

**AGENDA FOR THE ONE HUNDRED AND EIGHTY-EIGHTH BOARD MEETING**

**Date:** Thursday 25 Sept 2025

**Time:** 10:15 – 11:35

**Venue:** Hybrid meeting: Microsoft Teams / and  
Room 2 Bothwell Street, Glasgow

1. **10:00** Chair's introductory remarks
2. **10:03** Apologies for absence
3. **10:05** Declarations of interest
4. **10:06** Draft Minutes of the One Hundred and Eighty-Seventh Board Meeting 21 August 2025  
For Approval NES/25/62
5. **10:08** Matters arising from the Minutes and notification of Any Other Business
6. **10:10** Actions from previous Board Meetings  
For Review and Approval NES/25/63
7. **Chair and Chief Executive reports**
- 7a. **10:15** Chair's Report  
For Information and Assurance NES/25/64
- 7b. **10:20** Chief Executive's Report  
For Review and Assurance NES/25/65
8. **Annual Items**
- 8a. **10:50** Information Governance 2024-2025 Annual Report  
For Assurance (T Gill / C Wroath) NES/25/67
- 8b. **11:00** Feedback, Comments, Concerns and Complaints Annual Report 2024-25  
For Approval (C Bichan / R Coward) NES/25/68

**8c    11:10    Caldicott Guardian Annual Report 2024-25** NES/25/69  
For Approval (Gordon Paterson)

**9.    11:20    Governance Items**

**9a                    Committee Membership Changes** NES/25/70  
For Approval (D McGowan)

**Significant issues to report from Standing Committees:**

**9b                    Education & Quality Committee 11 September 2025**  
(Annie Gunner Logan, verbal update)

**10.    11:30    Items for Homologation**

**NES Standing Committee Minutes:**

**10a.                Education & Quality Committee 8 May 2025** NES/25/71

**11.    11:35    Date and Time of Next Meetings:**

Private Board – 25 September 2025

Board Development Session – 23 October 2025

Public Board – 20 November 2025

L. Scott, Associate Manager, Chair and CEO Office  
NHS Education for Scotland (NES)  
e-mail: [ceo.nes@nes.scot.nhs.uk](mailto:ceo.nes@nes.scot.nhs.uk)

## **NHS Education for Scotland**

**Draft for approval Minutes of the One Hundred and Eighty Seventh Board Meeting held on 21 August 2025 at 9:45 am – 11:50 am**

**This public Board meeting was held in a hybrid format via Microsoft Teams and in person at the NES office at 177 Bothwell Street, Glasgow**

**Present:** David Garbutt (DG), (Chair)  
Ally Boyle (AB), Non-Executive Director  
Jim Boyle (JB), Executive Director of Finance  
Olga Clayton (OC), Non-Executive Director  
Shona Cowan (SC), Non-Executive Director  
Jean Ford (JF), Non-Executive Director  
Lynnette Grieve (LG), Non-Executive and Employee Director  
Annie Gunner Logan (AGL), Vice Chair and Non-Executive Director  
Louise Harker (LH), Board Room Apprentice  
Nigel Henderson (NH), Non-Executive Director  
Karen Reid, (KR) Chief Executive and Accountable Officer  
George Valiotis (GV), Non-Executive Director  
Karen Wilson (KW), Executive Director of Nursing, Midwifery and Allied, Health Professionals (NMAHP) / Deputy Chief Executive  
Emma Watson, Executive Medical Director

**In attendance:** Christina Bichan (CBi), Director of Planning, Performance & Transformation  
Colin Brown (CB), Head of Strategic Development  
Rob Coward, (RC) Principal Educator, Planning, Performance & Transformation (items 9b & 9c)  
Lindsay Donaldson, (LD) Deputy Medical Director  
Nick Hay (NH), Principal Manager Communications & Engagement  
John MacEachen (JMac), Head of Communications and Engagement  
Claire Neary (CN) Policy and Briefings Manager  
Gordon Paterson (GP), Director of Social Care & Communities  
Lee Savarrio (LS) Postgraduate Dental Dean & Director of Dentistry  
Lorraine Scott (LSc), Associate Manager, CEO & Chair Office (minutes)  
Alison Shiell (ASh), Manager, Planning, Performance & Transformation  
Andrew Sturrock (ASt), Postgraduate Pharmacy Dean & Director of Pharmacy  
Christopher Wroath (CW), Director of NES Technology Service

### **1. Chair's Welcome**

- 1.1. The Chair welcomed everyone to the meeting. He particularly welcomed Katherine Stevenson, Head of Programme, Centre for Workforce Supply Social Care & Communities Directorate and Micheal Gibbons, Management Trainee, Planning Performance & Transformation Directorate who joined to observe as part of their personal development.

## 2. Apologies for absence

- 2.1. Apologies were received from Gillian Mawdsley, Non-Executive Director.
- 2.2. Apologies were also received from regular Board attendees, Kevin Kelman, Director of NHS Scotland Academy, Learning & Innovation and Judy Thomson, Director of Training for Psychology Services.

### 3. Declarations of Interest

- 3.1. There were no declarations of interest made in relation to the business of the meeting.

**4. Draft Minutes of the One Hundred and Eighty Sixth Meeting NES/25/48**

- 4.1. The Board approved the draft minutes of 22 May 2025 meeting.

**5. Matters arising from the Minutes and notification of Any Other Business**

- 5.1. There were no matters arising in relation to the minutes of the last Board meeting.
- 5.2. Items raised under any other business were covered under agenda item 12 – NHS Delivery and Social Care & Communities Directorate Staffing.

## 6. Actions from previous Board Meetings NES/25/49

- 6.1. The Board received the rolling Board action list for review and approval.
- 6.2. The Chair advised that there were 5 actions raised at the 22 May 2025 meeting and that these were complete. He also noted that there are no remaining actions outstanding.
- 6.3. The Board agreed and approved the action list.

## 7. Chair and Chief Executive reports

**7a) Chair's Report** **NES/25/50**

- 7.1. The Chair submitted his report to the Board for information and assurance, detailing recent engagements and activities since the 22 May 2025 Board meeting, both in his capacity as Chair of the NES Board and as a member of the NHS Scotland (NHSS) Board Chairs Group (BCG).
- 7.2. The Chair asked the members of the Board if they had any questions.

- 7.3. The Board offered congratulations to the Chair on his recent honorary Doctorate received at the University of Strathclyde.
- 7.4. The Board noted the report on The Promise and asked how the Board can link in with the initiative to enhance national influence and support care-experience people.
- 7.5. The Chair acknowledged the importance of The Promise and suggested that the Board could engage with the recently formed NHS interest group and asked Gordon Paterson to make the Board aware of any updates from this Group. The Chair indicated interest in making the Group's involvement more formal and impactful.
- 7.6. Gordon Paterson advised that NES are leading work on The Promise which includes a Route-Map for NES and this also includes a gap analysis plus organising national webinars for Allied Health Professionals (AHPs). He confirmed that ongoing efforts to ensure responsibilities under the Promise are met and offered to provide formal updates to the Board at future meetings.
- 7.7. The Board suggested a future development session to discuss NES's role in the Promise and explore collaborations opportunities with other organisations.
- 7.8. Karen Reid agreed this would be beneficial however advised that the number of development sessions left for NES Board are limited. She did however advise that Gordon and his team would explore how to communicate information from The Promise team to the Board. **ACTION: GP**
- 7.9. The Board asked to what extent the climate and biodiversity crisis was discussed as key areas for prevention and treatment of health at the recent NHS Scotland event.
- 7.10. The Chair advised that environmental issues were not a mainstream focus at the event, with ministers' inputs not addressing these aspects directly. However, he noted that Scotland's Climate Week is upcoming (29 September to 5 October), and NES is planning activities to raise staff awareness, including public transport sessions and cycling initiatives, coordinated to avoid duplication and overlap with Speak Up Week.

**7b) Chief Executive's Report**

**NES/25/51**

- 7.11. The Chair invited Karen Reid to introduce the report submitted to the Board for review and assurance.
- 7.12. Karen Reid welcomed Sybil Canavan as the Director of People and Culture who will officially start with NES on 1 September, Karen acknowledged the preparatory work that Sybil has been conducting particularly in relation to NHS Delivery.
- 7.13. Karen also welcomed Drew McGowan who starts on 1 September as the Board Secretary and Principal Lead for Corporate Governance.

- 7.14. Karen noted the retirement of Dr Maria Pollard, Deputy Director, Nursing, Midwifery and Allied Health Profession on 30 July 2025 also Susan Roberts, Associate Director of Pharmacy and Fiona Stewart, Associate Postgraduate Dean of Pharmacy who both retire in September. Karen acknowledged their contributions to NES and wished them all a very happy retirement.
- 7.15. Karen provided an update on the slow progress of the Westport Office exit and advised that NES are waiting on Scottish Government (SG) to re-establish the planning group to ensure that the move happens in a timely manner.
- 7.16. Karen stated that the Climate Change Emergency and Sustainability Group will participate in SG's Climate Week from 29 September to 5 October, and that Gillian Mawdsley, the Board Climate Champion, will be invited to represent NES during this period.  
**ACTION: JB/GM**
- 7.17. Karen noted The Leng Review in her report and advised that Emma Watson would provide a more detailed update however wanted to note to the Board that SG is still to provide clarity around the requirements.
- 7.18. Karen Reid commended Emma and Calum Cassie on the recent medical and dental recruitment efforts.
- 7.19. Karen noted the Scottish Qualification Authority (SQA) verification visit which was reported with High Confidence for apprenticeships. Karen also noted that progress continues on corporate improvement programmes with significant change in HR Transformation which has reduced the strategic risk in HR as agreed at the Staff Governance Committee.
- 7.20. Karen advised that the Annual Delivery Plan (ADP) is on the agenda today however she would like to note the progress in digital capability and confidence which has received excellent feedback from SG.
- 7.21. The Chair thanked Karen for the introduction and invited Directors to share any updates with the Board.
- 7.22. Emma Watson provided an update on The Leng Review and noted the alignment between the recommendations and NES's current framework and practices especially regarding the professional assurance and education. Emma noted that she chairs the Medical Associate Professions (MAP) Programme Board alongside colleagues from SG advising that they will be discussing the Leng review in detail.
- 7.23. Emma also highlighted Scotland's strong performance in medical training, ranking fourth out of 18 deaneries and first in the UK for GP training, with 89% of resident doctors highly satisfied with clinical supervision and commended Nitin Gambhir and the team for their work.
- 7.24. Emma also reported details of enhanced monitoring to the Board noting that a second site (Borders) has recently been added, with targeted support expected to yield improvements

- 7.25. The Chair formally thanked Emma and the team in their efforts to reduce the figures for enhanced monitoring which reflects the work done to support these Boards to overcome their difficulties.
- 7.26. Karen Wilson emphasised efforts to unify quality systems for education across NES, with the aim to have a single process across directorates noting progress milestones for the next 3-6 months.
- 7.27. Karen Wilson also noted the success of the newly launched Quality Improvement (QI) National Programmes with over 1,700 modules completed since 2 April 2025.
- 7.28. Karen Wilson drew the Boards attention to the Future Leaders in Spiritual Care programme and noted the valuable role of chaplains and spiritual care advisors, especially for mental and well-being health.
- 7.29. On behalf of Judy Thomson, Karen Wilson congratulated the team for over 10,000 learners completing the Map of Health Behaviour Change Programme and stressed the importance of behavioural change in health reform and renewal.
- 7.30. Lee Savarrio highlighted the health improvement work supporting Boards to reduce inequalities in oral health and mentioned the recent engagement with the Minister of Public Health.
- 7.31. Lee reported the significant increase in vocational training rates for dentistry, rising from 84% to 99% after targeted recruitment especially in remote and rural areas and regions with poor dental access, and congratulated Calum Cassie and the team for this achievement.
- 7.32. Andrew Sturrock expressed his gratitude to the retiring pharmacy colleagues and acknowledged their contribution to NES and pharmacy profession.
- 7.33. The Chair also offered his formal thanks to the retiring colleagues Dr Maria Pollard, Susan Roberts and Fiona Stewart for their contributions to NES and the people of Scotland.
- 7.34. Andrew highlighted the growth of pharmacy simulation offerings over the past year, now involving multidisciplinary teams and noted the plans for further expansion.
- 7.35. The Chair congratulated Ally Boyle on his recent appointment to Chair of Public Health Scotland (PHS) and expressed anticipated future collaboration.
- 7.36. Karen Reid announced her recent appointment as lay governor of the Health Foundation UK. The Chair acknowledged this achievement noting that this was a prestigious appointment which reflected positively on Karen's abilities for the role.
- 7.37. The Chair opened up to the Board for questions.
- 7.38. The Board praised the integration of realistic medicine and value-based health and care education into undergraduate and postgraduate programs, noting its

positive impact and progress and highlighted the significance of health behaviour change initiatives. The Board suggested evaluation of the impact on the workforce and broader population health and encouraged promoting the reach of these programs beyond patient care.

- 7.39. Karen Reid agreed with this suggestion and emphasised that upskilling the workforce improves care not only for patients but also extends benefits to communities, and she proposed flagging this broader impact more prominently. **ACTION: EW**
- 7.40. The Board acknowledged and commended the initiatives undertaken to effectively communicate with and support employees in the current environment.
- 7.41. The Board raised a concern on low staff vaccination uptake, suggesting that vaccination conversation resources should also target staff, not just public interactions, and recommended integrating this into broader workforce health literacy initiatives.
- 7.42. Karen Wilson acknowledged this point and referenced past collaboration with PHS to promote workforce vaccination and agreed there is a potential to do more, which would include incorporating vaccination messaging into broader population health literacy efforts for the workforce. **ACTION: KW**
- 7.43. The Board complimented the comprehensive report and highlighted the positive progress of the Scot GP Retain and Sustain initiative, noting its expected impact on healthcare access.
- 7.44. The Board expressed concern about recruitment challenges in clinical oncology, referencing its presence on the risk register, and questioned whether these challenges are being adequately addressed or if further escalation through committees is needed.
- 7.45. Emma Watson assured the Board that significant system-wide efforts are underway to improve recruitment of senior medics in clinical oncology, emphasising the multidisciplinary nature of the work. She reported that recruitment in clinical oncology in Scotland is approaching 80% this year which marks a significant improvement. Andrew Sturrock also added that there is significant work ongoing across the system to develop a national oncology target operating model which also focuses on the multi-disciplinary team workforce.
- 7.46. The Board also inquired about the National Care Service section in the report, referencing a previous letter from Marie Todd and questioned progress on the listed items.
- 7.47. Gordon Paterson explained that the original National Care Service proposal was replaced by the Care Reform Bill, with existing integration arrangements continuing under the 2014 Public Bodies Joint Working Act. He described the formation of a National Care Service Advisory Board, and several working groups focused on improving integration authority operations. Gordon highlighted the Advisory Board's role in shaping policy and influencing



ministers, but noted it is limited to advisory functions. He emphasised the need to address workforce development, recruitment, and retention, acknowledging current risks due to many social care staff contracts ending soon. Gordon stated that he and Karen remain committed to influencing improvements in social care and workforce issues despite these challenges.

- 7.48. The Board asked if the cycle-to-work scheme to help buy a bike still exists.
- 7.49. Karen Reid confirmed that this scheme is still available.
- 7.50. The Board commented positively on the psychology resource for parents (incredible years, autism spectrum, and language delays) but questioned if the 14–16-week, two-hour session commitment could be reduced for accessibility.
- 7.51. Karen Wilson advised that she would make enquires on this and provide an update to the Board. **ACTION: KW/JT**
- 7.52. The Board raised concerns about funding restrictions for the national social care induction framework, emphasising its fundamental importance and questioned efforts to secure funding.
- 7.53. Karen Reid acknowledged frustration over social care funding, stating she and Gordon have explored all options and repeatedly pressed government for confirmation, but no commitment has been secured. She emphasised the significant risk of losing skilled staff if funding is not confirmed, despite the essential nature of social care work, and indicated that the funding matter would be addressed in detail under agenda item 12.
- 7.54. The Board inquired about the uptake of the NES Technology Service (NTS) One Platform and workforce data across Boards, noting past resistance and requested an update on progress.
- 7.55. Christopher Wroath stated that engagement with Boards regarding the NTS platform is ongoing, with current efforts focused on the Digital Front Door, and he will be providing a detailed update during the Board Development Session today.
- 7.56. The Board mentioned the Mindset UK challenge award and the MAP (motivation, action, prompts) resource, hoping for further development of the latter.
- 7.57. The Board asked if the recommendation, in the Leng review, to change the name to "Physician Assistant" and "Physician Assistant in Anaesthesia" is being adopted in Scotland and asked for clarification on the naming convention.
- 7.58. Emma Watson clarified that the recommendation to change the title is currently subject to a judicial review, indicating there is uncertainty and the matter is not yet resolved.
- 7.59. The Chair thanked everyone for their contribution and confirmed that the Board agreed that the report provided assurance.

7.60. Alison Shiell joined the meeting during the previous report discussion.

## **8. Strategic Items**

### **8a) NES Annual Delivery Plan 2025-26: Confirmation Letter NES/25/52**

- 8.1. The Chair welcomed Alison Shiell and invited her to introduce the report, which comes to the Board for noting.
- 8.2. Alison Shiell introduced the paper confirming Scottish Government's formal approval of the 2025/26 Annual Delivery Plan (ADP) via a feedback letter, noting alignment with national reform priorities and NES's unique workforce and digital support role. She highlighted that the feedback was received before the announcement on 17 June about NHS Delivery's establishment, and updates will continue through quarterly delivery reports.
- 8.3. The Chair thanked Alison and opened to the Board for questions of which there were none.
- 8.4. The Board noted the report.

## **9. Performance Items**

### **9a) Quarter 1 Financial Report NES/25/53**

- 9.1. The Chair invited Jim Boyle to introduce the report, which comes to the Board for review and approval.
- 9.2. Jim Boyle summarised that the quarter one financial report forecasts a year-end overspend of £1.1 million, mainly due to uncertainty around funding for the employer's National Insurance increase. He noted this issue affects all NHS Boards, with NES facing a shortfall of £1.8 million, but expressed confidence in managing the pressure within the overall budget. He also mentioned minor variances across directorates, highlighting risks, none are currently graded red, and stated there is no indication of NES funding being withdrawn due to NHS Delivery formation.
- 9.3. The Chair thanked Jim Boyle for the paper and opened to the Board for questions.
- 9.4. The Board commented that the addition of the new section in the finance paper was helpful and emphasised that the reported 1.4% baseline does not fully reflect the significant effort made, as the actual percentage of the budget impacted was much higher and more challenging.
- 9.5. The Board noted concerns about permanent posts funded by non-recurring funding, acknowledging progress but highlighting ongoing risks in key areas that are difficult to resolve.

- 9.6. Karen Reid responded that the organisation will be discussing the contract situation in more detail, stressing the importance of minimising anxiety and uncertainty for affected individuals.
- 9.7. Jim Boyle stated that although a year-end overspend is currently forecast, he expects this to decrease and aims for a break-even or potential underspend, especially if some work is not delivered due to funding uncertainties, notably around National Insurance and resident doctors.
- 9.8. The Chair thanked Jim for the report and confirmed the Boards approval.
- 9.9. Rob Coward joined the meeting.

## **9b) Quarter 1 Delivery Report**

**NES/25/54**

- 9.10. The Chair invited Alison Shiell to introduce the report, which comes to the Board for review and approval.
- 9.11. Alison Shiell presented the 2025/26 Quarter One Delivery Report, summarising that 85% of Annual Delivery Plan (ADP) deliverables are complete or on track, with 28 showing minor delays and 2 significantly delayed. She noted a significant reduction in deliverables awaiting funding, highlighted ongoing tracking and reporting of delays, and mentioned updates to the ADP will be published after the Board meeting.
- 9.12. Alison invited questions on both the format and detail of the report.
- 9.13. The Board noted concern on the funding issues for digital prescribing, noting its importance given national priorities and the renewal framework.
- 9.14. Karen Reid clarified that that funding for digital prescribing has now been confirmed as a ministerial priority, but full completion is not expected until 2028/29 due to resource prioritisation by Scottish Government.
- 9.15. The Board highlighted concern that several delayed deliverables relate to Scottish Government priorities, such as mental health, learning disabilities, and dysphagia, emphasising the contradiction of being tasked with these priorities but not receiving the necessary funding.
- 9.16. The Chair agreed to record that NES is being asked to deliver these vital priorities without the necessary continued funding from SG which means delivery may not be achievable.
- 9.17. The Board asked which red and amber deliverables in the summary progress report lack mitigating actions, noting difficulty identifying them from the cover page and appendix, and questioned why some do not have mitigation in place.
- 9.18. Christina Bichan reported that both red deliverables have mitigating actions, and amber-level delays are addressed where NES can act, though some depend on external support. Alison Shiell advised she will work on presenting this information more clearly in future reports.

**ACTION: AS/CBi**

- 9.19. The Chair thanked Alison Shiell for the paper and the Board approved the report.
- 9.20. Alison Shiell left the meeting.

**9c) Quarter 1 Strategic Risk Update**

**NES/25/55**

- 9.21. The Chair welcomed Rob Coward and invited Jim Boyle to introduce the report, which comes to the Board for review and approval.
- 9.22. Jim Boyle introduced the Strategic Risk Update, explaining that risks are continually reviewed by ET, with recent deep dive sessions and scoring adjustments. He noted three new potential strategic risks being developed: the formation of NHS Delivery, Replacement of national business systems, and the functioning of the lead employer model.
- 9.23. Rob Coward noted that after the ET's review, several strategic risks had their scores increased, resulting in a higher proportion of risks now categorised as high, especially in the People and Workforce category. He advised that the new risks will be further detailed, scored, and mitigations identified by ET.
- 9.24. The Chair opened to the Board for questions.
- 9.25. The Board asked about risk 14, specifically what it means for a risk to sit outside the agreed board appetite due to external volatility, and what actions are required when this occurs.
- 9.26. Jim Boyle explained that the board regularly defines its risk appetite for different categories, and individual risk scores are compared to this appetite. If a risk sits outside the appetite, the Board expects actions to address it. He emphasised that while some risks may be outside appetite due to external factors, the goal is to keep this as the exception, not the rule, and to manage risks within appetite whenever possible.
- 9.27. Karen Reid added that the increased risk score for risk 14 does not indicate a governance issue within the organisation but reflects external uncertainty around NHS delivery. She noted that raising the risk score helps keep the Board mindful of the implications as NES transitions to the new organisation.
- 9.28. The Board suggested that one way to mitigate risk, especially regarding environmental volatility, is to enhance stakeholder relations, particularly with SG and highlighted the interconnection between managing governance risk and strengthening stakeholder engagement.
- 9.29. Karen Reid acknowledged this point, confirming that stakeholder relations with SG have been strengthened, including weekly meetings with government officials in the project delivery team for NHS delivery. Karen also emphasised that progressing at pace would further support risk mitigation.

- 9.30. The Board noted that the lack of questions on the risk paper should not be interpreted as a lack of interest, advising that the risks have already undergone rigorous review at committee and subcommittee levels, including the Planning and Performance Committee
- 9.31. The Chair thanked Jim Boyle and Rob Coward for the paper and the Board approved the report.

**9d) Quarter 1 Strategic Key Performance Indicator (SKPI) Report NES/25/55**

- 9.32. The Chair invited Christina Bichan to introduce the report, which comes to the Board for review and approval.
- 9.33. Christina Bichan presented the Q1 SKPI update for 2025/26, requesting that the Board review and approve the proposed amendments to SKPI reporting, including a new dashboard for quarterly reporting. She highlighted that 63% of SKPIs are green, an increase from the previous period, and noted that the Staff Governance Committee endorsed a change to disability reporting. She also mentioned that the planned SKPI review will be completed in Q2, with findings to be shared at a future Board development session.
- 9.34. The Chair thanked Christina and the team for their work on the SKPI report, he acknowledged substantial improvements in its presentation and emphasised that since the organisation will cease in March, the current SKPI system should be maintained for the remainder of the operational year, with a new performance indicator system to be developed for the successor body.
- 9.35. The Chair opened to the Board for questions.
- 9.36. The Board commented that the new dashboard is excellent but suggested improving its readability, as having many items on one page can be overwhelming. **ACTION: DL/CBI**
- 9.37. The Board recommended including predictions or expectations in the narrative, so the report not only shows current performance but also manages expectations for future outcomes, especially given the current organisational transition.
- 9.38. Rob Coward confirmed that the team have been discussing the desired trajectory of indicators within the dashboard.
- 9.39. The Board noted that linking performance predictions to the risk report would provide a clearer overall picture and asked to show how risk profiles would change after implementation of mitigations.
- 9.40. Jim Boyle advised that while the dashboard does not directly display the link, mitigations do influence performance indicators and any changes would be reflected in the data over time, through the connection is not explicitly shown in the report.

- 9.41. The Board expressed strong support for the new dashboard, describing it as the clearest version yet and appreciated the quick update reflecting recent committee feedback, also highlighted the importance of deciding when to discontinue metrics that cannot be reported due to unavailable data, and thanked colleagues for addressing this point in the report.
- 9.42. The Board advised that the colour coding (red, amber, green) isn't easily perceived by everyone and asked that text noting these colours also be added.  
**ACTION: DL/CBi**
- 9.43. The Chair thanked Christina Bichan for the paper and the Board approved the report.
- 9.44. Rob Coward left the meeting.

## **10. Governance Items**

### **Significant issues to report from Standing Committees:**

#### **10a) Audit and Risk Committee, 26 June 2025**

- 10.1. The Chair invited Jean Ford to provide a brief overview of the recent Audit and Risk Committee (ARC) held on 26 June 2025.
- 10.2. Jean Ford reported that the meeting centred on annual reporting and accounts, with most items subsequently presented to the June Private Board. She advised that the Committee received an internal audit opinion of adequate assurance regarding the control framework, alongside positive outcomes from internal audits and a clean external audit report. Annual reports from standing committees and service audits for third-party providers were also reviewed, with no significant concerns raised. Regular updates were provided on procurement and climate emergency/sustainability, with no issues of concern noted.
- 10.3. There were no questions from the Board and the update was noted.

#### **10b) Remuneration Committee, 18 June 2025**

- 10.4. The Chair invited Annie Gunner Logan to provide a brief overview of the recent Remuneration Committee held on 18 May 2025.
- 10.5. Annie Gunner Logan stated that the meeting mainly covered ET performance reviews and setting ET objectives for the coming year. She advised that the committee also discussed a discretionary payment application, which was followed up by correspondence. She also noted the meeting was lengthy, but all matters were in order, with nothing further to add.
- 10.6. There were no questions from the Board and the update was noted.

**10c) Planning and Performance Committee, 11 August 2025**

- 10.7. The Chair invited Ally Boyle to provide a brief overview of the recent Planning, Performance and Transformation Committee (PPC) held on 11 August 2025.
- 10.8. Ally Boyle noted the key topics discussed included risk, finance, and performance, all of which were brought to the Board. He advised that the committee had a deep dive into the digital requirements for NES, focusing on what to prioritise and the governance processes. He also noted that a paper was presented on population health framework, service reform, and wider public sector reform, and consideration has been given for sharing this with the wider Board.
- 10.9. There were no questions from the Board and the update was noted.

**10c) Staff Governance Committee, 14 August 2025**

- 10.10. The Chair invited Nigel Henderson to provide a brief overview of the recent Staff Governance Committee (SGC) held on 14 August 2025.
- 10.11. Nigel Henderson reported that Sybil Canavan joined the meeting in an observation capacity. That the committee received a presentation on the HR Transformation project and its progress. He also advised that the Annual Equalities Monitoring Report was also presented and discussed. Nigel noted it was a useful meeting and thanked Karen Reid for standing in as lead director during the past year.

**11. Items for Homologation**

**NES Standing Committee Minutes**

**11a) Audit and Risk Committee, 24 April 2025 NES/25/57**

The minutes of this meeting were homologated by the Board.

**11b) Staff Governance Committee, 1 May 2025 NES/25/58**

The minutes of this meeting were homologated by the Board.

**11c) Planning and Performance Committee, 2 May 2025 NES/25/59**

The minutes of this meeting were homologated by the Board.

**12. Any Other Business**

## **12a) NHS Delivery**

- 12.1. Karen Reid provided a brief update on NHS delivery, advising that Scottish Government has established a Programme Board which comprises of the chief executives, chairs, trade unions and senior government colleagues, alongside a Project Delivery Team that meets weekly. The programme includes seven workstreams, with leadership from Christina Bichan, Jim Boyle, Karen Wilson, and Sybil Canavan, supported by colleagues across NES, including Colin Brown. The risk register and Commission strategy are being developed by the Scottish Government and advised that receipt of these is anticipated soon.
- 12.2. Karen advised that the second programme board meeting is scheduled for the w/c 8 September, with further discussion expected at NES Private Board meeting at the end of the month. She noted that staff and public consultation details remain unclear.
- 12.3. Karen noted that ET continues to host regular webinars which have strong staff attendance, and line manager drop-in sessions have been introduced to support teams. Karen commended all staff for their professionalism and excellent performance during this period of uncertainty.
- 12.4. Karen also advised that NES and NSS executive teams are holding a “get to know each other” session on 28 August.
- 12.5. Jim Boyle stated that, despite uncertainties and pending government decisions, both NES and NSS are progressing with as much preparatory work as possible for NHS Delivery. He emphasised the extremely challenging timeline for the 1 April transition and noted that advancing preparatory work increases the chance of meeting this deadline. Jim confirmed that efforts will continue until there is greater clarity on governance structures.
- 12.6. Christina Bichan highlighted that NES and NSS have developed positive working relationships during these early stages and noted strong collaboration and cohesive joint working between NES, NSS, and Scottish Government colleagues to progress necessary transition work.
- 12.7. The Chair thanked Karen and colleagues for their update and opened to the Board for questions.
- 12.8. The Board questioned confidence surrounding meeting the April 1 deadline, raised concerns about possible delays due to limited details two months post-announcement, and requested clarification on risks and timeline likelihood.
- 12.9. Karen Reid responded, noting that questions about confidence in achieving the 1 April timeline should be directed to SG however, emphasising that NES and NSS are making every effort to prepare for this date, while also highlighting the ongoing uncertainty and its effects on staff.
- 12.10. The Chair noted ongoing uncertainty and a lack of clear information, acknowledging that some actions could have been taken sooner. While staff support remains top priority and staff webinars have been successful, only



limited updates can be provided. The Chair also warned of potential timetable delays due to consultations and scheduling issues.

12.11. Lynnette Grieve observed that while staff value the ongoing updates, there is growing frustration regarding the limited progress and lack of information, particularly with respect to pending legal advice and key appointments for NHS Delivery. She reported that staff generally do not anticipate missing the 1 April deadline; however, reassurance is required regarding short-term role stability, as significant organisational changes are not expected before the second year. Additionally, Lynnette noted that current staff concerns are focused more on fixed-term contracts than on NHS Delivery itself.

12.12. The Chair stated that more information will be shared with staff as soon as it is available, emphasising that the two critical next steps are the appointment of the interim chair and then the chief executive for NHS Delivery. Advising that the progress on these appointments is necessary before further substantial actions can be taken regarding the future shape of the new organisation.

## **12b) Social Care & Communities Directorate Staffing**

**NES/25/60**

12.13. The Chair invited Gordon Paterson to introduce this paper which comes to the Board for Discussion and Decision.

12.14. Gordon Paterson provided an overview of the staffing details already shared to the Board within the Social Care and Communities Directorate. He advised that there are currently four permanent leadership posts which should be baseline funded by the Adult Social Care Policy Team, we are continuing to press for this to be committed. Gordon noted that he has also taken on several corporate responsibilities as Director and Executive Team member, though these areas have minimal staffing support.

12.15. Gordon shared the fixed-term posts supporting key social care initiatives:

<b>Number of Posts</b>	<b>Role</b>	<b>Fixed Contract End</b>
4	Direct Leadership Posts	ACS funding not baselined
1	Health Inequalities Post	NES funded until March 2026
2	Centre for Workforce Supply – Social Care	ASC funding ends March 2026
7 (FTC and secondment)	Social Care Education & Workforce Development	ASC funding ends March 2026
2 (part-time)	Community Link workers / Social Prescribers KSF	Primary Care Funding to March 2026

12.16. Gordon advised that looking ahead to March 2026, many of these posts will end, posing a challenge to continuity. Despite the fact that the team are delivering high-quality work, on time, on budget, and in partnership, as well as with strong sector engagement.

