone to improve the user experience. The Zone working group is focussed on identification of emerging benefits for NES and for the NHSS & Care System.

- Content is being structured around the new Leadership & Management Development Framework. The Framework provides a clear set of leadership qualities and behaviours which support the development pathways of all staff and is underpinned by the 6 Health and Social Care Leadership Capabilities.

- The aim is to have an intuitive, self-managed platform that will increase visibility of leadership and management resources to staff at all levels of the organisation. Another key aim is to share resources across professions where possible. For example, adapting readymade resources to suit different professions.

- A member raised a query regarding sharing of resources across the rest of UK and Ireland and Graham explained that there is a communications network between the home nations.

- Discussion took place regarding ways in which to ensure the framework is applied across the organisation and it was suggested that it could be raised with staff and line managers as a core part of developing annual personal development plans. It was also noted that future developments of Turas will enable relevant resources to be 'pushed out' to relevant people through both Turas Learn and Turas Appraisal.

- Discussions are currently taking place with colleagues in the communication team to develop a communication plan.

The Staff Governance Committee thanked Graham for his presentation and noted that he and workforce colleagues have done an excellent job in producing the framework and rolling out the leadership and management zone.

b) Equality and Diversity Zone: Introduction to ongoing development

(NES/SGC/18/22)

Kristi Long gave a presentation to update the committee on the progress of the Turas Equality and Diversity Zone. The following was noted/discussed:

- The aim of the Equality and Diversity Zone is to gather relevant National e-learning resources relating to equality and diversity that is accessible and engaging to users.

- Resources will include statutory and mandatory e-learning and will drive other relevant content to users that will help to improve patient care and to help mainstream equality and diversity matters. Users will also be able to be alerted of relevant content at suitable times, for example during campaign periods, such as LGTBQ pride week. Available content will include external resources as well as NES and NHSS resources.

- The first phase of the zone will be rolled out in January 2019 and NES will continue to work with other NHSS Boards and other organisations for suitable content. A quality control criterion will be developed to ensure content is relevant for users.

- A working group with other NHSS boards has been created to identify areas of cross-collaboration.

- Kristi also updated the committee that NES is collaborating with NHS24 to develop a new eLearning module regarding values-based recruitment,

which will include fundamental principles regarding equality and diversity in recruitment.

The Staff Governance Committee thanked Kristi for her presentation and noted that the equality and diversity zone will be an excellent opportunity to help to mainstream equality and diversity matters. The committee agreed that an update should be submitted to the Staff Governance Committee in due course.

Action: DW

10. Workforce Metrics: Presentation of Live Data

Ameet Bellad gave a presentation to update the committee of the progress of and provided a demonstration of the live Workforce Metrics dashboard. The following was noted/discussed:

- The dashboard presents visualised data that has been imported from various HR systems. Analysis of the combined data can enable a better understanding of the workforce and allow more informed decision making.

- A high-level pinwheel has been created presenting key workforce data to the Staff Governance Committee and future reports will also provide high-level overview of other areas that may be of interest.

- The committee noted that the National Boards have agreed to adopt Power BI to enable data analytics across the National Boards.

- A NES Corporate Dashboard is also in development which will present and link performance, risk, staff governance and finance data.

The Staff Governance Committee thanked Ameet for his presentation and noted that he and workforce colleagues have done an excellent job in producing the dashboard.

11. NES Workforce Plan 2018/19 (NES/SGC/18/23)

Dorothy Wright introduced the NES Workforce Plan 2018/19 for approval. The plan is required to be published on the NES website by 31 August 2018. The following was noted/discussed:

- The Workforce Plan is aligned with the People and OD Strategy and recognises the key workforce opportunities and challenges; including clinical expertise, digital development and finance roles.

The Staff Governance Committee noted the Workforce Plan and approved its publication on the NES website. **Action: DW**

12. Equality and Diversity Update (NES/SGC/18/24)

The Staff Governance Committee noted and were satisfied with the Equality and Diversity update.

13. Staff Governance Monitoring Return 2017/18   (NES/SGC/18/25)

The Staff Governance Committee noted and were satisfied with the annual Staff Governance Monitoring Return which is aligned with Everyone Matters and associated strategies and has been submitted to Scottish Government.

14. Workforce Projections 2018/19   (NES/SGC/18/26)

The Staff Governance Committee noted and were satisfied with the workforce projections that have been submitted to Scottish Government.

15. EU Withdrawal   (NES/SGC/18/27)

Dorothy Wright introduced the paper which updated the committee on preparations being progressed across NHSScotland for EU withdrawal and specifically the actions being taken NES. The following was noted discussed:

- A letter was issued from Shirley Rogers to all NHSS Boards which included a questionnaire for completion by Boards on operational readiness, guidance for staff and details of the UK Governments planned EU Settlement scheme which will be launched March 2019 for EU citizens and their families.

- A further letter was received from Scottish Government providing information on key population and employment trends and a questionnaire on the implications of public sector workforce.

- Managers Guidance and information has been issued to NES staff, including doctors in training, via all media channels.

- Discussion took place regarding the National concerns and uncertainties regarding the withdrawal from the EU. A key concern across NHSS is the impact of a no deal Brexit and the potential workforce challenges this may bring.

The Staff Governance Committee noted the communications to NES staff regarding the withdrawal from the EU.

16. Policy Tracker

Members reviewed the Policy Tracker as at August 2018.

Christine McCole advised that policies are updated routinely and not just when PIN Guidelines are updated. She added that the slippage in timescales to policies discussed in the last Staff Governance Committee are now at the EQIA stage and therefore on track for completion.

17. iMatter/Dignity at Work: Letter from Scottish Government

The Staff Governance Committee noted the Letter from Scottish Government informing Health Boards that the dignity at work survey will not take place in financial year 2018/19.

18. Managing Health, Safety and Wellbeing Committee minutes

Members noted the minutes of this committee's meeting held on 24th April 2018.

19. Change Management Programme Board (CMPB) minutes

Members noted the minutes of the CMPB meeting held on 11th June 2018.

20. Any other business

There was no other business raised.

21. Date and time of next meeting

It was confirmed that the committee's next meeting will take place on Thursday 8th November 2018 at 10.00 a.m.

NES
April 2018
JA/DW

NHS Education for Scotland

Board Paper Summary

1.   Title of Paper

Board and Committee Meeting Dates: April 2019 – March 2020

2.   Author(s) of Paper

David Ferguson, Board Services Manager

3.   Purpose of Paper

To seek the Board's agreement to a proposed calendar of Board and committee meetings for the period April 2019 to March 2020.

4.   Key Issues

- The proposed Board and committee meeting schedule for 2019 – 2020 is along similar lines to the schedule for 2018 - 2019.

- The proposed schedule includes Board Development Sessions.

5.   Recommendation(s) for Decision

The Board is asked to approve the proposed Board and committee schedule for the period April 2019 to March 2020 set out in the attached paper.

NES
September 2018
DJF

NHS Education for Scotland

Calendar of Board and Committee Meetings for period April 2019 – March 2020

2019

April 2019

Thursday 11 April	(10.45 a.m.)	Audit Committee
Thursday 18 April	(10.00 a.m.)	Staff Governance Committee
Thursday 25 April	(10.15 a.m.)	**Board Development Session**

May 2019

Wednesday 22 May	(10.45 a.m.)	F&PM Committee
Thursday 23 May	(10.15 a.m.)	E&RGC
Wednesday 29 May	(10.15 a.m.)	**Board Meeting**
Wednesday 29 May	(2.00 p.m.)	Remuneration Committee

June 2019

Thursday 13 June	(10.45 a.m.)	Audit Committee
Thursday 27 June	(10.15 a.m.)	**Board Development Session**

July 2019

Thursday 4 July	(2.00 p.m.)	Remuneration Committee
Thursday 25 July	(10.15 a.m.)	**Board Meeting**

August 2019

Thursday 8 August	(10.00 a.m.)	Staff Governance Committee
Thursday 22 August	(10.45 a.m.)	F&PM Committee
Thursday 29 August	(10.15 a.m.)	**Board Development Session**

September 2019

Thursday 19 September	(10.15 a.m.)	E&RGC
Thursday 26 September	(10.15 a.m.)	**Board Meeting**

October 2019

Thursday 3 October	(10.45 a.m.)	Audit Committee
Thursday 31 October	(10.15 a.m.)	**Board Development Session**

November 2019

Thursday 7 November	(10.00 a.m.)	Staff Governance Committee
Thursday 14 November	(2.00 p.m.)	Remuneration Committee
Thursday 21 November	(10.45 a.m.)	F&PM Committee
Thursday 28 November	(10.15 a.m.)	**Board Meeting**

December 2019

Thursday 12 December	(10.15 a.m.)	E&RGC

2020

January 2020

Wednesday 15 January	(10.45 a.m.)	Audit Committee
Thursday 30 January	(10.15 a.m.)	**Board Meeting**
Thursday 30 January	(2.00 p.m.)	Remuneration Committee

February 2020

Thursday 6 February	(10.00 a.m.)	Staff Governance Committee
Wednesday 19 February	(10.45 a.m.)	F&PM Committee
Thursday 20 February	(10.15 a.m.)	E&RGC
Thursday 27 February	(10.00 a.m.)	**Board Development Session**

March 2020

Thursday 26 March	(10.15 a.m.)	**Board Meeting**

APPENDIX

KEY

E&RGC = Educational and Research Governance Committee
F&PM Committee = Finance and Performance Management Committee

Normal Frequency of Board and Committee Meetings (per year)

- Board meetings : 6

- Board development sessions : 5

- Audit Committee : 4

- E&RGC : 4

- F&PM Committee : 4

- Remuneration Committee : 4

- Staff Governance Committee : 4

NHS Education for Scotland

Board Paper Summary

1.   Title of Paper

Annual Review - 2018

2.   Author(s) of Paper

Donald Cameron, Director of Planning and Corporate Resources
Lorraine Turner, Planning and Corporate Governance Manager

3.   Purpose of Paper

To brief the Board on arrangements for the 2018 Annual Review supported by our *Self-Assessment document* and *At a Glance* briefing.

4.   Key Issues

The 2018 Annual Review will comprise a *non-ministerial* review and confirmation is due to be received shortly from Scottish Government on our proposal to include the Annual Review within the NES Staff Conference on 21 November 2018, similar to the format adopted last year.

The Annual Review guidance requires us to provide a Self-Assessment document setting out a selection of our key achievements. This is supported by a single page *At a Glance* hand-out covering key aspects of progress and performance. The content of the Self-Assessment document has been informed by Directorate Self-Assessment/Annual Report submissions; NES Chief Executive reports; Board Committee papers; Executive Team papers; Communications briefings; NES Strategic Framework 2014-19; and NES Local Delivery Plan 2017-18.

5.   Recommendation(s) for Decision

This paper is for information and comment.

2018 Annual Review

Self Assessment - At A Glance

August 2018

v1.0

2017-18 Self Assessment: At A Glance

As a national health board, our role is delivery of education, training and workforce development to support a skilled, person-centred workforce which is well prepared to respond to the demands placed on our health and care services. During 2017-18 we provided a wide range of initiatives and programmes which support national priorities and policy drivers including *Everyone Matters: 2020 Workforce Vision*, public sector reform, and health and social care integration. An overview of some of our key achievements is presented below.

- To provide the future medical workforce to UK standards and improve the attractiveness of Scotland as a career destination, during 2017-18 we supported 6,000 trainee doctors in approximately 293 programmes. We continued to re-organise and re-align services to medical trainees and trained doctors on a Scotland-wide basis. We implemented the lead employer model for NHS Grampian GP specialty trainees and enhanced our Trainee Programme Management system to support sharing of information. We also undertook a series of targeted recruitment campaigns and initiatives to promote medical training and support medical recruitment activities in Scotland.

- To ensure improved learning environments through excellence in supervision, we delivered a range of initiatives including, in postgraduate medical training, improvements to the Scottish Training Survey, new appraiser events and trainer workshops, and introduction of a new process for Recognition of new Trainers; facilitation to support implementation of a new employer-led model of midwifery clinical supervision in NHSScotland including workshops and elearning; and in healthcare science, quality monitoring to support postgraduate training centre accreditation.

- In line with our *Digital Strategy* to provide always available, personalised educational resources and services accessible from any device, we successfully implemented further enhancements to *Turas Training Programme Management*; migrated additional learner records and learning resources to *Turas Learn;* progressed development of *Turas People* to support the lead/host employer of doctors in Scotland; and successfully launched *Turas Appraisal* across NHSScotland.

- To improve flexible access to multi-professional learning materials in support of the *Health Protection* and *Healthcare Associated Infection* (HAI) action plans, we continued to provide programmes and resources to support improvements in patient safety; supported NHS Boards to fully implement the *Scottish Infection Prevention and Control Education Pathway;* provided 400 in-practice infection control training sessions for dental teams across Scotland; and delivered clinical handover education sessions to 591 Foundation doctors.

- To embed values and professionalism and enhance access to education for new models of care, we undertook initiatives to support person-centred care including a range of educational resources to enhance care for the bereaved; six regional masterclasses for dementia champions and ambassadors; new initiatives to support Childsmile core training and development; and resources, e-learning and national workshops to support the new Duty of Candour.

- To improve access to learning, qualifications and education for healthcare support workers (HCSW), we continued to develop and deliver educational provision for the HCSW workforce including development of a suite of Digital Matters resources; launch of the NHSScotland SQA Qualifications Finder; a new innovative project on recognition of prior learning (RPL) and RPL publications and workshops; and delivery of the fourth national HCSW national learning and development event attended by over 200 delegates.

- In support of the *Everyone Matters: 2020 Workforce Vision* we delivered a portfolio of leadership and management programmes across public services. We provided targeted programmes, initiatives and interventions underpinned by partnerships with the Scottish Social Services Council, professional and cross-sector bodies. Our *Leading for the Future* programme was attended by 144 participants; pilot programmes were delivered for the innovative *Scottish Coaching and Leadership for Improvement Programme* and we supported implementation of Project Lift, a new approach to executive level appraisal, leadership development and talent management across NHSScotland.

2018 Annual Review

Self Assessment Document

August 2018

v1.0

Contents

Introduction

We are a national health board responsible for education, training and workforce development for those who work in and with NHSScotland. We have a Scotland-wide role in undergraduate, postgraduate and continuing professional development and our mission is to *provide education that enables excellence in health and care for the people of Scotland.* We work to promote health and care in Scotland as an employer of choice and to support people to develop rewarding and fulfilling careers by enhancing their experience and delivering high-quality educational resources and learning environments.

We have a key focus in working collaboratively and the deployment of our expertise, resources and digital leadership to support the *Health and Social Care Delivery Plan*[1] and the triple aim of better health, better care and better value at a local, regional and national level. Our work in the areas of education and training, workforce planning, workforce systems, Once for Scotland services, and leadership and management reflect our continued commitment to transformational change and new models of delivery which cross traditional public services boundaries.

This document has been prepared for our 2018 Annual Review and illustrates a selection of our achievements during 2017-18 which support the *Health and Social Care Delivery Plan* and the quality ambitions of safe, effective and person-centred care[2]. As well as national policy drivers, our work activities are also aligned to our *Strategic Framework for 2014-19*; *Local Delivery Plan* 2017-18; our *Digital Strategy*; *People and Organisational Development Strategy* 2014-17 (extended to 2018); and our stakeholder priorities.

Our strategic framework sets out our work under five themes supported by planned impact outcomes (Appendix 2) and the nine key outcomes (Appendix 3) which describe how we will innovate in specific areas of our business to support public service reform and the workforce development required to achieve the *2020 Vision*[3]**.** In addition to contributing to the aims of the *Health and Social Care Delivery Plan*, these themes and outcomes support delivery of the *National Clinical Strategy*[4] and *Realistic Medicine*[5].

Our *Local Delivery Plan* 2017-18 was informed by the *Health and Social Care Delivery Plan*; the *Everyone Matters: 2020 Workforce Vision;* key national targets; and our stakeholder priorities. The *National Performance Framework* includes the target to *Increase Healthy Life Expectancy* and we have aligned with this through our work in mental health; children and young people; oral health improvement; support for people with care needs; and palliative and end of life care and bereavement.

We continue to demonstrate our support of the *Everyone Matters: 2020 Workforce Vision* and the key themes identified from our stakeholder priorities through our focus on patient safety,

person-centred care, recruitment and retention; role development, leadership and management, and health and social care integration; as well as the six NHSScotland improvement priorities of: health inequalities and prevention; antenatal and early years; person-centred care; safe care; primary care; and integration.

This document contains many examples of innovation and digital leadership in our approach to education, training and workforce development, in particular, through our *Digital Transformation* we have demonstrated significant progress in developing and implementing digital capability for delivery of all our educational products and services. Our aim is to become truly digital by default, exploiting all opportunities to deliver educational solutions that support excellence in health and social care for the people in Scotland.

During 2017-18 we continued to develop and deliver our innovative corporate digital platform *Turas* to provide functionality for a suite of applications including training management, individual learning records, and digital learning resources and applications to support the health and care workforce. *Turas* has been built to be accessible by anyone who can benefit from it, regardless of their employer; this feature is particularly important to support health and social care integration.

The development and launch of our *Turas Appraisal* application in 2018 provides an appraisal system for health and care staff across the whole of NHSScotland. *Turas Training Programme Management* can now be accessed by all NHS Boards; and by trainee doctors, dentists and pharmacists with work in progress to migrate clinical psychologists and healthcare scientists onto the platform. We have supported work to simplify the employment landscape for Scotland's trainee doctors and dentists with the development of our *Turas People* application and more learning modules have been made available on our *Turas Learn* application to enable sharing of resources across NHS Boards and beyond, to leverage economies and efficiencies of scale.

We have a key role in national strategic initiatives to support workforce and service transformation including workforce planning developments to support Scottish Government Health and Social Care Workforce Plan, Part One[6]. Our contribution to the development of the National Boards Digital Collaboration hub and the development and delivery of a strategic approach to NHSS business systems support the aims of Scottish Government *Digital Health and Care Strategy.*[7] Our capacity and capability in building workforce facing applications, deploying cloud-based solutions and agile methodology led to, at the request of Scottish Government and with the agreement of our Board, establishment of the NES Digital Service (NDS) in June 2018. NDS will take forward the commitment in the *Digital Health and Care Strategy* to establish a single data platform for health and social care services in Scotland.

THEME 1: AN EXCELLENT WORKFORCE

NES Key Outcomes
- *Outcome 1: A demonstrable impact of our work on healthcare services*
- *Outcome 2: An excellent learning environment where there is better access to access to education for all healthcare staff (a 2020 Workforce Vision priority)*

The recruitment and training of the healthcare workforce, underpinned by educational support networks which ensure the quality of the workplace learning environment, is a key element of our work. This section focuses on our work in partnership with NHS Boards, education institutions and professional and regulatory bodies to deliver education and training for doctors, dentists, pharmacists, nurses, midwives, allied health professionals, psychologists, healthcare scientists, optometrists, healthcare chaplains, healthcare support workers, and management trainees.

1.1 RECRUITING AND TRAINING KEY HEALTHCARE STAFF

We supported 6000 trainee doctors in approximately 293 programmes and successfully progressed 817 Foundation Year 1 doctors through full registration into their second year. We filled 125 Scottish Clinical Research Excellence Development Scheme (SCREDS) posts for academic training in Scotland and recruited 982 trainees to postgraduate training.

We continued to re-organise and re-align services to trainees and trained doctors on a Scotland-wide basis. We implemented new single processes around annual review and progression, flexible working, transfers, and appeals. The Performance Support Unit became fully operational to provide standardised and best practice support across Scotland to doctors experiencing difficulty in their training.

Through our deployment of digital resources, we retained a focus on delivering a more consistent experience for trainees as they progress through training stages. Our digital platform *Turas* was further expanded with all foundation trainees within the Scottish Foundation School moving onto the platform, enabling integrated information flow across the training system, online learning and portfolio systems, minimising duplication and providing a single sign in.

In conjunction with trainee representatives and our Scottish Clinical Leadership Fellows we undertook work to explore improving medical trainee communication, and minimising repetitive data sharing processes. We also expanded our role in coordinating, educationally approving, and promoting the International Medical Training Fellowships.

In August 2017 we introduced the lead employer model of General Practice specialty trainees (GPSTs) in NHS Grampian. We undertook work to develop digital solutions to support the lead

employer model, enhancing our *Turas Training Programme Management* system (TPM) to enable sharing of information between trainees, placement Boards, and the employing Board. The lead employer model delivers an improved recruitment and employment experience for doctors and dentists in training through a reduction in employment contracts and onboarding activity during their training.

