

# A New Special Health Board for Education in NHS Scotland

## CONSULTATION

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Deadline for responses: **1 February 2002**

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## CONTENTS

	Page No.
Foreword	1
1. Introduction and Background	2
2. The Policy Context	4
3. The Current Landscape	7
4. Aim Vision and Values of NHS Education for Scotland	10
5. Functions of the Board of NHS Education for Scotland	15
6. Structures of NHS Education for Scotland	17
7. Transition and Initial Milestones	24
 Annex A Specific functions of existing bodies to be covered by the new Board.	 25

## Foreword

More than 135,000 dedicated and skilled staff work for NHSScotland. It is the nation's largest employer. Access to high quality education, training and lifelong learning is vital to the creation of a motivated workforce capable of providing world class services.

In *Our National Health: a plan for action, a plan for change*<sup>1</sup> we made a commitment to value and invest in the skills of all NHS staff to help them perform their roles and develop their full potential. The establishment of a new Special Health Board for education, training and lifelong learning in NHSScotland will play a vital role in delivering on that commitment. It will give the lifelong learning agenda the breadth and weight required by a modern health service. It will be a significant player in education in Scotland as befits the educational arm of one of Scotland's biggest and most important public services. It will play a key part in helping NHS Scotland adapt to the changes required to be a fully flexible learning organisation.

The body will, for the first time, provide a focus for the training and development needs of *all* staff in NHSScotland, reflecting the value which we place in their skills and the support required to develop them. As such, it represents an exciting step forward in realising a truly multi-disciplinary, people-centred approach to learning and working. At the same time, it will be alive to the importance of fostering professional identity and the strengths and qualities of uni-professional training in Scotland. We want to ensure that the voice, experience and expertise of the professions is at the heart of a dynamic new body enabling them to contribute to the development of innovative approaches to working and learning that will benefit all staff.

I encourage all those with an interest in this important development to take part in the consultation process.



**Minister for Health and Community Care**

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<sup>1</sup> Scottish Executive Health Department 2000

## 1. Introduction and background

*Learning Together*<sup>2</sup>, the education, training and lifelong learning strategy for NHSScotland, signalled the intention to create an umbrella forum for educational support for all staff. In June 2001 the Minister for Health and Community Care announced the creation of a new Special Health Board on 1 April 2002 to bring that intention into effect. The new body will combine the Scottish Council for Postgraduate Medical and Dental Education (SCPMDE), the Post Qualification Board for Health Service Pharmacists in Scotland (PQEB) and the successor body to the National Board for Nursing, Midwifery and Health Visiting for Scotland (NBS). It will bring substantial added value to what already exists, particularly in the areas of multi-disciplinary working and learning and educational research and development. It will also, in due course, extend its remit to those groups of staff who currently do not enjoy the same level of organised educational support as those covered by SCPMDE, NBS and PQEB, and in particular will address the issues raised during last year's consultation process regarding educational support for the Professions Allied to Medicine (PAMs).

*Our National Health*<sup>3</sup> built on *Learning Together* through its commitments to value and invest in the skills of all NHS staff and to improve and integrate planning and decision making. Reviews of the existing three bodies have explored the detailed implications of the policy framework. The new body brings these themes together, and its creation also links with wider Scottish Executive policy outlined in *Public Bodies: Proposals for Change*<sup>4</sup>, which confirms the establishment of the new body with effect from 1 April 2002.

The three existing bodies see this development as an exciting and worthwhile opportunity. All three have made a significant contribution to the field of education, training and lifelong learning for the professions they deal with. It is largely thanks to the work of these bodies that education, training and lifelong learning now occupies the place that it does on the agenda of NHSScotland and that we are able to begin to extend that expertise to other staff groups.

This consultation paper offers you the opportunity to let us know what you think about the nature and form of the new body, what it should look like in five years' time and beyond, and how it should get there. There are specific questions contained within this document on which we would welcome your response. However, you should feel free to offer your comments on any aspects of this paper. The results of this consultation will also inform and assist the new Board as it begins its deliberations and sets its strategic direction for delivering its long-term vision.

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<sup>2</sup> Learning Together December 1999

<sup>3</sup> Our National Health A Plan for Action A Plan for Change, December 2000

<sup>4</sup> Scottish Executive June 2001

“NHS Education for Scotland” is used throughout this paper as a working title for the new Special Health Board. This suggestion has the merit of being consistent with the naming of other parts of NHSScotland and of not emphasising any one particular type of staff. Other suggestions are welcome.

**Question 1**

**What name do you favour for the new Special Health Board?**

Reference in the paper to "NHS staff" should be interpreted in the widest sense of this phrase, as those who through their work deliver or support NHS services. It includes healthcare staff who are employed in the social care sector, those who are independent contractors providing services for the NHS, staff employed by independent contractors, professionals on career breaks, peripatetic or intermittent workers and those working outside the NHS for various employers. It follows that NHS Education for Scotland will need to work in partnership with a wide variety of employers and contractors.