- 12.17. Gordon also shared the career pathway approach which includes collaboration with the NHS Youth Academy to engage senior phase pupils and the Career Options Tool, which helps users explore roles and settings in social care. He advised that with further investment, there is an aim to link this to live job listings (e.g. MyJobScotland, Indeed, S1Jobs) and learner pathways.
- 12.18. Gordon advised that the Academy e-learning resources on 'Preparing to Work in Health and Social Care' were transferring to CWS in his directorate, and they contribute to this pathway approach. Thereafter, when people take up posts in social care they can undertake the National Induction Framework, which is gaining a great deal of interest and traction across the sector and is endorsed by the Care Inspectorate. Gordon advised that the NIF has the potential to be portable, accredited, and linked to Scottish Vocational Qualifications (SVQ) credits, supporting the 40% (approx.) of the adult social care workforce with qualification conditions on their registration.
- 12.19. He highlighted that the pathway approach is also supported by our resources that raise the workforce's awareness of the importance, role and contribution of unpaid carers. Before describing how the work that has been progressed on 'Repurposing TURAS Learn content' for the social care workforce has been welcomed by the sector as it can support CPL and provide evidence towards SVQs. Finally, he referenced Leading2Change's contribution to leadership development and systems leadership across the sector.
- 12.20. The Chair emphasised that the current social care workforce includes essential staff who must not be lost, as their roles are critical to ongoing work, he asked Gordon Paterson to bring forward a proposal to the next Private Board for extending the contracts of these social care staff, similar to a proposal being considered for NTS staff, to ensure continuity until the new organisation is established.
- 12.21. Karen Reid supported this and suggested that Gordon Paterson develop a risk-based proposal for extending the fixed-term contracts for social care staff, including the health inequalities post, for ET consideration with Board support.
- ACTION: GP**
- 12.22. Karen Reid suggested that ET, with Board support, can take a risk-based decision to extend the contracts of social care staff and the health inequalities post, even without confirmed funding, due to their essential contribution to NHS delivery and future health and social care in Scotland.
- 12.23. Karen Reid noted that NES budget cannot absorb these costs however advised that she would continue to press Scottish Government for funding confirmation at the earliest opportunity.
- 12.24. The Board observed that Social Care and Communities directorate are facing similar funding challenges as the service provider sector and highlighted a broader issue of financial constraints in both areas.
- 12.25. The Board asked for guidance on the financial risk and Board authority to approve the extension of the social care contracts given current budget structures and uncertainties.

- 12.26. The Chair clarified that the Board is authorising the ET to take a risk-based approach to extend contracts for up to 12 months, with costs to be met within the current budget while Karen Reid seeks funding from relevant departments. The risk is justified by the importance of continuing social care activities.
- 12.27. Karen Reid added that the Board's approval allows ET to proceed but emphasised that NES does not have the budget capacity to absorb these costs and will continue to pursue funding from the Scottish Government.
- 12.28. The Board raised a concern about the risk that the social care education function might be removed during the transition to NHS delivery, questioning the alignment of staff on non-funded positions and the potential for redeployment if the specialty does not continue.
- 12.29. Karen Reid responded, stating that the continuation of social care functions is a matter for Scottish Government policy, but noted the Director of Social Care's involvement in the programme board as a sign of its importance. Karen also confirmed ET's competence to take a risk-based approach and ensure staff value across the organisation.
- 12.30. The Board commented that it is helpful for the Board to ask executives to develop and bring proposals back, rather than pushing through unclear staffing decisions, and supported the Board's collective approach to prioritising this important work.
- 12.31. The Chair emphasised that ET is empowered to make risk-based decisions and implement them, given the time constraints and absence of another Board meeting, and that this approach is appropriate for the current situation.
- 12.32. The Chair confirmed Board approval and agreement that NES Executive Team shall take a risk-based approach to extend the fixed term contracts of social care staff.

### **13. Date and Time of Next Meetings**

- 13.1. The Chair noted that the Board Development Session will follow directly after this meeting and the next Public Board meeting shall be held on 25 September 2025
- 13.2. The Chair thanked everyone for their attendance, discussion and all papers presented today.
- 13.3. The meeting closed at 11:50 am.

NES August 2025  
LS/CBi/KR/DG

## Agenda Item 6

25 September 2025

## Rolling Action List arising from Board meetings

Minute	Report Title	Action	Responsibility	Date required	Status and date of completion
<b>Action raised at Board meeting on 21 August 2025</b>					
7.8	CEO Report	GP to explore how to communicate information on The Promise to Board members	GP	October	<b>In Progress:</b> GP will arrange for a briefing to be issued to Board members on NES's work on 'Keeping the Promise'
7.16	CEO Report	GM to be invited to represent NES at SG's Climate Week (29/09/25 – 5/10/25)	JB/GM	25 Sept	<b>In Progress:</b> JB to discuss GM availability on her return from leave.
7.39	CEO Report	Promote realistic medicine programmes beyond patient care to maximise societal benefit	EW	25 Sept	<b>Complete:</b> The NES Realistic Medicine/Value Based Health & Care team are working closely with the SG CMO team to define programme deliverables over the coming year. This will include: <ul style="list-style-type: none"> <li>• Promotion of educational resources across all disciplines in health and social care</li> <li>• Evaluation of uptake of resources</li> <li>• Case studies evidencing successful integration of education resources supporting wider adoption and impact</li> <li>• Provision of flexible and accessible education and training that reaches all professionals at all levels in all sectors of health and social care</li> </ul>

Minute	Report Title	Action	Responsibility	Date required	Status and date of completion
7.42	CEO Report	Incorporate vaccination messages to the workforce into broader population health literacy	KW	20 Nov 2025	<b>In Progress:</b> An update will be provided to the November Board as the Vaccination Lead is currently on annual leave.
7.51	CEO Report	Enquire whether the 2-hour session commitment for psychology resource for parents could be reduced for accessibility	KW	25 Sept	<b>Complete:</b> A detailed response was emailed to members on 18 Sept 2025
9.18	Q1 Delivery Report	Review presentation of red/amber deliverables from cover paper to appendix	AS/CBi	20 Nov 2025	<b>In Progress:</b> The 2025/26 Quarter 2 (Q2) Delivery report will provide clearer information regarding mitigating actions for red / amber deliverables, including whether progress is within the scope of NES to take forward or whether external support is required. The Q2 report will be presented to the Public Board meeting on 20 November 2025.
9.36	Q1 SKPI Report	Improve readability of Dashboard; too many items on one page	DL/CBi	20 Nov 2025	<b>In Progress:</b> The Dashboard is under review; an update will be provided at the November meeting
9.42	Q1 SKPI Report	Include text for red/amber/green status as colour coding is difficult to read	DL/CBi	20 Nov 2025	<b>In Progress:</b> This will be updated for the next report at the November meeting
12.21	Social Care & Communities Staffing	Risk-based proposal to be prepared for ET approval.	GP	25 Sept 2025	<b>Complete:</b> This was presented to ET on 1 September, and up update is scheduled for Private Board on 25 September.

NES/25/64  
Agenda Item: 7a  
25 September 2025



## **CHAIR'S REPORT**

David Garbutt, Chair of NES Board

25 September 2025

## **1. Introduction**

- 1.1. Since the last Board meeting on 21 August 2025, I have attended the following meetings and events, as well as internal NES meetings, Board and Standing Committees.
- 1.2. During the month, I have held mentoring meetings with George Valiotis, Non-Executive Director, Louise Harker, Boardroom Apprentice and with Fiona Sandford, who is shadowing me as an Aspiring Chair.
- 1.3. During August and September 2025, I attended several NHS Delivery meetings and NHS Delivery Executive Meetings in collaboration with Scottish Government (SG), National Services Scotland (NSS) and NES colleagues.

## **2. Summary of Engagement August 2025**

- 2.1. On the 21 August 2025, after the NES Public Board meeting, I attended the Aspiring Chairs Advisory meeting with colleagues from across NHS Scotland. At this meeting the agenda focused on opportunities for 2026, progress with the current programme and the prospect of multiple Chair vacancies in the near future.
- 2.2. On Monday, 25 August I attended a Board Chairs Group (BCG) private meeting with Board Chairs from across NHS Scotland. The agenda covered the cyber assessment framework the change to the NIS framework and considered the need for Boards to ensure that they are closely monitoring the rollout of the Cylera platform which provides cyber security in relation to medical services and equipment, as well as offering a cyber alerts dashboard. Other areas of discussion included the importance of digital solutions, the Population Health Portfolio, Integration prospects for Community Planning Groups and IJBs, and Boards working on becoming Public Health Organisations in their own right.
- 2.3. Karen Reid and I met with Mary Morgan (NSS Chief Executive) and Keith Redpath (NSS Chair) on the morning of Thursday, 28 August 2025 to further discussions around the creation of NHS Delivery.

## **3. Summary of Engagement September 2025**

- 3.1. On 1 September I held an induction meeting with Drew McGowan, the new Board Secretary and discussed the Blueprint for Governance and the NES Committee structure.
- 3.2. On 2 September 2025, I chaired the SSSC/NES Chair and CEO Meeting where we discussed the implications of the NES/NSS proposals, staff development opportunities and sought views on another Joint Board Development session. It was also agreed that we would further develop the benefits tracker.

- 3.3. On the Morning of 4 September, I had an introductory meeting with Sybil Canavan, NES's new Director of People and Culture.
- 3.4. On the 8 September 2025, I attended another successful ET on the Road - Staff Engagement session which took place at DDEC/Frankland Building, Dundee. This session very well attended, with staff from NES Dundee office and members of the Executive Team.
- 3.5. The NHS Scotland Global Citizen Advisory Board Meeting took place on the 9 September 2025, members discussed the challenges being placed on the programme in the face of potential transformational change programmes. Further discussion was held about the concept of developing a Global Hospital and the challenges being faced because of the current Visa programme.
- 3.6. On 9 September I attended the NHS Delivery Programme Board where we learned of the legal process now to be followed creation of NHS Delivery into a new legal entity with a new Board, Chair and Chief Executive. Further details will be included in a separate report by the Chief Executive.
- 3.7. On the 10 September 2025, the NHS Chairs Meeting with the Cabinet Secretary took place. The Cabinet Secretary was emphatic about the requirement to reduce the working week for all staff. He reminded Chairs of the requirement for plans to be submitted by every Board by 1 October 2025, with plans then being implemented by 1 April 2026. The Cabinet Secretary emphasised the importance of digital solutions and innovation and mentioned the NES/NSS proposals as being key to the transformational changes being made.
- 3.8. The Improving Wellbeing and Working Cultures Strategic Board Meeting was held on the 11 September 2025. The agenda included identification of a new independent Chair for the Strategic Board and discussion regarding the increase in the number of staff whose mental health has been affected in the care sector. The issues of leadership, talent management and development were also considered.
- 3.9. On Wednesday, 17 September 2025 I attended the NES corporate induction session to provide new colleagues an insight into the NES Board.



#### **4. Announcements**

##### **4.1. Director of People and Culture**

I am pleased to announce that Sybil Canavan, NES Director of People and Culture joined NES on the 1 September 2025 from her current post at NHS Health Improvement Scotland (HIS).

##### **4.2. Board Secretary and Principal Lead Corporate Governance**

I am also pleased to announce that Drew McGowan joined NES on 1 September from City of Glasgow College as Associate Director of Governance and Risk.

**David Garbutt  
Chair**

NES/25/65  
Agenda Item: 07b  
25 September 2025

## **Chief Executive's Report**

### **Professor Karen Reid, Chief Executive**



Date: 25 September 2025

## 1. Introduction

The 25 September Board agenda is primarily focused on governance items. : The Board will receive the 2024-2025 Information Governance Annual Report, the 2024-25 Feedback, Comments, Concerns and Complaints Annual Report, and the 2024 25 Caldicott Guardian Annual Report. The NES Board will review and approve these reports.

While it is only six weeks since the last Public Board meeting, the updates within this Chief Executive's Report continue to demonstrate a high level of activity across all NES directorates.

## 2. Updates and Announcements

### 2.1. National Care Service (NCS)

- a) In August, the Scottish Government published a series of co-design reports shaping the future National Care Service (NCS). These covered [independent advocacy](#), [access and eligibility criteria](#), [ethical procurement](#), [governance and representation](#) and the [Scottish Learning and Improvement Framework for Adult Social Care Support and Community Health](#). The reports reflect input from service users, carers, staff, and organisations, aiming to ensure consistent, high-quality care across Scotland and putting lived experience at the heart of decisions about how the NCS will work.

### 2.2 Announcements

#### a) The Health Foundation

I am delighted to have been appointed as a Governor at The Health Foundation. The Foundation's goal is to support people working in both national and local government, as well as those in health and care sectors, by promoting evidence-based policies and practices that improve health and care outcomes.

### 3 Our Strategic Themes

This section of the report provides key developments and updates from NES Directorates in the context of the key strategic themes from our NES Strategy 2023- 26: People, Partnerships and Performance.



### 4 Performance - how we are performing as an organisation

#### a) Strategic Key Performance Indicators

The Annual Strategic Key Performance Indicators review commenced in Quarter 1, which included meetings with stakeholders and a benchmarking exercise. Analysis of the information gathered from the review is currently being undertaken. The findings of the review will be presented to the NES Board at their 23 October 2025 Board Development Session.

At the NHS Chair's meeting on 25 August 2025, the transition to NHS Board's establishing themselves as Population Health Organisations (PHO), as outlined in the Population Health Framework, was discussed. The proposal recommended incorporating PHO transformation into performance reports and updating evaluation methods to emphasise prevention, equity, collaboration, and leadership. NHS Boards have been advised to establish measurable frameworks and key performance indicators (KPIs), integrating these into existing governance structures. These enhancements will be considered as part of performance reporting and reflected in future CEO and performance reports in due course.

Further development on the new dashboard for presenting the quarterly Strategic Key Performance Indicators data is progressing; the new format will be implemented for the reporting of Quarter 2, 2025/26 data.

#### b) Public Bodies Climate Change Duties

On 15 September 2025, Gillian Martin, Cabinet Secretary for Climate Action and Energy, provided information about draft Scottish Carbon Budgets for 2025-2045,

which will set five-year emission caps aligned with Climate Change Committee advice. An analysis of consultation responses is available on the Scottish Government website. With the NHS spending over £16 billion annually, there's a significant opportunity for sustainable procurement to reduce emissions. Aligning NHS policies and planning with these carbon budgets and engaging stakeholders early can maximise impact and resource efficiency.

Further information can be found [here](#)

## 4.1 Dental

### a) Dental Core Training

The Review of Competency Progression for Dental Core Trainees took place in August 2025 for the 2024-25 training year. Sixty trainees (95%) received satisfactory outcomes; with 2 trainees receiving an outcome of 3. Two trainees had no outcome awarded due to sick leave and maternity leave. This is comparable to the 2023-24 training year.

Six Dental Specialty Trainees completed training between June and 30 August 2025 across four Dental Specialties. This is comparable to previous years and dependant on the timing of recruitment to training posts, exam results and Specialty Trainees taking time out of programme.

Through national recruitment, 70 Dental Core Trainees posts at Dental Core Trainee (DCT) level 1-3 had been filled in Scotland by 30 June 2025. Additional local recruitment also took place, filling seven more posts at Post Core Fellowship Training and Local Appointments to Training. Withdrawals from the national recruitment process resulted in a total of 70 posts (80% of funded posts) being filled by 3 September 2025. This was a decrease in the number of DCT posts filled at this point in 2024, where 84% were filled. All Dental Specialty Training posts are now filled.

### b) NES Scottish Qualification Authority Centre

The Scottish Qualification Authority, Quality Assurance External Verification visit took place in July 2025. This quality assurance visit reviewed the Workplace Core Skills units: Working with Others and Problem Solving. These are delivered as part of the Modern Apprenticeship in Dental Nursing. The Qualification Authority Outcome RAG rating was Green, with it being reported that 'High Confidence identified in the maintenance of Scottish Qualification Authority standards within this Verification Group'.

## 4.2 Dental (Optometry)

### a) Delivery Underpinned by Research

Our postgraduate support teams achieved three successful poster submissions for the 2025 British Congress of Optometry and Vision Science conference at Glasgow Caledonian University. Two focused on our NHS Education for Scotland Glaucoma Award Training, including learner evaluation of simulation-based clinical skills training.

Our third poster highlighted the research aspect of our annual mandatory training for all optometrists in Scotland. In 2022, the theme was Clinical Risk and Patient Safety, and

an analysis of a random 10% sample of the 1600 submissions revealed that moderate levels of risk are present in optometric practice, with the potential to cause significant harm to patients. This work demonstrated a clear need for improved education within the optometric profession concerning risk identification, reporting, and mitigation to enhance patient safety. It builds upon focus group work previously conducted, which is now being submitted for publication to the British Medical Journal Open Quality in collaboration with the NHS Education for Scotland Patient Safety & Improvement Programme Director.

#### **4.3 Medical, including Healthcare Science**

##### **a) Monitoring and Accreditation**

The Health Care Science team continues to monitor all trainees holding national training numbers, regardless of funding, and oversees accreditation across all centers. Processes are being reviewed to enhance efficiency, with automation and digitalisation being explored to reduce administrative workload.

##### **b) Trainee Clinical Scientist Recruitment and Progress**

This year, 21 trainee clinical scientist posts were offered, with 19 accepted. These trainees will start their roles in September and October 2025. Planning for the 2026 intake has begun, with expressions of interest being requested from health boards in September. The application process has been improved to better support workforce modelling and ensure suitable placement for trainees.

##### **c) Bursaries and Career Support Initiatives**

27 postgraduate bursaries have been awarded to support scientists in further educational pursuits. A new bursary has also been launched for support workers, aligned with the Level 2-4 career framework published in March 2024, to strengthen potential workforce supply routes. The allocation and impact of bursaries are being assessed to introduce a more targeted and prioritised support approach.

##### **d) Enriching Medical Attraction**

The Enriching Medical Attraction team has been in place since the Summer of 2024, with a remit to help promote and widen access to medical careers. Early outcomes have included the launch of a new web resource in June 2025: [Your Med Future](#). This brings together information on entry requirements, support with applications, outreach and more. The next phase of this work will include further development of web resources and supporting more inclusive access to outreach activity. For further information, contact the team: [nes.yourmedfuture@nhs.scot](mailto:nes.yourmedfuture@nhs.scot).

#### **4.4 NHS Education for Scotland - Corporate Improvement Programme**

##### **a) NES Corporate Improvement Programme**

The Corporate Improvement Programme continues to provide a structured vehicle for delivering NHS Education for Scotland's strategic change priorities while also adapting to the emerging context of NHS Education for Scotland's Delivery. Since the August 2025 Board Meeting, progress has been sustained across all programmes, with evidence of growing maturity in programme management and delivery discipline. The focus has shifted increasingly towards ensuring that improvements are not only embedded within NHS Education for Scotland but also transferable and of lasting value

as we move into the design and establishment of the new organisation. Across the portfolio, there has been a clear transition from design into implementation, with programs beginning to deliver tools, frameworks and processes that are already making a difference in how the organisation operates.

The broader strategic context of NHS Delivery has brought a new lens to programme delivery. The Corporate Improvement Plan is now being reviewed to ensure that the improvements being prioritised are those that will deliver the greatest value during transition and remain relevant in the new organisation. This involves accelerating activity that standardises processes, improves quality, and reduces duplication, while consciously deferring areas of work that would need to be reworked in the new operating environment. This disciplined and deliberate approach provides confidence that NES is preparing for transition in an orderly manner, while continuing to deliver against its current strategic goals.

**b) Learning & Education Quality System**

The Learning & Education Quality System, which aims to deliver improved consistency for the development of NHS Education for Scotland's educational products, has moved into a cycle of structured testing and feedback, ensuring that the evaluation model and commissioning processes are robust and capable of being scaled.

**c) Digital Learning Infrastructure Programme**

The Digital Learning Infrastructure programme has entered a critical phase, with full programme planning and technical capacity now in place to progress towards the Full Business Case in late 2025.

**d) The Business Transformation Programme**

In Business Transformation, work to embed consistent meeting management practices and streamline risk management processes is beginning to take hold, supported by staff engagement on the future of business support functions.

**e) Human Resources Transformation**

Human Resources Transformation continues to progress, with most Standard Operating Procedures complete and initial implementation of performance dashboards and structured customer feedback underway. These actions have helped reduce strategic risk.

**f) Digital Capability and Confidence**

Digital Capability and Confidence continues to strengthen staff readiness, with the Digital Resource Hub and Champions network providing visible and practical support for colleagues as new tools such as Windows 11 and Copilot are introduced.

## **4.5 NHS Scotland Academy, Learning and Innovation**

**a) Research and Innovation Plan**

NHS Education for Scotland's [Research and Innovation Plan](#) was published in late July 2025 with implementation continuing across NHS Education for Scotland. Structure and governance to support mobilisation of the plan are being taken forward by small working groups, with associated smart targets to be completed by the end of Quarter 3. The Research, Innovation & Workforce Diversification workstream is supporting 2



smaller directorates to consider how they implement this plan, whilst a core resource bundle is being developed to enhance cohesion for implementation across NHS Education for Scotland. Progress and updates will all flow via the NHS Education for Scotland Research and Innovation Reference Group and an associated monthly flash report.

#### **b) NHS Scotland Academy**

NHS Scotland Academy continues to deliver our established suite of accelerated programmes whilst also developing new programmes to the highest standards as set by each professional or regulatory body. Recent highlights include: -

##### National Ultrasound Training Programme Masterclass

The NHS Scotland Academy continues to deliver an established suite of accelerated programmes while developing new offerings to the highest professional and regulatory standards. As part of this, the National Ultrasound Training Programme (NUTP) Masterclasses are equipping learners with advanced specialist skills, enabling them to translate knowledge into practice and meaningfully enhance patient care and experience. On 26 August 2025, a highly subscribed NUTP Gynaecology Masterclass was held at the Skills and Simulation Centre, featuring expert speakers Dr Cesar Diaz Garcia and Dr Catrina Bain, who addressed topics including endometriosis soft markers, hormone replacement therapy, and abnormal bleeding. Strong positive feedback has led to plans for a repeat session.

In parallel, the NUTP Gynaecology Reference Group is advancing a 'Once for Scotland' approach to ultrasound reporting, aimed at standardising Gynaecology Ultrasound Reporting across multiprofessional learners, strengthening clinical practice, and supporting improved patient planning in General Practice.

##### Specialty Trainees (ST4s) in Respiratory Medicine

All new Specialty Trainees in Respiratory Medicine now have access to the Bronchoscopy pre-learning materials as part of their training pathway. These materials can be found on TURAS for Specialty Trainees, and they can practice procedures using the bronchoscopy modules on the simulators. The pre-learning resources aim to introduce flexible Bronchoscopy; to emphasise key areas of learning before starting the Scottish simulator-assisted Bronchoscopy training pathway; and to provide an understanding of decision-making processes involved in Bronchoscopy.

#### **c) Learning and Education Quality System**

The Quality of the Practice Learning Environment framework was launched at an Educational Leadership Group webinar on Wednesday, 17 September 2025. The framework establishes clear standards within practice and workplace environments, ensuring that NHS Education for Scotland meets regulatory requirements, supports our learners and supervisors, and maintains a consistent approach across our organisation.

A set of core User Engagement questions (standardised learner feedback) has been tested to ensure NHS Education for Scotland can capture meaningful input from learners and stakeholders in a consistent, scalable way (aligned to our ability to report on performance through our strategic key performance indicators and informing quality). These will be implemented throughout NHS Education for Scotland, whilst



work continues in the development of a shared system and reporting for learner feedback and in due course will enable the reporting of critical KPIs relating to the quality and impact of our education and training.

A pilot of NHS Education for Scotland Involving People Framework, designed to guide and support the safe and proportionate involvement of people with lived experience in the design of NHS Education for Scotland learning and education, is currently underway.

**d) Pathways and Partnerships Team**

Focusing on developing career and learning pathways in health and social care, the team is moving into the development phase. Semi-structured interviews with key colleagues in NHS Education for Scotland have concluded the final discovery phase, using thematic analysis to build a draft methodology for feedback and comment. This will be presented to the Learning and Education Reference Group for a second round of internal feedback before moving to a test of change with identified areas of need across NHS Scotland.

#### **4.6 NHS Education for Scotland Technology Service**

**a) Digital Front Door**

Work continues at pace with NHS Lanarkshire in delivering the requirements of the initial release of Digital Front Door by December 2025. This includes infrastructure, core products, Information Governance, Communications and Engagement and support arrangements.

Extensive work has been undertaken to understand the current positions and readiness of frontline organisations to implement and utilise Digital Front Door in support of service users. Initially, this focused on Health Boards due to the features available at the initial release. However, discussions have now begun regarding engagement with Social Care organisations. A rollout report has been prepared and provided for Digital Health and Care at Scottish Government. This summarises the findings to date and proposes approaches for the initial deployment of the Digital Front Door based on discussions with Health Boards. A public-facing plan will be issued by Scottish Government in September 2025, summarising the approach to the rollout.

A Full Business Case has been developed and is currently working its way through key governance groups in NHS Education for Scotland and Scottish Government. Work is also progressing on refreshing the vision and strategic aims of Digital Front Door, which links to ongoing efforts to determine the processes for prioritising the evolution of Digital Front Door.

#### **4.7 Planning, Performance and Transformation**

**a) Complaints Handling Performance**

In August, the NHS Education for Scotland Complaints team delivered their first Complaints Handling Workshops across NHS Education for Scotland. The workshops are designed to provide staff with the knowledge to handle complaints and concerns with confidence and understand the purpose and benefits of complaints management

at NHS Education for Scotland. Additional workshops are planned and will be scheduled throughout the year.

**b) 2026/27 Operational and Financial Planning**

We have commenced development of our 2026/27 Operational and Financial Planning approach within the context of the NHS Delivery [announcement](#) (17 June 2025). This has included close collaboration with our partners at NHS National Services Scotland to ensure we the organisation be well placed to prepare a combined 2026/27 delivery plan for the new organisation, which is due to be operational by April 2026, in due course.

Our 2026/27 Operational and Financial Planning approach will include how we plan to demonstrate our commitment to supporting the Scottish Government's strategic priorities and in particular the ambitions of service renewal and improved health and care outcomes for Scottish citizens. As per 2025/26, integrated planning and financial principles and guidance (including resource considerations and risk management information) will be issued to NHS Education for Scotland directorates to enable them to set out their proposed deliverables and milestones for the upcoming year.

**c) Consultations Responses**

Since the last Board meeting in August 2025, NHS Education for Scotland has responded to one consultation. Below is a summary of the consultation:

**General Dental Council - [Consultation](#) on our next corporate strategy**

The General Dental Council (GDC) launched a public consultation to gather feedback on its proposed Corporate Strategy for 2026–2028, titled “Trusted and Effective: A Strategy for Dental Regulation”. The consultation aimed to modernise dental regulations in the UK. The consultation closed on 21 August 2025, with final decisions expected in Autumn 2025

Consultation responses are managed by the Chief Executive's and the Chair's office. Once received, consultations are reviewed and assigned to a lead Director. The lead Directorate prepares the final responses, which the Chief Executive signs off before submission on behalf of NHS Education for Scotland.

A report on published consultations is provided quarterly to the Education Quality Committee.

## **4.8 Psychology**

**a) Psychology Workforce Data Intelligence**

Work is underway on a project funded by the Scottish Government to produce a new national report on the mental health workforce. There is currently no single source of data on the multidisciplinary staff delivering frontline mental health services. A pilot report will be shared with mental health services staff in post as of 31 December 2025, including information about any limitations of this reporting method and remaining data gaps.

The Workforce Data Intelligence workstream within the Psychology Directorate continues to publish official statistics on NHS Scotland Psychology Services, and Child

& Adolescent Mental Health Services Workforce and Trainees on a quarterly basis: <https://turasdata.nes.nhs.scot/> . The next publication of data (to 30 June 2025) will be published in September 2025. NHS Education for Scotland statistics are currently being reviewed by [Office for Statistics Regulation \(OSR\)](#).

**b) The Matrix - A Guide to Delivering Evidence-based Psychological Therapy in Scotland**

Recent analytic data indicates the 'The Matrix; A guide to delivering evidence-based psychological therapy in Scotland' ([The Matrix - Home](#)) website has over 10,000 active users and is continually evolving. To date, 23 full evidence reviews have been published. Recent months have seen an expansion of the publication of best practice guidance for recognising the needs of specific populations when delivering psychological therapies. This includes children and young people, people with learning disabilities, people in the peri-natal period, older adults and autistic and otherwise neurodivergent people.

The Matrix now also features 31 'hexagon' tools for psychological therapies and interventions. These provide further detailed information on evidence, training pathways, and governance requirements, such as supervision. Recent additions include schema therapy, mentalisation-based therapy, and mindfulness-based cognitive therapy.

#### **4.8.1 Pharmacy**

- a) A total of 402 pharmacists across all sectors have begun or have been allocated an NHS Education for Scotland funded, post-graduate independent prescribing course qualification starting in 2025. This supports the Scottish Government commitment outlined in the NHS Scotland operational improvement plan for March 2025 to expand Pharmacy First services by a further 240 community pharmacist independent prescribers between April 2025 and March 2026.
- b) 84.9% of trainee pharmacists from Scotland successfully passed the June 2025 General Pharmaceutical Council Registration Assessment. This compares to a national pass rate of 77%.

#### **4.9 Social Care & Communities**

**a) Social Care**

Activity continues to support the adoption and embedding of the new National Induction Framework and the Social Care Career Options Tool. The resources were developed through joint working with the Scottish Social Services Council with the aim of improving recruitment and retention and workforce development for the social care sector. Ongoing promotional activity is resulting in good uptake of both resources.

**b) Unpaid Carers Programme**

Our Unpaid Carers Programme continues to promote Equal Partners in Care ([Equal partners in care \(EPiC\) - Caring for unpaid carers | Turas | Learn](#)) learning resources to the health and social care workforce. The programme has seen an encouraging increase in the number of learners using and completing these resources over recent months. Evaluation of the resources ([Epic Evaluation | Turas | Learn](#)) confirms that the

resources are enhancing workforce confidence, improving conversations with unpaid carers, and fostering a more inclusive, empathetic approach to care. The evaluation highlighted the need to increase the reach across health and social care with the aim of reducing the gap between the principles of Equal Partners in Care and the experience of unpaid carers, and action is being taken to achieve this.

**c) Centre for Workforce Supply (Health)**

The Centre for Workforce Supply Health has launched a new Turas page dedicated to General Practitioners, practice managers, supervisors, and Health Board Primary Care teams. This unified platform highlights the rewarding, inclusive, and flexible career pathways available in general practice throughout Scotland, while providing guidance, resources, and examples of effective workforce recruitment and retention strategies.

Additionally, an expanded workforce hub for International Medical Graduates (IMGs) is set to launch on Turas Learn in October 2025. This hub will support IMGs, their supervisors, managers, Health Boards, and GP Practices by consolidating key national resources and signposting to board-specific materials and induction/support programmes. The goal is to gather the wide range of support for IMGs in Scotland—from Health Boards, GP Practices, the General Medical Council, medical defense unions, and Royal Colleges—into a single, accessible online resource. The hub will also encourage organisations to share best practices, supporting a culture of continuous improvement so that IMG doctors, regardless of grade or specialty, feel welcomed and valued for their skills and experience.

A link to the pages is [here](#)

**d) Centre for Workforce Supply (Social Care)**

The Centre for Workforce Supply Social Care continues to work with the Scottish Government to support policy and practice in international recruitment and support for new Scots working in adult social care. This includes the development of a new section on Turas, created to provide information and signposting to candidates and employers of Displaced Workers ([Displaced Workers | Turas | Learn](#)). Candidate resources have been created to help get workers back into work at the earliest possible opportunity when they have lost their sponsor. The Employer resources will help guide social care providers and organisations to offer employment/roles directly to displaced workers throughout the UK and help speed up the process of filling recruitment gaps.

**e) Caldicott Guardian**

In the capacity as NHS Education for Scotland's Caldicott Guardian, the Director of Social Care and Communities is a member of the Health and Social Care Public Benefit and Privacy Panel. The Health and Social Care Public Benefit and Privacy Panel is an information governance structure of NHS Scotland comprising several Caldicott Guardians and experienced Lay people. Its purpose is to provide a central, National Information Governance scrutiny process focused on requests for access to NHS Scotland originated data, which are held in the NHS Scotland boards, for purposes other than direct care such as for research or service planning purposes.

**f) Health and Social Care Public Benefit and Privacy Panel**

The Health and Social Care Public Benefit and Privacy Panel works on a two-tier basis:

- The Operational Tier 1 Panel
- The more strategic Tier 2 committee.

Applications are scrutinised at fortnightly panels of NHS Information Governance leads (Tier 1 panel), who attend on a rotational basis. Most applications are decided (usually approved) at this level. Where the applications are of greater privacy risk and require a higher level of consideration, applications will be referred to a sub-group of the Tier 2 Committee for scrutiny, or when necessary, by the full Tier 2 Committee.

#### **4.10 People and Culture**

##### **a) Temporary Staffing Arrangements**

Human Resources is leading a review of all temporary staffing arrangements across NES to ensure alignment with long-term workforce requirements in advance of the new organisation in April 2026. A categorisation process for all temporary staffing requests, agreed by the Executive Team, is underway to strengthen governance and enabling informed decisions on which posts should be extended, concluded, or converted to permanent recruitment. Next steps will focus on supporting Directorates with implementation, including recruitment, redeployment, contract extensions, and clear staff communications to maintain workforce stability and engagement during transition.

##### **b) People and Culture Staff Development**

Human Resources and Organisational Development, Leadership and Learning are jointly developing a Development Programme to support familiarisation and understanding of people management policies for managers. This is informed by Staff Governance insights and casework trends. The programme will prioritise areas such as attendance management, fixed-term contracts, occupational health and wellbeing, and early intervention. This initiative runs in parallel to the main Line Manager development programme. It is designed to strengthen manager capability, promote consistency, and enable a more proactive approach to workforce issues across NHS Education for Scotland.

##### **c) Workforce Data**

The Workforce Data suite has been further improved to include staff location mapping, sickness absence metrics, and business case activity. These enhancements reinforce organisational oversight, support data-driven decision-making, and enable targeted workforce planning.