We completed planning for our eighth Scottish National Medical Education Conference in April 2018, an international two-day event attracting world class speakers. The event incorporated the practice managers', medical appraisers', pharmacists', and nurses', midwives' and allied health professions' conferences. Over 1571 delegates registered to attend the event and a total of 58 workshops were delivered with positive feedback received.

We delivered innovative media campaigns to raise the profile and attractiveness of Scotland as a place to train and work, including a suite of video case studies showcasing medical trainees in specialties across Scotland.

The Return to Practice Programme for Nursing and Midwifery was launched in 2015 and at March 2018, the total number of nurses and midwives enrolled on the programme was 446, with successful completion by 294 participants, of which currently 240 have secured roles. During 2017-8, 116 nurses and 14 midwives commenced on the programme, 91 completed the programme and 32 secured posts. An evaluation of this work is underway.

A total of 165 dental vocational trainees achieved satisfactory completion of curricula by July 2017. We provided 165.7 training posts for dental vocational training in 2017-18 and 128 core and specialty training grade dentists were recruited to post with access to study leave. We also provided ten dental hygiene therapy vocational training places and post-registration training to over 176 dental nurses to achieve enhanced skills beyond the minimum regulatory requirements.

We continued to deliver the mandatory *Induction to Scottish Dentistry* in response to further regulatory changes in relation to eligibility to work in Scotland. Four courses were provided, and the training was successfully completed by over 100 dentists who are now eligible to practice in Scotland. An additional bespoke rules and regulations course was developed in response to feedback and offered in March 2018 to those who had completed the mandatory training and had been established in practice for six months or more.

Our new Vocational Training Foundation Programme for pharmacists in community pharmacy was launched in September 2017. The launch marks the final stage in developing a Foundation framework for early career pharmacists working in any sector, with core as well as

sector-specific competencies, and enables greater flexibility to meet the demands of primary care transformation, cross-sector working, and portfolio careers.

We commissioned and recruited to programmes for 60 clinical psychology trainees commencing October 2017 (57 clinical psychology trainees completed pre-registration training by December 2017); 30 MSc trainees in psychological therapies in primary care commenced in January 2018 (27 completed training by January/February 2018); and 19 MSc trainees in applied psychology for children and young people commenced in February 2018 (15 completed by January/February 2018).

We supported the final year of training for the 2013 cohort of child and adolescent psychotherapy trainees which was completed by December 2017 (five trainees) and recruited four new trainees to commence the four-year training programme in September 2017. Three trainee health psychologists commenced training in 2018 with four trainees completing training in January 2018. In addition a MSc neuropsychology programme was provided to approximately 35 staff.

1.2 UNDERGRADUATE AND PRE-REGISTRATION EDUCATION

Our role in undergraduate medical and dental education includes management of the Additional Cost of Teaching (ACT) fund, the Scottish Government funding that covers the additional costs of teaching medical and dental undergraduate students within the NHS. During 2017-18, we distributed ACT funding of £77 million to all NHS Boards and GPs in Scotland who are engaged in undergraduate teaching, using a model based on the number of students and the amount of teaching activity within each board. This funding supports the educational infrastructure as well as clinical placements and other direct teaching activity such as lectures, tutorials and teaching within clinical skills centres.

We continued to successfully deliver the national Pre-Registration Pharmacist Scheme (PRPS) in Scotland with 187 trainees recruited to commence their training in August 2018 (2018-19 cohort) and 170 trainees in August 2017 (2017-18 cohort). In June/Sept 2017, a total of 97.6% of PRPS trainees who commenced their training in August 2016 (2016-17 cohort) passed the General Pharmaceutical Council (GPhc) registration assessment.

We provided the quality management function of the Pre-Registration Pharmacist Scheme (PRPS) for all 170 trainees during their training in 2017–18 on behalf of the General Pharmaceutical Council. In addition, we developed further quality management processes within the Pharmacist Foundation Training Programme for the 209 Foundation Pharmacists registered and in training, including the introduction of quality assurance processes as part of the assessment process and the convening of a multi-professional Assessment Board.

In 2017 we recruited 21 pre-registration clinical scientists (12 entered the Scientist Training Programme) and provided support to healthcare science programmes including: 70 clinical scientist trainees across different stages of development; 31 undertaking postgraduate-level development; and18 NHS-employed clinical physiologist practitioners (NHS undergraduate) who were recruited to begin part-time academic programmes.

During 2017-18 pre-registration dental nurse training was successfully completed by 143 candidates ensuring a supply of fully qualified dental nurses eligible for GDC (General Dental Council) registration.

As part of our work relating to performance management of pre-registration nursing and midwifery programmes, we commissioned a study to explore issues related to the under-representation of men in the nursing and midwifery profession. Our contribution included provision of data, facilitation of workshops and supporting the report of the CNO Commission on widening participation in nursing and midwifery education and careers

Flying Start NHS®, our national development programme for all newly qualified nurses, midwives and allied health professionals was revised and relaunched to reflect the changing health and social care landscape. Hosted on *Turas* Learn, our digital learning management system, key features of the refreshed programme include a learner-directed format, simplified content, and new guidance. Since the launch of the new programme in October 2017, over 1,300 newly qualified practitioners (NQPs) have registered. The refreshed programme, which has been updated with input from stakeholders, will support practitioners to provide a valuable contribution to health and care during their first year in practice.

Work was undertaken to measure the impact of the Flying Start programme and a survey introduced at the start of the programme to gather data. Since the launch, over 300 NMAPH practitioners have submitted responses. This information provides a valuable insight into participant perceptions and is helping to shape national and local engagement strategies in collaboration with the Flying Start NHS Leads group which includes representation from sectors outwith the NHS.

In partnership with Health Protection Scotland and NHS Boards we supported the development of a placement scheme for trainee Environmental Health Officers within NHS public health teams. The placements will allow trainees to be placed in an NHS Board public health team for a maximum of six weeks.

1.3 THE WORKPLACE LEARNING ENVIRONMENT

A review of medical education in Scotland and the work of the Scotland Deanery was conducted by the General Medical Council (GMC) as part of their five-year programme of visits to assure the standard and quality of training throughout the UK. The review found several examples of *exceptional or innovative* good practice, highlighting in particular our digital strategy and inter-professional executive team leadership. The review also identified that the Scotland Deanery demonstrated a *consistent approach to quality management* and that *the Deanery are aware of what is happening across Scotland and have robust systems in place for identifying and managing concerns over safety of quality.* The GMC report identified, in relation to the Scotland Deanery, two areas of good practice, three areas working well, two requirements and one recommendation.

We introduced changes to the Scottish Training Survey (our postgraduate medical training end of post quality survey), and new guidance which supports improved data collection and analysis. We also contributed to the Sharing Health Intelligence for Health and Care Group which reviews NHS Boards to identify any early signs of system stress. Using data from our surveys we were able to provide feedback on training and education in individual NHS Boards and to contribute significantly to combined assessments for each NHS Board.

During 2017-18 we delivered eight new appraiser events attended by 98 clinicians and provided three refresher courses for 51 primary and secondary care doctors. This ensures a sustainable and clear system for doctors to review and manage performance, and to meet GMC requirements for revalidation.

We developed a new one-day trainer workshop for experienced educational supervisors with more than five years' experience in an educational role. We also piloted a new pre-CCT (certificate of completion of training) trainer workshop, offered to trainees in their final year of speciality training. Additional activities included revision of the *Approved Medical Practitioner Training Programme* material for Part 1 and Part 2 update training, and delivery of train the trainer courses in 2017 with the new material offered in 2018. Progress was made towards the introduction of a new process for the Recognition of new Trainers, and development of a new quality management/quality improvement process.

We facilitated work to support implementation in Scotland of a new employer-led model of midwifery clinical supervision. We developed an education package of workshops and e-learning, to prepare new and existing clinical supervisors for the transition to the new model. A total of 152 supervisors from each NHS Board completed training to equip them to roll out the new model from January 2018, with positive feedback on the learning materials and workshops received from participants. Assessment of the impact of the new model of clinical

supervision is currently being undertaken as part of a rigorous research project and early findings from midwives who have received the training are positive. A phased roll out of the clinical supervision model to nurses has been agreed by the Scottish Executive Nurse Directors.

An important element of our healthcare science work was quality monitoring of training centres to assure that standards of training are consistent across postgraduate healthcare science disciplines. Our healthcare science team of principal leads commenced key work on postgraduate training centre accreditation. During 2017 the principal focus was monitoring the assessment of competency progression (ARCP) by trainees, and reviewing and improving training plans.

We ensured a high quality workplace learning environment during 2017-18 for psychology trainees, co-ordinating and quality assuring 420 placements, including intensive support for supervisors and trainees. We completed 515 site visits and 330 end of placement reviews to monitor trainee competence and ensure continuity of assessment and quality assurance of placement supervison. A total of 196 annual learning reviews were undertaken involving trainee applied psychologists, line manager and clinical tutors, to review trainee development across employer and education systems. We also further developed ePortfolio to incorporate a placement planning process, and our reporting systems to support trainee survey of the placement environment and learning experiences.

THEME 2: IMPROVED QUALITY

NES Key Outcomes
- *Outcome 3: Flexible access to a broad range of quality improvement education in the workplace (a 2020 Workforce Vision priority)*
- *Outcome 4: Leadership and management development that enables positive change, values and behaviours (a 2020 Workforce Vision priority)*

We continued to work with our key partners and stakeholders to facilitate the quality improvement (QI) aspects of the *2020 Workforce Vision* through the *2020 Workforce Vision Implementation Plan*. This section also highlights the work we have undertaken to support improvements in safety through evidence-based research, development and delivery as well as clinical skills, healthcare associated infection (HAI), person-centred care and leadership and management to support integration.

2.1 SAFE, EFFECTIVE AND PERSON-CENTRED CARE

The principles of person-centred care are embedded throughout all undergraduate, postgraduate and CPD (continuing professional development) activities. During 2017-18 we

provided a range of education, training and workforce development to support and enhance delivery of person-centred care.

We delivered a suite of educational resources to support bereavement care. We launched two e-learning modules on Medical Certification of Cause of Death, produced in conjunction with Healthcare Improvement Scotland, which focus on common mistakes and management of deaths in the community. We further developed the Support Around Death website which provides a range of information for health and social care professionals and produced additional short animated films to augment the existing suite of animations. We hosted quarterly learning events for the NHS Board Bereavement Lead and Strategic Co-ordinator network across Scotland to provide an opportunity for sharing best practice in bereavement care and education on a national basis.

We supported NHS Boards to fully implement the *Scottish Infection Prevention and Control Education Pathway* (SIPCEP) foundation layer, a national approach to infection prevention and control for health and social care, launched in June 2017. The pathway modules, delivered online and available from the website, support different styles of learning and levels of digital literacy and are aligned with the National Infection Prevention and Control manual. At March 2018 there were 121,543 module completions across health and social care, and higher education.

The foundation layer of SIPCEP was incorporated into all nursing and dental undergraduate programmes and in several AHP and medical curricula. Modules will also be included in the curricula of schools of pharmacy and within clinical skills training. Interest has been expressed by further education colleges and the pathway is being integrated into health and social care courses.

We led on collaborative work with HIS, the Care Inspectorate and SSSC (Scottish Social Services Council), to deliver four workshops on Duty of Candour, targeting all health and social care staff across Scotland. The workshops provided information about the new procedures as well as a range of tools and techniques to support implementation, and attracted over 900 applications, with 480 places allocated, and 436 people attending the four workshops from across health and social care.

We provided a range of printed and electronic materials to support implementation of the new Duty of Candour including an interactive leaflet and a series of factsheets which have been disseminated to social care organisations and all NHS boards. A new e-learning module developed for health and social care services provides essential information on the new Duty. The module has been made available on all NHS Board learning systems, and has been shared with our partners, the Scottish Social Services Council and the Care Inspectorate, for

dissemination to social care organisations.

We launched the Psychological Interventions Framework in September 2017 in collaboration with Scottish Government. Scoping was undertaken to identify training requirements for people with learning disabilities including training to enhance practice in evidence-based psychological therapies and development of coaching/supervision models to support implementation in practice. We also continued analysis of the *SWIFT* tool usage in primary care. Over 500 multi-disciplinary team staff accessed our *Emotions Matters* module by March 2018.

We produced blended learning comprising Developing Practice (DP) and Astley Ainslie Psychological Skills Education and Training (AsSET) training modules. Coaching materials for AsSET were developed and we rolled out the DP workbook. We supported trainers to deliver at least one DP or AsSET training session in their health board and to provide data centrally using implementation trackers. We also supported primary care innovations in person-centred approaches to long-term conditions by rolling out *COINCIDE (*Collaborative Interventions for Circulation and Depression) training materials for brief cognitive behavioural therapy (CBT) interventions in primary care.

In our patient safety and clinical skills work we disseminated our work on behavioural aspects of human factors using different media, and continued to plan, implement, and deliver health behaviour change training to multi-professional groups. In our HAI and health protection work we applied our Human Factors research on hand hygiene of medical students to the development and assessment of behaviour change interventions. We also applied learning from infection control work to other areas of practice and contributed to the development of training in this area.

We delivered effective clinical handover education sessions to Foundation Doctors throughout NHSScotland with over 591 attendees across ten NHS Boards. On our six clinical skills resources hosted on LearnPro, we received over 5000 enrolments, with 2881 completing the resources in 2017. Our Mobile Skills Unit undertook 24 separate visits to 19 different locations covering 12 different NHS Boards and was showcased at four separate conferences. We also reviewed and updated our Safe Communications online resource which encompasses five modules on safety and communication issues in health care practice.

We delivered 38 multidisciplinary workshops on addressing patient safety within complex healthcare systems using human factors and ergonomic principles and produced an introductory e-learning module on human factors/ergonomics. In addition we developed educational resources for safety and quality improvement methods in primary care to support vocational training and the new Scottish GP contract. We also tested and verified the

application of the Always Events patient-centred approach to quality improvement, and refined, tested and evaluated a safety checking system for the General Practice environment.

During 2017-18 we provided in-practice infection control training for dental teams across Scotland with over 400 sessions of training delivered across dental practices in Scotland. Our Scottish Dental Clinical Effectiveness Programme (SDCEP) continued to provide user-friendly, evidence–based guidance on topics identified as priorities for dentistry in Scotland and across the UK. An updated edition of *Conscious Sedation in Dentistry* guidance was published in December 2017 and this has been endorsed by the dental faculties of the Royal College of Surgeons in the UK and Republic of Ireland and promoted by the Royal College of Anaesthetists. Work was also initiated to complete a revision of the *Sedation Practice Inspection* document, following publication of the SDCEP *Conscious Sedation in Dentistry* guidance.

An update of *Prevention and Management of Dental Caries in Children* was progressed, with publication due in 2018. At the request of the Chief Dental Officer, SDCEP undertook work to provide advice on antibiotic prophylaxis against infective endocarditis that would be acceptable across the UK; and to provide advice and patient information to support implementation of the EU Regulation on the restriction in use of dental amalgam in specific patient groups.

In partnership with NHS Health Scotland, oral health improvement teams, and the Scottish charity *Let's Talk About Mouth Cancer,* we supported the *Caring for Smiles* national oral health initiative for dependent older people, to raise awareness of mouth cancer. Additional supporting resources were developed, including an instructional leaflet and demonstration video, with a *Caring for Smiles* coordinators' event hosted in June at which the initiative was launched.

The National Dental Conference was successfully delivered in March 2018. A key focus of the event was launch of the Oral Health Improvement Plan and the recently published action plan. The event was well attended by key stakeholders and colleagues from NHS Boards, Scottish Government and dental schools, and feedback was very positive. The next step will involve implementation of the action plan recommendations.

2.3 QUALITY IMPROVEMENT (QI) EDUCATION

The Scottish Improvement Leader (ScIL) Programme represents an innovative approach to addressing the increasing demands across public services in Scotland by developing QI capacity and capability. During 2017-18, the ScIL programme was delivered to five cohorts of 149 participants in total; four cohorts from across public services and health and social care,

and one cohort of nursing and midwifery staff to support the implementation of *Excellence in Care*. ScIL has been endorsed by the Institute of Continuous Improvement in Public Service and was awarded the Annual Education award which recognises the inspiration and knowledge to lead improvement brought by the programme to those in leadership roles across Scottish public services.

The *Scottish Quality and Safety Fellowship*, now in its tenth year of delivery, has trained 222 Fellows to date to support clinical leadership across NHSScotland and beyond. The Fellowship supports healthcare staff with learning in leadership and improving the delivery of safe patient care. Cohort 9 completed the Fellowship in March 2018 with Cohort 10 due to complete in 2019; Cohort 11 is scheduled to commence in September 2018 resulting in a further 18 Scottish Fellows joining the network. This year's annual event in March 2018, *Thinking Differently, Inspiring Excellence*, was attended by over 100 current and previous Fellows and health and social care leaders from the UK, Ireland and Scandinavia.

A new virtual programme, *Scottish Improvement Foundation Skills* (SIFS), was launched in August 2017 to support individuals' skills, knowledge, and confidence to participate as active members in contributing to the improvement of local services. SIFS is delivered entirely online, connecting people across the country, minimising time away from the workplace and reducing costs. The programme has been successfully completed by 152 participants; and due to significant demand cohort numbers were increased from 12 to 40 with six cohorts delivered throughout the year.

During 2017 our Quality Improvement learning resources were migrated to the QI Zone on *Turas*. A review was undertaken to streamline resources and align practical tools and elearning modules with the content taught on programmes.

2.4 LEADERSHIP AND MANAGEMENT

During 2017-18 we continued to contribute to the implementation of the *Everyone Matters:2020 Workforce Vision* and provide support for NHSScotland leadership and management priorities and national policy initiatives including the Quality Strategy.

In 2017-18 a new Leadership and Management Development Framework for health and care was designed and developed. Based on the concept of digitally enabled, commitment based, career long development, the framework was implemented as part of the launch of the Leadership and Management Zone on *Turas Learn*. This provides staff from across health and care with access to high quality resources, programmes, websites and e-modules from any device, anywhere, at any time.

In collaboration with Scottish Government and partners we continued to develop and implement Project Lift, a new approach to executive level appraisal, leadership development and talent management across NHSScotland. The aim of this work is to establish a system-wide approach to identifying, supporting, enhancing and growing leadership talent at all levels in order to transform NHSScotland and its services, and improve the experience of those working in NHSScotland.

Following a successful investment proposal to Scottish Government we established a new centrally managed, nationally focused and regionally oriented team in the Organisational and Leadership Development department. The team will support the delivery of Project Lift across NHSScotland, and where possible to wider health and care environments

In partnership with the Chief Nursing Officer Directorate we designed, developed, and delivered three pilot programmes of the innovative Scottish Coaching and Leadership for Improvement Programme (SCLIP). The programme combines the key capabilities of leadership with practice of supporting collaborative improvement teams in a coaching approach in service. The pilot stage worked closely with the Scottish Government Children's and Young People's Improvement Collaborative (CYPIC) to engage a range of participants from health, education and social care in a shared development experience.

In collaboration with RCGP (Royal College of General Practitioners) and SSSC Leadership for Integration we delivered packages of learning and support for those working at the interface of primary care, secondary care and social care, introducing a new online 360 tool accessible from *Turas* which focuses on the six leadership qualities for health and social care. We also continued to deliver *Leading for the Future* in partnership with other NHS Boards and partners, to 144 senior / middle managers and clinicians.

We provided multi-disciplinary (Pharmacist and GP) leadership courses for the *Taste of Leadership* (85 delegates). Two cohorts of senior pharmacy staff and GPs (47 delegates) attended an Advanced Leadership six-day programme and participants completed a project as part of the course to enable the sharing of practice, and improvement of practice throughout Scotland.

THEME 3: NEW MODELS OF CARE

> **NES Key Outcomes:**
> - *Outcome 5: A key role in analysis, information and modelling for the NHSScotland workforce to strengthen workforce planning (a 2020 Workforce Vision priority)*
> - *Outcome 6: A range of development opportunities for support workers and new and extended roles to support integration (a 2020 Workforce Vision priority)*

There are significant workforce challenges presented by changing demographics, increased public expectations, technological advancement and new models of delivering integrated care. This section describes specific areas of work where we support healthcare staff to deliver safe and person-centred care services that are increasingly delivered in the community as a key requirement of the Everyone Matters: 2020 Workforce Vision. We also deploy our knowledge of training and labour markets to support workforce modernisation and provide resources for health improvement, health inequalities, community hospitals and the remote and rural workforce.

3.1 PRIMARY CARE

As part of primary care transformation, we managed 836 CPD opportunities including short courses and university accredited modules for general practice nurses. To support the development of the refreshed district nurse role, we developed an online learning resource, and in 2017-18 funded 94 district nurses on accredited university modules and delivered five regional events attended by over 200 district nurses.