Responses to this document should be sent to Mrs Anncris Roberts, Room GW15, St Andrews House, Regent Road, Edinburgh EH1 3DG, or by e-mail to [anncris.roberts@scotland.gsi.gov.uk](mailto:anncris.roberts@scotland.gsi.gov.uk) by **1 February 2002**

## 2 The Policy Context

The establishment of the Special Health Board brings together several existing strands of Scottish Executive policy, as described in *Our National Health - a plan for action, a plan for change*. These include:

- the educational agenda, as set out in *Learning Together*;
- the governance agenda, as set out in *Rebuilding our National Health Service*<sup>5</sup>; and
- the partnership agenda<sup>6</sup>

The vision set out in *Our National Health* is of a patient-centred NHS. Delivering this vision depends on having staff who are appropriately trained and who are part of a culture that embraces lifelong learning and the flexibility to meet the demands of a modernising NHS. The need for such a culture is reinforced by the principles underpinning the reform of NHS pay, which focus on the acquisition of skills and knowledge and, through current developments such as appraisal for medical staff, on the professional developmental needs of the individual.

We see NHS Education for Scotland actively pursuing this vision in partnership with NHSScotland, in order to create a workforce that is fit for purpose in a 21<sup>st</sup> century NHS. The new body will have the scale and breadth to continue to build on the good work already being done for a number of professions by the existing three bodies, to further the multi-disciplinary agenda that already exists on the ground in NHSScotland, to foster a spirit of partnership, collaboration and teamworking, and to encourage local NHS systems across Scotland to develop a strong culture of lifelong learning.

### **Educational agenda**

*Learning Together* is the framework for lifelong learning to support the modernisation agenda in NHSScotland. A better-trained and educated NHS workforce is better able to provide patients and their families with

- Fast, responsive, high-quality health care
- The reassurance that staff caring for them have kept their knowledge and skills up to date
- Care that is designed around their needs

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<sup>5</sup> Scottish Executive Health Department 2001

<sup>6</sup> Scottish Executive Health Department MEL (1999) 59

Currently there are several different bodies with responsibilities for education, training and staff development at national level. The establishment of NHS Education for Scotland will ensure that their activities are co-ordinated and built on in the way that best supports the current and future needs of NHSScotland and fulfils the commitment made in *Learning Together* to establish an umbrella forum to promote the education of *all* NHS staff. NHS Education for Scotland will have a key role in identifying unmet learning needs and in promoting multi-disciplinary learning to support team-working.

*Learning Together* is for all staff, and there is work to do to extend educational support to staff groups that have hitherto not been served by coherent strategies for educational development. This is recognised in the various actions that have been taken to implement *Learning Together* as indicated on page 7. The creation of NHS Education for Scotland now offers a long-term focal point for developing this agenda and embedding it within NHSScotland.

### **Governance agenda**

*Rebuilding our National Health Service* maps out the implementation of the organisational changes in *Our National Health*. The overall aims are to:

- Clarify responsibility
- Increase accountability
- Streamline bureaucracy
- Improve planning
- Integrate decision making
- Promote closer working and
- Encourage greater effectiveness.

Whilst these are primarily directed towards the new local NHS Boards, the spirit of the changes set out in *Rebuilding our National Health Service* should be reflected in the governance of Special Health Boards, whilst recognising their distinctive nature. The principles of the Performance Accountability Framework for the new NHS Boards in *Rebuilding our National Health Service* will apply also to Special Health Boards, with the detailed performance criteria being developed to apply specifically to the tasks of each. The principle that the Board of the organisation is a board of governance with collective responsibility, not a management board or representative body also applies.

## **Partnership agenda**

To be effective, NHS Education for Scotland will need to work in partnership with a number of key constituencies within and outwith NHS Scotland, ensuring that strategies for educational support are developed with the participation of interested bodies and are joined up with complementary initiatives being taken forward elsewhere.

*For example:*

There is a core relationship which NHS Education for Scotland will need to develop with the local NHS Boards, to ensure that the aims of *Learning Together* are fully realised, that effective links are made with the work of the area partnership forums and the Scottish Partnership Forum, and that NHS Boards and Trusts are supported in meeting their educational requirements under the Staff Governance Framework and the Performance Assessment Framework.

The new Board will wish to develop links to ensure that the educational agenda is fully integrated with the range of new developments flowing from *Our National Health*.

The new Board's remit will cover lifelong learning and for professional staff it will not be confined to the post-qualification arena. It will therefore have an interest in pre-qualification training and will wish to evolve a dialogue with education providers to develop any beneficial synergies which can be jointly identified in that area. Developing the interface with higher and further education will be a key concern and activity of the new Board.

## **Integrated planning**

Effective delivery of services depends on active planning of the demand and supply of staff. Education, training and lifelong learning makes a vital contribution to the supply of staff, alongside recruitment, retention and return to work. It is essential that the work of NHS Education for Scotland is integrated with planning for the demand and supply of staff, including the numbers and location of staff and the design of services to meet the service need. The new Board will have a key role in linking with other players in these areas.

### 3. The current landscape

Learning for staff in NHSScotland is supported in a variety of ways.