##### **d) Line Manager Network**

Developing our Line Managers' knowledge, practice, and skills across a broader range of capabilities, beyond people management, remains a top priority. The Line Manager Network continues to offer development opportunities and serves as a platform for sharing support and best practices. This is particularly vital in preparing our managers for their readiness and resilience to lead and support the transition to the new organisation. A new programme of activities is being designed and will be introduced from September 2025 onwards.

##### **e) iMatter 2025 Results**

iMatter scores and the uptake of iMatter team action plans have remained high, despite a tighter fiscal position across NHS Scotland and the recent announcement of

the new board 'NHS Delivery'. Response rates increased to 90% (87% in 2024) and the Employee Engagement Index score remained at 84. The overall number of staff that the survey was sent to was 1,234. Action planning increased by 4% from last year to 90%. The high engagement scores reflect the positive culture felt across NHS Education for Scotland as well as the substantial and intentional investment in engaging with our staff through many different routes.

**f) Developing Leaders Nationally**

Developing leadership capability is critical and progress continues across the Board Development and the Leading to Change Programmes. To date, six aspiring chairs have gone on to secure a Board Chair position, and five have secured Vice Chair positions. The most recent successful chair appointment was announced in August 2025.

Leading to Change continues to offer a range of well evaluated leadership development opportunities across the Health and Social Care workforce. A new senior leadership development programme is being launched for our Remote and Rural leaders during September 2025 and highlights a strong collaborative working approach with the Remote and Rural programme team.

Another success was the launch of the Operational Leaders Leadership Success Profile, which included underpinning self-assessment and 360 feedback tools. This has been well received, and we are working in partnership with the Scottish Improvement Service to test the Leadership Success Profile across public service leaders in local authorities with the intention of developing a stronger collaborative partnership and curated offer for public service leaders in line with the Public Service Reform Strategy and Public Service Renewal Framework.

## **5 People – How are we supporting our staff, learners and trainees**

### **5.1 Chief Executive Update**

- a)** Since our last Board meeting in August 2025, I have continued to prioritise meaningful engagement with NES staff across the organisation. Providing open channels for dialogue and sharing key strategic updates remains central to our approach. Regular Chief Executive Officer, All Staff Briefings have ensured we maintain clear and transparent communication, and I am pleased to note the positive feedback these sessions continue to receive. These briefings support our ongoing commitment to fostering an inclusive culture where staff feel heard and valued.
- b)** On 8 September 2025, I was delighted to participate in our “ET on the Road” event in Dundee, where colleagues actively engaged with the Executive Team. These events provide a valuable forum for addressing staff questions directly and strengthening our connection across all regions and staff. We look forward to continuing this dialogue at our upcoming Inverness event in October 2025.
- c) Population Health**  
NES are demonstrating a comprehensive commitment to advancing population health and reducing health inequalities across Scotland through targeted education, resource



development, and collaborative projects. Our work spans multiple health professions including and integrates public health priorities into workforce training and service planning.

We are showing strategic and collaborative commitment to advancing population health and addressing health inequalities across Scotland through the development of educational resources, innovative training programmes, and evidence-based interventions in partnership with national stakeholders.

Key initiatives include raising awareness of health inequalities through targeted staff engagement, embedding health equity into learning for health and social care professionals, and curating accessible resources to address social determinants of health. NES is also progressing projects that harness population health data to inform workforce planning and service delivery, particularly in partnership with health and social care bodies. Notable programmes such as the Family Nurse Partnership and a range of oral health improvement initiatives show our focus on early intervention and support for inclusion health groups. We are further enhancing capacity in the medical, nursing, midwifery, allied health professions, and healthcare science workforce through specialised modules, fellowships, and curriculum reforms tailored to areas of greatest need. NES's cross-directorate approach ensures integration of infection prevention and control, antimicrobial stewardship, health protection, and vaccination education, supporting frontline teams and strategic priorities outlined in national frameworks. Collectively, these efforts position NES as a leader in supporting Scotland's public health ambitions, fostering innovation, and building a resilient, equitable health and care workforce.

## **5.2 Dental**

### **a) Dental Core Training**

Induction has taken place for Dental Core Trainees, and appropriate educational programmes for each training grade level are developed for delivery during the training year. Associate Postgraduate Deans will be meeting the Specialty Trainees to welcome them to their training programme. Dental Core and Specialty Trainees also have access to study leave and funding to support their learning.

### **b) Orthodontic Therapy**

Seven trainees from the 2024–25 cohort successfully passed the Royal College of Surgeons of Edinburgh Diploma in Orthodontic Therapy exams in May 2025 and are now practicing as Orthodontic Therapists.

Three additional trainees from two rural NHS Boards are on an extended training pathway and will sit their exams in November 2025. NHS Shetland has implemented a hybrid supervision model, enabling supervisors based in NHS Tayside to provide effective support both remotely and in person. This innovative approach, developed through partnership working, strengthens workforce development in rural communities to meet population needs. It creates opportunities for NHS staff to upskill and ensures they are equipped to deliver the right care, in the right place, at the right time.

**c) Pre-registration Dental Nurse Training**

2024-25 Cohort: A total of 66 trainees successfully completed training, with the remainder of the cohort (20) close to completion.

2025-26 Cohort: There were 100 funded places made available to undertake the Modern Apprenticeship with a total of 88 trainees due to commence in September 2025. A small number of trainees have declined the offer of a place due to leaving employment since applying.

**d) Dental Training Workforce Survey**

To support the development and focus of new education and training initiatives, stakeholder needs were explored via survey, semi-structured interviews and specific hospital data regarding patient referral numbers and waiting times. We invited all members of the dental team by email who had an NHS Education for Scotland portal account to complete an anonymous online workforce survey. This survey gathered information on which areas in dentistry they would like further training in, how they would like this delivered and what they wanted to gain from this training, alongside their reasons for referring their patients to secondary care. In addition, data was obtained from secondary care from three Scottish dental hospitals regarding which specialties had the highest referral numbers, and which had the longest waiting times, to ensure we were targeting the current needs and the future needs of our population.

The outcome of the preferences of the workforce survey, the information given from stakeholders, together with the needs of secondary care, with regard to the highest referral numbers, identified oral surgery as one of the areas in dentistry in which a new education and training programme should be focused.

### **5.3 Dental (Optometry)**

- a) NHS Education for Scotland supported the attendance of team members at the 2025 British Congress of Optometry and Vision Science providing the opportunity to present our work, support professional development and to promote the organisation. One poster from our qualifications workstream illustrated the application of NHS Education for Scotland Glaucoma Award Training learner feedback in underpinning the delivery of a new learning event, which also reports the impact on learner confidence and competence. This poster illustrated the planning and delivery of an appropriately scoped catalogue of Continuing Professional Development to support the eyecare workforce is well underway. In a time of significant change around community eyecare delivery, we continue to strengthen our relationships with stakeholders and learners, ensuring the needs of the profession are being responded to.

Our second poster focused on the development of the NHS Education for Scotland Glaucoma Award Training: commissioned by Scottish Government, this qualification facilitates accredited optometrists to care for more patients in the community.

- b) With the reopening of Edinburgh Eye Pavillion our teach and treat clinics in Lothian have resumed in our dedicated Lothian Ophthalmic Teach and Treat. This allows optometrists the opportunity to achieve their Independent Prescribing placement requirements and/or Continuous Personal Development.



## 5.4 Medical including Healthcare Science (HCS)

### a) General Practice Workforce Survey

The General Practice Workforce Survey, released by NHS Education for Scotland provides information on numbers and vacancies of General Practitioners, Nurses and other primary care staff in Scotland on 31 March 2025. Absences and use of GP locum staff during the year ending 31 March 2025 are also reported: [workforce stats](#)

- The GP whole time equivalent (WTE) (excluding Specialist Trainees) was 3,591.5 WTE, an increase of 4% from 3,453.1 WTE in 2024.
- The whole time equivalent of nurses in General Practice was 1,735.7 WTE an increase of 1.5%.
- The total WTE in Other Direct Clinical Care occupations was 500.6 WTE.
- There were 9,359 administrative and non-clinical staff, 61% of whom are receptionists.
- The GP vacancy rate was 3.8%, a decrease from 7.6% at 31 March 2024.
- The nursing vacancy rate was 2.8%, a decrease from 4.1% at 31 March 2024.

### b) Bystander Training for Sexually Inappropriate Behaviours at Work

In collaboration with the Royal College of Physicians and Surgeons of Glasgow, two of the Scottish Clinical Leadership Fellowship programme undertook work to address sexually inappropriate behaviours at work. Over the last year, they have developed a face-to-face workshop for bystander training for sexually inappropriate behaviours at work. This workshop was piloted in July 2025 and will be available to anyone wishing to undertake bystander training - [Active Bystander Training for Tackling Sexual Misconduct in Healthcare | RCPSCG](#)

### c) Change to Continue Recognition of Trainer

The General Medical Council has changed the need for trainers to renew their recognised trainer status as of June 2025. Plans are being considered to update SOAR to remove the need for continued recognition of trainers and streamline processes for Directors of Medical Education.

## 5.5 NES Technology Service

### a) Assessment & Appraisal

The Training Portfolio is being implemented to meet Pharmacy Foundation Training requirements, enabling trainees to document their progress and support completion of their training.

### b) Training Programme & Quality Management

User acceptance testing for the recruitment of Dental Vocational Trainers is complete. Development is underway for Less Than Full Time functionality.

## 5.6 NHS Scotland Academy, Learning and Innovation

### a) NHS Fellowships in Clinical AI

NHS Education for Scotland funded opportunities for the first Scottish cohort of two fellows, both of whom recently graduated and successfully completed this programme. This programme is best viewed as work-based learning and sees the fellows situated

in live clinical AI projects. Both fellows on this occasion were connected to the Accelerated National Innovation Adoption pathway and the innovation pipeline. Two new fellows, both medical, commenced the programme in August 2025. We are now clarifying the funding position and opportunities to recruit a third cohort, with applications go live in November. Currently, funding for two medical and one Allied Health Profession recruitment is in scope. [Fellowships | Turas | Learn](#)

NHS Education for Scotland and collaborative partners have successfully bid for one of the scheduled workshop learning events for the UK programme to be hosted in Glasgow in April 2026.

#### **b) NHS Clinical Entrepreneurs Programme**

We supported the Clinical Entrepreneurs Programme Big Pitch, the UK-wide event for celebrating entrepreneurial potential contributing to our health system, as well as providing a backdrop to pitches for future potential. Such events connect NHS Education for Scotland to the innovation pipeline and indicate areas for future concentration in context of changing care pathways and therefore workforce capability requirements. Ten new entrepreneur candidates in Scotland joined the programme in early summer.

#### **c) Knowledge Management and Discovery**

Knowledge Management & Discovery teams are actively engaged as workstream members and co-leads in the Learning and Education Quality System outputs, particularly around the provision of learning design and practice guidance and work underpinning evaluation approaches.

Engagement is underway in Digital Learning Infrastructure workstreams, focusing on User Support requirements and assessing educational technologies in use across the organisation. This also includes input into discussions regarding the migration of Boards to Turas Learn.

Support for and guidance provision to Digital Champions has also been a focus and is a key part of the Developing Digital Workforce Confidence and Capability programme.

### **5.7 Nursing, Midwifery & Allied Health Professions**

#### **a) Health Protection Landing Page**

As part of the NHS Education for Scotland and Public Health Scotland strategic partnership, we have a joint post supporting Health Protection Education. We have now successfully recruited a new Lead Educator who has the key role of supporting the workforce education development needs of the Scottish Health Protection Network.

We are pleased to announce the launch of the newly revamped Health Protection landing page on TURAS which can be found [here](#). This page provides Health Protection learning resources for every health protection service provider in Scotland. Health Protection is a crucial aspect of Public Health, focusing on safeguarding individuals and communities from Public Health threats. It is a dynamic and responsive multi-agency service which NHS Boards, Public Health Scotland, and other service providers provide. These functions work together to protect public health and ensure communities are resilient against various health threats.

## **b) New knowledge and Skills Framework - Containing and Controlling Antimicrobial Resistance**

NHS Education Scotland, in close collaboration with the Scottish Antimicrobial Prescribing Group and Glasgow Caledonian University, have created a multidisciplinary framework, “Containing and controlling antimicrobial resistance: A knowledge and skills framework for health and social care in Scotland,” to support the education of health and social care staff and students in Scotland. The framework has now been published and can be accessed via the new Antimicrobial Resistance and Stewardship Zone on Turas Learn, which can be found [here](#)

The framework covers everyone working or preparing to work within health and social care in Scotland who interacts with those in care or their carers, either by being involved in direct care or in a supporting role. It also includes laboratory staff who provide laboratory results and reports essential for the treatment of infections, and staff in management roles who can influence and direct the provision of services. This framework will be helpful for those new to a specialist post in Antimicrobial Stewardship/Infection Prevention Control. Specialists/leaders will also find the framework useful to identify learning needs in their wider team and for signposting or directing those who are thinking about working in the field or are interested in developing specialist competencies.

## **c) Scotland's Family Nurse Partnership**

A recent evaluation of Scotland's Family Nurse Partnership (FNP) education programme (<https://pubmed.ncbi.nlm.nih.gov/40714628/>) found that educators play a central role in supporting learner preparedness and resilience. Key findings include:

### Preparedness for Practice

Learners reported that the programme helped build confidence, capability, and professional identity, equipping them to provide trauma-informed care and handle emotional labour.

### Trauma-Informed Learning Environment

Learners consistently experienced psychological safety and trust, describing educators as compassionate, empathetic, and consistent role models.

### Teaching and Learning Strategies

Active, learner-centred methods to include skills practice, small group work, reflective dialogue, and peer feedback were highly valued for fostering engagement and self-awareness.

### Educator Impact

Educators were recognised for modelling FNP values such as empathy, integrity, and reflective practice. Their belief in learners was described as transformational, supporting confidence and resilience.

Overall, findings demonstrate that educator-led, trauma-informed pedagogy is essential in preparing and sustaining family nurses for complex practice, thus meeting the needs of both learners and service-users.

#### **d) Quality Improvement - National Programmes**

Following the launch of Kickstart Quality Improvement and Quality Improvement Essentials learner pathways in April 2025, there have been over 3000 module completions across these two pathways. Feedback from people who have engaged with Kickstart Quality Improvement includes: 98% feel confident they can use what they've learned, 89% are likely to improve their work practice, and 94% would recommend it to colleagues.

For Quality Improvement Essentials, feedback includes: 95% feel confident applying their learning, 90% are likely to improve their work practice, and 94% would recommend it to colleagues.

Two additional learner pathways, Practical Quality Improvement and Managing Quality Improvement, will be launched in late August 2025. Practical Quality Improvement provides learners with the chance to apply Quality Improvement tools in the workplace, while Managing QI concentrates on managers and team leaders to support teams in making change and improvement.

These learner pathways are open to all health and social care staff and provide flexible and accessible learning resources. Applications to the 53rd cohort of the Scottish Quality Improvement Leader closed on the 29 August 2025. Participants for the 17<sup>th</sup> cohort of the Scottish Quality and Safety Fellowship have been finalised following a competitive recruitment process, with the cohort commencing in October 2025 this year.

#### **e) Realistic Medicine and Value Based Health & Care**

NES continue to work closely with the Scottish Government Realistic Medicine Policy Team to support the delivery of the Value Based Health and Care Action Plan. A Managing Risk learning resource is due to be launched in autumn 2025, and a Senior Leaders Turas page and Inequalities Learning resource are under development. Several case studies gathered from a number of Higher Education Institutions are evidencing how NHS Education for Scotland is working with Higher Education Institutions to include Realistic Medicine and Value Based Health and Care within the curriculum and areas of good practice.

The Realistic Medicine Champions network continues to meet quarterly to work across NHS Education for Scotland to embed RM content across learning resources and programmes where appropriate. Quarterly TURAS data is shared with Boards on completion of RM learning resources, and NHS Education for Scotland are supporting the increase of uptake of resources with a targeted comms plan.

#### **f) Person Centered Care**

The Person-Centered Care Programme continues to collaborate with Healthcare Improvement Scotland and the Scottish Government through the Joint Commission for Safety, Openness and Learning.

In June, the Duty of Candour online learning modules were successfully launched, with over 1,180 unique learners engaging with the content so far. To support NHS boards in implementing updated Scottish Government Duty of Candor legislation, work is currently underway to develop a comprehensive Frequently Asked Questions resource.

In parallel, an expert advisory group has been convened to refresh the national learning resource on managing complaints.

Preparations are also in place for Cohort 10 of the Compassionate Communication Skills training, which focuses on involving patients and families in adverse event reviews. This cohort is scheduled to commence on 23 September 2025.

The Care Experience Improvement Programme, a collaborative initiative involving HIS, NHS Education for Scotland, the Scottish Social Services Council, and the Care Inspectorate continues to deliver training focused on person-led, person-centered quality improvement to learners from across health and social care sectors. Cohort 6 celebrated its graduation on 4 August 2025.

## **5.8 Planning, Performance and Transformation**

### **a) Communications**

We have continued to focus our communication and engagement activity on internal engagement with staff on both existing priorities and the transition to NHS Delivery as well as promoting the work of NES externally through social media and engagement with stakeholders. We have established ways of working with Scottish Government and National Services Scotland to ensure a joined-up approach to communications regarding NHS Delivery and have provided advice and support in respect of key communication activities such as consultation. Through our regular Directorate townhalls and staff webinars (which continue to attract a high level of attendance) we have kept staff up to date about the position on temporary staffing arrangements ending before 31 March 2026 as well as other important matters.

### **b) Equality, Diversity and Human Rights**

Findings are being shared with staff following the most recent staff inclusion survey. This is a snapshot of perceptions on inclusion undertaken twice a year and provides an overall inclusion score reported as a strategic key performance indicator to the Board. The next survey is planned for later in 2025.

Our staff networks continue to meet regularly, and each network now has a sponsor from the Executive Team to work with them on progressing matters highlighted by staff.

## **5.9 Pharmacy**

**a)** NHS Education for Scotland Pharmacy, in collaboration with Yellow Card Centre Scotland, has successfully redeveloped and updated its Adverse Drug Reactions e-learning modules to align with current clinical practices and meet inclusive and accessible learning standards. This suite of six modules remains one of the most widely accessed and valued resources developed by NHS Education for Scotland, supporting a broad spectrum of healthcare professionals in enhancing their understanding and management of Adverse Drug Reactions.

**b)** NHS Education for Scotland Pharmacy training and resources have expanded pharmacist supervisory capacity in the Designated Prescribing Practitioner role, to support both post-graduate independent prescribing course and the Foundation

Training Year programme incorporating prescribing for trainee pharmacists. During 2025/26, 65% of post-graduate Independent Prescribers trainees are supported by Designated Prescribing Practitioners compared to 52% in 2024/25, and for the new trainee pharmacists 99% will be supported by a pharmacist Designated Prescribing Practitioner.

- c) The NHS Education for Scotland Foundation Training Year programme, which is now accredited by the General Pharmaceutical Council, officially commenced on 28 July 2025. A total of 203 trainees started in July/August which makes them eligible to sit the General Pharmaceutical Council common registration assessment in June 2026. The remaining trainees are scheduled to begin in November 2025, and they will be eligible to sit the November 2026 General Pharmaceutical Council common registration assessment. Contingency planning was required to adapt the start windows to accommodate issues with trainees obtaining a PVG in time for the original planned start dates.

## 5.10 Psychology

### a) NHS Education for Scotland Perinatal and Infant Mental Health Programme 2019-2025

In 2019, the Scottish Government launched a programme of work to increase the provision of perinatal mental health services in Scotland. Since then, the NHS Education for Scotland Psychology Perinatal and Infant Mental Health Programme has supported this agenda through workforce expansion, and training for new and existing staff based on the NHS Education for Scotland [Perinatal and Infant Mental Health Curricular Framework](#). To date 21,917 modules of the [Essential Perinatal and Infant Mental Health modules](#) have been completed.

A Turas [Specialist Learning Programme](#) was developed for the induction of specialist staff in Mother and Baby Units, Community Perinatal Mental Health Teams, and Maternity and Neonatal Psychological Interventions Teams has seen 287 staff members trained. Additional advanced training for specific professional groups has seen an additional **35** staff complete multi-day training Programmes.

For the Universal workforce a total of **232** Champions were trained by the Institute of Health Visiting as Perinatal and Mental Health Champions. This network of trainers has rolled out Perinatal and Infant Mental Health Programme awareness training to **695** health visitors, midwives and primary care colleagues. Between 2019 and 2025, the capacity for the delivery of psychological therapy to women in the perinatal period was increased by 60 additional training places.

### b) Psychology Learning Milestone: 10,000 Learners and Counting

We are pleased to report that over 10,000 learners have now completed the Motivation, Action, Prompts - MAP of Health Behaviour Change [eLearning module](#) - marking a significant milestone in our commitment to prevention and early intervention across health and social care.

Developed by NHS Education for Scotland Health Psychologists, the Motivation, Action, Prompts module equips professionals with practical, evidence-based techniques to support behaviour change in real-world settings. Since its launch in

2019, the module has been accessed by a wide range of staff, including nurses, midwives, GPs, social care workers, mental health professionals, and early years practitioners.

This achievement reflects the growing demand for accessible, high-impact learning that empowers staff to help individuals make and sustain positive lifestyle changes - such as increasing physical activity, improving diet, adhering to medication, and stopping smoking.

Learners can also enhance their skills through interactive Motivation, Action, Prompts workshops, delivered nationally and locally, which support the integration of behaviour change techniques into everyday practice. This milestone underscores NHS Education for Scotland's leadership in delivering scalable, impactful learning that supports Scotland's public health priorities and reduces pressure on services through early intervention.

## 5.11 Social Care & Communities

### a) The Promise

In addition to responsibilities in respect of Children's Rights and Corporate Parenting, the Director of Social Care and Communities leads an internal group in NHS Education for Scotland to advance actions in support of the Promise Plan ([Welcome to Plan 24-30, Scotland's route map to keeping the promise by 2030](#)). An internal group has been convened and is developing a route map to identify the actions that NHS Education for Scotland is and could be taking in support of The Promise's ambitions. We also plan to curate existing learning resources that can support the workforce and health and social care organisations to enhance their contribution to 'Keeping the Promise'.

### b) Health Inequalities

As part of NES' commitment to help reduce inequalities, an NHS Education for Scotland wide survey was issued, with responses from 225 colleagues. This resulted in a report ([hi-survey-report.pdf](#)) with key findings, insights, and recommendations and an infographic ([Infographics - survey health inequalities](#)). The directorate also contributed to Learning and Education Quality System activity, collaborating with other Directorates and Public Health Scotland to embed a health equity approach into our education and training programmes. A learning resource tracker to better identify provision and gaps in relevant learning resources has been developed.

## 5.12 People and Culture

### a) Wellbeing and Engagement

Engagement with the *Wellbeing Matters* newsletter remains strong, supporting national campaigns and reinforcing our wellbeing priorities. NHS Education for Scotland are establishing a new *Wellbeing Matters Champion Group* to strengthen peer-led support, with resources now available on *Turas Learn* to support National Wellbeing Week. This work is embedding a more sustainable approach to staff wellbeing and cultural engagement across the organisation.



**b) Once for Scotland Policies**

Phase 2.2 of the Once for Scotland policy launch went live on 6 August 2025. Work is underway to embed these into practice, with communications issued and targeted briefings for HR colleagues and line managers underway. This phase marks continued progress in standardising policy application across NHS Scotland, supporting consistency and clarity for staff and managers.

**c) Recognition and Appreciation**

Phase one of the refreshed Recognition and Appreciation programme has been rolled out, enabling staff to nominate colleagues and highlight achievements. This initiative promotes a culture of appreciation, celebrates excellence across directorates, and will be reinforced through recognition at upcoming Town Hall meetings.

**d) Developing our people and organisation**

The Organisational Development plan priorities continue to focus on.

- Strengthening and building positive culture and behaviours through workforce engagement.
- Developing strong digital and educator skills and capabilities across the workforce.
- Supporting and developing our managers and leaders to lead people and deliver well
- Increase workforce engagement and collaboration in developing a stronger one team approach.

NHS Education for Scotland have continued to build on our successful Learning at Work Week in May. "Get Connected" focused on digital development and community connection, achieving record engagement with nearly 2,000 session attendances, 1,456 learning hours logged, and 4.8/5 average session rating, based on 200+ feedback forms.

This theme will link to the next Learning at Work week in November 2025, and preparations are underway for this event. We have continued to support building our staff's digital confidence and capability through the progress in our Corporate Improvement Programme: Developing Digital Confidence and Capability. Delivery is focusing on.

- The adoption of a collaborative approach to digital initiatives implementation, using the introduction of Copilot full license allocation as a pilot for future co-designed approaches to digital developments.
- Continued development of digital champions and the increase of engagement through Viva Engage which launched on 24 March 2025.
- Continued increase in the level of digital skills and capability across staff supported by sharper data collection and signposting to the newly developed resources hub to support learning in line with the key components of the national Digital Skills and Capabilities framework.

**e) Coaching support**

NHS Education for Scotland Coaching Bank continues to offer a range of coaching services to support colleagues working across NHS Education for Scotland. In addition to Developmental Coaching, there is an offering of Wellbeing Coaching and short



interventions such as Career Conversation Lite, 360 Facilitation or Interview Coaching. A total of 36 requests for coaching were received during 2024/25 (16 Developmental, 7 short intervention and 9 wellbeing). The uptake for 2025-26 to date is 6 (3 Developmental, 2 Wellbeing and 1 short intervention).

**f) Developmental coaching**

The feedback report was completed by 17 coaches. 93.5% rated the coaching as effective, valuable use of their time, and helped improve their practice. 96.5% would recommend the service to a colleague. The percentage change for self-reported confidence was 5.9%, and for competence 15.2%

**g) Wellbeing Coaching**

6 coaches completed the feedback report. 85% rated the coaching as effective, 95% a valuable use of their time, and 91.7% helped improve their practice. 96.7% would recommend the service to a colleague. The percentage change for self-reported Physical Wellbeing was 30% and Psychological Wellbeing 50% and Social Wellbeing 33%.

There is also a Coaching Skills for Line Managers course, which is a half-day skills course with a follow-up peer support group to help managers apply their learning in practice. To date one session has been delivered and more are being scheduled. The team also continues to support GP coaching through the coaching bank, which has been highly successful and is strongly evaluated by General Practitioners using the service.

## **6 Partnerships - how we are supporting our partners**

### **6.1 Strategic Partnerships**

- a) Relationships continue to evolve and consolidate with a range of national partner organisations, educational institutions, research and innovation partners and within collaborative workstreams involving multiple partner organisations (focused on key areas of cross-public service interest). Partnership work is aligning with the priority themes within the NHS Education for Scotland Learning and Education Strategy and the Learning and Education Research and Innovation Plan as relationships mature and as we share our strategic intent for working in partnership. This is in addition to the continued efforts of colleagues across NHS Education for Scotland, who work in partnership across, health, social care and wider public service in the day-to-day delivery of their specific areas of work.

The number of partnerships and collaboration between NHS Education for Scotland and partners has continued to grow, and we are working hard to develop and consolidate these relationships.

**b) Delivery of Learning and Education for Health and Social Care**

Partnership working arrangements are in place with 9 National Partners supporting coherent learning provision in health and social care: Scottish Funding Council, Social Services Standards Council, Skills Development Scotland, Scottish Qualification

authority, College Development Network, Colleges Scotland, Universities Scotland, Education Scotland and Council of Deans of Health Scotland.

We are also working closely with the Scottish Qualifications Framework and the Scottish Apprenticeship Advisory Board Standards and Frameworks Group. We now have NES colleagues on formal Scottish Qualification Agency, Scottish Credit and Qualifications Framework, [Scottish Apprenticeship Advisory Board](#) and Scottish Funding Council Committees and Groups.

There are currently 15 strategic collaborative workstreams, which bring together multiple partner organisations around a common area of interest/delivery, to support delivery of cohesive learning provision for health and social care.

Learning collaborations are formalised with three other NHSS Boards: NHS Golden Jubilee, Scottish Ambulance Service, NHS 24, and continued strategic discussions are ongoing with Public Health Scotland.

Formal strategic partnerships with 8 Higher Education Institutions: University of St Andrews, Open University in Scotland, University of Dundee, University of Strathclyde, University of the West of Scotland, Glasgow Caledonian University, Glasgow School of Art and University of Glasgow.

NHS Education for Scotland (NES) and [Glasgow Caledonian University](#) signed a strategic partnership on 4 September 2025 to improve health and social care services in Scotland. The collaboration aims to address population health needs, reduce inequalities, and enhance innovation and accessibility.

4 Nations collaborations between NHS Education for Scotland, NHS England, Health Education and Improvement Wales & Northern Ireland Medical and Dental Training Agency Collaboration are continuing with a current focus on: new roles/MAPs, medical training reform and AI/digital.

### **c) Research and Innovation Initiatives and Partnerships**

There are 5 formal Research and Innovation Partnerships with national partners: Scottish Funding Council, UK Health Data Research Alliance, Chief Scientist Office (Health), The Academy of Medical Sciences and the Digital Health and Care Innovation Centre.

There are currently 13 collaborative workstreams (involving multiple partners) with a focus on different areas of the research and innovation agenda: Examples include: NHS Education for Scotland involvement and support for the Accelerated National Innovation Adoption Pathway; working with Scotland's three health and social care innovation hubs to support learning and education; and fore sighting projects with the National Manufacturing Institute of Scotland.

## **6.2 Chief Executive Update**

- a) NHS Education for Scotland works with partners, stakeholders, and our own staff to build careers, lives and the future sustainability of the health and social care workforce. Partnership working is integral to ensuring that NHS Education for Scotland education, training and workforce development is co-designed and shaped

by the voice and needs of people with lived experience as well as the needs of health and social care staff.

- b) The NES Executive Team, Transformation Group, and Strategic Implementation Group continue to meet formally. Collectively, they focus on strategic matters, strategic scrutiny, cross-organisational leadership, and ensuring the direction of strategy with a focus on our people, partnerships, and performance.
- c) The Internal NES NHS Delivery Programme Board has convened, with the first two meetings taking place in August 2025 and September 2025. The Programme Board will continue to meet monthly. The meeting will focus on establishing a clear mechanism to enable NES representatives across the NHS Delivery project workstreams to seek guidance and escalate key risks, issues, and challenges for timely resolution. This approach ensures that all significant risks and dependencies related to NES are closely managed by the Executive Team, while also keeping the NES Board informed of progress and ensuring that relevant matters are escalated as appropriate. Additionally, there is oversight of NES's delivery timeline and commitments, supporting effective governance and accountability throughout the project and ensuring that NES can play its required role in the overall Scottish Government led project.
- d) My engagement with a wide range of key stakeholders across health and social care continues. This includes a wide range of colleagues across NHS Scotland, including Board Chief Executives and other senior colleagues, and as part of the Scottish Government, NHS Board Chief Executives' Private, Strategy and Business meetings. As with all Accountable Officers, I meet monthly with Caroline Lamb (Director-General of Health and Social Care and Chief Executive of NHS Scotland).
- e) I continue to play a leading role in national workforce and strategic reform. I co-chair the Joint Negotiating Committee and act as Co-Chair on contract reform for resident doctors and dentists in training. I also serve as the NHS Board Chief Executives lead on pay negotiations for consultants, specialty doctors, and resident doctors and dentists in training. In addition, I co-chair the Scottish Partnership Forum, supporting collaborative working across NHS Scotland. On behalf of NHS Board Chief Executives, I continue to lead work on the future of the National Care Service, ensuring alignment with wider health and social care reform. Since 1 April 2025, I have held the role of Vice Chair of the NHS Board Chief Executives Group and continue to contribute to national leadership and strategic direction in this capacity.
- f) Engagement with the Scottish Government continues through my regular one-to-one meetings with a number of SG colleagues, as well as my attendance at wider Scottish Government meetings which now includes the NHS Delivery Programme Board. We continue to maintain strong links with Scottish Government through the Strategic Sponsorship arrangement, involving myself, the NHS Education for Scotland Board Chair, and Scottish Government's Director of Health Workforce. Recent discussions have focused on funding arrangements and NHS Education for Scotland priorities, ensuring alignment with national workforce strategy and delivery planning.
- g) The University of Dundee Strategic Advisory Taskforce meeting has now concluded. The report has been published, and a copy of the report is available [here](#).

- h) I actively participate in the 4 Nations NHS CEO Peer Group, which brings together Chief Executives from NHS England, Health Education and Improvement Wales, Northern Ireland Medical and Dental Training Agency, and NHS Education for Scotland. These quarterly meetings provide a valuable forum for collaboration across the UK, enabling us to share strategic priorities, explore common challenges, and align on key workforce and education developments. Recent discussions have focused on postgraduate medical education reform, the Leng Review, and the UK Leadership and Management Framework, with implications for NHS Delivery and our national commitments.
- i) I continue to engage with the Agenda for Change Reduced Working Week (RWW) Implementation (Employers) Reference Group, supporting NHS Boards in preparing for the transition to a 36-hour working week from April 2026. The group is focused on safe and sustainable implementation, with recent discussions covering service impact modelling, national guidance, and alignment of rostering and payroll systems. NHS Education for Scotland remains an active contributor to this work, ensuring readiness across education and workforce planning.