During 2017-18 we delivered a CPD programme for dentists and dental care professionals and delivered over 250 CDP events with over 23,000 hours of verifiable CPD. Almost 4,800 places were offered with bookings of up to 3,800 received and almost 3,700 delegates attending. This included three whole team events, some of which were attended by up to 150 delegates, with one jointly organised with the SDCEP team in advance of publication of the *Prevention and Management of Dental Caries in Children*. All CPD events were mapped against the new development outcomes published by the GDC by December 2017.

We recruited 16 practice managers to the Professional Development Award in Practice Management and it is projected that this will increase to an intake of 32 in 2018 at minimal marginal cost. We also recruited over 40 candidates, including around 30 from medical practices, to the Professional Development Award in Dental and Medical Reception Skills.

Our Pharmacy team were once again shortlisted for the UK Royal Pharmaceutical Society award, *Excellence in Education,* for their collaborative work with a number of NHS Boards in developing *Teach and Treat* services. The multi-professional training focuses on clinical areas

of both local and national priority and enables inactive independent prescribers to gain new skills, competencies and confidence to manage caseloads of patients thus improving pharmaceutical care delivery and outcomes for patients.

In line with *Prescription for Excellence* and the development of pharmacists to work in General Practices across Scotland to support GP shortages, we commissioned *Independent Prescribing* training for 160 pharmacists, and *Consultation and Clinical Assessment* skills training for 470 IP trained pharmacists.

During 2017-18, we supported the development and membership of the four advisory groups required to progress implementation of the new five-year initial education and training programme for pharmacists in Scotland, in line with Scottish Government policy.

We provided a programme of local and national courses, e-learning and webinars for Autumn 2017 and Spring 2018 to support educational infrastructure and CPD requirements for pharmacists and pharmacy technicians across Scotland which included specific support for remote and rural learners.

We developed and delivered a distance learning pack *Improving Quality of Over The Counter Consultations* to all 1,255 pharmacies in Scotland as a second phase to our response to the Which? Report 2013. This was augmented by regional face to face events to support pharmacy teams with implementation.

A national e-learning module, *Pharmacy First,* was developed to support community pharmacy teams to provide better Out of Hours care through Patient Group Directions. We also provided a national educational framework for a further two cohorts (60 per cohort) of pharmacists/pharmacy technicians appointed to GP practice roles, which includes bootcamps, e-learning modules, a competency framework and a series of bespoke national webinars.

We commissioned and supported an additional three *Teach and Treat* service developments in NHS Boards during 2017-18 to support pharmacist-run independent prescribing clinics between secondary and primary care. One of the *Teach and Treat* services was commissioned for the first time to support pharmacists prescribing for acute common clinical conditions, contributing to treatment of patients in the community and reducing pressure on GP practices.

During 2017-18, we developed and launched a Foundation Framework and portfolio to support pharmacy technicians working in General Practice. The framework, developed in response to a gap in pharmacy technician education and development, consists of five generic core elements and three role-specific elements.

We provided Optometry CPD sessions to 495 individual optometrists, dispensing opticians and

orthoptists through our Portal course booking system, and 55 Optometrists were funded to undertake a therapeutics course. Webinars on human factors were delivered as part of our optometry summer webinar programme. In line with our commitment to improving clinical leadership and management within community practice, we provided LaMP (Leadership and Management Development Programme) training for 18 optometry practitioners.

We undertook scoping work on the Independent Prescribing Optometrist community to identify the most appropriate methods to support our growing numbers of Independent Prescribers. Our Peer Assisted Learning Network continued to expand with 17 groups meeting regularly across Scotland. We continued delivery of our online peer discussion groups to engage remote and rural practitioners. We also provided representation on the Continuing Education and Training reference group at the General Optical Council which is implementing change to the profession UK wide.

Our face-to-face training of Healthcare Science CPD opportunities comprising the Early Career Programme, Refreshing Leadership, Train-the-Trainer and Trainees-in-Difficulty was provided to around 200 attendees. Our face-to-face offerings were positively rated by attendees and for early career clinical scientist trainees this represents an essential component of their training portfolios.

We continued to play a key role in the transformation of nursing, midwifery and health professions' roles with the development of a structured, coordinated and future focused approach to education and career pathways from registration through to advanced and consultant practice. The first phase of this work focused on Transforming Nursing Roles, in particular developing a pathway and consistent approach to Advanced Nurse Practitioner roles. The focus is now on widening application to Allied Health Professions and Midwifery and to build on the strong education foundation established in phase one.

We provided educational support in line with the Scottish Government funded initiative to increase the number of Advanced Nurse Practitioners (ANPs) by 500 for primary care, mental health, acute and paediatric/neonatal settings by 2021. As part of the Postgraduate Diploma in Advanced Practice in 2017-18, 490 nurses undertook postgraduate modules with around 40 nurses qualifying as advanced nurse practitioners. The remainder of the group will continue to progress towards the final award in 2018-19. Recruitment commenced of additional nurses to begin postgraduate education in September 2018.

3.2 WORFORCE DATA

We continued delivery of our Analysis, Information and Modelling (AIM) for Workforce programme to support the actions from the *Everyone Matters: 2020 Workforce Vision*

Implementation Plan and to provide statistical analysis and workforce data to support workforce planning in NHSScotland. Through data tools, data analysis and reporting platforms, and dashboards, we provided support for workforce planning in dentistry, nursing and midwifery, optometry, psychology, and medicine.

During 2017-18 we provided analytical support for medical profiles, which support workforce planning in each medical specialty and combine information from several sources on medical training and employment. We redesigned, updated and extended the profiles, including the development of consultant projections for each specialty, which have been used by regional and national workforce planners for scenario planning. It is intended that the profiles will form one of the elements of the Health and Social Care workforce platform.

During 2017–18 pharmacy workforce analysis was undertaken which included HESA (Higher Education Statistics Agency) data on undergraduate and further education college students, PRPS (Pre-Registration Pharmacist Scheme) exit data, managed service data, community pharmacy workforce and pharmacist independent prescribers. This work will help support future workforce planning for the pharmacy profession and the development of future new models of care.

Quarterly workforce and trainee data on psychology services, CAMHS (child and adolescent mental health) services, and psychotherapy was provided to inform psychology workforce planning and trainee commissioning. Data was also provided on the scope, reach and clinical outcomes of evidence-based parenting interventions to support six weekly review meetings, parenting programmes, PoPP-On initiative and target setting.

The *National Health and Social Care Workforce Plan* Part One, published in June 2017, assigned our organisation a key role in analysis, intelligence and modelling for the NHSScotland workforce to strengthen workforce planning, including the development of a workforce data platform. The new platform will support enhanced data and modelling around supply and demand, enabling integrated and collaborative workforce planning at all levels and across all providers. During 2017-18, work that was progressed against the target deliverables included a proof of concept data platform, stakeholder engagement activities and development of a briefing paper on nationally controlled student intakes.

3.3 SUPPORT WORKERS AND ROLE DEVELOPMENT

Work continued throughout 2017-18 on facilitating access to educational tools, resources and learning for healthcare support workers in support of the *Everyone Matters Implementation Plan.*

The fourth national NHSS healthcare support workers event was held in February 2018. Over 200 healthcare support workers attended the event which was focused around the theme *Learning to Do Things Differently*, aimed at raising awareness of how participants could contribute to service improvement.

We continued to bring together NHS Boards, AHP career fellows and educational partners to consider key issues related to the development of clinical healthcare support workers (HCSWs). We delivered three stakeholder events to discuss career pathways and role development for clinical HCSWs, and worked with 50 delegates from 14 health boards, three education providers and one partnership organisation. One of these events was specifically aimed at the Allied Health Professions and the final event of the financial year included stakeholders from colleges and the Open University. We also led a successful regional collaborative working event with colleges and NHS Boards and will roll this out to other regions in 2019.

We began work in partnership with stakeholders on a national project for Recognition of Prior Learning to promote equality of access to learning for HCSWs. Our *Education Pathways* for all support staff was reviewed and digitalised as part of our work to support a range of education/learning networks to widen access and opportunities for HCSWs, leading to improved outcomes for service users.

We continued to support Boards to increase youth employment, and to promote NHSScotland as the employer of choice for young people through youth engagement activities and partnerships with schools/colleges. Further developments underway include expanding reach and impact, and working collaboratively to develop an integrated digital offering as we implement new national recruitment technologies.

We contributed to the development of Scottish Government *Digital Health and Care Strategy* including strategic objectives on developing workforce capability. This builds on our leadership role in cross-sector collaboration and the publication of research reports in the field of technology enabled care (learning needs); the first national technology enabled care learning resource for support staff; and digital skills for estates and facilities staff. Our work with hard to reach staff groups led to the development of a new programme, *Digital Matters*, with a suite of resources hosted on *Turas Learn*.

We contributed to the design of the HNC Facilities Management qualification in partnership with the City of Glasgow College and private enterprise. The SQA awarded qualification meets needs identified by employers in the industry and offers a development opportunity for NHSScotland Estates and Facilities Staff. The City of Glasgow College is the first college in Scotland to offer the qualification.

In collaboration with the Scottish Credit and Qualifications Framework Partnership (SCQFP), we undertook an innovative project, *Getting it Right* which aims to develop and roll out Recognition of Prior Learning (RPL) processes to support NHS staff to make the most of informal learning in the workplace. The project will also help NHS staff to identify their skills and compile portfolios to provide evidence and experience when applying for further or higher education courses at college or university. We produced two new publications to assist with the RPL profiling and evidence gathering process, and in conjunction with SCQFP, created and delivered bespoke RPL workshops.

In June 2017 we launched a one-stop website enabling support staff in NHSScotland to access information and advice about vocational qualifications to enhance their skills and support career development. The NHSScotland SQA Qualifications Finder was developed in partnership with SQA and also enables people interested in a career in NHSScotland to identify the qualifications available for each different role. The site is updated regularly and contains details of a large number of qualifications from SCQF level 3 to SCQF level 11 categorised by job family from Business and Administration through to Pharmacy Services.

In 2017-18 we delivered 22 face-to-face Optometry courses, two online peer discussions and eight webinars. In addition we trained 26 level five and 10 level seven optical assistants on the *Worshipful Company of Spectacle Maker's Certificates in Optical Care* which supports care provided to General Ophthalmic Service patients. Our national Optometry conference was attended by 150 optometrists and dispensing opticians, and 89 optometrists attended our *Independent Prescribing* conference. Our mock OSCE (Objective Structured Clinical Examination) course for 34 pre-registration optometrists ran at capacity.

Three cohorts of 135 pharmacists and 27 pharmacy technicians appointed to GP practices commenced on the bespoke Pharmacy Learning Pathway comprising e-learning and attendance at national learning events, with pharmacists completing an Advanced Practice competency and capability Framework (APF), supported by *Turas Portfolio*.

The national knowledge and skills framework for Trauma and Complex Trauma, designed to help people working in the public and third sectors in Scotland to support those affected by trauma, their families, carers and supporters, was widely disseminated and 10,996 visits to the website have been recorded with around 1,000 people subscribing to the newsletter. We developed a Trauma animation, informed by the skills and knowledge framework and the National Trauma Training Strategy. We also carried out research interviews to underpin the Scottish Trauma Informed Leadership Training, and the pilot for this training began in May 2018.

We provided a range of training and support for Children, Young People and Families. This included two-day Solihull Approach foundation level training for a total of 15 practitioners, a Solihull Approach train the trainer programme for 12 eligible practitioners, and two one-day training sessions for a mix of 56 Solihull Approach practitioners and PoPP (Psychology of Parenting Project) practitioners to develop shared understanding and integration of both models.

The full suite of PoPP-scheme start-up training days was delivered to 166 new PoPP multi-sector Early Years' practitioners in the Incredible Years® or Triple P® parenting programmes. We also provided: 46 authorised practice support/supervision sessions to 350 multi-sector Early Years' practitioners previously trained in the Triple P® and Incredible Years® parenting programmes; 18 Connecting with Parents' Motivations (CWPM) training sessions to 289 multi-sector Early Years' practitioners; and two training sessions in the Discussion Group Triple P® programme to 42 multi-sector Early Years' PoPP practitioners in established and new PoPP sites.

3.4 INTEGRATION, IMPROVING HEALTH AND TACKLING HEALTH INEQUALITIES

We delivered a range of activities to support the development of an integrated workforce through partnerships with organisations and bodies including Scottish Social Services, NHS Boards, Scottish Government and the third sector.

We co-hosted a national conference and graduation event marking the graduation of 147 health and social services Dementia Champions (Cohort 8), and 38 Dementia Specialist Improvement Leads (Cohort 2). Cohort 8 of the *Dementia Champions* programme was completed by 107 participants bringing the cumulative total to 857 graduates from the programme which continues to receive positive feedback. Cohort 8 included staff from the Scottish Ambulance Service, NHS 24, community hospitals, and the first participant from the Scottish Fire and Rescue Service. Cohort 2 of the *Dementia Specialist Improvement Leads* programme brings total numbers to date to over 60 and included for the first time, staff from the care home sector and the Care Inspectorate.

To further support Commitment 7 in the Dementia Strategy, six regional masterclasses were delivered for Dementia Champions, Social Services Dementia Ambassadors, and wider networks of trainers, with over 130 participants attending events covering areas including technology and dementia, ethical and legal issues and risk enablement.

A training programme specifically for the care home sector: *Essentials in Psychological Care – Dementia* was launched. The focus of the training is on proactive and preventative strategies for people with a diagnosis of dementia, developed for staff working at the skilled level or

above within the *Promoting Excellence* framework.

During 2017-18 we delivered four coaching groups in *Psychological Interventions in Response to Stress and Distress* and provided training for care home staff in relation to *Stress and Distress* and a train the trainer programme. We also implemented training for 21 CAMHS clinicians on Applied Behavioural Analysis with children and young people with a learning disability.

We continued to support the development of knowledge, skills and attitudes of members of the dental team to deliver equitable patient care and improved oral health to patient groups that may have difficulty in accessing health care. This included the six-day core programme for 92 Childsmile dental nurses during 2017-18. The Adults with Incapacity training course was completed by 37 participants. In addition, pilot courses for intravenous and inhalation sedation for the public dental service and general dental service were also successfully delivered in 2017-18.

The accredited work-based module *Supervised Toothbrushing in Nurseries and Schools* SCQF Level 6, developed in partnership with South Lanarkshire College (SLC) and NHS Lanarkshire, was delivered by SLC for a variety of students including 150 HNC in Childhood Practice students. This further supports Childsmile and nursery toothbrushing. Our Priority Groups workstream in partnership with the charity, Children's Health Scotland, supported the delivery of Childsmile to children with additional needs. Training delivered during 2017-18 for 81 extended duty dental nurses (EDDNs) and dental health support workers involved the use of dental playboxes to help engage children with the practical elements of Childsmile and the oral health message through play. This links to the *Keys to Life* strategy which focuses on reducing inequalities in healthcare for people with learning disabilities.

We delivered courses in Child Welfare and Wellbeing for 75 delegates across four of our five centres across Scotland. The training is aimed at all members of the dental team, and incorporates input from a dental-legal expert and a representative from the Childsmile programme, to support dental practices where the attendance and standard of oral health of children give concern.

Our Priority Groups workstream worked with partners to develop and deliver the oral health programme for dependent older people in care homes. An SCQF qualification in oral health, offered to care home staff, aims to increase knowledge and skills to enable them to embed effective oral care in residents' daily personal care. Latest figures show that 1,785 care home staff have successfully achieved the qualification with a further 816 currently in training, and 80% of all care homes in Scotland are now involved with Caring for Smiles.

The Family Nurse Partnership (FNP) programme continued to be delivered across Scotland in line with licence requirements and we remained on track to meet Scottish Government commitment that all NHS Boards who are in a position to deliver an FNP programme will be prepared to do so by 2019. During 2017-18, a total of 89 nurses and supervisors attended the core programme between April 2017 and March 2018. The programme was also delivered to FNP participants from Norway and Northern Ireland. As well as the core learning, a range of CPD workshops were offered for 76 FNP delegates, and a learning and mentoring programme for new supervisors was delivered to twelve participants.

In addition to the ongoing design, delivery and evaluation of the core FNP Learning Programme and CPD, we delivered two pilot sessions of strength-based philosophy workshops to 30 health visitors, midwives and colleagues from higher education institutes. A follow up workshop was also delivered for those who wished to attend.

We developed a palliative and end of life care framework, *Enriching and Improving Experience* in partnership with the Scottish Social Services Council. The framework is underpinned by three sets of principles that promote a person-centred, outcomes-focused, human rights-based approach to palliative and end of life care, and was launched in May 2017.

At a joint conference event with Scottish Government, we launched an educational framework on psychological interventions for practitioners working with adults with learning disabilities in Scotland. The event was attended by over 130 health, social care and third sector professionals and service managers who responded positively to the launch of the Framework. The Framework explicitly builds on the framework *Equal Health* and the conference provided an opportunity for further promotion of this work and previous initiatives.

THEME 4: ENHANCED EDUCATIONAL INFRASTRUCTURE

> **NES Key Outcomes**
> - *Outcome 7: Improved and consistent use of technology with measurable outcomes for learning, user satisfaction, accessibility and impact*
> - *Outcome 8: Consistently well developed educational support roles and networks to enable education across the workplace*

We continued to provide educational infrastructure to support postgraduate training and practice education as well as national clinical priorities, in particular for early years and mental health. This section also illustrates our work around delivery of a broad range of digital resources supporting improved access to knowledge, information and e-learning, enabling increased digital delivery of education as part of our *Digital Transformation*.

4.1 EDUCATIONAL SUPPORT ROLES AND NETWORKS

Since the introduction of the AHP Career Fellowship Scheme in 2010-11 we have invested in over 500 learning and development projects for AHPs across NHSScotland to support innovation, change and improvement that leads to better outcomes for people. During 2017-18 we provided support to a number of teams/individuals including four teams undertaking conversation/clinical decision-making training to embed this in practice; two teams to test this approach in adult services; and five AHPs to complete training to deliver *Good Conversations* locally. Support was also provided to evaluate the impact of service-wide implementation of *Good Conversations* in NHS Dumfries and Galloway

We established a partnership with the Scottish Ambulance Service which will support the development of paramedical education which is fit for the future and enable a *Once for Scotland* approach across AHP education to ensure economy and efficiencies are optimised. Work was progressed to consider specific workforce education and development support needs and funding requirements. Our collaboration offers opportunities for improved access to learning for the paramedic workforce through existing resources and new initiatives including *Turas*; our NMAHP practice education infrastructure; transformation of primary care; prescription for excellence; *Transforming Roles* programme; and a technology enabled workforce.

We delivered a programme of face to face events across each NHS Board in Scotland and a national webinar as part of the Quality Improvement in Pharmacy Practice (QIPP) collaborative, to support quality improvement developments in pharmacy. An Information Governance e-learning module was also developed to support community pharmacies.

During 2017-18 we developed a programme of webinars and video-conferencing to support access to education for remote and rural pharmacists and pharmacy technicians. We also commissioned provision of six elearning modules developed by the Centre for Postgraduate Pharmacy Education (CPPE) and collaborated with CPPE and Keele University to develop two virtual patient avatars to support pharmacists with complex consultations.

We delivered a wide range of educational developments to support improved capacity in psychological interventions and psychological therapies. Through PTTCs (Psychological Therapies Training Co-ordinators), we provided capacity to scope requirements, deliver training and support supervision, providing 42 courses to 666 multidisciplinary staff. We also assured Psychological Therapies training in Scotland, developed a quality assurance framework and guidance notes, and supported the roll-out of the Information Services Division (ISD) Psychological Therapies workforce survey.

Training was provided in CBT supervision skills to 29 clinical psychologists; introductory supervisor training to 62 new supervisors; CPD to 51 experienced supervisors; and competence awareness sessions for nine health psychology supervisors. We supported the delivery of 122 Generic Supervision Competences in Psychological Therapies training places for High Intensity Therapists, and the delivery of 19 CBT specialist supervision training places.

We rolled out an e-module designed to allow practitioners to rehearse and benchmark their skills in using a standardised assessment tool to support effective feedback in CBT supervision (378 enrolled) and enabled access for 159 practitioners across NHS Boards.

In collaboration with Scottish Government and multi-sector stakeholders, we began to develop an Implementation Science informed Early Intervention framework with a project plan agreed with Scottish Government and wider stakeholders. We also delivered a roll out of Implementation Science training to multiprofessional staff (trainers) for CAMHS and Psychological Therapies.

4.2 DIGITAL CONTENT

In line with our *Digital Strategy*, we expanded our digital educational provision with new learning resources and applications, and continued our work to make our resources available on a wide range of devices through a single point of entry.

Work was progressed to provide enhanced functionality on our *Turas Training Programme Management* application to achieve a single system for the management of healthcare trainees. Trainee doctors, dentists and pharmacists were able to access their records and work was undertaken to enable access by clinical psychologists and healthcare scientists. We re-developed the Scottish Foundation School ePortfolio which is fully integrated on the *Turas* platform and this application was also lauched for use in Wales, Northern Ireland and Malta.

We successfully migrated 7,000 from our Pharmacy user base in Portal to *Turas Learn* in June 2017. We developed two separate Pharmacy curricula accessible from *Turas Portfolio,* with corresponding resource libraries on *Turas Learn*, to support pre-registration training and General Practice Clinical Pharmacist development. Development of *Turas Portfolio* and *Turas Learn* resources for vocational training and pharmacy technicians is underway.

At March 2018 there were 58,000 users from across health and care registered to access services on our Knowledge Network. From April 2017 to March 2018, the use of subscription resources on The Knowledge Network by health and care staff rose significantly with 1,156,921 (662,033)* fulltext journal articles downloaded; 1,955,571 (1,216,627)* searches conducted; and 2,052,653 (67,097)* views of ebooks (* indicates 2016-17 figures). The increased numbers were achieved as a result of a series of enhancements including a new

discovery service and improved user access. Over 4,000 users completed an evaluation survey with 90% reporting that the services provided by The Knowledge Network have had a positive impact on their work and the quality of services that they or the organisation provide.

We launched the Cognitive Rehabilitation in Dementia mobile application in December 2017. The app, the first of its kind in Scotland, aims to improve practice among health and social care staff in Scotland caring for people in the early stages of dementia, and to bring consistency to the cognitive rehabilitation process. The app complements a hard copy learning resource and twice-yearly workshops, and was shortlisted for two UK awards.

4.3 EDUCATIONAL INFRASTRUCTURE

Our Remote and Rural Education Alliance (RRHEAL) continued to implement a range of distance education tools and resources that increase access to high quality education and training for the remote, rural and island workforce.

A new education network for rural practitioners was launched to support development of acute care skills around high dependency and critical care in rural hospital settings. Monthly video conference education sessions were delivered in a range of topics across the RRHEAL VC Education Network. Our Rural General Hospital (RGH) VC Education Network delivered a series of ten session on a wide variety of topics specifically tailored to meet the needs of RGH practitioners. RHHEAL undertook early adoption of *Turas Learn* and made available a host of educational resources through the platform.

The impact of our work on health and care services remained a key focus in 2017-18, and impact targets were recorded and measured for all initiatives in our Operational Plan. A large majority of the targets were aligned to one of the four types of impact (engagement, education/learning, performance and service) set out in our corporate impact framework. A high proportion of these targets (61.1%) related to service impact (such as improved clinical outcomes, better quality, improved productivity, cost savings) while educational impact (22.4%) and performance impact (16.3%) were a focus for educational and other activities. Over 90% of impact targets were achieved as planned, some of which relate to outputs and deliverables associated with longer-term service impact.

During 2017-18 examples of impact assessment highlighted contributions in engaging learners, improving knowledge and skills, enhancing performance, and improving service outcomes. The impact of our work on increasing access to psychological services indicated a positive effect on waiting times for CAMHS and other services. An evaluation of the Scottish Improvement Leader programme demonstrated that 88% of participants felt confident in applying improvement thinking and tools at the leadership level, with 71% utilising these skills

in their role. A survey of three of our leadership and development programmes provided evidence that participants responded positively to the programmes and had improved performance in areas such as relationships with team members, leading service change, and achievement of personal objectives.

THEME 5: AN IMPROVED ORGANISATION

NES Key Outcomes
- *Outcome 7: Improved and consistent use of technology with measurable outcomes for learning, user satisfaction, accessibility and impact*
- *Outcome 9: An effective organisation where staff are enabled to give their best and our values are evident in everyday work*

During 2017-18 we continued to focus on improving our systems, processes, workforce plans and structures in order to become more effective and to deliver our services in a more streamlined and consistent way. We delivered efficiency savings from activities that do not involve direct patient care and we progressed workforce, people and organisational development, digital and property strategies to support new ways of working.

5.1 SUPPORTING AND DEVELOPING OUR STAFF

During 2017-18 we refreshed our People and Organisational Development Strategy, *Towards 2020: Improving Our Workforce* which aligns with *Everyone Matters: 2020 Workforce Vision*, and our strategic framework and the collective ambitions of the eight national NHS Boards.

We conducted a review of our provision of leadership and management training, education and development which identified opportunities for greater consistency and improved sharing of learning resources; and in addition, the potential for collaborative planning, commissioning and review of financial resource utilisation. A new Leadership and Management forum has been established to progress actions and outcomes from this review.

We implemented the national iMatter engagement tool and provided support across the organisation to deliver action plans. We achieved high levels of engagement in 2017 with 81% of employees responding to the survey element of the process, resulting in an overall Employment Engagement Index score of 80%.

We delivered our year one objectives under our four-year equality action plan. The plan provides a clear, outcomes-driven focus for our equality activity which is mainstreamed into our operational plan and aligned to our strategic framework, and sets out the outcomes that are expected to be delivered together with guidance on the related activity and resource required.

We continued to exemplify all aspects of the Staff Governance Standard and developed

refreshed equalities outcomes, an updated equal pay statement and our equality and diversity mainstreaming report. We also continued to use and refine our staff equalities data, which provides effective intelligence for equality impact assessment and staff governance. These activities provided assurance that we are fulfilling the statutory duties of the Equality Act, to have due regard to the need to eliminate discrimination harassment and victimisation, and to advance equality of opportunity and foster good relations.

5.2 ORGANISATIONAL PERFORMANCE IMPROVEMENT

We continued to make significant progress in developing a more integrated and efficient organisation. We maintained a focus on organisational change, improvement and efficiency plans, and the development of new and improved ways of working with particular emphasis on digital solutions and web-based technology, supporting the organisation to respond efficiently and effectively to increasing demands for education and training across the health and care workforce.

We delivered a national recruitment, assessment and selection service for a wide range of vocational trainees, and national services including policy and processing for Tier 2 medical trainees and a national, single system service for the PVG (Protection of Vulnerable Groups) Scheme for doctors in training. We continued to play a lead role in the implementation of the lead employer model for medical and dental trainees across Scotland, including assuming the employer for all GP trainees throughout the whole of their education journey.

During 2017-18 we consolidated the new operating model for our Organisational and Leadership Development activities which focuses resources and objectives around four domains: Leadership and Management, Organisational Development, Learning and Development and the measurement of Quality and Impact. The new model aligns with Scottish Government and stakeholder priorities across the health and care system.

We completed work on harmonising job roles to support greater transparency on grading and transferability of skills across our organisation. Harmonisation resulted in the reduction of 732 active job roles and 295 different job titles to a suite of around 50 job roles. This creates efficiency savings through a substantial reduction in job evaluation panels and development of job descriptions. We plan to build on the flexibility provided by harmonised roles to enhance career development opportunities for staff.

We developed a new People and OD Dashboard that provides aligned, real-time people management information which will be further developed in 2018-19. The cloud-based Dashboard also offers the potential to be utilised across other NHS Boards.

We progressed a range of initiatives aimed at delivering improvement by bringing together activities and products duplicated across the organisation to deliver a Once for NES/Once for Scotland approach. This included streamlining and standardising training programme management activities to deliver increased efficiencies; integrating our workforce data analysis activities to provide a more co-ordinated approach and become better positioned to support the increasing demand for workforce support; and the review of leadership and management resources to improve alignment, consistency and efficiency in delivery and provision. Work was also initiated in relation to Women, Children, Young People and Families, Mental Health, Learning Disabilities and Dementia policy areas to improve effectiveness and efficiency through closer collaborative working. We also undertook a number of continuous improvement activities to support process improvement in different parts of the organisation.

5.3 EFFICIENT AND EFFECTIVE CORPORATE RESOURCES

We continued to make significant progress in the implementation of our *Digital Strategy* to deliver new digital services based on a single cloud-based platform providing an integrated, single point of entry system for users, transforming our approach to technology solutions for both our own organisation and NHSScotland.

In the course of 2017-18, we contributed to a number of national developments and strategic initiatives including the *Digital Health and Care Strategy*, developed in 2017-18 by Scottish Government and COSLA, which sets out how care in Scotland can be enhanced and transformed using digital technology. We also undertook a lead role in the co-ordination of the National Boards Collaborative Plan, working closely with all eight national NHS Boards, to support the requirements for new ways of working set out in the *Health and Social Care Delivery Plan*.

We provided executive-level representation to the *Digital Health and Care Strategy* Strategic Oversight Group and supported the Business Systems programme of work as co-sponsor with NHS NSS, leading the Business Systems roadmap and eRostering elements to inform development of a new generation of business systems for NHSScotland. This work is in alignment with the vision for NHSScotland Business Systems.

In further strategic initiatives we provided support to NHS NSS with their digital transformation and, in conjunction with NHS24 led the development of the National Boards Digital Collaboration hub which will support the implementation of the Health and Social Care strategy. In addition, we provided support to the Care Inspectorate in their digital transformation project which is leveraging *Turas* architecture and technologies to build an in-house digital platform. This allowed the Care Inspectorate to proceed to development stage,

increasing the speed and efficiency of their delivery and one of the early developments will support Care Home of the Elderly inspections with a planned launch date of April 2019.

Work was undertaken to progress development of *Turas People* to support the lead/host employer model of doctors in training in Scotland. *Turas People* enables sharing of appropriate information between the lead employer and the host board and provides functionality including employee onboarding, in-employment functionality and integration with other HR and payroll systems and teams as appropriate. An intranet resource was also created giving trainees easy access to information relevant to their employment. This work supports the transition towards fewer employers of doctors and dentists in training (DDiTs), improving the working lives of DDiTs and substantially reducing administrative costs for both our organisation and other NHS Boards.

We delivered *Turas Learn* and migrated our e-learning modules in LearnPro to the new platform to support LearnPro licence cost savings and development work which will enable adoption of *Turas Learn* by NHS Boards, creating a potential cost reduction of around £400k across NHSScotland.

Turas Appraisal, an application for recording appraisals and personal development plans for health and care staff across Scotland, replacing e-KSF, was successfully launched for over 167,000 staff across NHSScotland. This development was achieved in a very short timescale and a wide range of stakeholders across NHS Boards were involved in the development and testing of the application. Over 20,000 NHSScotland, Agenda for Change staff signed up to the application in the first week.

We introduced a replacement corporate planning and performance system. Our new system integrates operational planning, performance management and improvement, equality and diversity, risk management, and audit data on a cloud-based platform. The system will create improved consistency, increased efficiency and cost savings. The introduction of a new room booking and management system, and a corporate dashboard will complete the final phases.

We progressed our work towards the ISO27001 information security standard and remained on target to gain full certification in 2018. We decommissioned Novell technology from our network in 2017 which will, through simplification of our internal digital infrastructure, lead to reduced operating and licensing costs. This work further enables our cloud transition strategy and will facilitate integration with other systems.

In 2017-18 we continued to progress delivery of the objectives of our Property and Asset Management Strategy, including the consideration of collaboration opportunities with other NHS Boards and identification of space rationalisation and commercial opportunities for both

property and facilities services. We achieved a reduction in footprint at our Aberdeen accommodation to create a modern, flexible environment which improves the experience for our visitors and staff at a lower operational cost. In addition, substantial progress was made to introduce a new room booking system across all sites. The resulting data will allow an enhanced understanding of the demands placed upon the properties and going forward, will inform our Property and Asset Management Strategy.

APPENDIX 1

References

1   Health and Social Care Delivery Plan (Scottish Government, December 2016)

2   Quality Strategy (Scottish Government, May 2010) outlines three quality ambitions: Safe, Person-Centred and Effective

3   The Everyone Matters: 2020 Workforce Vision has five priority areas: Healthy Organisational Culture; Sustainable Workforce; Capable Workforce; Integrated Workforce; and Effective Leadership and Management (Scottish Government, June 2013)

4   The National Clinical Strategy for Scotland (Scottish Government, February 2016)

5   Realistic Medicine: Chief Officer's Annual Report 2014-15 (Scottish Government, January 2016)

6   Health and Social Care Workforce Plan, Part One (Scottish Government, June 2017)

7   Scotland's Digital Health and Care Strategy (Scottish Government, April 2018)

APPENDIX 2

Strategic Themes: Impact Outcomes for 2017-18

	STRATEGIC THEME	**IMPACT**
1	**AN EXCELLENT WORKFORCE**	
	Recruiting and Training Key Healthcare Staff	• Successful recruitment to and progression through medical training programmes to provide future consultants and GPs, recruitment to UK standards, and Improved attractiveness of Scotland as a career destination. • A well trained dental workforce to improve access to NHS dental services through quality assured programmes. • A well trained general hospital pharmacist workforce ready for further specialist study and career progression. • Specialist healthcare science practitioners, clinical scientists, and higher specialist practitioners with common core attributes to ensure the ongoing supply of healthcare science staff
	Undergraduate and Pre-registration Education	• Additional cost of teaching (ACT) funds in medicine and dentistry to help NHS Boards provide a high-quality learning environment for undergraduates. • Increased knowledge and skills in the dental care profession (DCP) workforce to improve oral health and care. • Enhanced pre-registration education and the learning environment through performance management and quality improvement. • A Pre-registration Pharmacy Scheme (PRPS) to provide a well-trained pharmacist workforce for the NHS in Scotland • A sustainable Scottish programme to ensure the supply of preregistration healthcare science (HCS) practitioners in clinical technology.
	The Workplace Learning Environment	• Improved learning environments to ensure highly competent clinicians trained to regulatory standards through excellence in supervision and practice education supported by enhanced quality management (QM), quality improvement (QI) and educational governance. • Improved patient experience supported by raised awareness of educational resources for practitioners and flexible high-quality education pathways for safe, effective and person-centred care. • Improved retention through career advice, induction and returner programmes, flexible training, retainer schemes and support for performance.
2		
	Safe, Effective and Person-centred Care	• Embedded values and professionalism, improved person-centred care and enhanced access to education for new models of care. • Increased knowledge, confidence and skills and fewer adverse events through human factors education (HFE), the Scottish Patient Safety Programme (SPSP) and flexible, high quality education pathways, clinical skills training and evaluation. • Flexible access to multi-professional learning materials to enhance support of the *Health Protection and Healthcare Associated Infection* (*HAI*) action plans to provide a cohesive, integrated and progressive approach to workforce education
	Quality Improvement Education	• Increased use of Quality improvement (QI) resources and a health and social care workforce which is competent, confident and engaged in improving services through improved QI

		capacity and capability.
		• Improved quality of care through better informed dental QI initiatives and improved compliance with guidance.
	Leadership and Management	• Access to development for public service leaders and managers to improve cross sector working through dialogue and collaboration.
		• Public service leaders and managers who adopt values driven approaches to improve care and to develop more effective working relationships.
		• More open and honest conversations to improve performance, sustain good performance and tackle poor performance.
		• Strengthening management at all levels with particular focus on middle management, talent management and succession planning.
3	**NEW MODELS OF CARE**	
	Primary Care	• Increased participation in education and training through continuing professional development (CPD) activities across professions.
		• Improved access for general dental practitioners (GDPs) and dental care professionals (DCPs) to a programme of CPD for registration.
		• CPD for community based optometrists and dispensing opticians to improve community eye care and help reduce referrals to hospital.
		• CPD for pharmacists and pharmacy technicians to ensure mandatory requirements are met and to support *Prescription for Excellence.*
	Workforce Data	• Enhanced national workforce data on which to base workforce numbers and improve decision making on commissioning, funding, performance management, recruitment, succession planning and modernisation.
	Support Workers and Role Development	• Improved access to learning opportunities, qualifications and education pathways for healthcare support workers (HCSW) to support better career development and succession planning.
		• Learning to meet service and personal development needs, enhance consistency and support change, improvement and innovation.
		• National and sustainable education for improved clinical service delivery, and patient care and safety through practitioner role development.
	Integration, Improving Health and Tackling Health Inequalities	• Continued development of the cross-sector reach of dementia education to improve quality of care and quality of life outcomes for people with dementia and families and carers, focusing on infrastructure development and impact evaluation.
		• Improved social and emotional development for young children with behaviour problems through better workforce capacity in parenting interventions across sectors.
		• Reduced health inequalities for vulnerable children and families through education and role development to enhance understanding of the Children and Young People's (Scotland) Act (2014) and improved capacity, capability and access to learning resources for children, young people and families.
		• Sustainable and enhanced practice education and capacity to improve the health and wellbeing of people and the use of inquiry based approaches for the workforce across health and social care.
		• Better cross-sector reach of multi-professional education to improve quality of care and quality of life outcomes through increased knowledge and skills and enhanced impact assessment to inform future developments.

		• Better oral health for older people, children and the homeless, improved access to services and better awareness of child protection and safeguarding.
4	**ENHANCED EDUCATIONAL INFRASTRUCTURE**	
	Educational Support Roles and Networks	• A well-developed network of medical trainers supported by continuing professional development (CPD) and annual appraisal. • Sustainable and enhanced NMAHP practice education infrastructure of Practice Education Co-ordinators (PECs), Practice Education Leads (PELs), Practice Education Facilitators (PEFs) and Care Home Education Facilitators (CHEFs). • Practice education improvement supported through Practice Education Coordinators (PECs) and Educational Development Facilitators (EDF) from the service. • Improved capacity and capability in psychological interventions and psychological therapies through well trained trainers and supervisors.
	Digital Resources	• Quick and easy access to knowledge services through TURAS to support safe, high quality care. • Access to relevant digital content while we implement our Digital Transformation.
	Educational Infrastructure	• Improved access to learning, better identification of training needs, enhanced confidence in development discussions and easier to use guidance. • Increased access to learning opportunities, qualifications and education pathways for the remote, rural and island workforce. • Community based Teach and Treat centres delivering dental and optometric care and outreach teaching, and improving the skills of practitioners. • Increased awareness, involvement and application of impact assessment and research in healthcare improvement that provides data to inform our decisions, policy and practice.
5	**AN IMPROVED ORGANISATION**	
	Supporting, Developing our Staff	• A workforce plan and workforce data that anticipates our future requirements and is aligned with corporate objectives. • A continuously improving work environment evidenced by high levels of employee engagement. • Equality mainstreamed into all areas of business. • Learning and organisational development (OD) which helps our staff perform to their potential, aligns individual performance with organisational aims, meets legal and mandatory training requirements, supports career development and develops our leadership and management capability.
	Organisational Performance Improvement	• Improved business processes and national work streams supported by better integrated systems for decision making and control. • Improved information governance, digital development, single unified digital environment (TURAS) and service support to ensure continuity. • A new Finance structure with an internal shared service team, better integrated systems and well trained and motivated staff. • Harmonised job roles and HR processes to improve business performance, recruitment, payroll and transactional services supported by business partnering for the organisation through a time of significant change.
	Efficient and Effective Corporate Resources	• Robust budget setting and financial systems to deliver statutory reporting and improved services for decision making and financial control. • Financial transactions processed and staff paid within an

		effective control environment in compliance with national payment targets.
		• Improved documentation, consistent application of contract terms and conditions and efficiency savings supported by better reporting.
		• Increased use of innovative communication technologies, more proactive media relations, provision of national events and conferences and improved internal communications.
		• Corporate planning, governance and performance improvement based on measurable impact which aligns with service need and national policy, and supports continuous improvement across our organisation.
		• Improved corporate property and facilities management (PFM) services through continued implementation of the corporate PFM strategy.