### 6.3 Dental including Optometry

- a) The Optometry Foundation Training Year workstream is collaborating with Glasgow Caledonian University to complete the final documentation required for formal regulatory approval of the new integrated Master of Optometry with Independent Prescribing qualification.
- b) Dental Core and Specialty Training**  
An online learning programme has been developed for Educational Supervisors based in placement boards. This will be supported by in-person training.
- c) NHS Education for Scotland/Skills Development Scotland Partnership working**  
An article published in the Scottish Dentist August/September 2025 edition, which can be found [here](#). This was produced in collaboration with Skills Development Scotland and highlights the outcomes of our partnership in reviewing the Modern Apprenticeship in Dental Nursing and its launch.
- d) Dental Technician Training**  
NHS Education for Scotland are working closely with key stakeholders to develop a sustainable education and training pathway for dental technicians that meets NHS Scotland's current and future workforce needs.

This has become urgent following the University of Aberdeen's decision to suspend intakes for the Diploma in Dental Technology programme in 2025/26 and 2026/27. The university will continue to support the current year 2 and 3 students to complete their studies without detriment. This decision significantly impacts our workforce, and the Dental Directorate is actively collaborating with the Chief Dental Officer to review our approach and plan the next steps. The directorate will continue engaging with Further and Higher Education Institutions to develop a new pathway, including a Scottish Credit Qualifications Framework Level 6 entry qualification to widen access and improve career prospects. We will also begin early discussions with other universities to establish a new pre-registration programme aligned with General Dental Council requirements.

**e) Oral Surgery Education and Training Programme Pilot**

The Oral Surgery Education and Training Programme pilot for primary care dentists and dental nurse teams was developed by the Clinical Effectiveness workstream within NHS Education for Scotland to enhance care for patients with oral surgery concerns. This initiative provides new educational and training opportunities for dental team members, with a central aim of strengthening clinical skills, knowledge, competence, and confidence in diagnosing and managing patients needing surgical intervention of the mouth and jaws in primary care. A secondary objective is to foster collaboration and mentorship between primary and secondary care.

**f) NES Vocational Training**

Working with NHS Education for Scotland Vocational Training workstream, the five participating dental teams were recruited from vocational training dental practices with a focus to cascade the learning of the programme. NHS Forth Valley was selected to pilot part B of this programme. *Part B comprises six clinical sessions of hands-on oral surgery training for each dental team*

#### **6.4 Medical Inc Healthcare Science**

**a) 2024/25 Medical Appraisal & Revalidation Quality Assurance Review**

The Medical Appraisal & Revalidation Quality Assurance review is underway following the submission deadline, with all returns reviewed by the panel. A draft report will be presented to the Revalidation Advisory Group Scotland in November 2025 before final publication.

#### **6.5 Nursing, Midwifery & Allied Health Professions**

- a) As part of the Scottish Mental Health Nursing Review for Scotland, a podcast series 'Mental Health Nursing in Scotland' was launched in collaboration with the 'Scottish Mental Health Nursing Review - Advancing our Commitment to Care, Compassion and Commitment Report' on the 20 June 2025. These podcasts introduce you to the mental health nurses in Scotland behind the best practice submissions and their leadership role within the recent Mental Health Nursing Review.  
<https://nesmentalhealthnursing.podbean.com/>

#### **6.6 NHS Scotland Academy, Learning and Innovation**

**a) NHS Education for Scotland and Digital Health & Care Innovation Mindset UK Challenge**

NHS Education for Scotland has advanced its collaborative efforts through the Innovate UK Mindset Challenge by establishing a dedicated team to pilot the use of Extended Reality for education. This strategic initiative aims to position NES at the forefront of digital innovation in healthcare education.

NES is providing leadership in educational design and quality assurance, with professional sponsorship from Judy Thomson, Director of Psychology. As part of a broader capacity-building strategy, the Research, Innovation & Workforce Diversification workstream will facilitate engagement opportunities for colleagues at key

milestones throughout the 15-month project. Looking ahead, NES anticipates further opportunities to expand participation and strengthen its leadership in educational innovation.

**b) Rural Centre of Excellence for Digital Health and Care**

On 28 August 2025, Fiona Fraser, Associate Director, represented NHS Education for Scotland during a UK Government Ministerial visit to the Rural Centre of Excellence for Digital Health and Care. Kirsty McNeill MP was in attendance. NHS Education for Scotland's inclusion and input at this event demonstrate the value of collaborative advantage gained through working with key partner organisations. Further information can be found [here](#).

**c) NHS Education for Scotland & Chief Scientist Office**

The Research, Innovation & Workforce Diversification workstream is collaborating with key contacts to host a corporate stand at the forthcoming National Research and Innovation Conference hosted by the Chief Scientist Office and NHS Research Scotland to be held on 23<sup>rd</sup> October in Edinburgh. This is an exciting opportunity to showcase NHS Education for Scotland and aligns with Pillar 5 of the Research & Innovation plan: developing research and innovation capacity.

**d) NHS Scotland Youth Academy**

The new [Your Med Future](#) section of NHS Scotland Careers, launched in June to support applicants to undergraduate Medicine, continues to receive positive feedback and is evolving in response to user experience and updated information, e.g. around university entry requirements.

Recent work with regional Youth Academy huddle groups has included developing a proposed early Secondary engagement pilot in Dundee and agreeing a draft schedule for developing simulation resources to support schools across the country, which aims to produce outcomes by Summer 2026.

Phase 2 of the Earn as You Learn work involves a series of Board engagement sessions and deep dives on apprenticeships, which are running during August and September.

**e) Accelerated National Innovation Adoption**

The implementation of Accelerated National Innovation Adoption pharmacogenetic programmes continues with a focus on sharing workforce and education resources with early adopter Health Boards whilst working closely with Accelerated National Innovation Adoption partners to ensure consistency and flow of materials. Diabetes Remission supplier evaluations are continuing at pace, in line with strict procurement governance processes, with Accelerated National Innovation Adoption partners and members of the clinical advisory group assisting with the scoring and consensus of submissions. The selection of a supplier will mark a key implementation milestone. Within the wider Accelerated National Innovation Adoption programme, there are three new items agreed and two innovations for immediate progression.

**f) Knowledge Management and Discovery**

The Knowledge Management & Discovery teams continue to provide robust user support services, supporting staff from across health and care with queries regarding digital



learning resources, Turas Learn functionality, digital knowledge and library resources. This includes supporting colleagues in the 14 Boards who have already migrated to Turas Learn. (There are another 8 Health Boards who are yet to migrate). Opportunities in enhanced technology learning and digital skills approaches are being explored via the NHS Education for Scotland /Scottish Ambulance Service/NHS24 strategic collaboration activity.

NES Knowledge Services are offering an awareness raising session on carbon literacy and sustainability aimed at libraries and knowledge professionals in NHS Scotland. The team has invited guest speakers from Chartered Institute of Library and Information Professionals in Scotland and NHS England. Participants will gain an understanding of carbon literacy and its relevance to health libraries and the NHS sustainability agenda; identify practical ways library and knowledge services can support sustainability and ways to get involved.

#### **g) Learning Strategy and Collaborations**

On 28 August 2025, our partner organisation, Skills Development Scotland, participated in an NHS Education for Scotland all-staff webinar focusing on strategic partnerships. NHS Education for Scotland staff discussed the value of working in an emergent and relational way at a national level. Work with Skills Development Scotland is closely aligned with ongoing partnership with other strategic partners in the education and skills sector. These partnerships are helping us to be informed and to inform wider reform across the education and skills sectors in Scotland.

### **6.7 Planning, Performance and Transformation.**

#### **a. Equality, Diversity and Human Rights**

NHS Education for Scotland is tendering for a contract to build capability in health and social care around anti-racism. This will include a train the trainer approach to build expertise locally to support the delivery of anti-racism training, a webinar aimed at leaders and a podcast resource. This collaboration aims to support health boards in the delivery of anti-racism action plans.

Work is also progressing with NHS Lothian Medical Education Team to roll-out 'Beyond Bystander' training through a train the trainer approach with health boards and social care organisations. A specialist lead for human rights has been appointed following a commission by Scottish Government Human Rights Division. This aims to build capability in the health and social care workforce on international human rights treaties. We are working with the Improvement Service to build knowledge in the public sector in preparation for a potential human rights Bill in Scotland.

### **6.8 Psychology**

#### **a) Group Supervision Training**

The [Group Supervision](#) of psychological therapies and intervention training consists of a suite of freely available learning resources, followed by a day long NHS Education for Scotland workshop (held twice a year), with a target audience of staff who have completed their generic supervision training and who are leading on Group Supervision for Psychological Interventions and Therapies in their local area.

Three NHS Boards - NHS Tayside, NHS Lanarkshire and NHS Grampian - have agreed to take part in a new project where NHS Education for Scotland will deliver Group Supervision training on a “Train the Trainer” basis for the first time in Scotland. Psychological Therapies and Training Coordinators will oversee training delivery in their respective NHS Boards.

**b) Making Informed Decisions about Mental Health Supports**

The [Early Intervention Framework for Children and Young People's Mental Health and Wellbeing](#) has been developed with the aim of improving the use of prevention and early intervention approaches for children and young people's mental health and wellbeing. The Early Intervention Framework provides a searchable database of evidence-based mental health and wellbeing interventions for children and young people (from the antenatal period to 18 years).

For each intervention included in the Early Intervention Framework, information and a rating are given in relation to its' Usability, Supports and Evidence. These are called Programme Indicators. Information is then given about the Implementing Site Indicators which are Fit, Capacity and Need. The user rates the Implementing Site Indicators using a rating scale, based on their local context.

In order to help website users get the most out of the site and to increase their knowledge about the system, we have created two recorded webinars which can be accessed on the Early Intervention Framework site. In addition, new interventions have been added to the database, with it now including over 130 programmes. Most recently, interventions focusing on supporting young children with anxiety, supporting adolescent wellbeing, and self-guided online interventions have been added.

## **6.9 Social Care and Communities**

**a) Public Sector Leadership Group**

NHS Education for Scotland continues to represent NHS Scotland in the weekly planning meetings for the Public Sector Leadership Group, as well as at fortnightly PSLG Meetings along with Board Chief Executives. The Public Sector Leadership Group comprises NHS Scotland, Convention of Scottish Local Authorities (CoSLA), Health and Social Care Scotland, Society of Local Authority Chief Executives and Scottish Government. Its role is to review and contribute to papers that will be considered by the National Care Service Advisory Board, and to provide data, intelligence and expert advice to that Board.

<https://www.gov.scot/groups/national-care-service-interim-advisory-board/>

**b) Unpaid Carers**

Colleagues from the Unpaid Carers programme presented at the launch of the Allied Health Professionals Public Health Community of Practice where discussions were held on the role and value of unpaid carers in the context of public health.

**c) Adult Social Care Workforce**

The Social Care and Communities Directorate continue work with the Scottish Social Services Council to engage relevant partners, including the Scottish Government, Scottish Funding Council, Skills Development Scotland, Scottish Qualifications



Authority and membership organisations for social care employers, to identify opportunities to help the adult social care workforce obtain the qualifications required to maintain their registration.

**d) Forth Valley Partnership**

The Associate Director joined the NHS Scotland Academy - Learning and Innovation Director - to meet with Forth Valley Partnership. This collaboration brings together the NHS, Local Authorities, College and University in Forth Valley with NHS Education for Scotland to support skills development and the workforce needed to provide health and social care services in the area.

**e) National Digital Innovation hub for Social Care and Social Work**

As part of our strategic partnership work with The Digital Health & Care Innovation Centre, NHS Education for Scotland are contributing to the establishment of the National Digital Innovation hub for Social Care and Social Work. This development will enable acceleration, scale and adoption of technology and innovation across social care and social work through a collective partnership model and explore links with the Accelerated National Innovation Adoption Pathway and regional Innovation Hubs.

## **6.10 NHS Education for Scotland Technology Services**

**a) National Digital Platform**

The National Digital Platform Data Storage service went live with patient data in the Medical Device Data Hub at the end of August. This national solution, providing a single source of truth for Class IIb & III medical device data in Scotland, is being rolled out board by board and is now live in NHS Highland, with the remaining boards scheduled to go live by the end of the 2025/26 financial year. Commissioned as part of the Scan for Safety programme, the end-to-end solution will support health boards in identifying patients with implants and enable faster, more effective management of device recalls.

**b) Digital Prescribing and Dispensing Pathways**

Work has progressed on aligning technical resources via NHS Education for Scotland to support Digital Prescribing and Dispensing Pathways in developing platform service aspects. Further discussions are ongoing to identify the best approach for recruiting a technical delivery partner to support the broader development of Digital Prescribing and Dispensing Pathways. An updated version of the Implementation Business Case, including the refreshed Benefits, has been shared with National Services Scotland & NHS Education for Scotland Director of Finance for review and feedback. A final version has been shared with Scottish Government Sponsors and regular dialogue continues.

**c) Accelerated National Innovation Adoption**

As the digital partner for Accelerated National Innovation Adoption, NHS Education for Scotland Technology is actively supporting the evaluation of tenders for the Digital Diabetes Remission programme, exploring options to enhance user authentication for the Digital Dermatology programme, and contributing to the development of a value case and digital design for a prospective national Chest X Ray Artificial Intelligence solution, which is contingent upon the national Picture Archive Communication System reprovisioning programme.

Additionally, the Innovation Design Authority has approved two new value cases, pending funding, for Diabetes Prevention and Ambulatory ECG patches, reflecting ongoing commitment to digital innovation across national health services.

**d) NHS Scotland Official Workforce Statistics**

The site now also features the Pharmacy Workforce Report, summarising staff numbers and vacancies as Headcount and employed hours. Find the report [here](#).

**NHS Education for Scotland**

**NES/25/67**

**Agenda Item: 8a**

**Date of meeting: 25 September 2025**

**NES Board**

**1. Title of Paper**

- 1.1. Information Governance 2024-2025 Annual Report

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

- 2.1. Tracey Gill, Head of Service – Information Governance & Assurance/Data Protection Officer

**3. Lead Director(s)**

- 3.1. Christopher Wroath, Director of the NES Technology Service/Senior Information Risk Officer

**4. Situation/Purpose of paper**

- 4.1. To provide the Board with an annual overarching report on Information Governance.

**5. Background and Governance Route to Meeting**

- 5.1. The Assurance Forum receives a quarterly Information Governance Report, providing both assurance and highlighting key issues that the Forum needs to consider.
- 5.2. The Information Governance Annual Report was endorsed at the Assurance Forum in May 2025 and Planning & Performance Committee in August 2025.

- 5.3. The annual Information Governance Report once endorsed by the Assurance Forum, should be submitted to the Planning & Performance Committee and NES Board as per the agreed NES governance process.

## **6. Assessment/Key Issues**

- 6.1. 2024 was the second year of the current three-year audit cycle commissioned by the Scottish Health Competent Authority (SHCA) under the NIS (Network & Information Systems) Regulations. NES achieved a 92% overall compliance score, an uplift of 7% on the 2023 audit.
- 6.2. In 2024-25 the number of personal information requests received by the NES increased by 84.6%. NES received 24 Subject Access Requests (SARs), with 100% of requests responded to within the statutory timescale.
- 6.3. 55 incidents were recorded on the IG&S incident log for 2024-2025, with a breakdown of 11 information security incidents and 44 data breach incidents.

## **7. Recommendations**

- 7.1. The NES Board are asked to approve the content of the report.

---

### **Author to complete checklist.**

Author to include any narrative by exception in Section 6 of the cover paper.

- a) Have Educational implications been considered?
- ☒ Yes
- ☐ No
- b) Is there a budget allocated for this work?
- ☒ Yes
- ☐ No
- c) Alignment with [Our Strategy 2023 – 26 People, Partnerships and Performance](#)
- ☐ 1. People Objectives and Outcomes
- ☐ 2. Partnership Objectives and Outcomes
- ☒ 3. Performance Objectives and Outcomes
- d) Have key strategic risks and mitigation measures been identified?
- ☒ Yes
- ☐ No

- e) Have Equality, Diversity, Human Rights and health inequality issues been considered as per [Fairer Scotland Duty: Guidance for Public Bodies](#) and Corporate Parenting as per the [Children and Young People \(Scotland\) Act 2014](#)?
- ☒ Yes  
☐ No
- f) Has an Equality Impact Assessment (EQIA) been completed or in progress for this piece of work?
- ☒ Yes  
☐ No
- g) Have you considered Emergency Climate Change and Sustainability implications as per [DL \(2021\) 38](#)?
- ☒ Yes  
☐ No
- h) Have you considered a staff and external stakeholder engagement plan?
- ☒ Yes  
☐ No

**Author name:** Tracey Gill  
**Date:** 16 September 2025  
**NES**

**INFORMATION GOVERNANCE &  
ASSURANCE  
2024-2025 ANNUAL REPORT**

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## 1. EXECUTIVE SUMMARY

2024-25 saw another busy year for the Information Governance & Assurance, a sub-business unit of Data & Assurance, which is a business unit of the NES Technology Services Directorate.

NES underwent a compliance review of its progress against outstanding audit actions regarding the Network & Information Systems (NIS) Regulations in June 2024. The 2024 audit was a compliance review, and the second year of the three-year audit cycle. NES achieved a 92% overall compliance, an uplift of 7% on the 2023 audit.

In 2024-25 the number of personal information requests received by the NES increased by 84.6%. NES received 24 Subject Access Requests (SARs), with 100% of requests responded to within the statutory timescale.

NES recorded 11 information security and 44 data breach incidents in 2024-25, with one security incident was reported to the Scottish Health Competent Authority (SHCA) for awareness only.

March 2025 saw one data breach reported to the Information Commissioners Office (ICO). The incident was due a screenshot of patient data from an NHS England Eye Hospital, disclosed within Dental - Optometry training materials. The ICO responded on 1 April 2025, stating no further action to be taken.

103 Information Assurance Support Requests were received from Directorates across NES during 2024-2025 (this is only one method to request IG support), and there are currently 120 programmes/projects on the Information Assurance workplan as of 31 March 2025. This is only a snapshot in time of workload and capacity across the team, as new requests for information assurance support are received on a weekly basis.

As of 31 March 2025, 84% of NES staff had completed the Safe Information Handling essential learning module. The Information Assurance team continues to work with Workforce to ensure that all staff complete the module as required.

Improvements to processes and procedures were delayed in 2024-2025 due to resource capacity across the Information Governance and Assurance Business Unit. Resource capacity was impacted by difficulty with recruiting into fixed term contracts, and long-term sickness within the team.

NES continues to support the delivery of national information governance across NHSScotland and is actively involved in the development of a new Health & Social Care Collaborative Information Governance Steering Group.



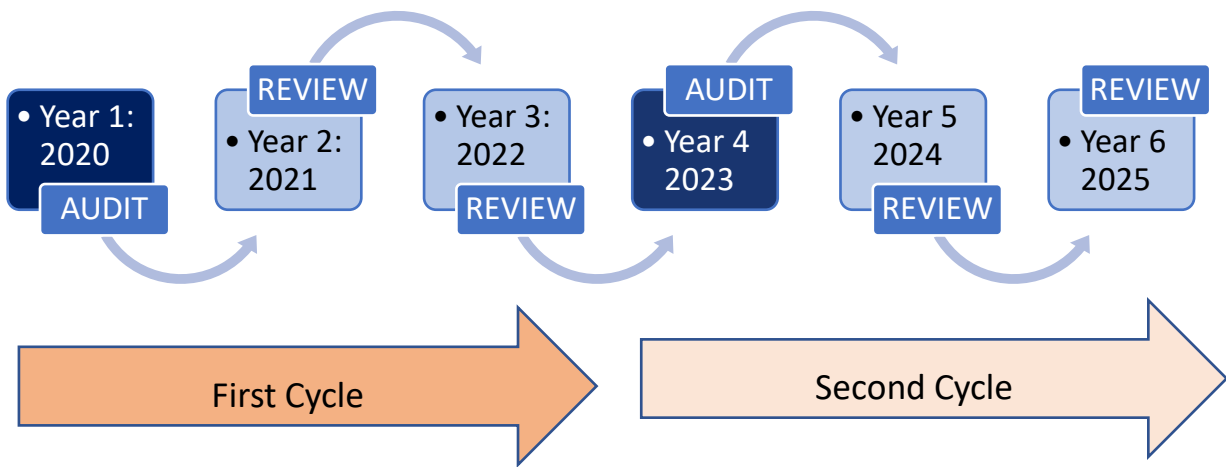
2. INFORMATION GOVERNANCE & SECURITY AUDITS:

In 2024-25 NES was audited by the Scottish Health Competent Authority (SHCA) as an operator of essential services under the Network & Information Systems (NIS) Regulations.

Audit Date:	Audit Scope:	Audit Body:
June 2024	Network & Information Systems Regulations – Compliance Review	Cyber Security Scotland on behalf of the Scottish Health Competent Authority

2.1 NIS REGULATIONS COMPLIANCE REVIEW:

2024 saw the first compliance review audit of the 2023-2025 three-year cycle of audits commissioned by the Scottish Health Competent Authority (SHCA), to evaluate NHS Scotland Boards compliance against the Network & Information Systems (NIS) Regulations.

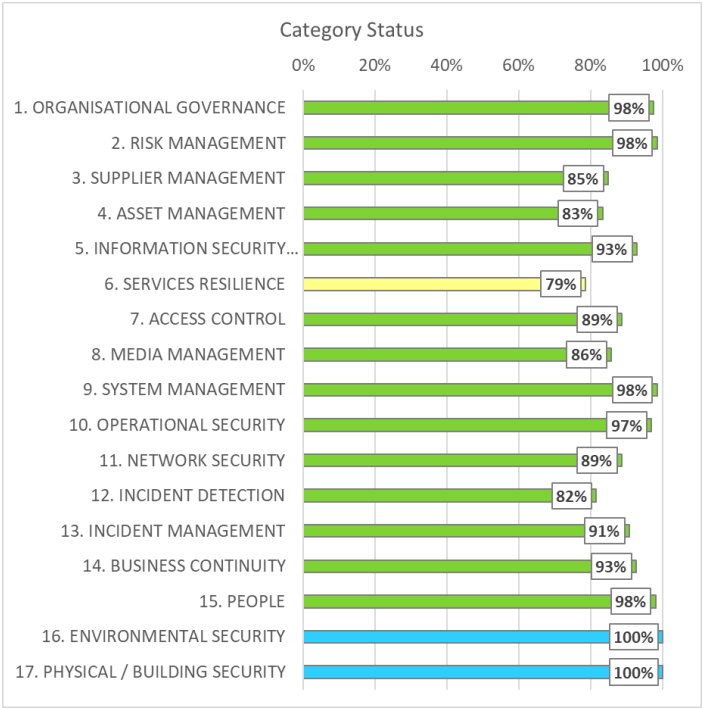


NES received the NHS Audit 2024 Progress Report in June 2024. The 2024 audit was a compliance review and the second year of the three-year audit cycle. NES achieved a 92% overall compliance, an uplift of 7% on the 2023 audit.

COMPLIANCE STATUS						
OVERALL	CATEGORY (17)		SUB-CATEGORY (68)		CONTROLS (427)	
92%	100%	2	100%	35	Achieved	364
	≥ 80%	14	≥ 80%	23	Partially	33
	≥ 60%	1	≥ 60%	5	Not Achieved	17
	≥ 30%	0	≥ 30%	5	N/A	13
	<30%	0	<30%	0		
	< 10%	0	< 10%	0		

Key messages taken from the audit report were:

- NES continues to be a high-performing board that has achieved the advanced 80-80-0 KPI.
- This is reflected in the data analysis summarised below, which states:
  - An overall compliance status of 92%
  - 16 categories and 57 sub-categories rated at 80% compliance or above with only one category below 60%. No sub-categories rated at black or red.
  - 364 out of 427 controls achieved.



2.1.1 NIS RECOMMENDATIONS/ACTIONS SUMMARY:

39 recommendations or actions was identified for NES to report against in subsequent review audits for 2024 and 2025.

CATEGORY STATUS RATING	DEFINITION	PROPORTION OF CONTROL REQUIREMENTS FULFILLED
BLACK	Critical	Compliance analysis <10%
RED	Urgent	Compliance analysis ≥ 10%
AMBER	Important	Compliance analysis ≥ 30%
YELLOW	Attention	Compliance analysis ≥ 60%
GREEN	Guidance	Compliance analysis ≥ 80%
BLUE	Complete	Compliance analysis = 100%

CATEGORY	AUDIT CATEGORY STATUS		
	2023	2024	2025
1. Organisational Change	Green	Green	
2. Risk Management	Green	Green	
3. Supplier Management	Yellow	Green	
4. Asset Management	Green	Green	
5. Information Security Management	Green	Green	
6. Services Resilience	Yellow	Yellow	
7. Access Control	Green	Green	
8. Media Management	Yellow	Green	
9. System Management	Green	Green	
10. Operational Security	Green	Green	
11. Network Security	Green	Green	
12. Incident Detection	Yellow	Green	
13. Incident Management	Green	Green	
14. Business Continuity	Green	Green	
15. People	Green	Green	
16. Environmental Security	Blue	Blue	
17. Physical / Building Security	Blue	Blue	

A breakdown of all actions and recommendations is available on request. The NES Assurance Forum is updated on progress against the actions/recommendations identified on a quarterly basis as part of the NTS Audit Report.

3. INFORMATION REQUESTS:

3.1 PERSONAL DATA REQUESTS:

NES has a statutory obligation to respond to all individual personal data requests within one calendar month, under UK GDPR and the UK Data Protection Act 2018.

Individuals have the right to make a request to an organisation on the following bases:

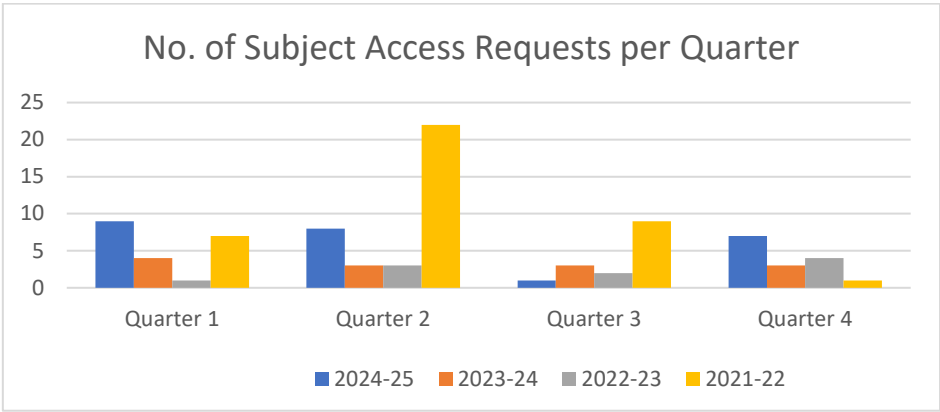
<b>Subject Access Request (SAR):</b>	to obtain a copy of their personal data as well as other supplementary information
<b>Rectification:</b>	to have inaccurate personal data rectified
<b>Erasure:</b>	to have personal data erased. This is not an absolute right and only applies in certain circumstances
<b>Restrict Processing:</b>	to restrict the processing of their personal data in certain circumstances
<b>Data Portability:</b>	to receive personal data, they have provided. This only applies in certain circumstances
<b>Object:</b>	to object to the processing of an individual's personal data at any time. This only applies in certain circumstances
<b>Automated Decisions:</b>	to request human intervention or challenge a decision made by automated means

NES is continuing to see an increase on the number of SAR requests the organisation is receiving over a period of five years. This is with exception to 2021-2022 where there was a significant spike in the number of SAR's received due to the number of requests for proof of Covid-19 vaccination and rectification of incorrect or incomplete vaccination records within the National Vaccination Management Tool managed by NES, or the National Vaccination Scheduling System managed by NHS National Services Scotland.

Data Subject Requests under Individual Rights – 2024-25					
	Q1	Q2	Q3	Q4	Total
Number of subject access requests received	9	8	1	7	24
Court order to release personal data	0	0	0	0	0
Number of objection/restrictions to processing requests	0	0	0	0	0
Number of erasure requests	0	0	0	0	0
<b>Total number of requests</b>	<b>9</b>	<b>8</b>	<b>1</b>	<b>1</b>	<b>24</b>
% response within statutory timescales	100%	100%	100%	100%	100%
% breached statutory timescales	0%	0%	0%	0%	0%

For the financial year 2024-2025, there was an 84.6% increase on Subject Access requests compared to the previous year. All requests were responded to within the statutory 20 working days timescales.

Financial Year:	Number of requests received:
2024-2025	24
2023-2024	13
2022-2023	10
2021-2022	39
2020-2021	7



4. INCIDENTS / DATA BREACHES:

4.1 ISSUE/INCIDENT LOG:

[The Information Governance & Security Issue/Incident Log](#) provides a detailed breakdown of all NES incidents, and can filter incidents by the following categories:

- Incident – Security (where a security incident has occurred)
- Issue – Security (where an issue has occurred but is not defined as an actual incident)
- Data Breach (breach to personal identifiable data)
- Breach of Policy/Procedure (breach to a NES Information Governance & Security policies and procedures).

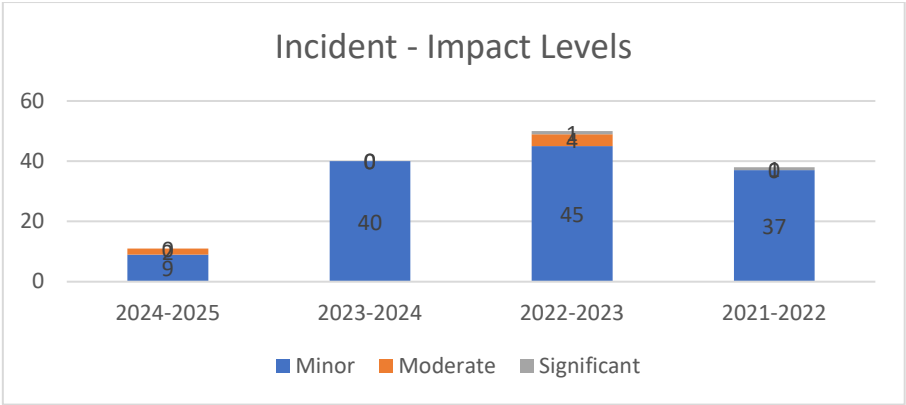
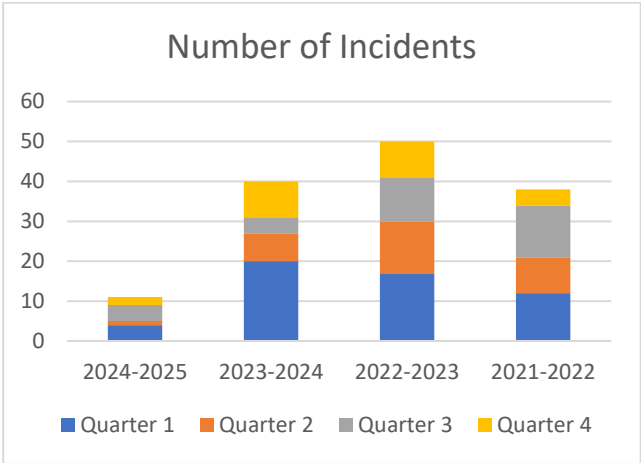
4.2 INFORMATION SECURITY INCIDENTS

An Information Security incident is “an event that could lead to loss of, or disruption to NES’s operations, services or functions”.

Details of all recorded Information Security Incidents are detailed in the Information Governance & Security Issue/Incident Log.

Incidents – 2023 - 2024					
Impact Level*	Q1	Q2	Q3	Q4	Total
Minor	3	1	3	2	9
Moderate	1	0	1	0	2
Significant	0	0	0	0	0
Total					11

[\\*link to impact level descriptors](#)



4.3 INCIDENTS REPORTED TO SHCA:

NES has an obligation to report information security and cyber security incidents that meet a certain reporting threshold to the Scottish Health Competent Authority (SHCA) under the requirements of the Network & Information Systems (NIS) Regulations.

Data Breaches – 2023 - 2024					
	Q1	Q2	Q3	Q4	Total
N° of Breaches	4	1	4	2	11
Reported to SHCA	1	0	0	0	1

2024-Q2-027:

NES use Microsoft Azure B2C as our ‘front end’ identity management solution to the Turas Platform. The Turas Platform provides a core identity and authentication service to provide Single Sign On (SSO) for multiple applications and services. This service was intermittently unavailable to our user base between approximately 14:40pm and 21:20pm on Sunday 5<sup>th</sup> May 2024. No personal identifiable data was exposed.

Although the incident was assessed as not meeting the reporting threshold, a decision was made to report the incident to SHCA for awareness on the 22 May 2024. SHCA acknowledged the notification on 23 May 2024, with no further communication received.

4.4 PERSONAL DATA BREACHES:

A Personal Data Breach is defined as:

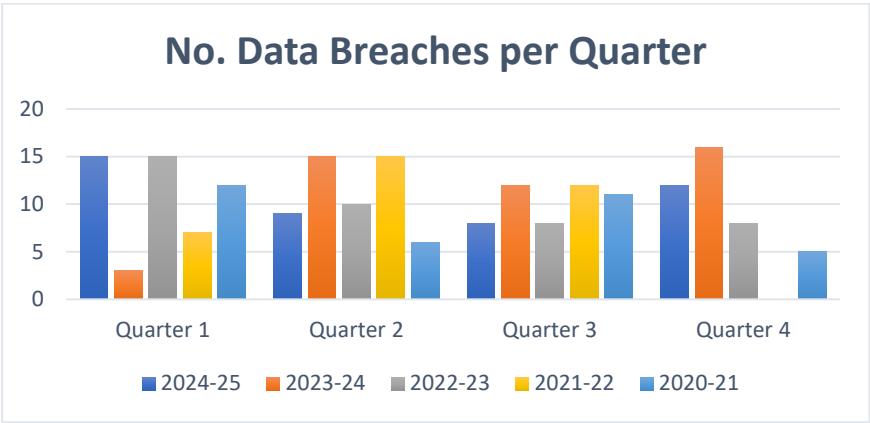
*“a breach of security leading to the accidental or unlawful destruction, loss, alteration, unauthorised disclosure of, or access to, personal data transmitted, stored or otherwise processed”<sup>1</sup>*

Personal data breaches can include:

- access by an unauthorised third party.
- deliberated or accidental action (or inaction) by a data controller or data processor.
- sending personal data to an incorrect recipient.
- computing devices containing personal data being lost or stolen.
- alteration of personal data without permission, and
- loss of availability of personal data.