APPENDIX 3

Quality Education for a Healthier Scotland, Strategic Framework 2014-19

Key Outcomes for 2014-19

1	A demonstrable impact of our work on healthcare services	This outcome reflects our priority of being able to identify and demonstrate the value that our work adds to NHSScotland and beyond; assisting us in our understanding of what works, and enabling us to identify areas for improvement. By 2019 we aim to ensure that we have arrangements in place to set out the planned impact of educational activities in all programmes that support this type of analysis, and to evaluate the achievement of these impacts.
2	An excellent learning environment where there is better access to education for all healthcare staff **	This outcome focuses on improving the quality of the learning environment for all those who are training and developing their practice within NHSScotland and the wider social care setting. By 2019 we aim to have access to data that enables us to assess the quality of the learning environment in which placements for undergraduate and trainees are delivered; to be able to join up this information to provide an integrated and holistic view of the learning environment; and to have measures in place which demonstrate how our interventions have contributed to an improvement in the quality of the learning environment.
3	Flexible access to a broad range of quality improvement education in the workplace**	This outcome reflects our commitment to making quality improvement (QI) education available to all staff groups (clinical and non-clinical) to ensure that the workforce is supported to deliver QI activities on a day-to-day basis. By 2019 we aim to: have trained a total of 284 people in the Scottish Improvement Leader (ScIL) programme and to have supported a further 60 Fellows through the Scottish Quality Safety Fellowship (SQSF); ensure that unit specific modules on QI are available to staff across the entire workforce and quantify how many staff have completed these modules.
4	Leadership and management development that enables positive change, values and behaviours**	By 2019 we wish to be an effective partner, highly valued by Scottish Government and a wide range of stakeholders, in the design and delivery of innovative ideas, policies and initiatives that are scalable and deliver the capacity and capability the health and care sector requires to meet the leadership challenges arising through transformational change. We wish to be delivering on the *Once for Scotland* ambition, and across a wider platform of organisational and leadership development, *digital by default*, assessing impact, and continually improving our contribution at pace.
5	A key role in analysis, information and modelling for the NHSScotland workforce to strengthen workforce planning**	Although we are not responsible for workforce planning, we do have access to significant, and growing amounts of data about the trainee workforce, and increasingly about the way in which individual cohorts of staff are accessing training and development. This outcome reflects the importance of ensuring that best use is made of this data and the intelligence contributes meaningfully to workforce planning in NHSScotland, supporting Everyone Matters: 2020 Vision.
6	A range of development opportunities for support workers and new and extended roles to support integration**	Support workers represent around 40% of the NHSScotland workforce but have traditionally received very little training and development support. Our ambition in relation to this group of staff is to provide access to national learning pathways and sustainable learning and development opportunities. This outcome also recognises the need to

		ensure we have a national and coherent approach in relation to the development of new and extended roles which are identified by the service to enable an integrated team approach.
7	Improved and consistent use of technology with measurable benefits for user satisfaction, accessibility and impact	By 2019 we aim to be digital by default, exploiting all opportunities to deliver educational solutions that support excellence in healthcare for the people in Scotland. We will achieve this through demonstrating that we provide access to education for the entire NHSScotland workforce, whenever and wherever it is needed, and create intuitive and personalised services for all our users, with non-digital alternatives wherever needed.
8	Consistently well-developed educational support roles and networks to enable education across the workplace	This outcome refers to our commitment to provide support and development to those based within NHS Boards and other employers who have a role in supporting training and education in the workplace for those working in and with NHSScotland. The commitment to provide networks and resources to develop these roles extends to those staff who are funded by us as well as those who are not.
9	An effective organisation where staff are enabled to give their best and our values are evident in every day work	By 2019, we seek to be an organisation where leadership, management and meaningful appraisal continually improve the experience, performance and development of our workforce and the performance of our organisation as a whole. We want to ensure that the work we do is focused on the user, makes the best use of technology, supports staff wellbeing and resilience, and ensures efficient use of resources.

** Indicates a 2020 Workforce Vision priority for NES

NHS Education for Scotland

Board Paper Summary

1. **Title of Paper**

   Sharing Intelligence for Health & Care Group Summary report for 2017–2018.

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

   Professor Stewart Irvine, Director of Medicine
   Karen Wilson, Director of NMAHP

3. **Purpose of Paper**

   To advise the Board of the publication of the Sharing Intelligence for Health & Care Group Summary report for 2017–2018.

4. **Key Issues**

   The Sharing Intelligence for Health & Care Group is a mechanism that enables seven national agencies to share a consider intelligence about the quality of care systems across Scotland. The Sharing Intelligence for Health and Care Group was established in 2015 to provide a proactive and supportive environment for collaboration and intelligence sharing amongst the partner organisations. The group is co-chaired by Professor Stewart Irvine, and Dr Brian Robson, Medical Director of Healthcare Improvement Scotland, and currently includes 7 partner organisations :

   - Audit Scotland
   - Care Inspectorate
   - Healthcare Improvement Scotland
   - Mental Welfare Commission for Scotland
   - NHS Education for Scotland
   - NHS National Services Scotland Public Health and Intelligence
   - Scottish Public Services Ombudsman

   Often the information held by one organisation alone will not cause concern. However, when combined with intelligence from another organisation this may highlight a particular issue that needs investigated further.

   By accessing and analysing the information and knowledge held by partner organisations, we can gain a better, more rounded understanding of the risks facing

health and care services, and the relative importance of those risks. Armed with this information, we can ensure that the right response is formulated in a way that is proportionate to the risks identified and provides an effective level of assurance.

Independent evaluation of the Sharing Intelligence for Health& Care Group

In its summary report for 2016-17, the Group made a commitment to commission an independent evaluation of its work. This evaluation has been completed and the Group has considered the recommendations in the evaluation.

The evaluation found that the Group has carried out valuable work in its first three years. The agencies on the Group report they are now better prepared to take additional action, when this is required. The evaluation also made some suggestions for how the Group can improve further. For example, the Group has developed a checklist based on common themes arising from public inquiries into organisational failings in care systems – and has begun to trial the use of this checklist to help structure its discussions,

http://www.healthcareimprovementscotland.org/his/idoc.ashx?docid=9e4fdf55-ebab-47c6-b3df-6ff80fd19ff3&version=-1

http://www.healthcareimprovementscotland.org/his/idoc.ashx?docid=99c48469-62e2-4a13-9d5e-37c4510b7058&version=-1

5.   **Educational Implications**

Data is a powerful tool for improving the quality of care and an important source of information for patients and the public. A wealth of data is gathered across Scotland that can be used to target inspection and monitoring activity. By accessing and analysing the information and knowledge held by partner organisations, we can gain a better, more rounded understanding of the risks facing health services and the relative importance of those risks.

Armed with this information, we can ensure that the right response is formulated in a way that is proportionate to the risks identified and provides an effective level of assurance. In the words of Dame Fiona Caldicott 'to care appropriately, you must share appropriately'.

6.   **Financial Implications**

There are no direct financial implications of this work, beyond the time commitment of the senior staff involved.

7.   **Which NES Strategic Objective(s) does this align to?**

The work of the Sharing Intelligence for Health & Care Group supports Theme 1 : An excellent workforce - Consistent evidence-based excellence in education for improved health and care, and Theme 2 : Improved quality- Education for improving quality to enhance patient safety and people's experience of services.

8.   **Communication Approach**

Open and supportive relationships with the NHS boards is important to us, and we have tried to strengthen these relationships while scrutinising the available data. One of the principles that shapes our approach to intelligence sharing in Scotland is openness and transparency. Therefore, we continue to share with each NHS board the complete package of intelligence about them that we considered, together with a written summary of the main points we discussed.

We also met with senior colleagues from individual NHS boards to provide feedback from our meeting and learn about key quality issues from their perspective. These meetings also included helpful consideration of the key pieces of intelligence used at both national and local level to help compare and understand how health and social care systems are evolving and working. These meetings were normally led by the co-chairs, and would involve the Chief Executive, Medical Director and Nurse Director of the Board concerned, along with other staff at the Board's discretion.

We recognise that our focus on engaging with NHS boards needs to evolve, and we are actively consider opportunities to appropriately engage with the leadership in Integration Authorities and others as part of our approach in future.

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

The Board is asked to: note the publication of the Sharing Intelligence for Health & Care Group Summary Report for 2017–2018.

NES
August 2018
KW

Sharing Intelligence for Health & Care Group

Summary report for 2017-2018

AUDIT SCOTLAND

care inspectorate

Healthcare Improvement Scotland

mental welfare commission for scotland

NHS Education for Scotland

NHS National Services Scotland

SPSO

Dr Brian Robson
Co Chair of the Sharing Intelligence for
Health & Care Group/Medical Director,
Healthcare Improvement Scotland

What is the purpose of this report?

This report summarises key points about the work of the Sharing Intelligence for Health & Care Group during 2017-2018.

It includes messages for the public, including about why the Group was set up and how we work. The report summarises the main things the Group did and learned in 2017-2018. This includes instances where additional actions were carried out in response to intelligence shared. The findings from an independent evaluation of how we work are summarised, alongside our commitments for 2018-2019.

Please contact **hcis.dmbi-team@nhs.net** if you have any queries about this report or the Sharing Intelligence for Health & Care Group.

Contents

Professor Stewart Irvine
Co Chair of the Sharing Intelligence for Health & Care Group/Director of Medicine & Deputy Chief Executive, NHS Education for Scotland

What is the Sharing Intelligence for Health & Care Group?

The Sharing Intelligence for Health & Care Group (referred to as 'the Group') is a mechanism that enables seven national agencies to share and consider intelligence about the quality of care systems across Scotland (for example NHS boards).

The seven organisations, each of which has a Scotland-wide remit, are:

Audit Scotland

Care Inspectorate

Healthcare Improvement Scotland

Mental Welfare Commission for Scotland

NHS Education for Scotland

NHS National Services Scotland

Scottish Public Services Ombudsman

Why does the Group exist?

Our overall aim is to support improvement in the quality of care provided for the people of Scotland, by making good use of existing data, knowledge and intelligence.

Our main objective is to ensure that, when any of the seven agencies have a potentially serious concern about a care system, this is shared and acted upon appropriately. Sharing concerns at the right time can help identify emerging problems which can then be acted upon.

In parallel with this, the individual agencies on the Group continue to respond to concerns as they arise, in line with their own roles. Some of the partner organisations also highlight examples of where things are working well, so others can learn from this.

Our principles include using available data and information wisely and collaboratively for the purpose of maximising improvements in the quality of care. We are also open and honest about how we share and use data and information, involving service provider organisations in our approach.

Seven national agencies get a more comprehensive picture of quality of care, by sharing data and information → These partner agencies, where needed, take better informed and co-ordinated actions in response to concerns about quality of care → These actions support improvements in the quality of care
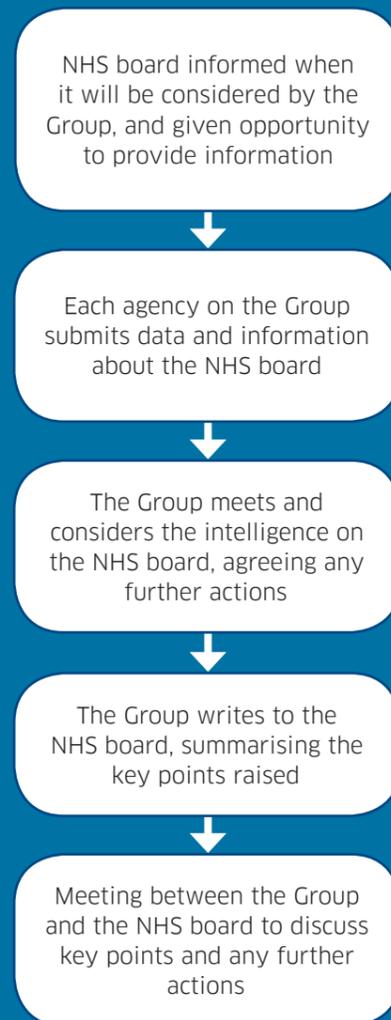
What did we do in 2017-2018?

The Group met six times between April 2017 and February 2018 to share and consider key pieces of data and information that we hold about the following 18 NHS boards:

NHS Ayrshire & Arran	NHS Lothian
NHS Borders	NHS Orkney
NHS Dumfries & Galloway	NHS Shetland
NHS Fife	NHS Tayside
NHS Forth Valley	NHS Western Isles
NHS Grampian	Scottish Ambulance Service
NHS Greater Glasgow and Clyde	State Hospitals Board for Scotland
NHS Highland	Golden Jubilee Foundation
NHS Lanarkshire	NHS 24

The Group's process is summarised in the flow chart below:

NHS board informed when it will be considered by the Group, and given opportunity to provide information

↓

Each agency on the Group submits data and information about the NHS board

↓

The Group meets and considers the intelligence on the NHS board, agreeing any further actions

↓

The Group writes to the NHS board, summarising the key points raised

↓

Meeting between the Group and the NHS board to discuss key points and any further actions

Examples of the intelligence we shared before each of our meetings, and then discussed in person, include:

findings from inspections and other reviews of care provider organisations

quantitative analyses from Scotland-wide care datasets, including about service delivery, complaints and workforce

survey results of trainee doctors

information about financial and resource management.

We provided feedback to each of the 18 NHS boards we considered. This typically included a meeting with the NHS board, at which we considered key issues from both the NHS board's and the Group's perspectives.

There were two instances where some of the agencies on the Group supported NHS boards to make necessary improvements in response to intelligence that had been shared (see page 13 for more information).

We also commissioned an independent evaluation of our work (see page 16 for more information).

What did we learn in 2017-2018?

We are in a privileged position of learning about many important things happening in the care system across Scotland. These include many positive things but also the main challenges. As organisations with Scotland-wide remits, we need to be aware of and responsive to these challenges. This is with the ultimate aim of supporting the delivery of high quality care services for the people of Scotland.

> During the past year, we have continued to see positive things, despite the pressures on the care system. These include examples of high quality services, and also areas where improvement has been made.

We again heard repeatedly of instances where NHS boards had responded well to the findings from external reviews, even when these sometimes drew attention to challenging issues. This is important as leadership and an open culture are important drivers of change.

However, as we reported last year, the care workforce is under increasingly intense pressure as it seeks to maintain and improve the quality of frontline services. Many services are seeking to transform overall models of care, with increasingly more services being delivered in the community instead of hospital. Achieving this in the context of significant financial and workforce pressures is a particular challenge.

Examples that illustrate some of the positive things we learned:

Some joint inspections of services for children that found a real difference being made for children, young people, and families, eg through strong leadership, and a focus on early intervention and prevention

Good involvement of service users with care planning at an acute adult in-patient mental health service

Some positive hospital inspections of infection control standards, including an inspection for which there were no recommendations for improvement

An NHS board that was improving how it manages complaints from patients and families

Examples of robust corporate arrangements for the use of finances, other resources, and for decision making

As a Group, we observed that many care systems are entering new territory. This is due to the large scale of redesign of services that is required, combined with financial pressures that are growing year on year.

Piecing together intelligence from seven national agencies enables us to get a more holistic picture of the care system across Scotland. To illustrate, although we saw examples of where there is strong financial management, there are increasing financial pressures across the system. We observed specific workforce challenges for most of the NHS boards we considered, and these varied from region to region. We noted many instances where there is a need to transform the ways that services are provided. However, NHS boards typically have challenges finding the skills and capacity to deliver the scale of quality improvement work needed.

To enable the required scale of redesign of services, more information is needed about how care systems are working, including how changes in one part of the system impact on other parts. While there are a lot of Scotland-wide data on access to hospital-based services, there is much less information about the quality of healthcare provided in the community. A recent report in England highlighted concern about the lack of data/information about community services, given national policy south of the border is also to encourage the shift of more care into the community.[1]

We anticipate that delivering the level and pace of change required, while maintaining a focus on financial balance each year, is going to be a significant challenge for many care systems across the country. Factors that are going to be critical to deliver this change successfully include leadership, and relationships between what have traditionally been different parts of the care system. Another key element is how the public and staff are involved in making difficult decisions about how services are accessed, used and delivered.

Why is the Group important for the public?

Members of the public should be confident that, through the Group, national agencies in Scotland are sharing and responding to important pieces of information about the quality of care.

They should also be assured that, when potentially serious concerns about systems of care are identified, these are being acted upon.

In 2013, a public inquiry about a serious failure of a healthcare system in England made a number of recommendations.[2] One of these was to improve intelligence sharing within and between national agencies. This is to allow earlier identification of, and response to, the signs of a potentially serious system failure.

In response to this, the establishment of the Group in 2014 has resulted in much better sharing and consideration of key pieces of data and information by the Scotland-wide agencies involved. These agencies are now better prepared to take additional action, when this is required.

During 2017–2018, there were two instances where some of the agencies on the Group carried out additional work in response to intelligence that had been shared.

1 Some of the agencies raised concerns about mental health services in Tayside. These include weaknesses in internal reviews for some serious incidents, and concerns about training in general psychiatry (for example clinical leadership and clinical supervision). Following from this, Healthcare Improvement Scotland, NHS Education for Scotland, and the Mental Welfare Commission for Scotland have worked together to co-ordinate their activities in this area. This includes a review of adult mental health services in Tayside, the report of which has been published on the Healthcare Improvement Scotland website (**www.healthcareimprovementscotland.org**). These national agencies are committed to continuing to work together to support improvement in mental health services in Tayside.

2 NHS Education for Scotland highlighted concerns about the training environment for doctors in general (internal) medicine at University Hospital Ayr. These were shared with Healthcare Improvement Scotland due to the potential impact on patient care. In response, Healthcare Improvement Scotland undertook some additional external quality assurance with NHS Ayrshire & Arran to understand how these concerns are being addressed. The findings from the review have recently been published on the Healthcare Improvement Scotland website.

This mechanism for sharing and responding to intelligence about systems of care is not perfect. Limitations include what pieces of data and information are readily available to the agencies involved. For example, there is a relative lack of information about the quality of healthcare provided in community settings. We are continuously seeking to make improvements to how the Group works.

Members of the public should also be assured that concerns raised about individual care professionals are acted upon. The Group does not consider the practice of individual care professionals, but other agencies do. We will continue to explore our relationships with the regulators of individual care professionals, which include the General Medical Council (doctors), the Nursing & Midwifery Council (nurses and midwives), the General Dental Council (dentists), and the General Pharmaceutical Council (pharmacists).

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[2] Available from **https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/279124/0947.pdf**

Why is the Group important for organisations that provide frontline care?

Open and supportive relationships with NHS boards are important to the Group. We have continued to try and strengthen these, through ongoing involvement of NHS boards in our work. This includes sharing with them the data and information we look at, and meeting with them to discuss the main points we've identified.

It is important that NHS boards are confident that the national agencies involved are seeking to improve the co-ordination and effectiveness of their work through the better sharing of intelligence.

The Group is making a difference by identifying areas where agencies can work together alongside NHS boards. This can also reduce unnecessary burden, by enabling the national agencies to develop joint plans and take assurance from each other's activities.

It has come to our attention that this is a potential catalyst for NHS boards to improve how they integrate the various sources of data and information they look at locally. Drawing together different sources of information, and responding to these, has been highlighted as a core activity when measuring and monitoring the quality and safety of care.[3]

Feedback gathered for the evaluation of the Group (see page 16) indicates that, overall, NHS boards now have a better understanding of the role of the Group, and think we are moving in the right direction. NHS boards also suggested that the Group could be more effective if the partner national agencies have a stronger focus on helping solve problems/challenges.

Our feedback meetings provide an opportunity for NHS boards to draw the Group's attention to key issues that we are not aware of from the intelligence we have as national agencies. This can help foster a more collaborative approach.

Why is the Group important for Scottish Government?

Following the Francis public inquiry[2], the Scottish Government was supportive of the Group being set up. It also wanted to know that national agencies are sharing important pieces of information and acting upon these as necessary.

The Group is in a unique and privileged position: expertise from seven national agencies is brought together regularly, and there is communication with each NHS board. This enables the Group to acquire an overview, across Scotland, of factors that are of direct relevance to the quality of care.

The existence of the Group is helping foster additional collaborative work between the partner national agencies. Further developing strong partnership working amongst national agencies including Scottish Government, is essential if the main challenges facing our care systems are going to be addressed (such as the level of service redesign coupled with financial pressures).

[3] Available from **https://www.health.org.uk/publication/measurement-and-monitoring-safety**

How do we know if the Group is working well?

As the findings from an independent evaluation show, the Group has carried out valuable work in its first three years.

> The agencies on the Group report they are now better prepared to take additional action, when this is required.

The evaluation also made some suggestions for how the Group can improve further. For example, we have developed a checklist based on common themes arising from public inquiries into organisational failings in care systems. We will trial the use of this checklist to help structure our discussions.

> We will also make some changes with the aim of ensuring that the voice of the public features more prominently in our work. This will build upon the input that the Scottish Health Council (part of Healthcare Improvement Scotland) already provides by sharing information on its activities with NHS boards.

Feedback from other countries in the British Isles suggests that, in Scotland, we have a relatively well-developed mechanism for sharing and considering intelligence. However, there is still room to improve how we work, including which data and information we look at and how we respond to this. We will continue to seek to learn from other approaches to intelligence sharing.

Our commitments

In last year's report, we made six commitments for 2017-2018. We fulfilled two of these by March 2018 and made good progress on a further two. Specifically, we successfully completed our third annual cycle of considering each NHS board, plus an independent evaluation of our work was completed.

We also made good progress in developing the set of indicators from national datasets that the Group will look at. In addition, we increased our engagement with Integration Authorities – mostly through their participation in our feedback meetings with NHS boards.