<sup>1</sup> <https://ico.org.uk>

Under Data Protection legislation, a notifiable data breach of personal identifiable information that is likely to result in a high risk to the rights and freedoms of an individual, is required to be reported to the Information Commissioner’s Office within 72 hours of NES becoming aware of it.



Type of Data Breach	Number of Breaches
Unauthorised access to personal data	2
Disclosure of personal data	11
Email – sent/received by wrong recipient/bcc function not used	21
Incorrect merger of accounts	3
Technical functionality resulting in disclosure/live data used in production	2
Availability of data	2
Inappropriate access controls	2
Overt recording	1
Total	44



Breaches by Directorate – 2024-2025	
Directorate	No: of Breaches
Dental	2
Finance	3
Medical	7
NMAHP	4
Planning & Corporate Resources	3
Psychology	1
NES Technology Service	14
Workforce	9
Social Care	1
Total	44

Details of all recorded personal data breaches are detailed in the [Information Governance & Security Issue/Incident Log](#).

4.5 DATA BREACHS REPORT TO ICO:

2024-2025 saw one incident reported to the Information Commissioner’s Office (ICO).

23/03/2025	26/03/2025	<p><b>Ref Number: 2025-Q1-015</b> <b>Directorate: Dental - Op</b> <b>Classification: Significant</b></p> <p>Patient identifiable information within lecture material for a closed group of learners under NESGAT. Data was included as a screenshot by a contracted lecturer in 2019 who was also a lecturer for Manchester Royal Eye Hospital. Data disclosed included images of an eye scan (health condition), name, date of birth, ethnicity, gender, and location (general – Manchester). The Lecturer has confirmed that the individual is still at patient at the Manchester Royal Eye Hospital.</p> <p><b>ACTION TAKEN:</b></p> <ul style="list-style-type: none"><li>• Screenshot removed from the training material.</li><li>• Manchester University Hospital NHS Foundation Trust (of which Manchester Royal Eye Hospital is part) was written to informing them of the breach and NES’s intention to report to the ICO.</li><li>• Reported to the ICO 27 March 2025.</li><li>• NES has to date not received a response from the Manchester Hospital.</li></ul>	<p>Reported on 27/03/2025.</p> <p>ICO responded that no further action required on this matter.</p>
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		<b>ICO RESPONSE:</b> <ul style="list-style-type: none"><li>• Response received 01 April 2025</li><li>• No further action to be taken from the ICO. The following advice was given:<ul style="list-style-type: none"><li>○ Audit all training materials to ensure personal data not included</li><li>○ Ask all recipients to delete the material if they have downloaded it</li><li>○ Review guidance on creating training courses</li><li>○ Review processes for reviewing courses to check for personal data</li><li>○ Support the data subject</li></ul></li></ul>	
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**6. INFORMATION GOVERNANCE ASSESSMENTS AND AGREEMENTS:**

The core Information Governance and Security assessments and agreements are:

<b>Data Protection Impact Assessment (DPIA):</b>	A DPIA is legally required where there is high risk processing to assess to identify potential risks that may arise when processing personal identifiable information, and to minimise and mitigate against those risks as early as possible.
<b>Data/Information Sharing Agreement (DSA/ISA):</b>	A DSA/ISA is an agreement between data controller to data controller setting out the lawful basis for the use of personal data, including a common standard for the processing and handling of the information shared, including quality, retention and security considerations.
<b>Data Processing Agreement (DPA):</b>	A DPA is a legally required and binding agreement between a data controller and a data processor and sets out the rights and obligations of each party concerning the protection of personal data.
<b>System Security Policy (SSP):</b>	A SSP is a document that sets out how the organisation plans to protect its physical and information technical assets, defining security requirements for that system to ensure the secure management of data.

The Information Governance Project Initiation Template for requesting Information Governance support, was updated in early 2024 and renamed to Information Assurance Support Request. It should be noted that the template is not used by the NTS Directorate to request information assurance support for the majority of NES Technology Services commissioned work. 2024-2025 saw 103 Information Assurance Support Request Templates received.

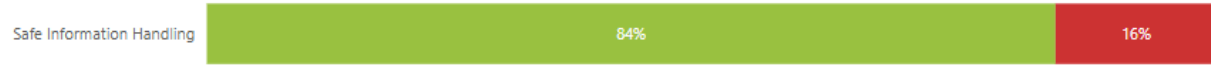
The Information Assurance business unit utilises Azure DevOps to manage programmes of work that team is supporting. An Epic is created for each programme or project allowing the team to have a comprehensive overview of the team’s workload. It should be noted that an Epic will then be broken down into core information assurance tasks that may be required to be completed.

IG&S Workload - Current number of Programme/Project Epics as of 31 <sup>st</sup> March 2025	
Directorate	No. Active (currently working on)
Dental	4
Dental – Optometry & Healthcare Science	1
Finance – Properties & Facilities	1
Medical	6
Medical – Pharmacy	1
NMAHP	8
NMAHP – Psychology	2
NTS – Data Group	9
NTS – Education, Training & Workforce	29
NTS – Health & Social Care	22
NTS – National Digital Platform	17
NTS – Operations	6
Planning & Corporate Resources	1
Social Care	5
Workforce	6
Digital Front Door	2
Total	120

7. TRAINING & AWARENESS – ESSENTIAL LEARNING:

The ‘Safe Information Handling’ e-learning module is part of a suite of NES core essential e-learning modules that all new employees should complete within the first month of joining NES. Staff are required to refresh their safe information handling training on an annual basis.

As of 31<sup>st</sup> March 2025 84%, of staff had completed the Safe Information Handling module, which is and 3% increase compared to March 2024.



Directorate	Completed	Not completed
Dental	85%	15%
Finance	90%	10%
Medical	80%	20%
Technology Services	77%	23%
NHS Scotland Academy	98%	2%
NMAHP	89%	11%
Planning & Corporate	83%	17%
Psychology	73%	27%
Social Care	71%	29%
Workforce	93%	7%

**8. IMPROVEMENT:**

2024-25 has been a difficult year within the Information Assurance & Security business unit due to resource capacity. This is mainly due to difficulty in attracting appropriately qualified staff to Fixed Term Posts, and long-term sickness across the team.

Where recruitment has been successful in the first instance, we have seen preferred candidates not starting with NES as they have secured permanent employment prior to NES start dates, or where NHSScotland Boards have not supported secondments due to the current financial climate within Boards. This has therefore resulted in planned improvements in business practices across the unit to be put on hold for 2024-2025.

One improvement implemented has been the introduction of IG and Assurance Highlight Reports. The quarterly highlight reports for each discipline focuses on the achievements by functional area, awareness of any issues or concerns impacting on the discipline, and to identify key priorities for the next quarter. These highlight reports are incorporated into the quarterly IG & Assurance Report which go to the Assurance Forum for oversight. The functional IG and Assurance areas are split by:

- Data Protection
- Information Security
- Records Management
- NTS Assurance
- National Information Governance Support.

An example of the highlight reports for Quarter 4 of 2024/25 are attached at Appendix A.

Throughout 2024/25 also saw NES actively involved in supporting the delivery of national information governance across NHSScotland. This is as result of the NES Information Governance & Assurance Lead/Data Protection Officer (DPO) nominated as the Chair for

the National NHSScotland Information Governance Forum in April 2024, and the NES Deputy DPO acting as one of the vice chairs.

**8.1 NATIONAL INFORMATION GOVERNANCE:**

The NES Information Governance & Assurance Lead/DPO as Chair of the NHSScotland IG Forum facilitated a development day in November 2024, with support of the vice-chairs. The purpose of the development day was to reach a consensus on the future direction of the Forum, and to define a strategic roadmap for moving the forum forward. This was seen as an essential step, as the Forum had become significantly more operational during and since the pandemic. The Forum needed to be redefined, its strategic vision reset, to enable the Forum to provide the appropriate support and direction of NHSS Chief Executives.

The outcomes of the development day are detailed in a Report that was published in February 2025. The report provides a high-level overview of considerations, discussions and agreed outcomes. Including a proposed action plan. The report is available on request.

NES will continue to support the NHSScotland IG Forum, working with NHSS IG Leads to scope and define a delivery plan of measurable actions that will have an immediate and significant impact, with a clear path to improvement over the coming months. This has been supported by DHAC with the provision of funding for an IG Project Lead for 2024/25.

The NHSScotland IG Leads development day and subsequent outcome report, has been shared with colleagues from COLSA, who have in turn taken a similar approach to the Forum and will develop their own report and action plan in 2025/26. Both the NHSS and COLSA plans will be aligned to an overarching national plan for the improvement of information governance across Health and Social Care. This will be supported by a new Health & Social Care Collaborative Information Governance Steering Group, which will be fully scoped during 2025.

**April 2025**

**Tracey Gill**  
**Data Protection Officer (DPO)**  
**Principal Analyst – Information Governance & Security**

APPENDIX A: INFORMATION GOVERNANCE & ASSURANCE QUARTERLY HIGHLIGHT REPORTS

QUARTERLY HIGHLIGHT REPORT	TIME PERIOD	ASSURANCE LEAD	OVERALL STATUS
DATA PROTECTION	Jan – Mar 2025	Euan Urquhart	RED

HIGHLIGHTS (January- March 2025)

- ❑ Training: 1 session run with a total of 8 attendees out of 13 booked. Two sessions were cancelled due to very low numbers (due to half term holiday timing).
- ❑ Total Subject Access Requests Received = 7 (3 responded to in full; 1 did not proceed due to non response to clarification questions; 3 had no information held by NES). 1 request from Police Scotland received and responded to in full by Medical.
- ❑ Number of Epics closed = 13
- ❑ Number of new Project Initiation Forms received = 26
- ❑ Digital Front Door – work progressing. Input given regarding registration process, CHIMB application, AMI Mailbox, scoping of D P artifacts required
- ❑ OneTrust – contract abruptly ceased. Sizeable amount of work to collate and store information locally due to imminent removal of access to system

NEXT QUARTERS PRIORITIES (April– June 2025)

- ❑ Digital Front Door - movement on key aspects of the DP artifacts will be required to meet the extremely tight deadlines for delivery
- ❑ Continue to manage significant workload pressures on the DP Function
- ❑ Renewed plans for recruitment of further Senior Specialists are progressing
- ❑ Delivery of new DPIA template following removal of OneTrust . Will include development of new form, and new way of working with completion of DPIAs
- ❑ Scan for Safety – Await updated agreement from NSS for review and agreement before go -live

ISSUES/CONCERNS

- ❑ Recruitment issues meant 2 Senior Specialist posts were not fulfilled
- ❑ Lack of staffing at Senior Specialist level has meant no capacity to support many areas in NTS. One individual continually being required to provide highly specialised advice to 4 NTS domains plus the DFD Program
- ❑ Any new national programs will cause significant pressure on an already stretched area
- ❑ Knock-on effect for management of corporate DP Function, meaning there is lack of senior support for IG Managers
- ❑ Long-term absences for those supporting corporate DP Function has reduced capacity further
- ❑ Receipt of 2 complex SARs and OneTrust issues have also affected capacity to support DPIAs and other project work.

QUARTERLY HIGHLIGHT REPORT	TIME PERIOD	ASSURANCE LEAD	OVERALL STATUS
INFORMATION SECURITY	Jan - Mar 2025	Chris Turnbull	AMBER

HIGHLIGHTS (January– March 2025)

- ❑ Continued good uptake on Information Security training sessions run by Information Security Manager.
- ❑ Information Security Policies and Procedures all in review, Business Continuity and Incident Management docs mid - review for approval at Assurance Forum in May 2025. The NES Effectiveness Review Strategy has been updated for approval by the Assurance Forum.
- ❑ Penetration testing programme completed all planned tests in required timeframe and budget for FY 24/25.
- ❑ Backlog of ADO tickets continuing to reduce as product teams catch up with outstanding work and scheduled pen tests are delivered.
- ❑ SSP reviews including several outstanding long -term with product teams – good number of completed/approved reviews.
- ❑ Information security incidents are being managed well by the weekly incident management review process.

NEXT QUARTERS PRIORITIES (April– June 2025)

- ❑ Working with Product/Project Teams to agree new pen test cycle for new FY. Draft schedule out for consultation via Assurance Officers.
- ❑ SSP reviews in scope for delivery of DFD project to be prioritised .
- ❑ NIS submission for final year of current 3 year audit cycle to be completed, reviewed and submitted by 21<sup>st</sup> April.
- ❑ Beta testing Supply25 Supplier Assessment tool – aspiration to replace our current spreadsheet -based evaluations of supplier cyber/info sec posture.

ISSUES/CONCERNS

- ❑ Resourcing of SSP Review Group has potential to cause bottleneck. Group has reviewed operational arrangements, updated its ToR and will monitor throughput of reviews.
- ❑ National projects have potential to put strain on existing workload for the IS function.

QUARTERLY HIGHLIGHT REPORT	TIME PERIOD	ASSURANCE LEAD	OVERALL STATUS
RECORDS MANAGEMENT	Jan – Mar 2025	James McCann	AMBER

HIGHLIGHTS (January– March 2025)

- ❑ Three Records Management – What You Need to Know sessions were held in March 2025.
- ❑ The Records Retention Schedule has been updated to align to the recently published Records Management Code of Practice for Health and Social Care and Business Classification Scheme. Feedback from the NES -wide consultation has been incorporated into the Schedule, which will now progress through the appropriate governance routes for approval.
- ❑ Draft records management guidance was developed for the Digital Front Door programme.
- ❑ Training was delivered to the Board Services and CEO office team in January 2025.

NEXT QUARTER’S PRIORITIES (April– June 2025)

- ❑ Review of the Information Asset Register.
- ❑ Evidence gathering for the submission of the 2025 Progress Update Review in Q1 2025 -26.
- ❑ Development and completion of the Information Asset Register e -learning module.
- ❑ Review of the NES Naming Conventions and Version Control Guide, and Data Cleansing Guidelines.
- ❑ Delivery of IG&A Policy training with Non -Executive Board Members in April.
- ❑ Create new corporate records offsite storage guidance and request template.
- ❑ Engage in completion of v3.0 of the NHSScotland BCS through the national Records Management Forum.
- ❑ Develop new retention table for SQA accredited courses.

ISSUES/CONCERNS

- ❑ Due to workload within records management and wider IG&A team, the IAR review has not progressed as quickly as planned. This will be picked up within the next quarter’s priorities.
- ❑ Lack of engagement from Information Asset Owners could impact on the completion the review and update of the Information Asset Register.
- ❑ The national framework for offsite data storage has now expired. NES has appropriate arrangements in place for 2025-2026, however NSS have been approached to determine if a new framework will be developed or if a tendering exercise needs to be completed by NES going forward.



QUARTERLY HIGHLIGHT REPORT	TIME PERIOD	ASSURANCE LEAD	OVERALL STATUS
ASSURANCE	Jan – Mar 25	Assurance Team	AMBER

**HIGHLIGHTS (January – March 2025)**

- ❑ Continued delivery across Domains to support in the completion of specific IG&S/Assurance documentation and in the overall embedding of assurance considerations and wider assurance actions. February’s Domain Highlight/Assurance Scores noted the increase in Assurance Scores for each Domain over the last half year.
- ❑ Relaunch of the updated Assurance Framework Process Flows.
- ❑ Final stages of Assurance Delivery Plan for 24/25 in relation to the creation of a NTS Decommissioning procedure.
- ❑ Completion of Assurance Delivery Plan for 24/25 in relation to the creation of “Approaches and Principles for using Azure DevOps within IG&S/Assurance team” to ensure a consistent approach is applied.
- ❑ Completion of the first draft of the NTS Equality Impact Assessment to support a “foundational approach” across NTS. This will now be progressed through internal review channels.
- ❑ Review of the privacy notice register completed. All registers on the Assurance Delivery Plan for 24/25 have now been reviewed.

**NEXT QUARTER’S PRIORITIES (April – June 2025)**

- ❑ Ongoing Domain planning for 2025/2026 to support project teams in the planning of assurance activities across the new financial year. Assurance Officers were tasked with reviewing all ongoing Epics, planning assurance activities with project teams for 2025/26.
- ❑ Completion of Assurance Delivery Plan for 2025/26 including developing training and/or awareness sessions for NTS new colleagues to support in the understanding of the Assurance Framework.
- ❑ Ongoing work to support the removal of OneTrust and the impact that this will have on individual DPIAs. Work already progressing to ensure that all reviewed and ongoing DPIAs are saved onto IG&S SharePoint with requisite comments and attachments. There will be significant work for Assurance Officers to copy current DPIAs (on PDFs) onto Word documents.
- ❑ Ongoing work to develop use of ADO to support the work of Assurance Officers including creation of dashboards.

**ISSUES/CONCERNS**

- ❑ Continued lack of data protection resourcing to progress key data protection documentation and overall advice for project teams.
- ❑ Resourcing required from IG&S, and more widely, to support DFD may have an impact on DFD but strain the resourcing required to support other ongoing areas of work.

QUARTERLY HIGHLIGHT REPORT	TIME PERIOD	ASSURANCE LEAD	OVERALL STATUS
National Information Governance Support	Jan – Mar 2025	Tracey Gill	N/A

**HIGHLIGHTS (Oct- Dec)**

- ❑ NHSScotland IG Forum Development Day Outcomes Report published in February . Roadmap and action plan is currently in draft format and will be shared with the IG Forum in May 2025.
- ❑ Meeting held with DHAC (Deputy Director – DHAC & Head of IG & Cyber Security Strategy) and NES (Director of Technology Services & NES DPO) to discuss how NES may potentially support the delivery of the national IG. It was agreed that the delivery of aspects of the National Information Governance Programme (NIGP) would best be supported by a national NHSS board. It is considered that NES may be the best placed board to be able to provide that support.
- ❑ Actively involved in the scoping and implementation of a refreshed view to the NIGP in collaboration with DHAC and COSLA colleagues. Includes the scoping of a new H&SC Collaborative IG Steering Group to drive forward national IG.
- ❑ Attended:
  - ❑ NHSScotland Joint Data Governance Forum
  - ❑ Health and Social Care Data Delivery Board – Oct & Dec
  - ❑ Meeting with DHAC IG Consultant on future of NHSS IG Forum
  - ❑ Health and Social Care IG Tools and Approach – DHAC Workshop
  - ❑ Monthly meetings with DHAC Head of Information Governance
  - ❑ Scottish Public Sector Data Protection Practitioner Group
  - ❑ DHAC Health and Social Care Data Board
  - ❑ Primary Care Data and Intelligence Board

**NEXT QUARTERS PRIORITIES (Jan- Mar)**

- ❑ DHAC have provided funding for the recruitment of an IG Project Lead to support the delivery and implementation of the NHSS IG Forum delivery plan for 2024 -25. Business case submitted and awaiting NES approval before recruitment can commence. This is a critical role to support the NHSS IG Forum.
- ❑ Vision Statement and review of the NHSS IG Forum Terms of Reference
- ❑ Initial discovery phase for an NHSScotland IG Communications Hub and an overarching NHSScotland Data Protection Impact Assessment (DPIA) Register

**ISSUES/CONCERNS**

- ❑ Issues and concerns that are applicable at a NHSScotland level rather than at a NES level. These include similar issues experienced within NES such as resourcing and lack of understanding of the role of information governance within an organisation.

**NHS Education for Scotland**

**NES/25/68**

**Agenda Item: 8b**

**Meeting Date: 25 September 2025**

**NES Public Board**

**1. Title of Paper**

- 1.1 Feedback, Comments, Concerns and Complaints Annual Report 2024-2025

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

- 2.1 Rob Coward, Principal Educator, Planning & Corporate Resources

**3. Lead Director(s)**

- 3.1 Karen Wilson, Director, NMAHP and Deputy Chief Executive  
Christina Bichan, Director of Planning, Performance and Transformation

**4. Situation/Purpose of paper**

- 4.1 Feedback, comments, concerns and complaints are considered by the Scottish Government as an important performance indicator, and a mechanism for driving continuous improvement. This is reflected in the requirement for all NHS Boards to publish an annual Feedback, Comments, Concerns and Complaints (FCCC) report as specified by the [Patient Rights \(Feedback, Comments, Concerns and Complaints\) \(Scotland\) Amendment Directions 2024](#) and national complaints guidance. This states that relevant NHS bodies should prepare an annual report summarising action taken as a result of feedback, comments and concerns received. NHS Boards are also required to provide an annual return to NHS National Services Scotland (NSS) confirming complaints figures which are included the NHS Complaints Statistics publication.
- 4.2 The Board is asked to approve the report prior to submission report for submission to the Scottish Government and Scottish Public Services Ombudsman. It is due to be published on NES website by 30 September 2025.

## **5. Background**

- 5.1 The report provides a summary of the feedback and complaints reported via our directorates or directly received by our Planning and Corporate Resources team. The report provides a summary of the feedback and complaints reported via our directorates or directly received by our Planning and Corporate Resources team. It also outlines how we have used complaints and feedback to evaluate and improve our programmes and services and is based on information supplied by each directorate.

## **6. Assessment/Key Issues**

### **6.1 Complaints received**

- 6.1.1 NES continues to receive a limited number of complaints requiring investigation using the agreed corporate complaints handling process. There were 19 such complaints received during the year (up from 16 in 2023-24). Of these complaints, eight were fully upheld with a further one partially upheld. Nine complaints were not upheld. None of the complaints covered by the report were whistleblowing cases.

### **6.2 Feedback and comment**

- 6.2.1 The draft report includes information on the different ways in which we encourage feedback and comment from our service users and partners in our work. This is designed to provide assurance that our education and training is informed by a range of important perspectives including those of end service users, trainees and other learners and service partners. Case studies have been used to illustrate the different approaches to engagement and feedback collection methods used by our directorates.
- 6.2.2 The draft report emphasises that partnership working with stakeholders and service users is a key feature of all our developments and that the collection and use of learner feedback is a vital aspect of educational governance arrangements for all directorates and programme teams.
- 6.2.3 As required by the Patients Rights Directions (as amended), the report includes commentary on methods used to engage with equalities groups (Part 1, section 2). The report details ways in which equality and inclusion is considered in the context of our education and training activities.

### **6.3 Positive feedback**

- 6.3.1 The report includes a selection of positive comments received from learners and other individuals. In response to a request from the Education & Quality Committee, these positive commendations are balanced by learners highlighting dissatisfaction or opportunities for improvement. While NES receives a significant amount of positive comment and feedback, we have no

systematic arrangements for collating this information at a directorate or corporate level.

## 7. Recommendations

- 7.1 The Board is asked to approve the annual FCCC report for publication and submission to the Scottish Government and Scottish Public Services Ombudsman.

Author to complete **checklist**.

- a. Have Educational implications been considered?  
**No**
- b. Is there a budget allocated for this work?  
**Yes**
- c. **Alignment with [Our Strategy 2023 – 26 People, Partnerships and Performance](#)**

Performance Objectives and Outcomes

- d. Have key strategic risks and mitigation measures been identified?  
**No**
- e. Have Equality, Diversity, Human Rights and health inequality issues been considered as per [Fairer Scotland Duty: Guidance for Public Bodies](#) and Corporate Parenting as per the [Children and Young People \(Scotland\) Act 2014](#)?  
**Yes**
- f. Have you considered Emergency Climate Change and Sustainability implications as per [DL \(2021\) 38](#)?  
**No**
- g. Have you considered a staff and external stakeholder engagement plan?  
**No**

Author name: Rob Coward  
Date: 17 September 2025  
NES

NHS Education for Scotland

# Feedback, Comments, Concerns and Complaints Annual Report 2024-2025

**August 2025**

NHS Education for Scotland (NES) is an education and training body and a national health board within NHS Scotland. We are responsible for developing and delivering healthcare education and training for the NHS, health and social care sector and other public bodies. We have a Scotland-wide role in undergraduate, postgraduate and continuing professional development. We are a national NHS Board, which works in partnership with the Scottish Government, NHS Health Boards, local authorities and other stakeholders to support health and social care services in Scotland. We do this by providing education, training and workforce development; supporting recruitment and strengthening career pathways. NES also supports health and care providers through the development and maintenance of digital infrastructure.

The summary table below precedes the full Feedback, Comments, Concerns and Complaints report and provides brief details of the complaints and expressions of concern we received between 1 April 2024 and 31 March 2025.

**Table 1: Summary of complaints received and outcome 2024-2025**

<b>Subject of complaint</b>	<b>Outcome of Complaint</b>	<b>Lessons learned</b>
IT issues prevented a doctor from joining an online course	Upheld	Review of course administration by Medical Directorate with resulting enhancements.
Delay in processing payment for participation in Dental course	Upheld	Automated system for supplier engagement implemented
Delays in processing occupational health check	Upheld	Liaise with Occupation Health check provider to improve service standards
Pay discrepancy	Upheld	Address process for processing salary adjustment as part of review of Lead Employer arrangements
Dissatisfaction with travel allowance policy	Partially upheld	Review of Medical Additional Costs of Teaching criteria for placement funding
Dissatisfaction with practice visit	Partially upheld	Etiquette for Longitudinal Evaluation of Performance (LEP) visits to be reinforced. The LEP Evaluator involved in the complaint has participated in training on providing feedback to Dental Trainers
Dissatisfaction with decision to remove a doctor from training course	Upheld	Review the policy for late arrivals, including arrangements for clinical emergencies
A doctor in training was dissatisfied with relocation expenses	Not upheld	Improve communication with doctors in training regarding relocation expenses and eligibility criteria
A change in selection criteria for initial pharmacist education and training prevented a student obtaining a	Not upheld	Advise potential trainees about selection criteria/process at an earlier opportunity

Foundation Year Training post in Scotland		
A change in selection criteria for initial pharmacist education and training prevented a student obtaining a Foundation Year Training post in Scotland	Not upheld	Advise potential trainees about selection criteria/process at an earlier opportunity
A change in selection criteria for initial pharmacist education and training prevented a student obtaining a Foundation Year Training post in Scotland	Not upheld	Advise potential trainees about selection criteria/process at an earlier opportunity
A change in initial pharmacist education and training prevented a student obtaining a Foundation Year Training post in Scotland	Not upheld	Advise potential trainees about selection criteria/process at an earlier opportunity
A member of the public who stated they were a NES staff member made a racist Facebook post	Not upheld	Facebook contacted to request that reference to NES is removed
A member of the public who stated they were a NES staff member made a racist Facebook post	Not upheld	Facebook contacted to request that reference to NES is removed
Technical problems at a Dental CPD event	Upheld	A full refund was issued to the complainant by the dental directorate.
A member of the public who stated they were a NES staff member made a racist Facebook post	Not upheld	Facebook contacted to request that reference to NES is removed
A dietitian claimed that NES failed to consult a relevant professional network	Not upheld	No action but a full explanation of consultation arrangements was provided
A dental trainee complained about late payment of travel expenses	Upheld	Processes for travel expenses processing reviewed
Complaint from doctor about incorrect salary	Upheld	No specific action although an explanation was provided.



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## Introduction

Welcome to our annual report on feedback, comments, concerns and complaints for 2024-2025. The report is a requirement of the [Patient Rights \(Feedback, Comments, Concerns and Complaints\) \(Scotland\) Amendment Directions 2024](#), which specifies that relevant NHS bodies should prepare an annual report at the end of each year. This summarises the action taken as a result of feedback, comments and concerns received during the reporting period.

The first part of the report provides a summary of progress in collecting and using feedback from our service users. This includes case studies to illustrate our diverse approaches to feedback collection and the difference this information has made to our work. Part 2 comprises a summary of the complaints and concerns received from our service users during the year and the outcomes from these complaints. It also provides brief account of our progress in handling and learning from complaints in accordance with the nine indicators set out in the Scottish Government's guidance to health boards.

The report relays some of the positive feedback and comments received from our service users, including trainees and other health service staff. It also highlights some areas where learners, stakeholders or service users have identified areas for improvement.

While the case studies and data presented in our report reflects the importance of engagement with our service users, we are committed to making further improvements in this area. Our emerging Learning & Education Quality System emphasises the need to involve people and communities in prioritisation, development, review and enhancement of education and training. To support this aspiration, we have developed an enabling Involving People and Communities Framework setting out the key requirements for involvement. Including the need to reimburse individuals for their time, effort and expertise in supporting our work. The implementation of the Framework was delayed but is expected to be used as a key reference point for staff involved in education and training during 2025-2026.

## Part 1. Feedback, Comments and Concerns

### 1. Methods for gathering and using feedback

All our services are planned, developed and reviewed in partnership with stakeholders, including health care professionals in training and other health and care staff who rely on NES educational support to provide excellent patient care. Our approach to collecting feedback focuses on the 'user experience' of our diverse training programmes and products, ensuring they are accessible and fit for purpose. Feedback on learner/service user satisfaction provides key metrics for the engagement of learners, providing valuable insight into the impact of our educational programmes and resources. Learner feedback is also essential in enabling us to improve the accessibility and quality of our training. The case studies featured in this report provide some examples of how feedback has been used to identify opportunities for improvement. The collection and use of learner feedback is a key focus for our quality management activities, which are monitored at senior levels within the organisation.

Feedback from health care professionals in training remains an essential component of our approach to quality management at NES. This feedback is invaluable in enabling us to evaluate educational quality, identify opportunities to improve learner experiences, and provide stakeholders with vital assurance that Scotland's significant investment in training for health and social care is effective. We organise regular feedback activities, such as the annual Scottish Training Survey in postgraduate medical education, or support UK surveys including the General Medical Council's annual Training Survey and the General Dental Council's annual surveys of Dental Foundation/Vocational Training and Dental Specialty Training. The data collected through these trainee surveys is analysed closely and forms an important part of a rich dataset used to improve education quality.

In addition to our Educational Governance processes, a *Contact Us* page on our website provides an online form for feedback (positive or negative) about any aspect of our work. Further information, including examples of these processes and how we use feedback is provided below.

#### Case study 1: Dental Workforce Development – Reducing Inequalities

Our Dental team has developed a comprehensive suite of training resources to support the dental workforce in reducing inequalities in oral health. We engaged with a range of stakeholders to obtain feedback on the proposed oral health improvement (OHIP) curricula/learner pathway as part of the review of all reducing inequalities OHIP education materials.

We held participatory workshops on key themes such as knowledge, skills and capabilities required of OHIP support staff to reduce oral health inequalities across all OHIP programmes for children, adults, and older people. These involved learners, Oral Health Improvement Programme Coordinators (OHIP), OHIP Programme managers, Dental Public

Health Consultants, Directors of dentistry involved in delivery of OHIP programmes across health boards in Scotland.

The purpose of the workshops was to identify educational materials that our partners considered to be missing from the existing educational programme to meet all OHIP programme needs (focusing more on a life course approach from children to adults and older people's oral health). Participatory engagement theory was used throughout workshops both in person and adapted for online workshops to help support and codesign a new OHIP educational framework.

Feedback was given and received anonymously through small group discussions with general group feedback given. The use of online tools such as break- out rooms, whiteboards, polls and Microsoft forms were all very helpful to gain peoples feedback and generate more in depth discussions.

### **Case study 2: Psychology of Parenting Programme (PoPP)**

The Psychology of Parenting Programme (PoPP) was established in 2013 within NHS Education for Scotland and is funded through the Mental Health Directorate in the Scottish Government, with the aim of improving outcomes for children, through the availability of the highest quality evidence-based parenting interventions for families, where there are concerns about a child's emotional, social or behaviour development.

At the beginning of 2024 we trained 14 practitioners in a new intervention – Incredible Years Autism and Language Delay (IY-A) as pilot. In order to support decision making about whether to further invest in this intervention by training further practitioners throughout Scotland, information was gathered from the practitioners who attended the training and subsequently implemented this new intervention. This was done through questionnaires and two focus groups.

As the pilot phase continues and practitioners continue to deliver the intervention to parents in their local area, we plan to gather feedback directly from the parents, with regards to their experience of attending the IY-A groups and the impact they have had. This will be voluntary and will be in the form of a questionnaire. Parents will be fully informed that their responses may be anonymously reported in the form of a case study to help inform decision making around whether to further invest in this programme.

Feedback received about the IY-A training was generally positive, including positive comments about the pace of delivery. Participants also commented positively on the use of breakout groups/practice and how the trainer was passionate and enthusiastic.

## **1.1 Our approaches to gathering and using feedback, including how we publicise opportunities for providing comments**

Our service users play an important part in reviewing and improving education initiatives by providing informed feedback. In this respect learners and trainees are uniquely placed to provide expert insight into their experience. The development, commissioning and quality management of education and training is informed by stakeholder participation in consultation exercises, focus groups, reference groups, steering groups, programme boards, and the valuable feedback we elicit from learners, employers and others. The importance we attach to this aspect of our work is reflected in our efforts to publicise and encourage feedback from learners and others involved in our work.