We are disappointed that we didn't make more progress with developing the 'voice of the public' in our work, or with looking at more intelligence about healthcare delivered in the community. We have prioritised these areas for 2018-2019 and the former will build upon the input we already have from the Scottish Health Council.

Between April 2018 and March 2019, we will:

- consider our collective intelligence about each NHS board area

- publish the report of the independent evaluation of the Group, together with how we are responding to the findings

- enhance the public voice in our work

- consider additional intelligence about the quality of care in the community and about leadership and culture

- learn more about how we might involve Integration Authorities in our work

- refine the set of indicators from national datasets that we use.

NHS Education for Scotland

Board Paper Summary

1.   Title of Paper

NES/SFC Joint Work: Review of activities in 2017-2018.

2.   Author(s) of Paper

Stewart Irvine
Helen Raftopoulos

3.   Purpose of Paper

To report to the board on the activities undertaken as part of the NES/SFC Joint Action Plan in 2017-2018.

4.   Key Issues

The Chairs and Chief Executives met on 4 September 2018 and reviewed activities undertaken in 2017-2018 within the Joint Action Plan.

The Chairs agreed to continue the Memorandum of Understanding (MoU) for a further year and agreed to continue with the actions included in the Joint Action Plan. The Chief Executives also highlighted the need for the Joint Action Plan to remain flexible so that both organisations can respond to new challenges.

The attached paper (annex A) provides a report on activities in 2017-2018. Work continued on putting in place effective intelligence exchange and analysis regarding trends in the NHS workforce, supporting the Government's widening access ambitions to medicine, but the NES/SFC Group also undertook new activities such as :

-   Developing specific health related outcomes to the overall university outcome agreement process. The Board discussed these specific health related outcomes at their meeting in January 2018.

-   Providing advice and support to changes in educational provision for the Scottish Ambulance Service and educational provision for Operating Department Practitioners.

5.   Educational Implications

The partnership work and the Joint Action Plan enable both organisations to respond efficiently to the changing service landscape and new models of care and patients' changing needs through education provision. The overall aim is to reduce duplication of effort and develop

effective and efficient solutions to educational issues. The Plan continues to highlight the role of strategic liaison between the two organisations to ensure that advice to Scottish Government is based on best evidence.

6.   Financial Implications

The actions included in the Joint Action Plan may require both organisations to commit resources to support the objectives. Elements of the plan are therefore subject to the availability of funding in both organisations.

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

This work is aligned to:
Theme 1: An excellent workforce
Theme 3 New models of Care

The key outcomes of:
* A demonstrable impact of our work on healthcare services;
* An excellent learning environment where there is better access to education for all healthcare staff;

8.   Impact on the Quality Ambitions

The work undertaken as part of the Joint Action Plan is in response to Scottish Government's aims included in the National Health and Social Care Workforce Plan and have the potential to make a significant impact in supporting the recruitment and retention of staff to ensure an NHS workforce which is fully fit for purpose, in the right place, with the right numbers.

The actions are also aimed at meeting the First Minister's aspirations for widening access.

9.   Key Risks and Proposals to Mitigate the Risks

The key risks associated with the delivery of the Joint Action Plan lie in ensuring that the resources are available to undertake this work and to ensure robust data is available to monitor progress towards key outcomes such as widening access. These risks may increase as SFC and NES develop benchmarks and targets as part of the specific health related outcomes.

To mitigate against such risks, the MoU requires both organisations to discuss and approve (through their respective governance systems) any associated financial implications, and the Joint Action Plan Group monitor all actions on a regular basis, and agree which actions should be prioritised.

The Joint Action Plan also includes greater collaboration on data collection and analysis, which should not only improve the evidence base to inform our policy advice to Government, and support the robust monitoring of the specific health related outcomes, but also improve our understanding of equality and diversity issues.

10. Equality and Diversity

The Memorandum of Understanding and the Joint Action Plan set out the high level strategic direction for partnership working between NES and the SFC. Analysis of the relevance of this

work to the equality duties and the wider inequalities agenda highlights some specific areas where NES and the SFC can work together to support improvements:

- Activities related to data collection will improve the capacity for equalities analysis.
- Data collection will help to provide the evidence required to ensure that the action plan continues to support the work currently being undertaken by the GMC, and the principles included in the BMA's 'Ensuring fairness in clinical training and assessment', which was developed in response to the judicial review of differential attainment in the RCGP's Clinical Skills Assessment, and has recommendations for both undergraduate and postgraduate education.

11. <u>Health Inequalities</u>

Partnership work in a range of areas, and specific actions relating to widening access to education in medicine and dentistry will further support the Scottish Government's aims of reducing health inequalities, as well as widening access to education.

12. <u>Communications Plan</u>

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

Yes ☐   No ☒ x

13. <u>Recommendation(s) for Decision</u>

Note the progress of the NES/SFC joint work and Joint Action Plan in 2017-2018.

NES
August 2018
HR/dsi

Annex A Update on Joint Action Plan

Joint Action Plan

Background
At the NES/SFC Joint meeting held on 9 May 2008, the Chairs agreed to sign a Memorandum of Understanding between the two organisations and to develop a joint action plan. Both the NES and SFC Boards have received updates on progress on activity, as agreed in the Memorandum. The latest Plan covers the period 2017-2019. The purpose of this document is to present activities and actions for 2017 and the first half of 2018 against the objectives outlined.

Theme: Jointly advise and support SG in progressing key policy areas.

Action	Dates	Comments/progress
Medicine:		
Advising on intake to Scottish Medical schools and the impact this has on post–graduate training, in particular foundation training, and addressing medical workforce supply;	October 2016 and December 2017	Main outcomes Supported the SGHSCD (and the Medical Undergraduate Group) in formulating the advice to Ministers on intake for 2018.
	August 2017- December 2018	Developed specific outcomes related to medicine (in particular more exposure to primary care and encouraging more Scottish students to stay and work in the NHS in Scotland) - target and indicators submitted by universities to SFC in July 2018 and comments have been sought from the key partners. We are intending to have the discussion with the universities based on the advice of the key partners during September/October 2018.
	May 2018 to present- next meeting in September 2018.	Supported and advised the development of a funding options paper to respond to the Ministerial meeting in May. Further work on the options will be undertaken for a meeting with SGHSCD officials in September 2018.
Continue to advise SGHSCD on effectiveness of 50 additional widening access places in	September 2017- October 2017.	Provided annual advice to SGHSCD on the 50 additional Widening Access places. Advice (to continue with existing widening access criteria for a further year) accepted.

medicine;		
		Further actions included in the specific health related outcomes such as providing evidence of collaborative activities between and with Scottish medical schools to simplify and clarify the admissions process.
Implement SG policy related to international students studying medicine in Scotland and the payment of clinical placement costs (ACT-M);	Work undertaken in 2017 for options paper to be considered in May 2018	Developed paper on policy on international students which was discussed in May 2018. It was agreed that the focus should be to encourage more Scottish students to study medicine. An ACT- M levy for international students was introduced in August 2016 – now set at £10K per international student.
Nursing and Midwifery:		
Providing advice and support to SGHSCD in relation to nursing and midwifery education policy development and implementation, building on the progress achieved through 'Setting the Direction'. In particular, this will include: i. Continue supporting the development of the key principles for commissioning pre-registration education and the development of an improved commissioning model that takes full account of nursing and midwifery workforce development and education, commissioning, including flexible routes, levels of study and governance;	May until September 2018	NES have provided supply data for this year's process. NES NMAHP Director and SFC fully involved in process and decision making via the Nursing and Midwifery Output Group. Allocation of students will be undertaken by NES when numbers are confirmed by Cabinet Secretary and guidance letter issued to Scottish Funding Council. Advice to SGHSCD on allocation of funded places taking into account geographical and performance issues and change to process for determining funded places. NES working with Council of Deans for Health to reach consensus on funded places for nursing and midwifery by November 2018.

ii. The development of a new process for the management and governance of pre-registration commissioning, including an enhanced data set;	Waiting for SG.	SFC and NES have been fully involved in developing new commissioning process but process has stalled due to SG staff changes.
iii. Strategic liaison on issues raised at the Nursing and Midwifery Student intake model reference group;	Quarterly meetings with SG.	NES & SFC were key to developing solutions to current issues related to midwifery provision, and in particular in the Highlands and Islands regions. The NES/SFC will monitor the effectiveness of the agreed solution.

Action	Dates	Comments/progress
Dentistry:		
Strategic Liaison on issues raised at the Board for Academic Dentistry.	Board for Academic Dentistry meets quarterly.	Issues dealt with in 2017-2018 period include: - Further information on the allocation of funded places for dentistry; - The training of Dental Technicians
Support the development of any initiatives to widen access to dentistry.	August 2017- December 2018	Widening access outcomes related to dentistry have been included in the outcome agreement process. Indicators, targets and actions have been submitted by the institutions and SGHD and NES have provided advice. Feedback to institutions in September 2018.
UK Wide: Liaison on issues raised at UKHEAC and other UK healthcare partners.	Quarterly meetings annually	Issues considered in 2017-2018 include: - changes to medical intake in England and the impact of the 1500 additional places - changes to the funding of nursing in England and difficulties in recruitment to nursing in England, ensuring same is not happening in Scotland and does not have detrimental effect for Scotland.

Theme: Support the health and education sectors in addressing changes to the NHS workforce across all professional and occupational groups.

Action	Dates	Comments/progress
Development of a coherent and collaborative response to any policy changes that affect the training and education of the primary care workforce; This includes changes laid out in the National Health and Social Care Workforce Plan –Part 3.	August 2017-December 2018 Plan published in April 2018	Developed and agreed health related specific outcomes which include greater exposure of medical students to primary care. NES have established an internal group to consider Primary Care placements in light of increased GP trainees. Part 3 of the National Health & Social Care Workforce Plan indicates the multi-disciplinary approach needs to grow. This includes a wider multi professional team (paramedics, pharmacists and physiotherapists) in primary care. NES/SFC Joint Group will consider educational issues as SGHSCD implements the Plan.
Liaison on the development of a common approach to changes to the training for pharmacists;	Advised SGHSCD on funding and provision in 2017; formal meetings started in August 2018	Provided advice (funding and policy) to SGHSCD on plans to change pharmacy training and the move from a 4 year degree to a five year degree and the impact this will have on Scottish pharmacy providers.
Development of a coherent and collaborative response to any policy changes affecting the training and education of healthcare support workers; and supporting the education sector in responding to these changes.	3 NSEA meetings in 2017-2018 periods.	A number of strategic actions have been outlined in the Health & Social care Workforce Plan and the Digital Health & Care Strategy which impact on healthcare support workers and they are being taken forward in a series of cross sector partnerships. Strategic discussions continue in the National Strategic Education Alliance (NSEA) which includes SFC.

Supporting the development and implementation of the CNO's Commission and representation on the Widening Participation Group and the wider clinical support worker workforce.	Implementation plan to be complete by August 2018	Developed and agreed health related specific outcomes which include actions to respond to the recommendation of the CNO's Commission (including strengthening access and articulation into pre-registration programmes). Implementation plan underway working with wide range of stakeholders including SSSC, Scotland Colleges, Scottish Care, and Council of Deans for Health, Scottish Executive Nurse Directors, SQA, SCQF, and SWAP.
Paramedic (Scottish Ambulance service) Education	Business case to be complete by December 2018	NES leading the development of a new approach to funding of paramedic education. SFC represented on the Strategic and Operational Group and has provided advice on the impact of any options on the funding arrangements considered by the Strategic Group.
Operating Department Practitioners	Tender evaluation July 2018	NES providing support to Territorial Health Boards in commissioning educational provision for their staff to meet regulatory requirements First phase of tendering process complete and SFC to comment/advise on submitted tenders. If tendering process fails- SFC/NES will consider other options to ensure provision in this area.
Prosthetics and Orthotics	April 2018- review to commence in September 2018	There are issues related the long term sustainability of Prosthetics and Orthotics. SFC has agreed to undertake a review with options to be considered by SGHSCD, and will be supported with advice from NES. Review will commence following meeting to discuss funding for 2018-19 (scheduled for September 2018)

Theme: Put in place effective intelligence exchange and analysis regarding trends in the NHS workforce and educational provision

Action	Dates	Comments/progress
Work with SGHSCD on understanding differences in data collection on the controlled subjects in particular and the healthcare subjects in general; Adjustment of reporting of data to meet the needs of SGHSCD.	Autumn 2018 May to September 2018	Exploring collection of supply data for AHPs with NES Workforce colleagues and Academic Heads for AHP programmes in Autumn 2018. Developed a tool to support better understanding of number of Scottish school students who enter medicine. Current data sharing agreement under review to ensure it is GDPR compliant.

Theme: Continue monitoring of jointly funded Quality Improvement Project

Action	Date	Comments/ Progress
Continue monitoring of jointly funded Quality Improvement Project (CSO/NES/SFC/HF)	Project dates 2014-2019	Revised Plan was considered by the SFG. Further discussions underway on the special conditions. Strategic Panel met and agreed with progress to date and approved future direction.

NHS Education for Scotland

Board Paper Summary

1. **Title of Paper**

   Postgraduate Dental Education and Training Recruitment 2018

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

   David Felix

3. **Purpose of Paper**

   This paper has been submitted to provide Board members with an overview of recruitment to postgraduate dental education and training posts and report on the outcome of the 2018 recruitment cycle.

4. **Key Issues**

   1.   Summary of recruitment process
   2.   Fill rates

5. **Educational Implications**

   Recruitment of dental trainees into approved training programmes is part of core business for NES and the Dental Directorate.

6. **Financial Implications**

   The paper does not detail the costs of the dental training grade workforce. Board members will be aware from reports at previous meetings that NES funds training grade salaries at the mid-point of the salary scale.

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

   Theme 1 – An excellent workforce
   Theme 2 – Improved quality
   Theme 3 – New models of care
   Theme 4 – Enhanced educational infrastructure

8.   <u>Recommendation</u>

The Board is invited to note the content of the report.

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NES
September 2018
DHF

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Postgraduate Dental Education and Training Recruitment 2018

The purpose of this paper is to provide an overview of recruitment to postgraduate dental education and training posts and report on the outcome of the 2018 recruitment cycle.

The paper comprises three sections covering discrete recruitment and selection exercises:-

1. Dental Vocational Training
2. Dental Core Training
3. Dental Specialty Training

1 Dental Vocational (Foundation) Training

This refers to a period of training which the vast majority of dental graduates undertake in the year following graduation. At the point of graduation dentists gain full registration with the General Dental Council. The aim of Dental Vocational Training (DVT) 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. Formal satisfactory completion of this programme underpinned by robust work place based assessments has been enshrined in legislation in Scotland since 2004. In contrast for the rest of the UK formal satisfactory completion was only introduced three years ago.

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. Graduates from Dental Schools in the EU are not required to undertake DVT and can work as associates or principals in NHS General Dental Practice with no additional training.

Recruitment to Dental Vocational Training posts in Scotland is managed by NES HR colleagues. The rest of the UK operates a separate process.

Trainer recruitment
221 applications were received for DVT. This is a significant and welcome increase over previous years where at times we have struggled to recruit a sufficient number of trainers.

All applications are pre-screened regionally and then reviewed by a central panel consisting of a lay representative, external assessor and the Associate Postgraduate Dental Dean – National VT Lead.–Following reviews, 207 trainers were deemed either appointable or appointable with conditions. In view of the excess number of applications we applied a scoring system which was used to appoint the requisite number of trainers.

Trainee recruitment
Applicants for whom Dental Vocational Training (DVT) is the only route available to be admitted to a relevant NHS Dental Performers List are given priority in the recruitment process. This would apply to candidates who will graduate from a UK Dental School, or to candidates who will graduate from overseas Dental Schools, i.e. from outwith the EEA, for whom DVT is the only route available to be admitted onto a relevant NHS Dental Performers List.

The target for NES is to provide a sufficient number of training posts which at least matches the output of the Dental Schools in Scotland for those who wish to train in Scotland. The output of the Dental Schools in Scotland in 2018 was 176 and from this cohort 168 submitted applications to undertake training in Scotland. Thus our target for 2018 was 168.

Applications are sorted into two batches. Batch one applicants are from those for whom DVT is the only route available to be admitted to a relevant NHS Dental Performers List, e.g. those graduating from a UK or Overseas Dental School. Batch two applicants are those who have alternative routes for entry onto a relevant NHS Dental Performers List, e.g. those graduating from the EEA. All offers of posts are made to Batch one applicants in the first instance. Batch two applicants are put on hold at the point of application and will only be offered posts should there be no suitable Batch 1 candidates.

In total 422 applications were received, of which 409 were coded as batch 1 and 13 as batch 2.

Applicants from Dental Schools in Scotland	168
Applicants from Dental Schools outwith Scotland*	254
Total applicants	**422**

*Most subsequently withdraw having secured a post in the recruitment exercise for the rest of the UK.

Visitation and matching
In Scotland, applicants have the opportunity to visit prospective trainers at their practices during a defined visitation period. Over the course of the visitation period applicants are able to visit a number of practices and make arrangements to have interviews. At the end of the visitation period both Trainers and Trainees complete a preference form listing up to 7 preferences.

Information from the preference list is retained within a database, which will then indicate the number of 1:1 rankings and these places will be allocated. The system then identifies the number of 1:2 matches, 1:3 matches *etc*. The process is led by the Trainer's top choices, thus in the event of a tie, the Trainer preference is used. This process continues until all the places are allocated.

Historically the visitation period has taken place while students were in final year several weeks in advance of them sitting Finals examinations. This had a disruptive impact on

timetabling within each of the Dental Schools. It also created problems when students failed Finals examinations thus creating vacancies. For recruitment to posts commencing August 2018 a decision was taken to move the visitation and matching process to post Finals period. This change was well received by the Dental Schools and applicants in Scotland. There was some anxiety about the ability of territorial health boards to process pre-employment checks in a significantly curtailed period (previously three months but now reduced to six weeks). However no significant problems were encountered and all trainees were able to commence training on 1 August.

Outcome

Appointments from Dental Schools in Scotland	152
Appointments from Dental Schools outwith Scotland*	14
Total number of appointments	**166**

As can be seen from the figures presented above 16 graduates from Dental Schools in Scotland who applied for posts did not secure a post in Scotland. All 16 were appointed to posts in the rest of the UK.

2. Dental Core Training

Dental Core Training is that period of postgraduate development which extends from the end of Dental Foundation Training (DFT)/ Dental Vocational Training (VT) to the start of specialty training, general dental practice or many other possible career options. As such, it is a training period that has multiple endpoints and a varied duration of from one to three years. It should be noted that there is no statutory or contractual requirement for any dental graduate to undertake DCT. It is, however, seen by many recent dental graduates as being an extremely valuable training and education experience that helps clarify their own professional career intentions.

Recruitment to posts in Scotland is managed through the Medical and Dental Recruitment and Selection Programme as part of a UK wide process.

There are currently 85 DCT posts spread across Scotland. After completion of the recruitment cycle we had a fill rate of **96.5%**. However since then we have had a number of late withdrawals which has reduced our fill rate to **89.4%**. A similar picture has been played out across the rest of the UK. The vacancies are currently subject to local recruitment exercises and we anticipate filling some of the unfilled posts.

Reasons for withdrawal appear to include:-
- On a UK wide basis most withdrawals arise as a result of applicants securing a post in general dental practice which may be their preferred long-term career destination.
- Of particular relevance to Scotland is an issue relating to introduction of the new junior doctor contract in England. There is now significant divergence of salary scales with trainees in England and Northern Ireland experiencing a higher salary scale.

3. Specialty Training

There are 13 different dental specialties recognised by the General Dental Council with training programmes varying in duration. Typically at the time of entry into a specialty training programme applicants will have already completed a minimum of one year of dental vocational training and three years of dental core training.

Dental specialty	Duration to CCST
Dental and Maxillofacial Radiology	4
Dental Public Health	4
Endodontics	3
Oral and Maxillofacial Pathology	5
Oral Medicine	5
Oral Microbiology	5
Oral Surgery*	3
Orthodontics*	3
Paediatric Dentistry*	3
Periodontics	3
Prosthodontics	3
Restorative Dentistry	5
Special Care Dentistry	3

*A number of specialties offer an additional two year period of post CCST training

Currently some specialties recruit on a UK wide basis while others are subject to local recruitment exercises.

We have established training programmes in ten of the dental specialties. Recruitment to dental specialty training posts remains buoyant with **100%** fill rates across all training programmes. This is on a par with, or slightly better, than other deaneries in the UK.

NES   **NES/18/88**
Item 9e   **(Enclosure)**
September 2018

NHS Education for Scotland

Board Paper Summary

1. ### Title of Paper

   NES Digital Service Update

2. ### Author(s) of Paper

   Geoff Huggins, Director of NES Digital Service
   Caroline Lamb, Chief Executive

3. ### Purpose of Paper

   To update Board members on the progress of the NES Digital Service and development of the national digital platform.

4. ### Key Issues

   - Progress continues to be made on the development of the NES Digital Service, with particular regards to accommodation and staffing.
   - NDS are engaging with NHS Boards to build support for the national digital platform and external stakeholder engagement remains a key priority.
   - The first meeting of the NDS Sub-Committee will take place on Friday 28th September 2018.

5. ### Recommendation(s) for Decision

   Board members are asked to note this paper for information only.

NHS Education for Scotland

NES Digital Service (NDS) Update – September 2018

1   Background

The Digital Health and Care Strategy was published on 25 April 2018 and identified 6 main areas of activity:

A   National Direction and Leadership - by July 2018 establish a national decision making board to make key national decisions and oversee investment;

B   By 2020 have in place clear arrangements to deliver a simplified national approach to information governance;

C   Clear approach to service transformation embedding digital;

D   Workforce development;

E   Creation of a national digital platform;

F   Transition process.

In May 2018 the NES Board approved a request from Scottish Government to host a new entity, NES Digital Service (NDS) charged with taking forwards the creation of the national digital platform (Domain E).

2   Domain A: National Direction and Leadership

The Digital Health and Care Strategy clearly set out the requirement for a national decision making board to be responsible for:

- Making key national decisions, including on areas such as the standards required to deliver interoperability and information sharing across health and care.
- Agreeing the financial framework for implementation, developing frameworks and support for benefits realisation and evaluation.
- Identifying priorities for development and improvement.
- Oversight, co-ordination, monitoring and reporting.
- Reviewing and streamlining existing groups, networks and committees.

In response, Scottish Government has established the Digital Health and Care Strategic Porfolio Board with the following membership:

Core

- Director of Health Finance and Corporate Governance & Value, Scottish Government **(Chair of the Board)**
- CoSLA Senior Executive Representative

- SOLACE Senior Executive Representative
- Chief Officer, North Lanarkshire Health & Social Care Partnership
- Chief Executive for NHS Greater Glasgow and Clyde
- Chief Executive of NHS24
- Digital Director, Scottish Government

Delivery

- Chief Executive, NHS Education for Scotland
- Chief Executive, NHS National Services Scotland
- NDS Director, NHS Education for Scotland
- Chief Digital Officer, Local Government Digital Office
- CCIO (TBA)

The Porfolio Board met for the first time on 30th August 2018. The first meeting concentrated on the role and remit of the group, establishing relationships and ways of working; and receiving an update on the work being taken forwards under each of the domains. An outline of the structure for this work is shown below, with the Portfolio Board being responsible for national level decision making and ensuring alignment with the Digital Health and Care Strategy. Programmes of work will be developed in each of the Domains, with full engagement with Chief Executives, ehealth leads and other stakeholders. The Domains are then responsible for delivery against agreed programmes of work.

A: Digital Health and Care Strategic Portfolio Board

B: Information Governance (SG)

C: Service Transformation (HIS, NSS)

D: Workforce Development (NES, SSSC, LADO)

E: Digital Platform (NES - NDS)

F: Transition planning (NES, NSS, Others)

3   NES Governance Arrangements

The NES Board retains full responsibility for the functions of NES Digital Service and NES Digital, but will be assisted in the discharge of its functions by the creation of a sub-committee which includes in its membership people with specialist knowledge of digital and data services. The Sub-Committee will meet for the first time on Friday 28th September at which it will agree a draft remit to be recommended to the NES Board.

It is anticipated that the Sub-Committee will monitor the progress made by NES against each of the strategy domains where it has a role and will provide advice to the NES Board in relation to this.

4   Establishment of NDS and progress with the platform

There has been continued good progress on the creation of NDS. The NES Board will consider the business case in respect of accommodation on 27th September. Key roles are in the process of being filled and it is notable that there has been a very strong response from clinicians in respect of the Chief Clinical Information Officer role. The main challenge continues to be the recruitment of software engineers and we have a series of steps in place to address that issue.

There is increased clarity on the nature of the platform, with an outline architecture having been shared with a number of internal and external groups and receiving broad support. This is a significant move with support for the model and approach being increasingly evident and we are working towards launching the first use case areas of work.

NDS are continuing to engage with other NHS boards and external stakeholders to make wider connections and build support for the work. The First Minister's Precision Medicine Summit on 10 September identified the need for the data platform and there was a clear willingness to engage with plans now in place for meeting with academics and clinicians in Tayside and Glasgow, as well as with industry.

5   Transition Planning and development of a financial framework

NES and NDS also have an important role to play in respect of planning the transition for our systems. A Transition Group involving key service representatives has been formed, the first meeting of this group will be held on 2 October and will be chaired by Geoff Huggins. The work on the financial framework for the system as a whole and in respect of transition planning is also being scoped up. It is likely that, in the first instance, this will be supported by external consultants with additional staff being recruited to ensure that the knowledge from this work can be transferred and sustained.

NES
September 2018
GH/CL

NHS Education for Scotland

Board Paper Summary: Partnership Forum Minutes

1. **Title of Paper**

   Minutes of the Partnership Forum meeting held on 02 August 2018: <u>copy attached.</u>

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

   Jenn Allison, Senior Officer

3. **Purpose of Paper**

   To receive the unconfirmed minutes of the Partnership Forum meeting 02 August 2018.

4. **Items for Noting**

   Item 6 – NES Workforce Plan 2018/19

   The Partnership Forum approved the NES Workforce Plan 2018/19 to be submitted to the Staff Governance Committee for ratification on the 09th August. The plan is required to be published on the NES website by 31 August 2018.

   Item 7 – DiT Lead Employer Programme

   The Partnership Forum noted and were satisfied with the progress of implementation of the Lead Employer Programme for Doctors in Training (DiT).

   Item 8 – NES Digital Services

   The Partnership Forum noted the paper which provided an update regarding the developments of NES Digital Services.

   Item 9 – Fair Work Framework Benchmarking

   Kristi Long presented the paper which informed the Partnership Forum about an offer from NHS Health Scotland to territorial Boards to support a Fair Work Framework benchmarking exercise and provided a summary of the Fairer Scotland Duty. The Partnership Forum noted the paper and

agreed that work should progress to provide Health Scotland with the benchmarking data required.

Item 10 – Stonewall Workforce Equality Index

Kristi Long presented the paper which summarises feedback from the 2017 Stonewall Workforce Equality Index submission from 13 NHSScotland Boards and highlighted recommendations for NES. The Partnership Forum noted the paper and approved the recommendations for actions.

Item 12 – Staff Governance Monitoring Return 2017/18

The Partnership Forum noted and were satisfied with the annual Staff Governance Monitoring Return.

Item 13 – Workforce Projections 2018/19

The Partnership Forum noted the workforce projections that have been submitted to the Scottish Government.

Item 14 – NHS Scotland National Staff Experience Measurement – letter to Health Boards

The Partnership Forum noted the Letter from Scottish Government informing Health Boards that the dignity at work survey will not take place in financial year 2018/19.

5. **Recommendations**

None.

NES
August 2018
JA

NHS Education for Scotland

PARTNERSHIP FORUM

Minutes of the Eighty-second meeting of the Partnership Forum held on Thursday 02 August 2018 at 2 Central Quay, Glasgow

Present:	Dorothy Wright, Director of Workforce
	Caroline Lamb, Chief Executive
In attendance:	David Cunningham, BMA Representative
	Christine McCole, Head of Service, HR
	Ros Shaw, RCN Representative
	Kristi Long, Senior Specialist Manger, E&D
	Lynnette Grieve, Staff Side Representative
	Morag McElhinney, Senior Specialist Lead, HR
	Jenn Allison, Senior Officer, PCR

1. Welcomes and Introductions

Caroline Lamb welcomed everyone to the meeting, particularly Lynnette Grieve who was deputising for Liz Ford as staff side representative, Morag McElhinney who was attending to present to item 7 and Kristi Long who was attending to present to item 9 and 10. It was noted that item 10, Stonewall Workforce Equality Index, did not appear on the agenda distributed and the correct version of the agenda will be saved in Corporate Hub.

2. Apologies for Absence

Apologies were received from Liz Ford, Employee Director (Joint Chair), David Felix, Postgraduate Dental Dean/Management Representative and Jackie Mitchell, RCM Representative.

3. Partnership Forum Minutes 17 May 2018   (NES/PF/18/26)

The minutes of this Partnership Forum meeting were approved as a correct record.
Action: JA

4. Partnership Forum Actions 17 May 2018   (NES/PF/18/27)

It was noted that all the action points from the previous meeting were complete.

5. Matters Arising from the Minutes

Dorothy Wright informed the Partnership Forum that Ameet Bellad will be attending the Staff Governance Committee to present the Staff Governance dashboard, which

presents live and interactive Staff Governance data. Caroline Lamb added that eventually this dashboard will be combined to form a Corporate dashboard which will present interactive data relating to performance and risk management and finance as well as staff governance data.

Dorothy Wright noted that the Scottish Government has approved recommendation regarding Recruitment Shared Services for NHSS. Regional implementation boards have been formed and NES will be part of the East region. Updates on progress will be submitted to future Partnership Forum.

6. NES Workforce Plan 2018/19   (NES/PF/18/29)

Dorothy Wright introduced the NES Workforce Plan 2018/19 to seek comments from the Partnership Forum for final ratification by the Staff Government Committee on 09th August. The plan is required to be published on the NES website by 31 August 2018. The following was noted/discussed:

- The Workforce Plan is aligned with the People and OD Strategy and recognises the key workforce opportunities and challenges.

- Discussion took place regarding the value of identifying reasons why NHSS staff may choose to retire early.

- Discussion took place regarding the potential impact of the aging workforce and youth employment schemes. Recommendations have recently been agreed following an Audit of Talent Management to progress work relating to the aging workforce which has been included in the plan. The Partnership Forum also noted that the National Board Collaborative Discussion document is committed to progressing a National approach relating to youth employment schemes.

- Kristi Long informed the Partnership Forum that in October the Participation, Equality and Diversity Leads Network (PDLEN) will be reviewing the NES equality and diversity outcomes and intend to align them with the refreshed NES Strategy. Kristi suggested that as part of this review, the key workforce challenges are also considered to help new outcomes to be more specific to National priorities. Kristi will liaise with Workforce colleagues to coordinate this.   **Action: KL**

- It was agreed that further information would be added regarding the withdrawal from the EU.   **Action: DW**

- It was also agreed that information regarding organisational change required to be reworded to provide further clarity.   **Action: DW**

The Partnership Forum noted the papers and approved the NES Workforce Plan 2018/19 to be submitted to the Staff Governance Committee for ratification on the 09th August.

7. DiT Lead Employer Programme Update (NES/PF/18/30)

Morag McElhinney updated the Partnership Forum on the progress of implementation of the Lead Employer Programme for Doctors in Training (DiT). The following was noted/discussed:

- In the new model NES will be the lead employer for all General Practice, Public Health and Occupational Medicine Specialty Trainees. This will result in a reduction of employment contracts and onboarding activity for doctors due a reduction in employers during a training programme.

- There are 3 other lead employers in addition to NES employing trainees across all the other training programmes on a regional basis and national programmes will be split across the 4 employing Boards.

- Early adopter intake of General Practice Speciality Trainees (GPSTs) began 1st August 2017 with further intake in 7th February 2018. The August 2018 cohort began in 1st August 2018 and 93% of staff engagement forms have been completed. Forms have been submitted through Turas People and include payroll details which are being processed by NES, NSS and placement boards.

- The early adopter work has identified areas for improvement to the Lead Employer model such as work to build integration links between vital HR systems such as eESS and Turas People. Work to develop processes and procedures on a Once for Scotland basis is also in progress, such as, Standard Operating Procedures (SOPs), absence reporting, statutory training and policies. Morag will arrange a meeting with Liz Ford and David Cunningham to discuss development of policies. **Action: MMcE**

- Discussion took place regarding the expected numbers of trainees and the number of trainees who started in the 1st August cohort. Numbers had dropped due to some resignations. The Partnership Forum agreed that it is important to understand and document the reasons why trainees resign. Morag will liaise with key colleagues in the Training Programme Management team regarding how to collate this information. **Action: MMcE**

- Discussion also took place regarding improving junior DRs lives and the Healthy Working Lives scheme. Morag informed the Partnership Forum that trainees have access to an intranet site which informs them of various benefits, such as, child care vouchers and the cycle to work scheme. The site also provides advice regarding dealing with shift work. Christine McCole noted that she would raise this as an agenda item on the Healthy Working Lives group. **Action: CMcC**

- A query was raised regarding how information on the intranet links to the Performance Support Unit (PSU) and Morag will ensure relevant links to the PSU are included on the intranet. **Action: MMcE**

The Partnership Forum noted and were satisfied with the progress of Lead Employer. They thanked Morag and all colleagues involved for their hard work and noted that it has been a very successful project and an excellent example of working on a Once for Scotland basis.

8. NES Digital Services (NES/PF/18/31)

The Partnership Forum noted the paper which provided an update regarding the developments of NES Digital Services.

- The first tranche of senior appointments has been made and recruitment of the first cohort of systems engineers is in progress.

- A presentation has been given to staff during all staff meetings in Westport and 2CQ and presentations will also be given to staff in regional offices in due course. The presentation will be made available on the intranet and added as an appendix to the minutes. **Action: DW/JA**

9. Fair Work Framework Benchmarking (NES/PF/18/32)

Kristi Long presented the paper which informed the Partnership Forum about an offer from NHS Health Scotland to territorial Boards to support a Fair Work Framework benchmarking exercise and provided a summary of the Fairer Scotland Duty. The following was noted/discussed:

- The Fairer Scotland Duty (the socio-economic duty) was enacted in Scotland on 1st April 2018 and applies to a specific list of public authorities, including all health boards and integration joint boards.

- The Scottish Government guidance asks that public bodies to consider ways to reduce inequalities caused by socio-economic disadvantage in any strategic decision making or policy development context and publish an assessment of how this has been done.

- Health Scotland have offered to conduct a benchmarking exercise, which will help to identify potential socio-economic disadvantages and the types of support in NES and across NHSS that are already in place and could be in place.

The Partnership Forum noted the paper and agreed that work should progress to provide Health Scotland with the benchmarking data required. **Action: KL**

10. Stonewall Workforce Equality Index (NES/PF/18/33)

Kristi Long presented the paper which summarises feedback from the 2017 Stonewall Workforce Equality Index submission from 13 NHSScotland Boards and highlighted recommendations for NES. The following was noted/discussed:

- NHSScotland has a partnership agreement with Stonewall Scotland to support collaborative work with the aim of improving LGBT equality for the NHS Workforce.

- The NHSScotland recommendations were published in May 2018 and the paper identified the following recommendations for NES: adopt existing Transitioning at Work policy until a national policy is developed; update our approach to recruitment and selection training and continue to work with colleagues from NHS 24 to develop an elearning module on equality and diversity in recruitment and selection; communicate options for enabling NES staff to make links with existing networks.

- The Partnership Forum noted that developments will also be taken forward to launch an Equality and Diversity Zone on Turas Learn, which will include national learning resources on LGBT equality, and on developing the recruitment and selection module.

- The 2019 Workforce Equality Index is now open for submission with a closing date of 09th September, however the Partnership Forum agreed a formal submission would not be required until agreed actions from the 2017 submission have been taken forward, with the view to submit a return in 2019.

The Partnership Forum noted the paper and approved the recommendations for actions. **Action: KL**

11. Policy Tracker

The Partnership Forum noted that no policies had been submitted for approval.

The Partnership Forum noted the Policy Tracker. Christine McCole advised that policies are updated routinely and not just when PIN Guidelines are updated.

12. Staff Governance Monitoring Return 2017/18

The Partnership Forum noted and were satisfied with the annual Staff Governance Monitoring Return which is aligned with Everyone Matters and associated strategies and has been submitted to Scottish Government.

13. Workforce Projections 2018/19

The Partnership Forum noted the workforce projections that have been submitted to the Scottish Government.

14. NHS Scotland National Staff Experience Measurement – Letter to Health Boards

The Partnership Forum noted the Letter from Scottish Government informing Health Boards that the dignity at work survey will not take place in financial year 2018/19.

15. Health, Safety, Welfare Committee Minutes 25th April

The Partnership Forum noted these minutes.

16. Change Management Programme Board Minutes 11th June

The Partnership Forum noted these minutes.

17. Any Other Business

There was no other business raised for discussion.

18. Date and time of next meeting

The next Partnership Forum meeting will take place on Thursday 18th October in Dundee at 11:00 with an all staff meeting taking place at 10:00.

NES
Aug 2018
JA/dw

(NDS) NES Digital Service

DIGITAL SERVICE
NHS EDUCATION FOR SCOTLAND

70
YEARS
#nhsscot70

Background: The Digital Health and Care Strategy (April 2018)

- National Direction and Leadership
  - by July 2018 establish a national decision making board to make key national decisions and oversee investment;
- Information Governance
  - By 2020 have in place clear arrangements to deliver a simplified national approach to information governance;
- Service Transformation/Benefits realisation
  - Clear approach to service transformation embedding digital;
- **Workforce development/workforce support**
- **Creation of a national digital platform**
- **Transition process**

Creation of a National Digital Platform:
A New Entity: NDS

NES approached in March 2018.

We are the only National Board with experience, and a successful track record in developing technology.

NES Board – development workshop in April 2018

Letter from SG formally requesting NES to host, and NES Board approval - May 2018

New entity established 5/6/18

Will take forward key elements of the Digital Health & Care Strategy

What's the problem?

We are not harnessing the power of modern digital technologies to improve patient care:

- Lots of systems, developed and purchased at different times, not as well joined up as they need to be.

- Not always user friendly and intuitive

- Not always possible to do things on-line

- Data held in many places (often overlapping & duplicating)

- Lack of control & very expensive to make changes, and to integrate new systems

What are we going to do?

- Build a shared, consistent infrastructure – a digital platform
- Using modern technologies
- Build products (applications) that support improved patient care and experience
- Over time, transition towards new systems that are bought or built to fit the platform architecture
- Focus on the needs of users
- Improve security, log ins, and use of data
- Build capacity and capability

Does any of this sound familiar?