Across our extensive portfolio of education activities there are numerous examples of service users or learners participating in the ongoing review and enhancement of our programmes. This includes the following:

- Scottish Training Survey – an opportunity for doctors in training to reflect on their training experience at the end of each posting.
- Notification of concern process for doctors in training - Managed by the NES Deanery, this is a process by which doctors in training, trainers or other staff can report concerns out with the usual survey processes.
- Quality Management pre-visit questionnaires for trainers and doctors in training - Coordinated by the Postgraduate Medical Deanery within the six weeks before a quality management visit is conducted.
- Dental Care Professionals (DCP) – Collection of feedback data from participants and employers following induction, study days and at the end of the programme.
- Pharmacy – The use of focus groups to gather user insights on new e-learning modules and 'exit questionnaires' for learners completing education programmes. In addition to these feedback sources, the Pharmacy team embeds feedback tools on each e-learning resource to gather user views on completion.

### **Case study 1: Practice and pre-registration education for clinical supervision**

The annual review process between NHS Education for Scotland (NES) and NHS Boards in Scotland is part of the Service Level Agreement requirements for the practice education facilitator (PEF), care home education facilitator (CHEF) and practice educator (PE) roles. These roles are funded by NES, with the PEF roles funded in partnership with universities and practice partners. The annual review provides an opportunity to gather information from across the Boards to discuss local and national priorities for practice education, celebrate successes and explore areas for development. During these face-to-face meetings our practice partners are encouraged to be open with feedback about the professional leadership provided by the NES Practice Education and pre-registration team and asked what would enhance the support or ways of working.

Video clips were also obtained from volunteer practice education leads and PEFs, providing feedback on the difference the support provided by the Practice Educators made to them. These were used during a national team development meeting to inform ways of working.

The support offered by the team was consistently complimentary across the Boards. The local visibility of the Practice Educators in the host Boards was noted to be very beneficial and they were considered 'part of the team'. A similar sense of belonging was noted with the Senior Educators who have professional leadership responsibilities for regional areas. Our responsiveness and quality assurance were highly valued. Professionalism and supportive way of working were frequently highlighted as good role modelling for staff and providing a positive experience.

### **Case study 2: Development of Person-centred Therapeutic Risk Management Learning Programme**

Our Nursing, Midwifery and Allied Health Professions team engaged with a range of stakeholders in the development of a new learning programme for person-centred therapeutic risk management. These stakeholders included mental health nurses/learners, professional leads (mental health), experts by experience (Lived and Living Experience Panel), Scottish Government NCISH Delivery Group/lead. As part of the development process (and prior to launch) of the new Learning Programme we agreed we required:

- a formative evaluation of the pilot to help inform the ongoing development of the learning programme
- a methodology to gather regular feedback aligned to an overarching evaluation framework.

Due to the sensitive nature of discussing current and future approaches to suicide assessment, individual interviews were chosen as the most appropriate method to gather feedback. These were done with five practitioners across four health boards who had already engaged with SG work associated with NCISH (generally referred to as the 'test sites'). Interviewees were asked to complete the learning module in advance and interviews were undertaken via Teams. Further feedback on the learning programme was gathered during a test of the workshop component of the programme in May 2025.

It was also important to gather feedback from those with lived experience of suicide risk assessment, to seek their views on the learning programme and how they felt suicide risk assessments would be different if the learning were to be put into practice.

We worked with Scottish Action for Mental Health (SAMH) to understand the most appropriate approach to gathering feedback from the Suicide Prevention Scotland Lived and Living Experience Panel (LLEP). SAMH host the LLEP and have robust safety and wellbeing structures in place therefore it was decided that SAMH would host a group session and share the notes.

Individual members of the LLEP were given a feedback form which they could fill out in their own time and return via email.

A workshop was also undertaken with a range of mental health practitioners/nurses and emergency services who work in areas that require to complete assessments of people's risk of suicide. Although some useful information was gathered the workshop proved to not be the right method to collect this information and participants required more information about the programme to comment. The learning from this influenced the data collection approach to the rest of the project.

## **1.2 How we publicise opportunities for providing comments**

Given the importance of feedback for our work, we use several different methods to encourage comment from trainees and other learners. These range from targeted communications for training grades in Medicine, to the provision of an open comments mailbox for Healthcare Science trainees and the use of social media to invite feedback from Pharmacists. In eliciting feedback, we observe the key principles of preserving the anonymity of individuals submitting comments and being prompt to act on specific suggestions. Where possible we provide named contacts for communications but also offer generic contact email addresses.

### **Case study 1: Health Care Science**

NES supports NHS Health Boards and other organisations by providing, funding and quality assuring education and training for health care science. This programme includes quality assurance of training programmes, provision of continuing professional development, funding training places and career promotion. Quality Monitoring is carried out through annual monitoring and surveys. In each area of activity, the Health Care Science team engages with learners and other stakeholders in the following ways:

Webinars & Annual event - We have engaged with stakeholders via MS Forms at the end of any events held.

Resources development: We have engaged with stakeholders through various mechanisms including face to face group sessions; MS forms and email

We also have mechanisms in place on our website and encourage all to email the generic HCS email account.

All feedback is being used to inform future events and requirements

### **Case study 2: Medical Appraisal training**

Our Medical team provides support for doctors in the annual appraisal process . This includes provision of the Scottish Online Appraisal Resource (SOAR) and training nominated doctors to take up the role of medical appraiser in Scotland.

After appraisal training, we gather and analyse feedback on how we can improve our training courses moving forward. We also request feedback from appraisers and appraisees following their appraisal meetings. The purpose of this feedback is to evaluate the efficacy of the process was and identify areas on which we can improve. User feedback and



suggestions for improvements received via the SOAR system is also used to affect improvement.

Feedback is solicited from training participants via automated survey emails from our Questback system, which we set up for every training event as part of our SOP. We have made a number of minor changes to our training programme following review of comments received. Moreover, our conference topics this year were stemmed largely from delegates' suggestions.

At the conclusion of the appraisal sign off, the automated email confirmation includes a reminder to invite users to provide the requested feedback. We completed a significant redesign of SOAR this year, funded by Scottish Government, with the aim of improving appraisee user experience and login functions. This was done following an external systems review which included an all-user survey as well as user focus groups feedback. We also factored in the post-appraisal feedback received on SOAR.

Feedback on this project from appraisees had been positive despite initial challenges on 'go live'. We had inadvertently made a significant change to the appraiser function which was less well received but we have feedback and aim to address this issue in our next stage of development.

## **2. Engaging with equalities groups**

We actively collect feedback on equality, diversity and inclusion, at directorate level through a variety of mechanisms, including engagement with stakeholder groups, educational delivery and participation in project steering groups. Through our training and support for Equality Impact Assessments we help ensure that projects and programmes consider the impact on groups of people who share a protected characteristic. This includes gathering and analysing feedback from learners and data on who benefits from the learning opportunities we offer to identify any inequalities in access.

The extent and impact of engagement with diverse learners and service users is a focus for discussion of Equality & Human Rights Steering Group meetings and reviews, which seek to share intelligence and learning from programme and directorate-level feedback and engagement. The Steering Group identified the need to disaggregate feedback data by protected characteristics to improve our understanding of how different equalities groups access our education programmes, differences in satisfaction, educational attainment, etc. It is anticipated that new approaches to feedback and evaluation through our emerging Learning and Education Quality System will help us to identify specific barriers to inclusion. This is part of our commitment to inclusive learning as highlighted in our Inclusive Education and Learning Policy.



Our complaints log enables us to code complaints and concerns thematically as being relevant to equality and diversity at both directorate and corporate level. Complaints and concerns are reviewed annually by the Steering Group within the context of our equalities review, providing another source of data which can be triangulated to inform policy and strategy development and to measure our progress delivering our equality outcomes and equality mainstreaming priorities.

### **Case study 1: Trainee Development & Well-being Service**

Our Trainee Development and Well-Being Service supports doctors through their postgraduate training programme where they are facing challenges to progression. We engaged with learners, trainees (including doctors who have used our service), service users, employers etc to understand the experiences of those who have used support from the TDWS. This was to identify areas of good practice, areas for improvement and identify any current gaps in the service. We also wanted used the feedback to provide an element of quality assurance.

This was a pilot project as feedback on the user experience had not been previously gathered. We consulted with doctors in training about the questionnaire and this work was led by a doctor in training working with NES as a Scottish Leadership fellow. The survey was conducted using MS teams and each person was emailed an invitation to participate and an explanation about how responses would be used. The survey contained both questions with answer options and free text.

As the target group was defined by users of the service, no disadvantaged groups were specifically targeted. It is known however that many non-white doctors and those with a medical degree obtained outside the UK face more challenges to their progression in training. Internationally qualified doctors are therefore over-represented as users of the service and provide much of the feedback on TDSW services.

### **3. Supporting service users in providing feedback**

Given the high value that we place on our service-user feedback, we encourage comment in a variety of ways (as described at 1.2 above). While there are no formal mechanisms for supporting the provision of feedback, we offer a wide range of access points for comment. These include generic mailboxes to provide named or anonymous feedback, online questionnaires or named contacts within each of our programme teams. We advertise the opportunity to provide comments on our products and services in our learning resources and websites, including the 'Contact Us' webpage on the NES corporate website. For all our trainee surveys, regular reminders are circulated to emphasise the importance of providing feedback. This is reflected in the high response rates from trainees.

### **Case study 1: Clinical Skills Managed Educational Network**

Our Clinical Skills Managed Educational Network includes a range of multi-professional training offerings through the mobile skills unit, multi-professional online resources and medical simulation training. We gather feedback from participants and trainers to evaluate the education and training delivered via Medical Simulation, Mobile Skills Unit and online learning resources.

Participants provide information relating to their training to ensure it remains relevant and of high quality. Trainers and facilitators evaluation data provide information on their own sessions as well as helping to develop the medical simulation strategies and co-ordinate training for doctors in training. For our resources the information helps to develop and update clinical skills resources.

Information collected was from the general evaluation questions (the agreed national CSMEN simulation evaluation questions as a minimum plus course specific questions as well as questions relating to the impact of training on clinical practice).

A number of different methods are used, some are anonymous, some anonymised and others gain a certificate of attendance once the evaluation has been completed. We use QR codes for the Mobile Skills Unit Evaluation forms to enable easy access to the online forms. We have the QR codes clearly displayed within the Mobile Skills Unit for participants and facilitators to scan and we also share the codes with MSU Hosts and Trainers prior to their Mobile Skills Unit visit. For online resources a link to the Questback evaluation was embedded into the resource and the Turas Learn feedback automatically opens at the completion of the resource. We use QR codes for simulation where possible, which are put on the sign-in sheet to link straight to the electronic feedback via Microsoft Forms. When this is not possible (for example some external courses use their own sign-in sheet) we email the electronic feedback form to trainees. Reminders are sent to trainees after 1 week to ask all to complete the feedback.

Providing a certificate of attendance once an evaluation form is completed can encourage participants to provide feedback. The use of QR codes makes it easier for participants to quickly scan and complete using their phones. We have also found that allocating time during the programme creates a higher completion rate and we are moving towards doing this for all training. The use of QR codes makes it easier for participants to quickly scan and complete using their phones and means that feedback is completed on the day when still fresh in the trainee's mind.

## **4. Systems for collecting and using feedback, comments and concerns**

NES employs several systems and processes for collecting and using feedback and comment from our service users. These systems include the collection of feedback

using online tools including Questback questionnaires and Microsoft Forms. Such tools enable us to easily share examples and good practice between directorates and programme teams.

NES's systems for collecting feedback from learners, faculty and other stakeholders are currently under review and enhancement is expected in this important area of our practice. Our aim is to adopt a core set of feedback questions to enable a consistent approach to programme monitoring across our education portfolio and the reporting of performance.

### **Case study 1: Clinical Psychology training**

NES funds and supports the two postgraduate Clinical Psychology training programmes offered by the University of Edinburgh and University of Glasgow. The Programmes use a range of modes of for collecting Feedback from trainees. Trainees are asked to offer their views on lecture sessions, placement experiences, research experiences and on their overall experience of being on the programme.

A range of methods are used to engage with trainees including an open access 'padlet', structured questionnaires, face to face sessions, group feedback sessions and trainee attendance at the various Programme stakeholder groups. Clinical supervisor feedback is sought through individual meetings, two hour "drop in" workshops, annual supervisor day and through structured questionnaire.

The Programme has commissioned an 'experts by experience' group involving colleagues from range of settings, all of whom offer feedback on both the content/delivery of the Programme and on their experience of being part of this group. There has been a significant expansion in this group over the last year. The group meet monthly.

We have introduced an updated process for gathering feedback from trainees about placement experience. The new system will allow easier collation of the information and a structured approach to ensuring the feedback is systematically fed back to the NHS boards involved.

The programme has set up a series of discussion groups for trainees from minoritised groups (specifically those from minority ethnic backgrounds and those identifying as from the LGBTQI+ community).

As numbers within the programme have increased in recent years, so the complexity of delivery has grown. We have had and responded to feedback on a range of matters such as timings of assessments, content and timing of communications and logistics within the research arm of the programme. In response we have adjusted the timetable accordingly where possible and developed more routine/scheduled comms in some areas.

We have also expanded the scope of our communications. In response to feedback from Boards, we have included the line managers of trainees in some of the routine communications to ensure all support systems have the relevant information timeously.

## **5. Using feedback alongside other information to identify opportunities for improvement.**

Feedback from trainees and other learners is one of many elements that contribute to quality improvement at NES. On occasions this feedback is a trigger for further investigation, as with the data from our trainee surveys. In other contexts, feedback is used as part of wider evaluations encompassing use of analytic data, peer review, site visits (now in virtual formats) etc. In our Dental and Medical directorates, feedback forms an important component of our comprehensive Quality Management Framework and the annual review process for training programmes. This supports decision making on any required quality management activities such as a Training Programme enquiry, training location visit etc.

### **Case study 1: Autism and neurodivergence across the lifespan**

NES's Psychology team offers a broad portfolio of support, education and evidence-based interventions for autism and neurodivergence/Training in Psychological Skills (TIPS) and Early Intervention for Children (EIC). The training, delivered by NES-funded TIPS-EIC local psychologists, aims to equip staff to deliver psychologically informed practices and interventions to children and young people who have elevated levels of distress but who would not meet the criteria for a referral to tier three Children and Adolescent Mental Health Services (CAMHS).

We engage with staff who have been trained/coached by NES staff and NES funded staff in CAMHS, with parents of Autistic/Neurodivergent children and young people (CYP), with CYP themselves in a range of ways and we collect clinical outcome measures pre and post psychological intervention with CYP and their parents. To this end, we designed and launched the [Training Evaluation Toolkit](#) which aims to drive good practice across child agencies.

This year we have developed our Let's Introduce Anxiety Management (LIAM) database, so it is easier to quickly feedback clinical outcome data to stakeholders to inform and drive local implementations of early psychological intervention delivery in schools and other community settings. For example, CYP set their own goals and rate their progress towards these as part of the intervention.

## **Case study 2: Mandatory Training for dentists new to working in the NHS in Scotland**

Our Dental team engaged with registrants (learners) who had taken part in the 3.5 day blended learning programme to introduce them to dental services in Scotland. This engagement was to assess impact on quality of patient care to inform programme redesign.

A questionnaire was developed using NES tools and stakeholder input, assessed knowledge, confidence, efficiency, and care quality using a 5-point Likert scale.

Analysis of the training's impact showed that most respondents reported improvements in clinical knowledge, particularly in areas like treatment planning under the Statement of Dental Remuneration, managing patients during medical emergencies, and infection control procedures.

A small number of respondents (notably those who qualified in the 1980s and early 1990s) indicated limited impact on their practice, reflecting their greater clinical experience. Reviewing the levels 2-4 on Kirkpatrick (learning, behaviour change and results) the study showed that there was learning taken from all four question groupings.

## **Part 2. Complaints Performance Indicators**

### **1. Learning from complaints (Indicator 1)**

As in previous years, NES received very few complaints or expressions of concern (19 in total), but each one was used as an opportunity to learn and improve. Information about each complaint or expression of concern is held centrally by our Planning and Corporate Resources Team. Each complaint and expression of concern was reported to our Board through the Education and Quality Committee on a quarterly basis, with a summary of actions taken in response (where relevant). Summaries of complaints received, timescales for investigation and outcomes are presented in Tables 1 and 2.

Table 1 above sets out the specific learning points and improvements made in response to complaints handled by directorates and the corporate Complaints Team. The table contains brief information about the responses to complaints, which range from reviews of process and policy to staff training and enhancements of communications practice. Enhancements were made or reviews conducted following complaints, including several where the complaint was not upheld, only partially upheld or where NES had no locus of responsibility. The outcomes of each complaint were reported to senior managers in the directorates subject to complaints with the expectation that recommendations would be taken forward.

A total of 19 complaints were handled by the corporate Complaints Team, with one further expression of concern considered. This is slightly more than the previous year (17 complaints with two expressions of concern). The concern is the subject of ongoing review. Investigations of concerns do not lead to a final judgement but stimulate reviews of policy, process, practice or provision.

There were three individual complaints relating to selection criteria for initial pharmacy training and, similarly, three individual complaints alleging that a member of NES staff made a racist Facebook post. None of these complaints were upheld.

## **2. Complaint process experience (Indicator 2)**

Individuals and organisations dissatisfied with NES services or staff can communicate with us through a variety of routes. These include the [Feedback, Comments, Concerns and Complaints mailbox](#) on the NES corporate website, directly to the NES Chief Executive or Director of Planning, Performance and Transformation by email or through local directorate staff, such as educational supervisors or quality management staff. The Medical Directorate also reviews expressions of concerns from medical trainees through its Notification of Concerns process. In addition to these processes, NES reviews the Care Opinion website, which is used by service users to comment and complain about health and care services. Although education and training was mentioned in some of these posts, there were no specific references to NES warranting investigation and response.

NES has a clear two-stage process for receiving and investigating complaints as set out in our [Complaints Procedure](#), which may be accessed on the website. This explains our standards for investigating complaints, including the timescales for investigation and the support available to complainants. A report is produced for each complaint investigated by the corporate Complaints Team, which is presented using an agreed template. The report summarises the complaint and sets out the evidence reviewed. It concludes with the final judgement which is supported by the investigating team's reasoning for its conclusions.

Complainants are invited to provide us with feedback on their experience of the NES complaints process. This invitation asks complainants to comment on issues such as the time taken to conduct the investigation, the thoroughness of the investigation process, support provided by the Complaints Team and the clarity of the final report. We received feedback from two complainants during the year, who each indicated they were satisfied with their experience.

## **3. Staff awareness and training (Indicator 3)**

Staff involved in complaints handling are trained in the principles and practice of effective complaints handling (including learning from complaints). Several NES staff



have completed NES's own Complaints Handling online learning, which was developed to support the health and social care sectors in Scotland. All four members of our corporate Complaints Handling team held the Level 5 Professional Award in Complaints Handling and Investigations awarded by Pearson.

Members of the corporate Complaints Team maintain their development and awareness of current practice in this aspect of their work through attendance at occasional events and reading reports from the Scottish Public Services Ombudsman and other authoritative sources of guidance. The Complaints Team also participate in meetings on the NHS Complaints Personnel Association Scotland; a national forum for the exchange of information and good practice relating to complaints handling.

#### **4. Outcomes from complaints investigations (Indicators 4, 5, 6, 7, 8 and 9)**

The outcomes from each of the complaint investigations conducted in 2024-2025 are summarised in Tables 2 to 5 below. This indicates that 19 complaints were received during the year, plus a further one expression of concern, which were investigated. None of the complaints received were whistleblowing cases. Of the nineteen complaints received, eight were fully upheld, two were partially upheld and nine were not upheld.

In addition to the complaints and concerns, NES also received several emails from individuals expressing dissatisfaction with clinical or care services. These individuals were referred to the relevant complaints contacts with health boards or contractor organisations.

Most complaint handling was conducted in accordance with the NHSS National Standards, including the timescales for acknowledging complaints, investigating complaints and reporting back to complainants with the complaint investigation outcomes. In several cases an extension to the timescale for responding to a complaint was required to complete the investigation. These extensions were required to schedule meetings with complainants and other individuals involved in the case. Complainants are kept informed about the progress of the investigation and any extensions required.

Tables 3 to 5 refer to Stage One and Stage Two complaints. Stage One complaints are those that are resolved locally. Stage Two complaints are either referred (or 'escalated') to the corporate Complaints Team or investigated directly by the Complaints Team ('non-escalated' Stage Two).

From the beginning of 2024-2025, we instituted a quarterly report on complaints received to our Education & Quality Committee. This report provided summary information about each complaint received across nine quality indicators.





**Table 2. Feedback, Comments, Concerns and Complaints Register - Year to 31 March 2024**

Source (1)	Summary (2)	File reference (3)	Suitable for frontline resolution?	Date of receipt	Acknowledged (A) and response dates (R)	Outcome (4)	Was the complainant satisfied with frontline resolution?	Lessons learned / improvements (5)
NHS Staff	IT issues prevented a doctor from joining an online course	20240507 Course	No	21 June 2024	21 June 2024 (A) 31 July 2024 (R)	Upheld	Unknown	Review of course administration by Medical Directorate with resulting enhancements.
NHS Staff	Delay in processing payment for participation in Dental course	20240814 Dental course payment	Yes	14 Aug 2024	15 Aug 2024 (A) 16 Aug 2024 (R)	Upheld	Yes	Automated system for supplier engagement implemented
NHS Staff	Delays in processing occupational health check	20240807 Dental VT Occupational Health Check	No	7 Aug 2024	9 Aug 2024 (A) 30 Sept 2024 (R)	Upheld	Unknown	Liaise with occupational health check provider to improve service standards
NHS Staff	Pay discrepancy	20240902 Pay discrepancy	No	2 Sept 2024	3 Sept 2024 (A) 15 Oct 2024 (R)	Upheld	Unknown	Address process for processing salary adjustment as part of review of Lead Employer arrangements
Student	Dissatisfaction with travel allowance policy	20241118 Travel	No	18 Nov 2024	19 Nov 2024 (A) 26 Nov 2024 (R)	Partially upheld	Unknown	Review of Medical Additional Costs of Teaching criteria for placement funding
External contractor	Dissatisfaction with practice visit	20241120 LEP	No	22 Nov 2024	26 Nov 2024 (A) 13 Mar 2025 (R)	Partially upheld	Unknown	Etiquette for Longitudinal Evaluation of Performance (LEP) visits to be reinforced. The LEP Evaluator involved in the complaint has participated in training on providing feedback to Dental Trainers

Source (1)	Summary (2)	File reference (3)	Suitable for frontline resolution?	Date of receipt	Acknowledged (A) and response dates (R)	Outcome (4)	Was the complainant satisfied with frontline resolution?	Lessons learned / improvements (5)
NHS Staff	Dissatisfaction with decision to remove a doctor from training course	20241128 Workshop	Yes	28 Nov 2024	28 Nov 2024 (A) 5 Dec 2024 (R)	Upheld	Unknown	Review the policy for late arrivals, including arrangements for clinical emergencies
NHS Staff	A doctor in training was dissatisfied with relocation expenses	20250103 Relocation	No	3 Jan 2025	3 Jan 2025 (A) 5 Feb 2025 (R)	Not upheld	Yes	Improve communication with doctors in training regarding relocation expenses and eligibility criteria
Student	A change in initial pharmacist education and training selection criteria prevented a student obtaining a Foundation Year Training post in Scotland	20250114 FYT	Yes	14 Jan 2025	14 Jan 2025 (A) 27 Jan 2025 (R)	Not upheld	Unknown	Advise potential trainees about selection criteria/process at an earlier opportunity
Student	A change in initial pharmacist education and training selection criteria prevented a student obtaining a Foundation Year Training post in Scotland	20250114 FYT	Yes	14 Jan 2025	14 Jan 2025 (A) 27 Jan 2025 (R)	Not upheld	Unknown	Advise potential trainees about selection criteria/process at an earlier opportunity

Source (1)	Summary (2)	File reference (3)	Suitable for frontline resolution?	Date of receipt	Acknowledged (A) and response dates (R)	Outcome (4)	Was the complainant satisfied with frontline resolution?	Lessons learned / improvements (5)
Student	A change in initial pharmacist education and training selection criteria prevented a student obtaining a Foundation Year Training post in Scotland	20250116 FYT	Yes	16 Jan 2025	16 Jan 2025 (A) 27 Jan 2025 (R)	Not upheld	Unknown	Advise potential trainees about selection criteria/process at an earlier opportunity
Student	A change in initial pharmacist education and training prevented a student obtaining a Foundation Year Training post in Scotland	20250120 FYT	Yes	20 Jan 2025	20 Jan 2025 (A) 27 Jan 2025 (R)	Not upheld	Unknown	Advise potential trainees about selection criteria/process at an earlier opportunity
Member of public	A NES staff member made a racist Facebook post	20250129 Check staff	Yes	29 Jan 2025	29 Jan 2025 (A) 3 Feb 2025 (R)	Not upheld	Unknown	Facebook contacted to request that reference to NES is removed
Member of public	A NES staff member made a racist Facebook post	20250228 Check staff	Yes	29 Jan 2025	28 Feb 2025 (A) 7 Mar 2025 (R)	Not upheld	Unknown	Facebook contacted to request that reference to NES is removed
NHS Staff	Technical problems at a Dental CPD event	20250203 Recording	Yes	3 Mar 2025	3 Mar 2025 (A) 10 Mar 2025 (R)	Upheld	Unknown	A full refund was issued to the complainant by the dental directorate.

Source (1)	Summary (2)	File reference (3)	Suitable for frontline resolution?	Date of receipt	Acknowledged (A) and response dates (R)	Outcome (4)	Was the complainant satisfied with frontline resolution?	Lessons learned / improvements (5)
Member of public	A NES staff member made a racist Facebook post	20250307 Facebook	Yes	7 Mar 2025	7 Mar 2025 (A) 10 Mar 2025 (R)	Not upheld	Unknown	Facebook contacted to request that reference to NES is removed
NHS Staff	A dietitian claimed that NES failed to consult a relevant professional network	20250312 Cows Milk Allergy webinar	Yes	12 Mar 2025	12 Mar 2025 (A) 19 Mar 2025 (R)	Not upheld	Unknown	No specific action although an explanation was provided.
NHS Staff	A dental trainee complained about late payment of travel expenses	20250226 - Travel Expenses	Yes	26 Feb 2025	4 Mar 2025 (A) 25 Mar 2025	Upheld	Unknown	Processes for travel expenses processing reviewed
NHS Staff	Complaint from doctor about incorrect salary	20250321 Finance	Yes	21 Mar 2025	24 Mar 2025 (A) 26 May 2025 (R)	Upheld	Unknown	Terms and conditions being reviewed for doctors in training

**Table 3: Total number of complaints closed by NES during the period<sup>1</sup>**

Number of complaints closed by the NHS Board	Number	As a % of all NHS Board complaints closed (not contractors)
<b>5a.</b> Stage One	12	63.2%
<b>5b.</b> Stage two – non escalated	3	15.8%
<b>5c.</b> Stage two - escalated	4	21.1%
<b>5d. Total complaints closed by NHS Board</b>	19	100%

**Table 4. Stage One complaints by outcome**

	Number	As a % of all complaints closed by NHS Board at stage one
Number of complaints upheld at stage one	4	33.3%
Number of complaints not upheld at stage one	8	66.6%
Number of complaints partially upheld at stage one	0	-
<b>Total stage one complaints outcomes</b>	12	100%

**Table 5. Stage Two complaints by outcome (non-escalated)**

	Number	As a % of all complaints closed by NHS Boards at stage two
<b>Non-escalated complaints</b>		
Number of non-escalated complaints upheld at stage two	1	14.3%
Number of non-escalated complaints not upheld at stage two	1	14.3%
Number of non-escalated complaints partially upheld at stage two	1	14.3%
<b>Total stage two, non-escalated complaints outcomes</b>	3	42.9%

<sup>1</sup> Does not include expressions of concern.

**Table 6. Stage Two complaints by outcome (escalated)**

<b>Escalated complaints</b>	<b>Number</b>	<b>As a % of all escalated complaints closed by NHS Boards at stage two</b>
Number of escalated complaints upheld at stage two	3	42.3%
Number of escalated complaints not upheld at stage two	1	14.3%
Number of escalated complaints partially upheld at stage two	0	0
<b>Total stage two escalated complaints outcomes</b>	<b>4</b>	<b>56.6%</b>

**Table 7. Complaints closed in full within the timescales**

**This indicator measures complaints closed within 5 working days at stage one or within 20 working days at stage two.**

	<b>Number</b>	<b>As a % of complaints closed by NHS Boards at each stage</b>
<b>8a.</b> Number of complaints closed at stage one within 5 working days.	9	75%
<b>8b.</b> Number of non-escalated complaints closed at stage two within 20 working days	0	-
<b>8c.</b> Number of escalated complaints closed at stage two within 20 working days	-	-
<b>8d. Total number of complaints closed within timescales</b>	<b>9</b>	<b>47.4%</b>

**Table 8. Number of cases where an extension is authorised**

**This indicator measures the number of complaints not closed within the CHP timescale, where an extension was authorised\* .**

	<b>Number</b>	<b>As a % of complaints closed by NHS Boards at each stage</b>
<b>9a.</b> Number of complaints closed at stage one where extension was authorised	0	-%
<b>9b.</b> Number of complaints closed at stage two where extension was authorised (escalated and non-escalated complaints)	7	100%
<b>9c. Total number of extensions authorised</b>	<b>7</b>	<b>36.8%</b>

## 5. Accountability and Governance

As indicated above, we have increased the frequency and scope of reports to Board committees on complaints received. Quarterly reports detail all complaints received and their outcome. We continue to share the draft annual FCCC report with our Executive Team for comment and the Education and Quality Committee for comment and approval. Recommendations arising from complaints are followed up by our corporate Complaints Team. The annual report is published on our website each year and sent to the Scottish Government and the Scottish Public Services Ombudsman (SPSO).

During the 1 April 2024 – 31 March 2025 reporting period, the Education & Quality Committee (EQC) monitored and reviewed our educational activities. A key focus for assurance is the collection and use of learner feedback to enhance education quality. A formal minute of EQC meetings was reported to the Board as a routine and regular agenda item.

### Part 3. Positive feedback and suggestions for improvement

NES has no formal corporate or local systems specifically designed to elicit and report positive feedback and compliments from our service users. Despite this, we regularly receive endorsements of our work from a range of individuals and organisations. These are usually received through our processes for collecting feedback from learners and others, or through other quality management activities. On occasions we have received unprompted commendations.

The case studies presented below are typical of the positive comments received. They also include suggestions for improvement provided by learners and others.

#### Case study 1: Practice and pre-registration education for clinical supervision

##### Commendations/planned impact

*“I would like to set up more clinical supervision and build on my own skills as supervisor.”*

*“Looking at the different types of supervision and how it could be used in my practice. To encourage my teams to undertake this.”*

*“Use the suggested model to guide my supervision.”*

*“I will seek out my own clinical supervision now and will do further training to become a supervisor.”*

*“Ensure I prepare for and attend supervision regularly.”*

*“Ensure that I schedule regular supervision which is meaningful to my practice development.” – “Will add completion of the resource to my PDP and we will discuss at internal meeting.” –*

*“Provide more person-centred supervision skills and reflect with the team about how we deliver supervision.”*

### **Suggestions for improvement**

*"Maybe too many videos -so less or shorter perhaps."*

*"Be more condensed, found it was a lot to retain and a bit repetitive." –*

*"Less case studies."*

*"Less clicking on different parts."*

*"Less jargon, more plain language."*

*"More activities e.g. diagrams or videos."*

*"More examples of common issues, encountered in different settings."*

*"I would prefer more actual 'real' people stories."*

*"Questions throughout the resource would be helpful to consolidate learning."*

*"Having questions at the end and a certificate."*

*"Quiz. It can feel a little overwhelming with the amount of information on the screen at the one time, possibly some quizzes to ask questions and to provoke thought and reflection."*

*"Issues with accessing the You Tube link, it was blocked by my organisation."*

*"Not all links worked for me, clearer navigation around external links."*

### **Case study 2 – Medical Appraisal training**

#### **Commendations:**

*"All the tutors were very enthusiastic, supportive, provided constructive criticism where needed. Offered useful tips and tricks, and reassured re the more challenging appraisals we were all worried about. Day 2 was great - really useful, thank you."*

*"The course tutors were excellent; Team work was good; I was grateful for feedback and for the opportunity to ask questions to the tutors; Organisation and time keeping were excellent; I think the sessions worked as well as possible via Microsoft Teams"*

*"Extremely well organised with excellent pre-course communication from the Team. IT went smoothly throughout. Supportive and respectful training process with really useful practice tips and insights from tutors. Can't think of any improvements to be made!"*

*"Very enthusiastic tutors who made the course very enjoyable. Helped me get a much clearer understanding of the process of appraisal".*



## Suggestions for improvement

*"I think there needs to be a little more insight into different learning styles - this format is not friendly to neurodiverse mindsets but I appreciate the difficulties catering to all learning styles."*

*"I wonder whether it might help to tease out the reasons why wellbeing is relevant for appraisal as there was quite a mixed view and i appreciate it can be very difficult to separate out an appropriate level of colleague support to enable them to reflect on their practice and to continue to practise safely and well from counselling. It is relatively few appraisals where this is a real issue."*

*"The Teams video failures were disappointing, but not your fault!"*

## Case study 3 – Mobile Skills Unit

- 100% of participants said training on the Mobile Skills Unit was of benefit to them.
- 90% of participants said the Mobile Skills Unit provides training they would otherwise not have access to locally.
- 99% of participants rated the Mobile Skills Unit as excellent or good

*"The 2 days immersion is perfect for the education. Joel was experienced in the topic and has a natural ability to engage everyone and make it a safe space. Lynn is passionate about the MSU and everything involved in simulation. Truly amazing."*

*"Very informative session exploring advanced communication skills, symptom management and medication used to control symptoms"*

*"Very informative refresher of casualty rescue & dealing with trauma or injured casualties. This has been a well worthwhile exercise for combined emergency services & medical support team."*

*"It allows for additional training opportunity away from clinical time. As a trainee nurse practitioner it has given opportunity for face to face training"*

*"Trauma is part of our job role, due to being located in a rural area we could potentially be left with a casualty for a considerable time frame. It is therefore important that we give every casualty the best opportunity to survive until the SAS arrive"*

*"Great mobile unit that gives a quick refresher on using equipment that could save a life."*

*"We do have simulation suites in the acute hospital but as a community directorate it can be difficult to access due to priority of bookings. The MSU brought a fantastic facility to us."*

*“Would have to travel to mainland Scotland for more in depth training opportunities. Very fortunate to have the skills bus that covers a wide range of topics that we may not get the chance to attend to due to time and geographic location.”*

#### **Case study 4 – Medical Training Development and Well-Being Service**

##### **Commendations:**

*‘TDWS service's input was excellent and a vital part of me being able to return to work following a period of absence’*

*‘Everything: appropriate support, quick responses, taking my issue seriously, regular follow up, successful outcome, very well trained staff. Excellent experience!’*

*‘Easy to access, helpful information and clear guidance for what could help me’*

*‘TDWS was very supportive and felt very personalised/person centred’*

*‘There was compassion and listening ears from the TDWS’*

##### **Suggestions for improvement:**

*‘After getting a dyslexia diagnosis no-one from TDWS contacted me, felt slightly dumped with no follow up’*

*‘Barriers in attending TDWS virtual meeting within working hours in a private space’*

*‘first assessor very unfriendly and unsympathetic... felt like I had to fight my case which was very anxiety provoking’*

The TDWS team responded to all suggestions for improvement. This included training for TDWS colleagues or changes in process.