Where we were
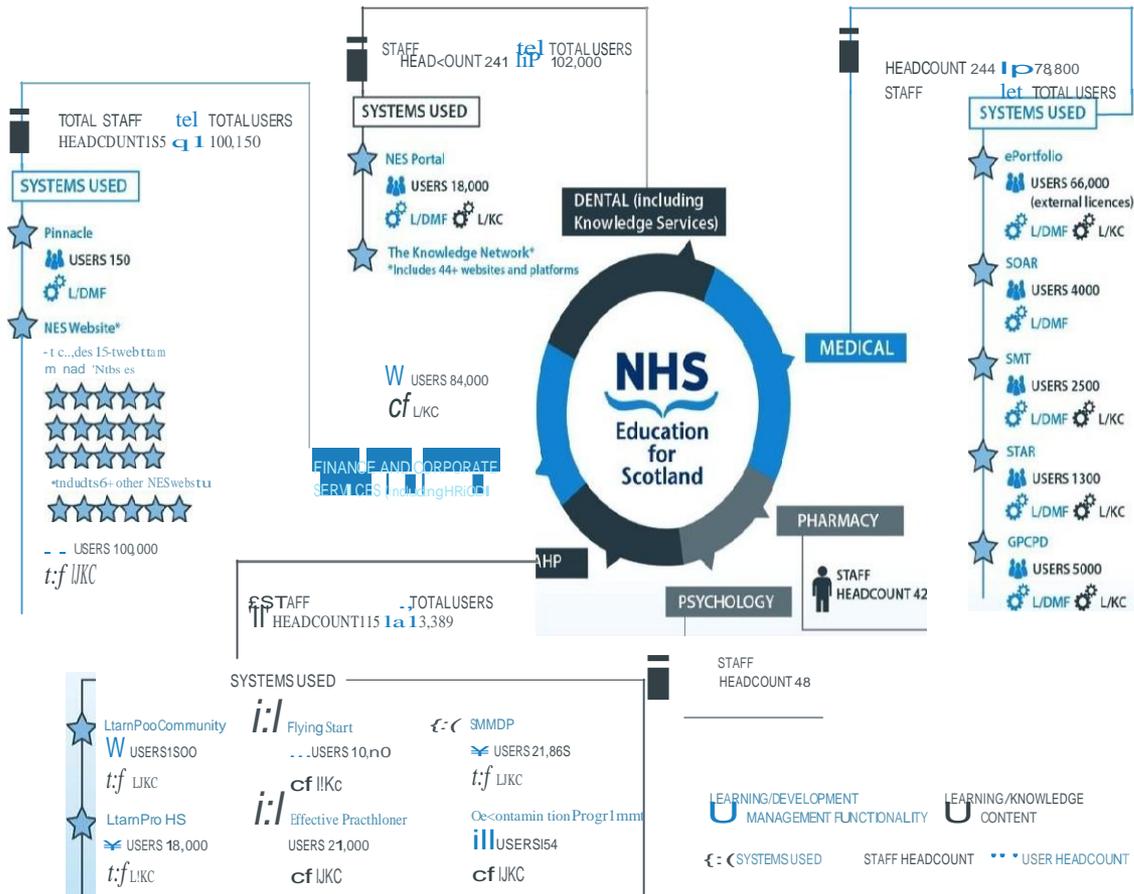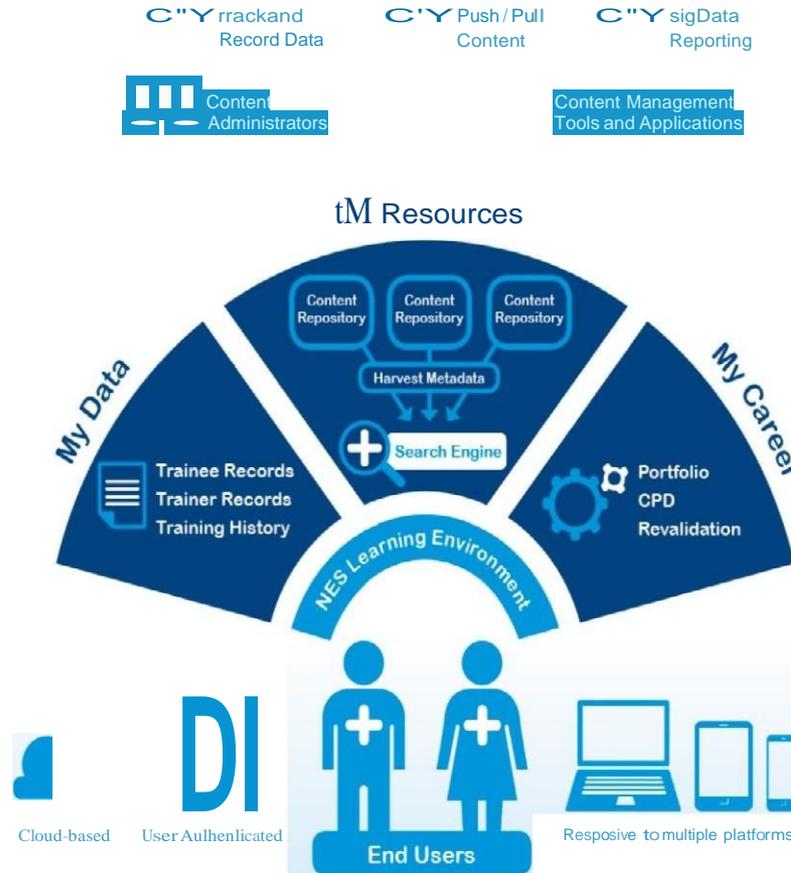
In summary

- NDS - A very similar 'ask' – focussed on a different audience

- NES Digital – critical contribution to workforce sustainability: using technology to improve attraction, recruitment, retention and experience.

  – Training and ed

  – ucation, employment, rostering, administration and business systems

  – Workforce data

- An opportunity to make a step change in how we use digital technologies to improve patient care and the experience of interacting with health and care services; and to be a better employer.

- An opportunity to join up and properly transition all our systems and functionality from old to new.

- An opportunity to build capability and capacity and to control our data.

For further information please visit

Website: https://nds.nes.digital/

NDS Blog: https://scottishdigitalhealthblog.nes.digital/nds/what-is-this-nes-digital-service-thing-about-then/

This resource may be made available, in full or summary form , in alternative formats and community languages. Please contact us on **0131 656 3200** or email **altformats@nes.scot.nhs.uk** to discuss how we can best meet your requirements.

NHS Education for Scotland
Westport 102
West Port
Edinburgh
EH3 9DN

www.nes.scot.nhs.uk

NHS Education for Scotland

Board Paper Summary

1.   Title of Paper

Training and Development Opportunities for Board Members

2.   Author(s) of Paper

James McCann, Executive Officer
David Ferguson, Board Services Manager

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. NES Digital have provided dates of their upcoming sprint reviews which will showcase progress on builds and retrospect's which will demonstrate what worked well and what could work better.

Board members should note that in relation to the opportunities for Board members to gain a fuller understanding of our work, the nature of some of these is that they will not be able to accommodate more than one Non-Executive member at a time. We will therefore need to ensure that we co-ordinate requests to participate in these events.

Please contact James McCann (James.McCann@nes.scot.nhs.uk) or David Ferguson (David.Ferguson@nes.scot.nhs.uk) for further details on these opportunities.

4.   Recommendation(s) for Decision

This paper is for information.

NES
September 2018
JM/DJF

1

Appendix 1 - Training and Development Opportunities for Board Members

Structured Training

On Board Scotland Training		
Date	**Location**	**Cost**
10 December 2018	Stirling	£395.00 plus VAT per place. Glasgow
19 March 2019	Glasgow	

The Effective Audit and Risk Committee Training		
Date	**Location**	**Cost**
16 October 2018	Glasgow	£225.00 plus VAT per place.
13 December 2018	Stirling	
21 March 2019	Edinburgh	

National Conference Days

Date	Conference/Event	Location
7 October	NES Annual Optometry Conference	Hilton, Glasgow
9 November	Academy for Healthcare Science/NES Event	The Studio, Glasgow
21 November	NES Staff Conference	Perth Concert Hall, Perth
2019		
February TBC	Psychological Supervision Conference	TBC
9-10 May	NES Scottish Medical Education Conference	Edinburgh International Conference Centre
9-10 May	NES NMAHP Education Conference	Edinburgh International Conference Centre
9-10 May	NES Dental Education Conference	Edinburgh International Conference Centre

Development Opportunities with a focus on understanding more about NES's work.

Dental		
Date	**Event**	
10 October	Annual Review of Competency Progression/Specialty Training Committee – Special Care Dentistry	Westport 102, Edinburgh
2019		
22 January	Annual Review of Competency Progression/Specialty Training Committee – Additional Dental Specialties	Westport 102, Edinburgh
19 February	Annual Review of Competency Progression/Specialty Training Committee – Dental Public Health	Westport 102, Edinburgh
20 February	Annual Review of Competency Progression/Specialty Training Committee – Paediatric Dentistry	Westport 102, Edinburgh
21 February	Annual Review of Competency Progression/Specialty Training Committee – Oral Surgery	
27 February	Annual Review of Competency Progression/Specialty Training Committee – Orthodontics	Westport 102, Edinburgh
6 March	Annual Review of Competency Progression/Specialty Training Committee – Special Care Dentistry	Westport 102, Edinburgh
21 Marc	Annual Review of Competency Progression/Specialty Training Committee – Restorative Dentistry	Westport 102, Edinburgh
26 June	Annual Review of Competency Progression/Specialty Training Committee – Additional Dental Specialties	Westport 102, Edinburgh

Digital		
Date	**Event**	
13 November	Digital Sprint Meeting	2 Central Quay, Glasgow
2019		
22 January	Digital Sprint Meeting	2 Central Quay, Glasgow
19 February	Digital Sprint Meeting	2 Central Quay, Glasgow
5 March	Digital Sprint Meeting	2 Central Quay, Glasgow

Leadership & Organisational Development		
Date	**Event**	
2 October	Leading for the Future – Brilliant Leadership Masterclass	Glasgow TBC
9 October	Leading for the Future – Wicked Problems Masterclass	Edinburgh TBC
2 November	Leading for the Future – Brilliant Leadership Masterclass	Edinburgh TBC

Medicine		
Date	**Event**	**Location**
18 October	Quality Management Visit – Psychiatry and GP Trainees	New Craigs Psychiatric Hospital, Inverness
22 October	Quality Management Visit – Medical Oncology	Ninewells, Dundee
26 October	Quality Management Visit – Old Age Psychiatry National Programme	TBC
31 October	Quality Management Visit – Gastroenterology Programme – South East, East and North	TBC
6 November	Quality Management Visit – Multiple Specialties & Medicine Enhanced Monitoring	University Hospital Ayr
6 November	Quality Management Visit – Cardiothoracic Surgery	Royal Infirmary of Edinburgh
7 November	Quality Management Visit – General Psychiatry	Royal Cornhill Hospital, Aberdeen
9 November	Quality Management Visit – Cardiology	Aberdeen Royal Infirmary
13 November	Quality Management Visit – Anaesthetics	Raigmore Hospital, Inverness
19 November	Quality Management Visit – Medicine (Inverclyde Royal Hospital)	Inverclyde Royal Hospital
5 December	Quality Management Visit – Anaesthetics	Aberdeen Royal Infirmary
2019		
21 January	Quality Management Visit – Medicine	Raigmore Hospital, Inverness
31 January	Quality Management Visit – General Psychiatry	Argyle & Bute Hospital, Lochgilphead
5-8 February 2019	GP Recruitment Centre - Round 1 advert for August 2019	Doubletree by Hilton Edinburgh Airport, Edinburgh
7 March	Quality Management Visit – Medicine	Forth Valley Royal Hospital, Larbert

NMAHP		
Date	**Event**	
1 November	National Event for the Integrated Adult Community Nursing Team – General Practice Nursing & District Nursing	Murrayfield Stadium, Edinburgh
6 November	AHP Pre-Registration Workshop	Westport 102, Edinburgh
2019		
January TBC	Regional Board Engagement Events for Theatres Non-Medical Workforce	Regional TBC
4 February	Train the Trainers for Librarians	Westport 102, Edinburgh
Feb/March TBC	Practice Education Leads (PEL) Network – CPD Event	Edinburgh TBC
13 March	Dementia Champions Cohort 9 Graduation and Annual Conference	Murrayfield Stadium, Edinburgh

Optometry		
Date	**Event**	
Weekly	Optometry Teach and Treat Clinics	Aberdeen, Edinburgh and Glasgow
Autumn/ Winter 2018-19 TBC	Optometry Clinical Skills Workshops	Regionally TBC
Autumn/ Winter 2018-19 TBC	Paediatric Optometry Workshops	Regionally TBC
2019		
April TBC	Independent Prescribers Conference	TBC

Pharmacy		
Date	**Event**	**Location**
TBC	General Practice Clinical Pharmacists (GPCP) Webinars	Online Webinars
3-5 September	Pre-Registration Pharmacist Scheme (PRPS) National Recruitment	Doubletree by Hilton Edinburgh Airport, Edinburgh
29 October	Educational Supervisor Training Workshop	Westport 102, Edinburgh
2019		
26 February	General Practice Clinical Pharmacists (GPCP) – Cohort 5 Day 3 Bootcamp	Stirling Court Hotel, Stirling

Psychology		
Date	**Event**	**Location**
4 &11 October	Introduction to CBT for Anxiety in Substance Misuse Settings	COSLA, Edinburgh
10-11 October	Behavioural Activation – Training for Trainers	Glasgow
24-25 October	Introduction to CBT for Anxiety	Aberdeen
4 December	Scottish Trauma Informed Leaders (STILT)	2 Central Quay, Glasgow
11-12 December	Introduction to CBT for Anxiety	Glasgow

Quality Improvement		
Date	**Event**	**Location**
2-4 October	Scottish Quality & Safety Fellowship Cohort 11 – Residential 1	Golden Jubilee Conference Hotel, Clydebank
2-4 October	Scottish Improvement Leaders Cohort 18 – Residential 1	Crowne Plaza, Edinburgh
9-11 October	Scottish Improvement Leaders Cohort 17 – Residential 1	Crowne Plaza, Edinburgh
23-25 October	Scottish Improvement Leaders Cohort 12 – Residential 3	Golden Jubilee Conference Hotel, Clydebank
30 October	QI Alumni Day – Complexity and QI Masterclass	TBC
27-29 November	Scottish Improvement Leaders Cohort 15 – Residential 2	Golden Jubilee Conference Hotel, Clydebank
29 November	QI Alumni Day – Large Scale System Change	Murrayfield Stadium, Edinburgh
4-6 December	Scottish Quality & Patient Safety Fellowship Cohort 11 – Residential 2	Golden Jubilee Conference Hotel, Clydebank
17 December	Scottish Improvement Leaders Cohorts 9-14 Annual Celebration & Networking Day	Murrayfield Stadium, Edinburgh
2019		
15-17 January	Scottish Improvement Leaders Cohort 13 – Residential 3	Hilton Grosvenor, Edinburgh
22-24 January	Scottish Improvement Leaders Cohort 18 – Residential 2	Golden Jubilee Conference Hotel, Clydebank
29-31 January	Scottish Improvement Leaders Cohort 17 – Residential 2	Golden Jubilee Conference Hotel, Clydebank
19-21 February	Scottish Quality & Safety Fellowship Cohort 11 – Residential 3	Hilton Edinburgh Carlton Hotel, Edinburgh
12 March	Scottish Quality & Safety Fellowship Cohort 11 – Annual Networking Event and Evening Dinner	Dynamic Earth, Edinburgh
19-21 March	Scottish Improvement Leaders Cohort 15 – Residential 3	Crowne Plaza, Edinburgh
22-24 May	Scottish Improvement Leaders Cohort 18 – Residential 3	Golden Jubilee Conference Hotel, Clydebank
28-30 May	Scottish Quality & Safety Fellowship Cohort 11 –	Golden Jubilee Conference

| | Residential 4 | Hotel, Clydebank |
| 18-30 June | Scottish Improvement Leader Cohort 17 – Residential 3 | Golden Jubilee Conference Hotel, Clydebank |

Workforce		
Date	**Event**	**Location**
February 2019 TBC	Health Care Support Workers Annual Event	North Region, TBC

NES   **NES/18/86**
Item 11   **(Enclosure)**
September 2018

NHS Education for Scotland

Board Paper Summary

1. Title of Paper

NES Risk Register – for submission to September 2018 Board meeting.

2. Author(s) of Paper

Caroline Lamb, Chief Executive

3. Purpose of Paper

The purpose of this paper is to present the NES Risk Register as at September 2018.

4. Key Issues

At the last Board meeting it was noted that a number of the control measures listed were not sufficiently detailed. It was further noted that this resulted from an attempt to summarise measures which are listed at a far more detailed level in Directorate level risk registers.

We are reviewing the measures in the light of our revised risk strategy and will present an updated version to the Audit Committee in October in the first instance. It will come back to the Board in November.

The rating of risk 11 has been revised downwards to reflect the fact that we are forecasting a small underspend for the year.

5. Recommendation(s) for Decision

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

NES Corporate Risk Register - September 2018

Risk No.	Description	Risk Owner (Lead Director)	I x L	Inherent Risk	I x L	Residual Risk	Control measures	Appetite	I x L	Residual Risk
				Current Period					**Last Period**	
Strategic Policy Risks										
1	Pressures on the system result in education and training being considered as less important	NES Executive Team (Caroline Lamb)	4 x 4	Primary 1	4 x 4	Primary 1	1. NES Board to advocate and promote the importance of education and training		4 x 4	Primary 1
2	Scottish Government budgetary decision results in an uplift for NES that is less than cost pressures which in turn could mean NES Board are unable to balance expenditure	NES Executive Team (Audrey McColl)	5 x 5	Primary 1	4 x 4	Primary 1	1. 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	Open	4 x 4	Primary 1
3	Policy development, UK-wide and within Scotland, may have negative impact on NES's capacity to support attraction, recruitment and retention of the workforce	NES Executive Team (Caroline Lamb)	4 x 4	Primary 1	3 x 3	Contingency	1. NES Directors maintain strong engagement with relevant leads at Scottish Government 2. NES to maintain an evidence bank to support ability to influence policy decisions 3. Chief Executive and NES Directors to maintain links with other UK organisations		3 x 3	Contingency
4	Challenges that Boards and other organisations have in meeting demand for staffing result in a negative perception of NES's involvement in the attraction, recruitment and retention of the workforce	NES Executive Team (Caroline Lamb)	4 x 4	Primary 1	3 x 4	Primary 2	1. Maintain clarity in relation to NES's role and influence 2. Work with Boards to ensure optimal deployment of staff		3 x 4	Primary 2
5	Changes in the landscape of health and social care and pressures in the system result in a risk that NES is unable to manage constructive relationships with key partners	NES Executive Team (Caroline Lamb)	4 x 4	Primary 1	3 x 4	Primary 2	1. Chief Executive and/or NES Directors maintain open and collaborative relationships/arrangements with counterparts in partner organisations 2. Ensure Chair is well briefed to management relationships with other Board/organisational Chairs		3 x 4	Primary 2
Operational/Service Delivery Risks										
6	In the face of new and existing demands, NES is unable to allocate resources to support priority activities in an agile and responsive manner	NES Executive Team (Caroline Lamb)	5 x 5	Primary 1	3 x 4	Primary 2	1. Resource allocation process to be driven by a prioritisation framework 2. Continued focus on improving processes to release capacity		3 x 4	Primary 2
7	Turnover in key roles leads to loss of expertise/corporate knowledge resulting in negative impact on performance	NES Executive Team (Caroline Lamb)	4 x 4	Primary 1	3 x 3	Contingency	1. Succession planning in place for key individuals 2. Talent management	Open	3 x 3	Contingency
8	Organisational or other changes lead to dissatisfaction and disengagement of staff	NES Executive Team (Caroline Lamb)	4 x 4	Primary 1	3 x 3	Contingency	1. Strong partnership working arrangements in place and maintained through regular contact		3 x 2	Contingency
9	Major adverse incident impacting on business continuity	NES Executive Team (Christopher Wroath)	4 x 4	Primary 1	2 x 4	Housekeeping	1. Disaster Recovery Plan in place 2. Business Continuity Plans in place (Board and directorate level)		2 x 4	Housekeeping

Risk No.	Description	Risk Owner (Lead Director)	I x L	Inherent Risk	I x L	Residual Risk	Control measures	Appetite	I x L	Residual Risk
				Current Period					**Last Period**	
Finance Risks										
10	The complexity of the NES budget results in year-end underspend giving the impression that NES Is overfunded	NES Executive Team (Audrey McColl)	4 x 5	Primary 1	3 x 3	Contingency	1. Early engagement with Finance & Performance Management Committee and NES Board to give indication of likely financial position 2. Directorates given indicative budgets to plan own activities and expenditure 3. Ongoing programme of identifying efficiency savings 4. Final budget approved by NES Board by end of March each year	Averse	3 x 3	Contingency
11	NES is unable to identify in year savings required to balance budget and therefore has year-end overspend	NES Executive Team (Audrey McColl)	4 x 5	Primary 1	3 x 3	Contingency	1. Early engagement with Finance & Performance Management Committee and NES Board to give indication of likely financial position 2. Directorates given indicative budgets to plan own activities and expenditure 3. Ongoing programme of identifying efficiency savings 4. Final budget approved by NES Board by end of March each year		3 x 4	Primary 2
Reputational/Credibility Risks										
12	NES is not able to demonstrate the impact from the interventions that it has developed and delivered	NES Executive Team (Caroline Lamb)	4 x 5	Primary 1	3 x 4	Primary 2	1. Planning systems require all activities to include anticipated desired outcome 2. Desired outcome measured 3. Readiness to 'fail fast' rather than pursue initiatives that aren't working	Cautious	3 x 4	Primary 2
13	NES does not deliver leading to a loss of reputation and confidence from stakeholders	NES Executive Team (Caroline Lamb)	4 x 5	Primary 1	3 x 2	Contingency	1. Ensure targets set are SMART and also have resources allocated to them to support delivery 2. Ensure Chief Executive, NES Directors, Board and standing committees have access to regular management reporting		3 x 2	Contingency
Accountability/Governance Risks										
14	Failures in Board processes lead to corporate governance non-compliance and loss of credibility with Scottish Government e.g. failure to comply with statutory and/or other requirements, failures in financial/audit/staff governance/educational quality procedures	NES Executive Team (Donald Cameron)	5 x 5	Primary 1	2 x 2	Housekeeping	1. Standing committees responsible for each governance domain 2. Each committee provides annual report to Audit Committee 3. Comprehensive programme of internal audit	Averse	2 x 2	Housekeeping
15	NES has a breach of Information Governance requirements resulting in loss of data and/or negative publicity	NES Executive Team (Christopher Wroath)	4 x 5	Primary 1	3 x 2	Contingency	1. Statutory and relevant data security processes in place, with specific reference to the new General Data Protection Regulation which becomes law on 25 May 2018		2 x 2	Contingency