#### **Case study 5: Enhanced Psychological Practice – Children and Young People programme**

##### **Commendations:**

*“I don't think many people or courses could have made me as comfortable when starting something completely new,...”*

*“Case studies particularly useful as feel very relevant for practice. Didn't have many options in terms of the sessions being done clinically. This was okay and didn't feel a pressure to have a 'perfect' session or case.”*

*“In general liked the case reports as really helped with theory-practice links. Handbook and case study workshops were helpful. Good lesson in being concise as this reflects clinical work “*

*“Feedback on assessment work was very helpful”*

## Case study 6: Practice-Based Small Group Learning (various modules)

### Commendations:

**Chronic Pain:** *“It was good to talk through some of the difficulties we face with this group of patients and to share ideas for problem solving. We were reminded of the importance of the doctor patient relationship the benefit of continuity of care and clear thinking in devising tailored management plans for each patient with collaboration and exploration of expectations. Patients with chronic pain can feel isolated and abandoned and it is important to provide compassionate ongoing support over time.”*

**Chronic Pelvic Pain and Endometriosis:** *“Very informative and relevant to clinical practice”*

**Climate Change and Primary Health Care** *“This module sheds light on the growing influence of climate change on population health and how primary care professionals are uniquely placed to lead change from the ground up. Through real-life scenarios and evidence-based insights, it highlights the ripple effects of environmental shifts on respiratory illnesses, mental health, and the burden of chronic disease. Rather than simply outlining the problem, it offers a hopeful and proactive approach’.*

### Further information

For further information about NHS Education for Scotland’s processes and performance in collecting feedback and handling complaints please contact:

Rob Coward, NHS Education for Scotland, Westport 102, Edinburgh EH3 9DN

Tel: 07794218816, [rob.coward@nhs.scot](mailto:rob.coward@nhs.scot)

To make a specific complaint or comment about any of our products and services please contact our corporate Complaints Team at: [complaints@nhs.scot](mailto:complaints@nhs.scot) or use our [Complaints Mailbox](#).

**NHS Education for Scotland**

**NES/25/69**

**Agenda Item: 8c**

**Date of meeting: 25 September 2025**

**NES Board**

**1. Title of Paper**

- 1.1. Caldicott Guardian 2024-2025 Annual Report

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

- 2.1. Tracey Gill, Head of Service – Information Governance & Assurance/Data Protection Officer on behalf of Gordon Paterson, Director of Social Care/Caldicott Guardian

**3. Lead Director(s)**

- 3.1. Gordon Paterson, Director of Social Care/Caldicott Guardian

**4. Situation/Purpose of paper**

- 4.1. To provide the NES Board with assurance regarding NES compliance with the Caldicott Principles.

**5. Background and Governance Route to Meeting**

- 5.1. The Caldicott Guardian has responsibility for reflecting patients' interest in the use of their data, ensuring that their information is shared appropriately and securely, and to advise on options for the lawful and ethical processing of patient identifiable data.
- 5.2. The annual report was endorsed at the NES Planning and Performance Committee in August 2025.

## **6. Assessment/Key Issues**

- 6.1. The Caldicott Guardian report provides:
- 6.2. Confirmation that no new patient data processing was undertaken in 2024-2025.
- 6.3. Overview of incidents and information breaches that involved patient identifiable data.
- 6.4. A review of activity across NES Directorates with regards to the management and processing of patient identifiable data.

## **7. Recommendations**

- 7.1. The NES Board are asked to approve the content of the report.

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### **Author to complete checklist.**

Author to include any narrative by exception in Section 6 of the cover paper.

- a) Have Educational implications been considered?
  - ☒ Yes
  - ☐ No
- b) Is there a budget allocated for this work?
  - ☒ Yes
  - ☐ No
- c) Alignment with [Our Strategy 2023 – 26 People, Partnerships and Performance](#)
  - ☐ 1. People Objectives and Outcomes
  - ☐ 2. Partnership Objectives and Outcomes
  - ☒ 3. Performance Objectives and Outcomes
- d) Have key strategic risks and mitigation measures been identified?
  - ☒ Yes
  - ☐ No

- e) Have Equality, Diversity, Human Rights and health inequality issues been considered as per [Fairer Scotland Duty: Guidance for Public Bodies](#) and Corporate Parenting as per the [Children and Young People \(Scotland\) Act 2014](#)?
- ☒ Yes  
☐ No
- f) Has an Equality Impact Assessment (EQIA) been completed or in progress for this piece of work?
- ☒ Yes  
☐ No
- g) Have you considered Emergency Climate Change and Sustainability implications as per [DL \(2021\) 38](#)?
- ☒ Yes  
☐ No
- h) Have you considered a staff and external stakeholder engagement plan?
- ☒ Yes  
☐ No

**Author name:** Tracey Gill  
**Date:** September 2025  
**NES**

# **Caldicott Guardian 2024-2025 Annual Report**

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## Introduction:

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1. *“The Caldicott Guardian plays a key operational role in ensuring that NHSScotland and partner organisations satisfy the highest practical standards for handling patient identifiable information.”<sup>1</sup>*
2. The Caldicott Guardian acts as the ‘conscience’ of the organisation and has responsibility for reflecting patients’ interests in the use of their data, ensuring that their information is shared appropriately and securely, and to advise on options for the lawful and ethical processing of patient identifiable data.
3. 2024-2025 saw a continued expansion in NES’s role and responsibilities regarding the processing of patient identifiable data. This Caldicott Guardian report will provide:
  - an outline of all new patient identifiable data processing undertaken within NES in 2024-2025.
  - overview of incidents and information breaches that involve patient identifiable data.
  - review of activity across NES Directorates with regards to the management and processing of patient identifiable data.

## New patient identifiable data processing – 2024-2025:

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4. For all new processing of patient identifiable data, Directorates are required to complete the appropriate Information Governance documentation before the system goes live. Two core assessments must be completed, a Data Protection Impact Assessment (DPIA) and a System Security Policy (SSP).
5. The DPIA aims to identify and minimise any data protection risks associated with a project, and will:
  - describe the nature, scope, context and purpose of the processing.
  - assess necessity, proportionality and compliance measures.
  - identify and assess risks to individuals; and
  - identify any additional measures required to mitigate those risks.

<sup>1</sup> [NHSScotland Caldicott Guardian’s Principles into Practice](#)

- 6. The SSP is designed to address technological risks, and to demonstrate that the appropriate technological security controls and measures are in place to ensure the safe and secure processing of patient-identifiable data.
- 7. The appropriate Information Governance impact assessments have been completed for the programmes of work detailed in this report.
- 8. NES is identified as either a ‘Controller’ or a ‘Processor’ for each of the systems within this report.

UK GDPR Article 4(7) defines a ‘Controller’ as “...*the natural or legal person, public authority, agency or other body which, along or jointly with others, determines the purposes and means of the processing of personal data...*”<sup>2</sup>

A ‘Processor’ is defined as “...*a natural or legal person, public authority, agency or other body which processes personal data on behalf of the controller.*”<sup>3</sup>

- 9. For 2024/2025 there was one new use of patient identifiable data.

Product/Application:	Directorate Responsible:
NDP Data Storage Service: Digital Dermatology	Technology Service

NDP Data Storage Service: Digital Dermatology

Description:

- 10. The NDP Data Storage Service was developed and delivered in 2024/2025 to provide data storage and integration of a national digital dermatology use case. The service stores photographs and associated metadata captured at the point of care by a procured application.

<sup>2</sup> GDPR Article 4(7)

<sup>3</sup> GDPR Article 4(8)

This data is then made available to GPs and secondary care clinicians via integration with the national SCI-Gateway referrals system. Access to the data is secured using NDP Authentication, verified by NES Assurance.

### **NES Role:**

11. NES is acting as a Processor and clinical governance rests with the territorial boards that use the service.

### **Compliance:**

12. Details of the relevant Information Governance and Security compliance documentation that has been completed.

<b>Key Documentation:</b>	<b>Details:</b>
Data Protection Impact Assessment	Completed
Data Processing Agreement	Completed – per live board
Data/Information Sharing Agreement	Completed
System Security Policy	Completed
System Security Penetration Test	Completed
Clinical Safety Assessment	Completed

## **Incidents involving patient identifiable data:**

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13. A Personal Data Breach is defined as:

*“...a breach of security leading to the accidental or unlawful destruction, loss, alteration, unauthorised disclosure of, or access to personal data transmitted, stored or otherwise processed”<sup>4</sup>*

Personal data breaches can include:

- access by an unauthorised third party.
- deliberate or accidental action (or inaction) by a controller or processor.

<sup>4</sup><https://ico.org.uk>

- sending personal identifiable data to an incorrect recipient.
- computing devices containing personal identifiable data being lost or stolen.
- alteration of personal identifiable data without permission; and
- loss of availability of personal identifiable data.

14. NES had 44 personal data breaches recorded in 2024/2025 which is comparable with 2023/2024 which saw 40 recorded breaches. Of those 44 personal data breaches seven involved patient identifiable data. Non-patient breaches are reported to the Information Assurance Forum on a quarterly basis.
15. A decision on whether to report to the Information Commissioner's Office (ICO) is determined by consideration of whether there is a personal data breach which is likely to impact on the rights and freedoms of individuals and is guided by advice from the ICO website. Only those data breaches which are regarded as having a high risk are reported. One data breach reached the threshold for formal reporting to the ICO. NES reported the incident on the 27 March 2025 with the ICO (see incident reference 2025-Q1-015 in the table below). ICO responded that no further action was required on the matter.

Personal Data Breaches Involving Patient Identifiable Information – 2024-2025				
Ref No:	Date of Breach Reported	Description	Reported to ICO	Notes
2025-Q1-015	26 March 2025	<p>Patient identifiable information within lecture material for a closed group of learners under NESGAT. Data was included as a screenshot by a contracted lecturer in 2019 who was also a lecturer for Manchester Royal Eye Hospital. Data disclosed included images of an eye scan (health condition), name, date of birth, ethnicity, gender, and location (general – Manchester). The lecturer has confirmed that the individual is still a patient at the Manchester Royal Eye Hospital in 2025.</p> <p><b>Issue time period:</b> Between 2019 – 2025 as part of cohort training – deliver to approximately 100 trainees.</p>	27 March 2025 ICO responded that no further action to be taken. Advice given.	The screenshot was removed from the training material. NES Data Protection Team wrote to Manchester University Hospital NHS Foundation Trust (of which Manchester Royal Eye Hospital is part), informing them of the breach and NES's intention to report to the ICO. No response was received from Manchester Hospital.
2025-Q1-011	31 January 2025	<p>OpenEyes patient demographic data not updated where the Boards do not have a PAS integration in place. Boards made aware. A range of solutions identified to mitigate the situation, and these were submitted to the O-EPR Governance Group.</p> <p><b>Exposure of data:</b> varies by Board</p>	No – threshold for reporting not met.	<p>The paper was submitted to the O-EPR Governance Group. The recommended option to integrate OpenEyes with the NDP Demographics Service using a CHI number search only was approved. The integration took place in April 2025.</p> <p>The solution does not fully resolve the situation based on the version of OpenEyes that is currently deployed. The Eyecare team are currently testing an upgrade to a version where the integration should fully resolve the situation.</p>

2025-Q1-007	23 January 2025	<p>Reported application error after editing an examination event involving medication management/prescribing in OpenEyes. The application error appeared when a user saved the examination after editing. The user was then unable to access that particular examination event on the patient record and had to recreate to ensure no patient data was lost. (Recreating any examination event that is no longer accessible is the recommended workaround).</p> <p><b>Issue time period:</b> May – September 2023</p>	No – NES acts a processor; it is the controlling Boards to determine if incident meets the reporting threshold.	Eyecare team identified that there was a potential for the error to occur in the database and set targets for regular monitoring. On investigation there was 11 events where the application error had occurred over 10 patients. A fix to the error is available in V9 of the software. Workarounds sent to the Boards so that the error does not lead to further incorrect, inaccurate data being recorded.
2024-Q4-050	02 October 2024	<p>Email relating to an Argyll and Bute (NHS Highland) birth notification received by an NES staff member in error.</p> <p><b>Exposure of data:</b> 1 day</p>	No – threshold for reporting not met.	NHS Highland Data Protection team notified. Email recipient within NES confirmed deletion of the email.
2024-Q3-046	11 September 2024	<p>A NES staff member on searching SharePoint discovered they had access to a site containing ward handover information (containing patient data) from NHS Grampian, where incorrect access permissions had been applied.</p> <p><b>Time period of issue:</b> unknown</p>	No – NHS Grampian to make decision on reporting to ICO.	NHS Grampian DPO contacted. Confirmation received from Grampian on 12 September that access permissions to the site had been amended.
2024-Q2-34	24 May 2024	NHS Greater Glasgow & Clyde notified NES that a Fair Warning alert had been received in relation to a NES-employed management trainee who had accessed and viewed their own patient record.	No – threshold for reporting not met.	Trainee spoken to and informed that accessing their own patient is not acceptable and against organisational policies. Trainee to complete NHS GGC&C information governance, security and data protection training as a priority.

		<b>Time period of issue:</b> Not known		
2024-Q2-029	2 May 2024	<p>An assessor viewed and listened to a radiography session with a patient confirming demographic information, while travelling in a car where an unauthorised party was able to hear the session. A colleague reported the incident as they were concerned for patients' confidentiality.</p> <p>The information verbally available was name, and date of birth. No health or other sensitive information was made available. The unauthorised person who was party to this information was driving at the time and the assessor was a passenger. The unauthorised person was a health care professional but not was not an assessor or a radiography professional.</p> <p><b>Issue time period:</b> approx. 1 hour</p>	No – threshold for reporting not met.	The assessor was spoken to and understands the concerns and that sessions should not be viewed or listened to within a public setting. The patient has been informed.

## Directorate Updates:

Function/Activity:	NES use of, exposure to, patient data	Controls	Planned Actions 2024/2025
<b>All Disciplines:</b>			
<b>TURAS Portfolios and Significant Event Analyses</b>	Risk of inadvertent inclusion of PII within TURAS Portfolio content, placement logs, case studies or similar.	<p>Trainees and practitioners made aware of the requirement to exclude PII in TURAS Portfolio content, placement logs, case studies or similar products for reflective practice.</p> <p>Trainers/Mentors raise incidents of inappropriate PII use with trainee.</p>	<p><u>Optometry:</u> In planning around the introduction of a student portfolio associated with the new Foundation Training Year, shared learning will be sought and appropriate ways of working to reduce risk of sharing identifiable material introduced.</p> <p><u>Dental:</u> Continue to inform all trainers and trainees on formal instruction as part of their induction on appropriate use of these platforms and how to prevent disclosure of inappropriate information and data.</p> <p><u>Medical:</u> Reissue of article in newsletter for new starts on importance of removing all PII from portfolio and other communications.</p>
<b>Sessional and seconded clinical staff in NES</b>	There is no additional access to PII by sessional staff (access to shared files is restricted).	<p>Management and use of patient data are governed by the Caldicott and Information Governance controls of relevant Health Board.</p> <p>Clinicians are subject to professional ethical codes including relevant patient</p>	<p><u>Medical:</u> General information around governance discussed at TPD and APGD induction and training days.</p>



		confidentiality	
<b>Trainees in Clinical Environments</b>	Trainees in clinical environments employed by NES.	It is clear that governance of the PII data in those environments is a matter for the organisation responsible for the clinical care.	<u>Dental:</u> No further action required as practice inspection confirms each practice has up to date data protection/confidentiality/information security policy as part of the CPI requirements. We confirm that all practices have a current CPI as part of the recruitment process. Review of individual processes is entrusted to the individual Health Boards.
<b>Technology Services</b>			
<b>Turas – FNP Scotland</b>	<p>Two members of NES Technology staff are the national system administrators for Turas FNP. This role allows them to view all patient records within the system. This is necessary to support the resolution of helpdesk tickets and the addition of new nurses or delivery teams within the system. One member of staff also produces analytical reports in response to ad hoc information requests from NHS Boards delivering the programme.</p> <p>A very limited number (2) NES Technology staff developing the application or providing technical responses to the most complex helpdesk</p>	<ul style="list-style-type: none"> <li>• There is a full audit database which records every instance of a record being created, edited, deleted and <i>viewed</i> by every system user. This database can be queried on demand.</li> <li>• The system administrator role can only view patient records</li> <li>• All helpdesk tickets requiring technical staff to view or make changes to patient records are logged on Atlassian Jira Service Desk – NES's Technology's Helpdesk ticket tracking system.</li> <li>• All NES Technology staff interacting directly with patient data are required to undertake annual IG training (e-learning Safe Handling Module)</li> </ul>	<p>Priorities were reviewed with the programme for 2024/25 and work is being done to complete new development requests related to Supervision Forms. Some final planning for 2025/26 is still underway and we expect to have a few extra minor changes to be undertaken. It is also expected that the technical teams will continue to support the helpdesk tickets which might involve changes to patient records.</p> <p>Information Governance and Assurance: System Security Policy and Penetration test are up to date. The DPIA and DPA are completed and administered by the Scottish Government.</p> <p>The Clinical Safety Plan is not in place; however, will be prioritised post completion of the Clinical Safety Case Reports for FNP England.</p>

	requests have access to the live database.		
<b>Turas – FNP England</b>	<p>Two members of NES Technology staff are the national system administrators for Turas FNP. This role allows them to view all patient records within the system. This is necessary to support the resolution of helpdesk tickets and the addition of new nurses or delivery teams within the system.</p> <p>A very limited number (2) NES Technology staff developing the application or providing technical responses to the most complex helpdesk requests will have access to the live database. This will be on a just-in-time basis in response to a logged request from the FNP England Programme.</p>	<ul style="list-style-type: none"> <li>• There is a full audit database which records every instance of a record being created, edited, deleted and <i>viewed</i> by every system user. This database can be queried on demand.</li> <li>• The system administrator role can only view patient records.</li> <li>• All helpdesk tickets requiring technical staff to view or make changes to patient records are logged on Atlassian Jira Service Desk – NES's Technology's Helpdesk ticket tracking system.</li> <li>• All NES Technology staff interacting directly with patient data are required to undertake annual IG training.</li> </ul>	<p>Current contract with UK Department of Health and Social Care is due to expire by the end of September 2025. There's and expectation that will be extended, but team has currently only planned work for the duration of the current contract. Data Engineering resource has been made available in July 2025 and work is underway to complete the development of new workforce forms and reports for the application. It's also expected that the technical teams will continue to support the helpdesk tickets which might involve changes to patient records.</p> <p>Information Governance and Assurance: System Security Policy and Penetration test are up to date. Clinical Safety Plan is up to date and work in progressing to complete Clinical Risk Management Plan. The DPIA is undertaken by the Department of Health and Social Care. Supplier Assurance is in place for access to NHS Spine via a third-party provider.</p>
<b>Turas Clinical Assessment Tool</b>	The Turas Clinical Assessment Tool is used across paramedic, emergency department, specialist assessment and treatment area, clinical assessment centre contexts to improve situational awareness,	<ul style="list-style-type: none"> <li>• There is a full audit database which records every instance of a record being created, edited, deleted and viewed by every system user. This database can be queried on demand.</li> <li>• The system administrator role can only view patient records.</li> </ul>	This application was taken offline in Q3 FY22/23, full decommission requires the deletion of data however this cannot be completed until the C-19 Inquiry completes as the CLO has advised that NES must retain all data until this is concluded.

	decision making, safety and handover.	<ul style="list-style-type: none"> <li>• All helpdesk tickets requiring technical staff to view or make changes to patient records are logged as items on Microsoft Azure DevOps – NES Technology's work tracking system.</li> <li>• All NES Technology staff interacting directly with patient data are required to undertake annual IG training.</li> </ul>	
<b>Turas Clinical Assessment Tool for Care Homes (TCATCH)</b>	<p>The purpose of TCATCH is to provide a consistent and structured symptom checking and assessment tool, which provides guidance on symptoms and informs local operational decision-making, aiding communication in situations where external clinical support is required.</p> <p>While care homes currently use a range of approaches based on paper and some digital tools to support and facilitate assessment of residents and escalation to external clinical support, this tool provides a reliable and consistent data set, collection method and service model.</p> <p>TCATCH provides:</p>	<ul style="list-style-type: none"> <li>• This was a limited scope pilot project with three sites and a restricted number of users.</li> <li>• All NES Technology staff interacting directly with patient data are required to undertake annual IG training.</li> </ul>	This application was taken offline in Q3 FY22/23, full decommission requires the deletion of data however this cannot be completed until the C-19 Inquiry completes as the CLO has advised that NES must retain the data until this is concluded.

	<ul style="list-style-type: none"> <li>• Safe, consistent and timely assessment and decision-making about care of suspected or confirmed COVID-19 cases in care homes.</li> <li>• Early detection of deterioration, and appropriate management, monitoring, and escalation of suspected or confirmed COVID cases.</li> <li>• Consistent, timely provision to GPs (and in NHS GG&amp;C, participating Advanced Nurse Practitioners (ANP)) of the full range of relevant information they require to give advice and make recommendations about escalated, suspected or diagnosed COVID-19 cases.</li> </ul>		
<b>Turas Vaccination Management Tool</b>	The Turas Vaccination Management Tool (VMT) is a point of care, digital vaccination management and data recording tool. It establishes a standardised, national approach to the	<ul style="list-style-type: none"> <li>• There is a full audit database which records every instance of a record being created, edited, deleted and viewed by every system user. This database can be queried on demand.</li> </ul>	The Scottish Vaccination and Immunisation Programme commissioned NSS to carry out a clinical safety case covering the usage of Turas Vaccination Management and National Clinical Data Store as recording and storage solutions for the programme in

	<p>recording of vaccination data in real time with a national agreed dataset, with completed records stored in the National Clinical Data Store (NCDS), that supports local and national reporting, analysis and research to inform responsive, clinical/public health intervention strategy.</p>	<ul style="list-style-type: none"> <li>• All helpdesk tickets requiring technical staff to view or make changes to patient records are logged on Atlassian Jira Service Desk – NES's Technology's Helpdesk ticket tracking system.</li> <li>• All NES Technology staff interacting directly with patient data are required to undertake annual IG training.</li> </ul>	<p>2024/2025. The product team provided support to NSS with this.</p> <p>A formal response to the NSS Clinical Safety Case will be issued. There were a range of recommendations made, some of which were specific to the product which are being reviewed and evaluated before improvements can be made. There are also wider recommendations that impact the entire vaccination ecosystem which require programme direction before any changes can be made e.g. defined minimum datasets.</p> <p>Information Governance and Assurance: System Security Policy and Penetration test are up to date. A DPIA and DPA are in place but are scheduled to be reviewed this calendar year.</p>
<b>National Clinical Data Store – Vaccinations</b>	<p>The NCDS is a database that holds information about vaccinations given to citizens. Currently, this only relates to Covid-19, Flu, Pneumococcal, Shingles and Pertussis. Further vaccines will be added in 2022/23.</p>	<ul style="list-style-type: none"> <li>• There is a full audit database which records every instance of a record being created, edited, deleted and viewed by every system user. This data can be queried on demand.</li> <li>• All helpdesk tickets requiring technical staff to view or make changes to patient records are logged as items on Microsoft Azure DevOps – NES Technology's work tracking system.</li> <li>• All NES Technology staff interacting directly with patient</li> </ul>	<p>In 2025/26 new vaccinations will continue to be added to NCDS, thus widening the scope of the patient data held. NES Assurance are involved to ensure this is properly managed and data is processed in a safe and secure manner. In addition, this data will be made available to members of the public directly via the new digital front door application. This access will be controlled by a new authentication service and controls will be verified by NES Assurance.</p>

		<p>data are required to undertake annual IG training.</p> <ul style="list-style-type: none"> <li>Any changes made directly to the database due to quality issues from source systems are logged in confluence with a date, time and reason.</li> </ul>	
<b>Shielding for vulnerable citizens</b>	<p>The Shielding SMS Service facilitated support to Scotland's most vulnerable citizens during the pandemic (Shielded Group circa 150k). The system has now been hibernated.</p>	<ul style="list-style-type: none"> <li>Demographics and contract details are no longer processed by NES following decommissioning of the SG shielding service.</li> </ul>	<p>Data still being retained under the 'do not destroy' notice relating to the Covid Inquiries.</p>
<b>Eyecare</b>	<p>The Scottish Government's National Ophthalmology Workstream (NOW) recognised the need for an ophthalmology Electronic Patient Record (oEPR) to reform eyecare services and to replace largely paper-based records. The electronic capture of clinical, audit and follow-up data were noted as vital to eliminating irreparable sight-loss by patients on waiting lists, and to facilitate greater shared care across the primary and secondary eyecare interface.</p>	<ul style="list-style-type: none"> <li>There is a full audit database which records every instance of a record being created, edited, deleted and viewed by system user. This database can be queried on demand.</li> <li>All NES Technology staff interacting directly with patient data are required to undertake annual IG training plus additional annual advanced IG training.</li> </ul>	<ul style="list-style-type: none"> <li>Focus on national roll out will see an increase in number of patient records held, a greater geographical spread and increased used in the community setting.</li> <li>Address demographic update issues in National Demographic Integration through upgrading to V10+ of OpenEyes software.</li> <li>Investigate the options for 'soft delete' of patient records within the system.</li> <li>Submit a NOD test extract to The Royal College of Ophthalmologists (RCOphth) for evaluation.</li> </ul> <p>Information Governance and Assurance: System Security Policy and Penetration test are up to date. An up-to-date DPIA and DPA are in place, Clinical Safety documentation is being updated in</p>

			<p>accordance with NES' clinical safety procedures.</p> <p>OpenEyes modelling did not take place due to change in strategic priorities, with emphasis on Board rollout.</p>
<b>Emergency Anticipatory Care Planning</b>	<p>Anticipatory Care Planning is about individual people thinking ahead about their care preferences should they become unwell and unable to express their wishes. The Essential ACP is a web-based form designed to capture an individual's preferences for care. It is available via the internet but is intended to capture the data during a conversation between a care professional and the individual to whom the data relates.</p>	N/A	<p>This work is on hold while strategy discussions take place at Scottish Government regarding realignment of the workload and objectives.</p>
<b>ReSPECT</b>	<p>The eACP product is being replaced by the ReSPECT application. The application is based on <a href="https://www.resus.org.uk/respect">the Resuscitation Council UK's process and form<sup>5</sup></a>.</p>	<ul style="list-style-type: none"> <li>• There is a full audit database which records every instance of a record being created, edited, deleted and viewed by every system user. This database can be queried on demand.</li> <li>• All NES Technology staff interacting directly with patient data are required to undertake annual IG training plus</li> </ul>	<p>This product will be maintained to remain safe and secure while any Future Care Planning plans are matured.</p> <p>Information Governance and Assurance: System Security Policy and Penetration test are up to date. An up-to-date DPIA and DPA are in place, Clinical Safety documentation is being updated in accordance with NES' clinical safety procedures.</p>

<sup>5</sup> Resuscitation Council UK ReSPECT - <https://www.resus.org.uk/respect>

		additional annual advanced IG training.	
<b>NDP Demographics Service</b>	The NDP Demographics Service provides a gateway for products using the National Digital Platform to access demographic data from the NextGate EMPI deployed within NES AWS infrastructure. The Service only allows read access to the data stored in the NextGate EMPI.	<ul style="list-style-type: none"> <li>• Calls to the Service are logged by the NDP Audit Service.</li> <li>• All NES Technology staff interacting directly with patient data are required to undertake annual IG training plus additional annual.</li> </ul>	<p>Service rebranded to NDP Demographics Service to simplify understanding. It is expected that more applications will use this service to access patient demographics during 2025/26.</p> <p>In 2025/26 this data will be made available to members of the public directly via the new digital front door application. This access will be controlled by a new authentication service and controls will be verified by NES Assurance</p>
<b>SCI Diabetes</b>	<p>SCI Diabetes provides a comprehensive clinical support tool for the management of diabetes and for reporting of national diabetes care outcomes.</p> <p>An audit database is available for local Board reporting. Access is limited to a small number of users authorised by the Board Caldicott Guardian as the users have access to all records for their own Board.</p>	<ul style="list-style-type: none"> <li>• There is a full audit database which records every instance of a record being created, edited, deleted and viewed by every system user. This database can be queried on demand.</li> <li>• All NES Technology staff interacting directly with patient data are required to undertake annual IG training.</li> </ul>	<p>There are three planned releases in the year, June 2025, September 2025, and February 2026.</p> <p>The SCI-Diabetes Oversight Group and the Scottish Diabetes Group help to define the priorities of work.</p> <p>The migration to cloud hosting did not take place in 2024/2025. It is now scheduled for some time in the next 12 months. The migration plan, testing, controls and rollback will be shared with the Health Boards as Controllers. The cloud environment will be subject to vulnerability testing prior to the live data being migrated.</p> <p>DPIA and SSP are up to date, but all governance documentation will be reviewed and revised as part of the cloud migration.</p>



<b>NDP Routing Service</b>	<p>This service facilitates the movement of information between NHS Scotland systems of record (clinical and administrative systems) on the SWAN network and digital service providers who offer applications located on the internet. The service allows information to flow in both directions from Health Boards to third party service providers and from third party service providers to Health Boards.</p>	<ul style="list-style-type: none"> <li>• Health Boards and NSS are sighted on use of the NDP Routing Service.</li> <li>• Applications making use of the service are required to have updated all of their compliance documentation before sending patient data.</li> </ul>	<p>In 2025/26 NES it is expected that more services will use the NDP Routing Service which will lead to more patient data passing through, but governed in a sustained, safe and secure manner.</p> <p>In addition, in 2025/26 appointments data that passes through this service may be made available to members of the public directly via the new digital front door application.</p> <p>This application will be controlled by a new authentication service and controls will be verified by NES Assurance.</p>
<b>Severe Acute Respiratory Infection (SARI)</b>	<p>As an extension of the Scotland response to the global coronavirus pandemic, this SBAR-style assessment tool was developed for use as a pilot in the Queen Elizabeth University Hospital (QEUH), Glasgow in a number of specialist areas e.g. Emergency Department (ED), Specialist Assessment and Treat Area (SATA), Acute Receiving Unit (ARU), to improve the assessment and treatment of patients who present with respiratory issues that are not Covid-19 related.</p> <p>The Turas SARI application will act as a data collection tool</p>		<p>This application was taken offline in Q3 FY22/23, full decommission requires the deletion of data however this cannot be completed until the C-19 Inquiry completes as the CLO has advised that NES must retain all data until this is concluded.</p>

	<p>in the clinical areas for a six-month research project being undertaken between October 2021 – March 2022; the research team are staff members of NHS Greater Glasgow &amp; Clyde, the University of Glasgow and Public Health Scotland (PHS).</p> <p>The research teams will be reviewing the data on an ongoing basis and a final data extract will be passed (to Safe Haven) to the research team of final analysis and write up.</p>		
<b>Weight Management Tool</b>	<p>The application provides a solution for the collection, collation and reporting of the Core Dataset for Tier 2 and Tier 3 Weight Management Services for Children/Young People and Adults for weight management services across 13 Health Boards and The State Hospital (excluding NHSGGC).</p> <p>The data collection is used for local reporting and by PHS for national statistical and public health reporting. It is not intended that the data are used for clinical purposes.</p>	<ul style="list-style-type: none"> <li>• There is a full audit database which records every instance of a record being created, edited, deleted and viewed by every system user. This database can be queried on demand.</li> <li>• All NES Technology Staff interacting directly with patient data are required to undertake annual IG training.</li> <li>• PHS (Public Health Scotland) does not have access to the system. The Boards are responsible for extracting the data and securely sending the data to PHS.</li> </ul>	<p>There will be approximately three releases during the year depending on the number of change requests agreed by the Change Control Board. The scope of the developments is dependent on available Scottish Government funding.</p> <p>DPIA and SSP are up to date. Last penetration test took place in October 2024. A new one is to be scheduled for around October 2025.</p>

<b>Medicine</b>			
<b>Resident Doctors in Training</b>		All resident doctors in training governed by the Lead Employer model which confirms that resident doctors are subject to local placement board data and clinical governance policies (including local GP Practice policies) and PII not shared with NES medicine.	Reminder to all trainees to exclude PII when using e-portfolio on Deanery website
<b>Dental</b>			
<b>Dental Care Professionals: Orthodontic Therapy</b>	Video recordings of a range of clinical orthodontic procedures being provided to patients by the dental team.	<p>DPIA completed by the IG team and approved by NES DPO June 2021.</p> <p>Patient Information Leaflet created. Written consent obtained from patient and staff involved in video using NHS Consent Form.</p> <p>Video stored securely on SharePoint. Access to files is restricted. Videos will not be made available to attendees at any point and only will be shown during live training sessions.</p> <p>Videos removed after three years or removed earlier if requested by patient.</p>	DPIA to be reviewed annually.
<b>Significant Event Analyses</b>	On rare occasions, the final report submitted for an enhanced Significant Event	Significant event analysis does not require the presentation of identifiable information, and only	Senior Admin Officer from CPD workstream provides guidance to SEA reviewers on examples of potential identifiable

	analysis (eSEA) project may include information which has the potential to identify a patient, or practice. It may even name a patient, a practice or a member of the dental team.	very rarely would such a situation occur.  Reviewers/advisers would return such projects to the author, suggesting modification to the content which would eliminate identifiable information.	information, and to outline the process for returning such submissions for modification.
<b>Trainees/dentists in Clinical Environments</b>	<p>During study days/CPD events, delegates will often be encouraged to share experiences, particularly when these events are held face to face, and these discussions have the potential to identify a patient.</p> <p>Additionally, CPD and VT events often involve participants bringing examples (radiographs/models etc) from practice, and these should both be anonymised and stored in anonymised folders.</p> <p>Transport of such materials to the event should be through encrypted media or secure email (e.g. nhs.scot)</p> <p>Orthodontic Therapy trainees: Case Presentations include photographic images (including extra oral images). Written Patient Consent is</p>	CPD and VT Advisers are often included in these events as moderators and will give guidance to participants on the use of anonymised examples to illustrate points made.	<p>Continue to circulate important information document to all speakers regarding guidance. NES Educational staff are aware of content of information when facilitating an educational event and discussions.</p> <p>Advise dental trainees as part of induction and in advance of study days to anonymise, securely store and transport materials appropriately.</p>

	obtained, and documentation is reviewed during the Practical Appraisal process. Cases are accessed via the Orthodontic Therapy MS teams' private channel, so they are secure. They are then submitted to the Royal College of Surgeons Edinburgh (RCSEd) via a secure link as a component of the summative assessment.		
<b>Presentations in CPD Events</b>	A significant number of CPD/VT/DCT/Optomety speakers are not NES employees and may use slides depicting clinical situations. Depending on the subject matter of the images, these have the potential to contain patient identifiable information	The majority of presenters are professional registrants (e.g. GDC, GOC) and are already aware of their responsibilities in relation to protection of sensitive information, but issues may arise through innocent mistakes. CPD, VT and DCT Advisers, along with Optometry Postgraduate Tutors, are expected to communicate with their speakers to ensure that they are aware of their responsibilities.	Information sheet to presenters/contributors and code of conduct has been produced and will be shared with presenter/contributor by Adviser/Tutor prior to contract being issued to ensure responsibilities are understood in advance. Any handouts shared with trainees are in PDF format and have PII removed. If recorded and presentations do contain any PII, recordings are edited to remove this and the original file recording is deleted.
<b>Remediation Support</b>	On rare occasions, the reports/audits/case-based discussions submitted for reflection and completion of a remediation support package may include information which has the potential to identify a patient, or practice. It may even name a patient, a	Reviewers would return such documents, suggesting modification to the content which would eliminate identifiable information.	Remind reviewers of the guidance in relation to PII.

	practice or a member of the dental team.		
<b>Pharmacy</b>			
<b>Trainees in Clinical Environments</b>	Trainees in clinical environments are not employed by NES.	<p>Pharmacy Foundation Training Year (previously PRPS) trainees, as part of core training approaches, are continually reminded that any case study material brought from practice and discussed at tutorials must have all PII removed. Tutorial Facilitators undertake proactive screening for any PII.</p> <p>Trainee pharmacists are reminded that collated patient feedback must be anonymous, destroyed correctly and not be uploaded to ePortfolio.</p> <p>Trainees and supervisors are reminded that assessment tools including Supervised Learning events must not include PII.</p> <p>The employers agreement with NES confirms that clinical governance responsibility lies with the employer for the trainee pharmacist.</p>	As part of the new FTY portfolio build ensure that all evidence/assessment forms have warnings to 'not include PII'.
<b>Psychology:</b>			
<b>Psychology of Parenting Project (PoPP)</b>	PII held on the PoPP database includes data on the children and families enrolled in the	PII can only be accessed via a password protected role-based user account.	There are no further planned changes for 2025/2026.

	<p>national programme. The data is required to assess impact and reach.</p> <p>Arrangements are in place between the NHS National Services Scotland (NSS), Public Health Scotland (PHS) and NES regarding storage and use of PoPP data held in the PoPP Database. The data is owned by NES, and the database has been built and maintained by NSS/PHS and is in the process of being moved from PHS to NES.</p>	<p>Relevant staff are aware of their responsibilities to maintain confidentiality and have completed all necessary IG/Security training.</p>	
<b>Physical Health</b>	<p>Videos of staff interviewing patients are embedded within a suite of PATH and BASU e-learning modules.</p> <p>We also have videos on Vimeo of a patient volunteer who plays an actor in our suite of B Videos.</p> <p>A patient focus group holds recordings of patient discussing ideas for a new learning resource (PIPER project).</p> <p>A single patient engaged in a focus group for a new learning</p>	<p>Filming and consent procedures for both projects were fully approved by Business staff and Information Governance staff. The consent forms and audio recordings are stored in the Restricted drive on the Physical Health Workstream SharePoint site, as per protocol, and these files are only accessible by a small cohort of staff in Psychology Directorate.</p>	<p>There are no planned actions for any patient data to be stored in the financial year 2025/2026.</p>

	resource in Chronic Pain (FAWT resource).		
<b>Multisystemic Therapy (MST)</b>	<p>A single member of staff employed by NES but works in partnership with MST UK &amp; Ireland to provide consultation and quality assurance to MST teams. The staff member has access to PII via internet-based sharing systems administered and upheld by MST UK &amp; Ireland, MST services or Local Authorities in which teams are imbedded. Has access to and stores limited PII on NES systems in the following ways:</p> <ul style="list-style-type: none"> <li>• The staff member has been using MS Teams and Skype for Business to undertake weekly consultations with MST teams, there are recorded on a digital recorder and uploaded using NES laptop to an MST UK administered website then deletes recording from device and laptop.</li> <li>• Accesses clinical paperwork (limited PII) via internet-based system administered and upheld by MST UK&amp;I and then</li> </ul>	<p>NES and MST UK&amp;I have Information Sharing Protocols in place with Local Authorities implementing MST. MST data reports and clinical documents are accessed through a secure web portal administered and upheld by MST UK and MST Services. Consultation recordings are uploaded to a secure web portal and then immediately deleted from the device and NES laptop; files remain available in the recycle bin for 90 days then become unrecoverable. The use of MS Teams and Skype for business to support home working during Covid-19 restrictions has been agreed by all parties involved and is compliant with current local and National guidance. PII is shared only with the minimum required information. Staff member completes the mandatory 'Safe Information Handling' course annually. Regular contact with the NES Information Governance Manager takes place where any guidance is required in the processing of information requests.</p>	<p>There are no planned changes for MST in 2025/2026.</p>



	<p>produces handwritten clinical notes - <i>During COVID-19 restrictions these have been held in a locked filing cabinet, in a locked home office</i> – these will be digitised and uploaded to NES OneDrive for archiving and paper notes will be disposed of when access to the office is permitted via confidential waste.</p> <ul style="list-style-type: none"> <li>• Develops and stores supervision development plans with staff identifiable information on OneDrive.</li> </ul> <p>During Covid-19 restrictions, the staff member has been using MS Teams and Skype for Business to undertake weekly consultations with MST teams. These calls are recorded and then uploaded to the internet-based system administered and upheld by MST UK&amp;I and immediately deleted from NES laptop.</p>		
<b>EPP Consultations with patients</b>	<p>Patient consultations are video recorded for review by EPP Trainees during and following training in their workplace. This is an important part of learning for EPP who are training to be or are qualified</p>	<p>Patients sign a consent form (based on GMC guidance) pre and post consultation and are free to ask the EPP Trainee to delete their consultation at any time thereafter.</p>	<p>All learners will be:</p> <ul style="list-style-type: none"> <li>• Provided with guidance on Information Governance and Caldicott requirements as part of clinical governance within their roles, and the submission on their assessments within the programme.</li> </ul>

	<p>practitioners with educational emphasis on patient centred consulting.</p> <p>Peer reviews of consultations and recording of consultations of patients is carried out in line with Once of NES Standard Operating Procedures compiled with NES Digital and Information Governance approval of technology, processes and documentation.</p> <p>Caldicott requirements and Code of Conduct on Confidentiality are elements of the EPP education programme (Module 1 Engagement &amp; Assessment of Common Mental Health Problems). EPP trainees and tutors are advised that any submissions, paper or electronic, do not include PII. Caldicott requirements and Code of Conduct on Confidentiality will be formally covered in trainee and tutor training.</p>	<p>A new process has been agreed with NES Technology and Information Governance.</p> <p>EPP trainees are continually reminded that any case study material brought from the practice and discussed at tutorials must have all PII removed. Tutorial facilitators undertake proactive screening for any PII.</p>	<ul style="list-style-type: none"> <li>• Taught skills in obtaining informed consent and are clear on the procedures for developing, sharing and storing consultation recordings as academic submissions.</li> <li>• Admin staff and Educators will regularly check compliance with governance arrangements and ensure no PII is included in academic submissions.</li> </ul> <p>No planned changes for 2025/2026.</p>
<b>CYP-EPP Course</b>	<p>Patient consultations are video/audio recorded for review by EPP Learners during their training in the workplace. This is an important way in</p>	<p>EPP Learners are instructed to follow local health board policies in relation to obtaining informed consent as well as in relation to the correct procedures when making, storing, and submitting</p>	<p>Change in terminology EPP learner to Psychological Interventions Assistant Trainee (PIAT).</p>

	<p>which clinical competencies are developed and evaluated.</p> <p>Assessed academic components of the course include 2 x case studies and 2 x recorded patient consultations.</p>	<p>recordings for review. Children, young people, and their families will be made aware they have a right to refuse or withdraw consent at any time. Their consent will be formally documented in writing in accordance with health board policy.</p> <p>It is made clear to EPP Learners through verbal instruction and the Course Handbook that any case study material and video recordings must have all PII removed. The course team will undertake proactive screening for any PII during review of submitted coursework.</p> <p>Caldicott requirements and Code of Conduct on Confidentiality and Consent are formally covered elements of the EPP course (Module 1) and are also outlined in the Course Handbook.</p> <p>A new process has been agreed with NES Technology and Information Governance in relation to standardised procedures for review of patient consultations, including approval of technology, processes and documentation.</p>	
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		All course staff are aware of their responsibilities and follow NES procedures in relation to data protection, confidentiality and privacy.	
<b>Trainees in Clinical Environments</b>	None	<p>Management and use of patient data are governed by the Caldicott and Information Governance controls of the relevant Health Board or Practice. Trainees in all disciplines are required to complete appropriate IG training by employing/hosting Board.</p> <p>(Psychology) Trainees are given guidance centrally by the Programme before moving to the clinical environment including confidentiality, data protection, record keeping etc. Further guidance given within Board mandatory induction training. Governance is delivered through Board IG systems, further enhanced through regular checks by the Programme with clinical supervisors on trainee adherence (recording of notes etc). Trainees engaging in evaluation/research will seek advice directly from Board Caldicott for advice/direction on use of information.</p>	Continue current controls. No planned changes for 2025/2026.

<b>Portfolio</b>	Risks of inadvertent inclusion of PII within ePortfolio content, placement logs, case studies or similar.	<p>Trainees and practitioners made aware of the requirement to exclude PII in TURAS Portfolio content, placement logs, case studies or similar products for reflective practice.</p> <p>Trainers/mentors raise incidents of inappropriate PII use with trainee.</p>	Continuation of current practices to manage risk of inadvertent inclusion of PII in TURAS Portfolio. No planned changes for 2025/2026.
<b>Health Care Science (HCS)</b>			
<b>Trainees in Clinical Environments</b>	Trainees in clinical environments are not employed by NES.	<p>During the course of their studies, HCS trainees will be reminded that any case studies utilised during their training must adhere to national legislation and comply with PII.</p> <p>All trainees will adhere to NHSScotland policies and undertake essential learning for Data Protection, UK GDPR, and Caldicott.</p>	
<b>Presentations in CPD Events</b>	NES HCS team hold spotlight sessions where trainees are provided with the opportunity to present topics from their speciality. These sessions are recorded and hosted on the HCS website. These sessions have the potential to contain PII.	All trainees will adhere to NHSScotland policies and undertake essential learning for Data Protection, UK GDPR and Caldicott and are aware of their responsibilities in relation to protection of sensitive information.	All recordings are edited to ensure that they do not contain any PII and the original file recording is deleted.

<b>National Event</b>	An annual online event is hosted by NES HCS Team where a range of presenters participate over two days.	All presenters will adhere to NHSScotland policies and undertake essential learning for Data Protection, UK GDPR and Caldicott and are aware of their responsibilities in relation to protection of sensitive information.	All recordings are edited to ensure that they do not contain any PII and the original file recording is deleted.
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**NHS Education for Scotland**

**NES/25/70**

**Agenda Item: 09**

**Date: 25 September 2025**

**NES Public Board**

**1. Title of Paper**

- 1.1 Committee Membership Changes

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

- 2.1 Drew McGowan, Board Secretary & Principal Lead Corporate Governance

**3. Lead Director(s)**

- 3.1 Karen Reid, CEO and Accountable Officer

**4. Situation/Purpose of paper**

- 4.1 This paper outlines the recent changes to the Board's committee membership for homologation by the Board.

**5. Background and Governance Route to Meeting**

- 5.1 The Chair, in accordance with the Standing Orders, is responsible for appointing members to the Board's committees and ensuring each committee has the right balance of skills and experience to fulfil their respective terms of reference.

**6. Assessment/Key Issues**

- 6.1 Sections 9.2 and 9.3 of the Standing Orders outline the Chair's role in appointing Board members to committees. Following consultation with Board members, the Chair decided that:

- Ally Boyle, who will remain a member of the NES Board following his appointment as Chair of Public Health Scotland, would step down from the Audit & Risk Committee and the Turas Refresh Programme Board, effective from 4 September 2025;
- Shona Cowan would be appointed to the Audit & Risk Committee and the Turas Refresh Programme Board, effective from 4 September 2025; and
- Shona Cowan would step down from the Education & Quality Committee, effective from 12 September 2025.

6.2 Sections 9.7 of the Standing Orders outline that the appointment of co-opted members to committees is approved by both the Board and the Accountable Officer.

6.3 Angus McCann was previously appointed to serve as a co-opted member of the Technology & Information Committee and the Turas Refresh Programme Board from 1 September 2024 to 31 August 2025. The Chair has reappointed Angus to serve as a co-opted member of the Planning & Performance Committee and the Turas Refresh Programme Board from 1 September 2025 to 31 March 2026.

## 7. Recommendations

7.1 The Board is recommended to homologate these membership changes.

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**Author to complete checklist.**

**Author to include any narrative by exception in Section 6 of the cover paper.**

**a) Have Educational implications been considered?**

- ☒ Yes  
☐ No

**b) Is there a budget allocated for this work?**

- ☒ Yes  
☐ No

**c) Alignment with [Our Strategy 2023 – 26 People, Partnerships and Performance](#)**



- ☒ 1. People Objectives and Outcomes
- ☒ 2. Partnership Objectives and Outcomes
- ☒ 3. Performance Objectives and Outcomes

**d) Have key strategic risks and mitigation measures been identified?**

- ☒ Yes
- ☐ No

**e) Have Equality, Diversity, Human Rights and health inequality issues been considered as per [Fairer Scotland Duty: Guidance for Public Bodies](#) and Corporate Parenting as per the [Children and Young People \(Scotland\) Act 2014](#)?**

- ☒ Yes
- ☐ No

**f) Has an Equality Impact Assessment (EQIA) been completed or in progress for this piece of work?**

- ☐ Yes
- ☒ No

**g) Have you considered Emergency Climate Change and Sustainability implications as per [DL \(2021\) 38](#)?**

- ☒ Yes
- ☐ No

**h) Have you considered a staff and external stakeholder engagement plan?**

- ☒ Yes
- ☐ No

NES  
DMcG  
September 2025

## NHS Education for Scotland

## EDUCATION &amp; QUALITY COMMITTEE

08 May 2025 from 10:15am to 12:45pm

Approved minutes of the nineteenth meeting of the Educational & Quality Committee (EQC) held on Thursday 08 May 2025 as a hybrid meeting, in person at the Westport Office, Edinburgh and via Microsoft Teams

**Present:** Annie Gunner Logan, Committee Chair, Non-executive Director  
 Olga Clayton (OC), Non-Executive Director  
 Shona Cowan (SC), Non-Executive Director  
 Nigel Henderson (NH), Non-Executive Director  
 George Valiotis (GV), Non-Executive Director

**In Attendance:** Jan Clarkson (JC), Associate Postgraduate Dental Dean  
 Rob Coward (RC), Principal Educator, Executive Secretary  
 Lindsay Donaldson (LD), Deputy Medical Director  
 Chris Duffy (CD), Senior Admin Officer, Minute-Taker  
 Jess Elsey (JE), Head of Programme, Organisational Development  
 Fiona Fraser (FF), Associate Director, Innovation  
 Janice Gibson (JG), Associate Director, Organisational Development  
 Clair Graham (CG), Head of Programme, NHS Scotland Academy (NHSSA)  
 Louise Harker (LH), Boardroom Apprentice  
 Debbie Lewsley (DL), Manager, Planning and Corporate Resources  
 Clare McGuire (CM), Head of Programme  
 Ryan Reed (RR), Head of Programme NHSSA, Learning & Innovation  
 Lee Savarrio (LS), Dental Director  
 Jeanette Stevenson (JS), Associate Director, NHSSA  
 Emma Watson (EW), Medical Director and joint EQC Executive Lead  
 Karen Wilson (KW), Executive Director of Nursing, Deputy CEO and joint EQC Executive Lead

<b>1.</b>	<b>Welcome and Introductions</b>
1.1	The Committee Chair welcomed all to the meeting.
<b>2.</b>	<b>Apologies for absence</b>
2.1	Apologies were received from Committee member Nigel Henderson, Non-Executive Director.
2.2	Apologies were received from Karen Reid, Chief Executive and Accountable Officer, Kevin Kelman, Director of NHSSA, Learning & Innovation and Gordon Paterson, Director of Social Care.

<b>3.</b>	<b>Notification of any other business</b>
3.1	There were no notifications of any other business.
<b>4.</b>	<b>Declarations of interest</b>
4.1	There were no declarations of interest in relation to the items of business on the agenda.
<b>5.</b>	<b>Draft Minutes of the meeting held on 6 March 2025</b>
5.1	The Chair invited the Committee to review the draft minutes from the 6 March 2025 EQC meeting.
5.2	The Committee approved the draft minute with no amendments required.
<b>6.</b>	<b>Action Status Report and other matters arising</b>
6.1	The Chair invited the Committee to review the action status report and asked the Committee to note that it contained 11 completed actions with 2 actions in progress.
6.2	The Committee approved the action status report and noted the in-progress actions.
<b>7.</b>	<b>Education &amp; Quality Executive Leads Report</b>
7.1	The Committee Chair invited Karen Wilson and Emma Watson to introduce the report. Karen Wilson firstly highlighted to the Committee that an action from the last Committee meeting was to review the purpose and recommendation of the Lead Executive Report. The purpose now reads, The Education & Quality Lead Officer's report is a descriptive account of NES educational and quality work since the last report, including impact/outcome/evaluation data where available. It is part of a wider suite of information provided to Board members for assurance, including the Strategic KPIs, Annual Reports, externally regulated programme reports, complaints, etc. It highlights key strategic issues and other updates relating to education and quality, which are not already reported through the agenda of business for the meeting. The Recommendation is now, The Committee are asked to confirm its assurance with the quality, performance and management of education and training activities featured in the Education & Quality Lead Officers' report and the papers scheduled for that meeting. The Committee will confirm this when they review Committee effectiveness at the end of each meeting.
7.2	Emma Watson drew attention to the excellent attendance at the medical appraisers conference in February, NES deliver the appraisal platform and the training of appraisers. Also, the successful recruitment in core and specialty training. The recent report by Healthcare Improvement Scotland (HIS) on NHS Greater Glasgow and Clyde's (NHSGGC) Emergency Departments reveals

	significant systemic issues. NES will be working collaboratively with NHSGGC to support and impact change across the system.
7.3	Janice Gibson highlighted the leadership development work contained within the report, including the operational leaders leadership success profile.
7.4	The Committee Chair thanked colleagues for the report, including the evaluation evidence. The report was then opened to Committee members for comment and questions.
7.5	The Committee raised the NHSGGC report and asked what the ask of NES is? Emma Watson confirmed there is a Board Development ask and Janice Gibson confirmed there is also an ask in leadership delivery for clinical and non-clinical leaders.
7.6	The Committee asked if NES have the capacity to take additional work forward within existing resources. Janice Gibson confirmed that Claire Sweeney, Principal Lead for Board Development is in discussion with the Scottish Government sponsor team. At the moment it looks as though this will be absorbed through existing resources, however if it cannot be it will be raised to the Executive Team through the corporate radar. The Committee requested that this is also reported to the Board Development Reference Group and Janice Gibson confirmed this will be added to the next meeting agenda. <b>Action: JG</b>
7.7	The Committee referenced medical recruitment and asked if there are any areas of concern the Committee should be aware of. Emma Watson responded, the number of core and specialty trainees has grown since 2019. As the recruitment places have grown so have the number of applicants. Linday Donaldson co-chairs a delivery group which looks extensively at data on the number of training places required to get the right size of consultant workforce. Not every UK Medical Graduate will become a consultant, and doctors are required at all levels. One issue is, are we recruiting people who want to stay and work in the UK. NES are also promoting a move towards whole-time equivalent recruitment.
7.8	The Committee asked if NES Quality Management visits are all online. Emma Watson confirmed that most are online but there are still in-person visits. A visit will be risk assessed as to whether it should online or in person.
7.9	The Committee noted there hasn't been an update on NES as a credit rating body. Karen Wilson confirmed that an update will brought to the next Committee meeting. <b>Action: RR</b>
7.10	The Committee requested a further update on Career Pathway Planning, particularly the development of pathways around apprenticeships. <b>Action: KK</b>
7.11	The Committee confirmed the report provided the necessary assurance.
7.12	The Committee Chair thanked all who contributed to this comprehensive report and Rob Coward agreed to add a robust index to the report going forward. <b>Action: RC</b>

8.	<b>EQC Strategic Key Performance Indicators (SKPIs)</b>
8.1	The Committee Chair invited Karen Wilson to introduce this report which highlighted the strategic key performance indicators relevant to the EQC. Karen Wilson introduced Debbie Lewsley to the Committee who is now the lead for SKPIs.
8.2	Debbie Lewsley reported that for quarter four data has been recorded for 7 SKPI metrics. There has been one new SKPI reported this quarter, SKPI29b – <i>‘Number of collaborations to support employability and engagement of young people’</i> . This replaces SKPI29a – <i>‘Number of young people participation on a school-based pilot pathway’</i> which was closed. The development of the RAG parameters for this measure will be set prior to Q1 2025/26 reporting. Two of the annually reported SKPI’s were due for reporting this quarter, however the data for these measurements was not available. Data will be provided for Q1 2025/26 reporting.
8.3	<p>The Committee were asked to consider and approve proposed changes to SKPI reporting listed below.</p> <p>SKPI21b – <i>‘% of learner products which include value based health and social care’</i></p> <p>It is expected that this measure will continue to be reported at n=7 as NES’ Quality Improvement team has completed its Scottish Government commission for the development and deployment of values based health and care e-learning modules. The Committee were asked to consider if this should now be reported on an annual basis instead of quarterly.</p> <p>It was also proposed that the SKPIs below should be reported biannually instead of quarterly.</p> <ul style="list-style-type: none"> <li>• SKPI23 – <i>‘Number of education, research and strategic collaborations’</i>.</li> <li>• SKPI24 – <i>‘Number of innovation initiatives invested in, including in collaboration with other stakeholder organisations’</i>.</li> <li>• SKPI29b – <i>‘Number of collaborations to support employability and engagement of young people’</i>.</li> <li>• SKPI30 – <i>‘Number of NES programmes of education and training which are SCQF credit rated’</i>.</li> </ul>
8.4	<p>The Committee approved the proposed changes to reporting and the report was opened for further comment and questions.</p> <p>The Committee asked if the increase in non-completion rate for Dental funded trainees could be explained. Lee Savarrio confirmed this could be due to a variety of reasons for example maternity leave or sickness. Small numbers of extension to training can affect the data.</p>

8.5	The Committee approved the SKPI report and thanked colleagues for incorporating previous feedback into the latest version of the report.
<b>9.</b>	<b>NES Learning and Education Research and Innovation Plan</b>
9.1	The Committee Chair welcomed Fiona Fraser and Jan Clarkson to introduce the NES Learning and Education Research and Innovation Plan. In 2024, NES approved its first Learning and Education Strategy. To support NES's transformation and the implementation of the NES Learning and Education Strategy, the Learning and Education Research and Innovation Plan outlines an initial set of key actions. These actions are cross-cutting areas of work which impact on all three of the strategic themes – People, Partnership and Performance – and require participation and engagement from all NES Directorates.
9.2	The Research and Innovation Plan outlines how NES will work with staff, learners, partners and stakeholders to deliver its ambitions for research and innovation, using technology and innovation to improve education and learning and a better and more sustainable future for health and social care. The Research and Innovation (R&I) Plan was approved by the NES Executive Team on 29 April 2025.
9.3	The Committee Chair opened the paper for questions and comment.
9.4	The Committee congratulated authors on a great document and asked if the plan is restricted to learning activities and pedagogical research or is it much broader? Karen Wilson replied, it is for all of the business of NES but with a key focus on pedagogical research. Fiona Fraser added, the plan applies to the whole system and NES core business.
9.5	The Committee asked if the ambitions of the plan can be achieved and if there any timelines associated this work that are being monitored? Fiona Fraser confirmed achievability, capacity and resource have all been scoped as part of the development of the plan. SMART targets have been set within action areas 105 of the plan, these will help with reporting, outputs are identifiable and linked to other targets within NES. The Committee requested a further update at the next meeting on the action areas containing timescales. <b>Action: FF/JC</b>
9.6	The Committee suggested in key considerations it would be useful to add continuous quality improvement and people. <b>Action: FF/JC</b>
9.7	The Committee approved the NES Learning and Education Research and Innovation Plan.
<b>10</b>	<b>NHS Scotland Academy Education and Quality Governance Annual Report</b>
10.1	The Committee Chair invited Jeanette Stevenson and Clair Graham to introduce this report that provided the Committee an opportunity to scrutinise the educational governance of the work of the NHS Scotland Academy.

10.2	The report contained two sections, the first provided context for programme review and the second provides the programme review for each programme that has been live over the preceding 12 months.
10.3	The Committee Chair thanked NHS Scotland Academy colleagues for an exemplary paper containing evaluation, feedback, data and impact. The report was then opened for discussion and questions.
10.4	The Committee asked how assurance can be provided that the academy programmes are reaching the right people as it appears that some larger boards are not showing high numbers of participation. Jeanette Stevenson responded, this report focusses on the educational governance of the academy. The NHS Scotland Academy Executive Programme Group has a focus on uptake, participation numbers and engagement. Every board does engage with the academy and every board is consulted as part of the design process for programmes. Some boards have more interest in particular programmes than others. A one-page flyer has been produced for each territorial health board that highlights the number of learners on each programme and where the gaps are.
10.5	The Committee noted a lot of positive feedback from learners and patients within the report and asked if there were any areas for improvement or more constructive feedback. Clair Graham confirmed that within the individual programme reviews they contained more feedback which does include constructive criticism. It was also confirmed that after each individual programme delivery the feedback is reviewed to make iterative improvements to the programmes. Overall, the feedback is very positive, the programmes have been co-designed, relevant and adding value to tricky workforce areas.
10.6	The Committee confirmed the report provided the necessary assurance and thanked NHS Scotland Academy colleagues for all their work in this area.
<b>11</b>	<b>Learning and Education Quality System – Update on implementation</b>
11.1	The Committee Chair invited Ryan Reed to introduce this report which provided an update on the implementation of the NES Learning and Education Quality Policy, as requested by EQC. Education and Quality Committee (EQC) previously agreed policy positions, which are now informing development, testing and implementation activity within the Learning and Education Quality System (LEQS) programme - a NES Corporate Improvement Programme (CIP).
11.2	The Committee Chair opened the report for comment and questions.
11.3	The Committee asked a question in relation to section 6.3f in the report and involving people and communities (IPC) workstream. The Committee asked why there was a reference to introducing the IPC framework in a ‘safe’ way. RR responded, some of the approaches within the draft IPC framework require NES staff to work with and safeguard individuals. The safeguarding policy will follow on from the framework to make sure NES has a robust process.

11.4	The Committee recognised that some timelines have been added to the Dashboard annexe but asked for more timelines to be added where possible. <b>Action: RR</b>
11.5	The Committee noted the update.
<b>12.</b>	<b>Education &amp; Quality Strategic Risks</b>
12.1	The Committee Chair invited Rob Coward to introduce the report.
12.2	Rob Coward advised that there is 1 strategic risks relevant to EQC and there have been no significant changes to the report since it was last reviewed by EQC.
12.3	The Committee noted that controls 4 and 5 are in the wrong order and could the formatting be updated. <b>Action: RC</b>
12.4	The Committee noted the report and confirmed that the risks delegated to EQC are managed effectively.
<b>13.</b>	<b>Education and Quality Committee Annual Report 2024/25</b>
13.1	The Committee Chair invited Karen Wilson to introduce this report which invited the Committee to review the work of the Committee over the last financial year, offer any amendments and approve the report for onward sequencing to the Audit and Risk Committee.
13.2	It was clarified that Louise Harker holds observer status on this Committee is not a member of the Committee, this will be updated in the report. <b>Action: CD</b>
13.3	The Committee approved the Annual Report.
<b>14.</b>	<b>Clinical and Care Assurance Group (CCAG) – Verbal Update</b>
14.1	The Committee Chair invited Emma Watson to provide a verbal update on the recent CCAG meeting. The CCAG held their first formal meeting at the start of April, it started to bring together data that underpins clinical governance of the programmes NES delivers. The Group will learn from education related clinical incidents, review education in clinical based practice so it is fir for purpose. The new medical devices policy will report into CCAG. The membership of 2 non-executive members of the Committee was noted and they were thanked for their input to CCAG.
14.2	CCAG has two working groups, one looking at products within the knowledge network and one looking at Quality Assurance for Continuing Professional Development. It was agreed that a short update paper on the work of CCAG will be provided to the next Committee meeting. <b>Action: EW/LD</b>
14.3	The Committee thanked Emma Watson for the update.



<b><u>Items for noting</u></b>	
<b>15.</b>	<b>Consultation Log</b>
15.1	The Committee noted the consultation log and asked if the consultation on climate change duties could be circulated to Non-Executives. <b>Action: CD</b>
<b>16.</b>	<b>Scottish Government and NES Educational policies</b>
16.1	There were no policies to report at this meeting.
<b>17.</b>	<b>Committee Effectiveness</b>
17.1	The Committee confirmed that reports to the Committee had communicated relevant information at the right frequency, time, and in a format that was effective. The Committee felt that they had benefited from the right level of attendance. The Committee made suggestions of improvement for the Lead Executive Report, to include hyperlinks within the cover paper. <b>Action: RC</b>
<b>18.</b>	<b>Any other business</b>
18.1	There was no other business.
<b>19.</b>	<b>Date and time of next meeting</b>
19.1	The next meeting of the Education and Quality Committee will be held on 11 Sep 2025, 10:15am – 12:45pm as a hybrid meeting.

NES  
CD  
June 2025

**Approved by Annie Guner Logan on 27<sup>th</sup> August 2025.**