Employers - NHS Boards and Trusts – support staff through their training and development policies and programmes. Through the implementation of *Learning Together*, the Scottish Executive Health Department (SEHD) expects and encourages them to plan effectively for learning and to account for their performance in doing so. Local action is being encouraged by centrally funded initiatives and by the communication of good practice. Examples include:

- personal development plans for all staff
- Return to Learn programmes for staff who wish to gain qualifications the second time round
- Modern Apprenticeships to develop skilled staff in particular areas
- induction training for all new staff

SEHD is also encouraging and funding action at national level to support learning activities. Initiatives include:

- a strategic partnership with the Scottish University for Industry to promote e-learning
- electronic access to journals and other clinical reference material
- the further development of Scottish Vocational Qualifications relevant to health care
- management development programmes
- support for the development of the National Occupational Standards for health work, which underpin qualifications.

These activities benefit a wide range of staff with vital general learning support. There are also more specific needs for learning support for the individual staff groups. The current position on support mechanisms for the various staff groups is summarised as follows:

*Nurses, midwives and health visitors* are supported by NBS. However, the NBS is to be abolished when the new UK-wide Nursing and Midwifery Council (NMC) is expected to be established by legislation on 1 April 2002. Its former regulatory functions, including quality assurance of pre-registration education and the provision of advice and guidance on midwifery supervision, will transfer to the NMC, although it is possible that the NMC will commission some quality assurance activity from NHS Education for Scotland. How the other functions of NBS and further functions might be combined in a Scottish body to replace NBS after that date has been the subject of extensive discussions with stakeholders and valuable work with an Advisory Group. It is intended that on its establishment NHS Education for Scotland should take these functions, which are given in Annex A of this paper.

*Doctors, dentists and clinical psychologists* are supported in their postgraduate education by SCPMDE. The role of SCPMDE has been reviewed recently as part of the quinquennial review process. This confirmed the value of a national body to provide support and the desirability of extending its influence before and after the postgraduate phase to improve the trainee's learning experience and fitness for purpose. It is intended that on its establishment NHS Education for Scotland should take on SCPMDE's functions. These are outlined in more detail in Annex A of this paper.

*Pharmacists* are supported in their post-qualification education by PQEB. A recent quinquennial review process for PQEB has indicated that the functions that this body provides for pharmacists should continue, and it is intended that they should be taken on by NHS Education for Scotland on its establishment. These functions are described in more detail in Annex A of this paper.

*Senior managers and leaders* are supported by the Strategic Change Unit (SCU) based in SEHD. This provides a programme of development work geared to the implementation of *Our National Health*.

The overall picture, then, is:

- a general drive by local employers within a national framework to improve learning structures and opportunities to benefit all staff,

complemented by:

- specific support for individual staff groups led by national bodies.

There are two obvious groups which will also be catered for by NHS Education for Scotland within a short timescale:

*PAMs* form a disparate group of health professions, which generally have no structured support for their professional learning needs in NHSScotland. This has been recognised by the Department as a weakness of the current arrangements, and the role that NHS Education for Scotland can play will be set in the context of wider issues for PAMs by the forthcoming PAMs Strategy.

*Healthcare Scientists* are an even more diverse group of professions, many of which are very small. They also have no proper support arrangements for their learning needs in NHSScotland. There is work in progress at a UK level to identify these professions and their various needs more effectively. This will in due course allow an assessment of their needs for support for learning.

But this picture is far from complete. The creation of NHS Education for Scotland provides the opportunity to develop a more coherent and comprehensive response to the educational needs of the 135,000 staff across NHSScotland, including administrative and support staff groups.

**Question 2**

**To what degree should NHS Education for Scotland be responsible both for the national framework to support local employers' learning responsibilities and for structures for learning support for specific staff groups?**

**Question 3**

**What will the new body need to do to cater for the needs of other staff groups, in particular support and administrative staff?**

## 4. Aim, Vision and Values of NHS Education for Scotland

This section proposes the overall aim for NHS Education for Scotland, the vision for how it should be pursued and the values that should steer the new body. These proposals have been developed in the light of the policy background and the experience of NBS, PQEB and SCPMDE in promoting educational support for their staff groups. They are presented here for comment as part of this consultation.

### AIM

The aim of NHS Education for Scotland is:

**"To contribute to the highest quality of health care in NHSScotland by promoting best practice in the education and lifelong learning of all its staff"**

*Contribute:* NHS Education for Scotland has a major part to play in supporting health services but shares the responsibility for education and lifelong learning with employers, the staff themselves, educational providers and others.

*Highest Quality of Health Care:* the end purpose is health care, and well educated, actively learning staff are a means to that end. By driving the education and lifelong learning agenda, NHS Education for Scotland has the potential to raise the quality of health care in NHSScotland and maintain it at world class levels.

*Promoting Best Practice:* NHSScotland can learn and adapt to change most effectively by identifying and using current best practice.

*Education and Lifelong Learning:* learning takes place in many different forms and throughout one's life. NHS Education for Scotland will be concerned with learning in all its forms, including its bedrock of formal education.

*Staff:* All staff, professional or non-professional, employed by or working for NHSScotland have a contribution to make and a potential to learn.

#### Question 4

**What are your views on this aim for NHS Education for Scotland?**

## VISION

The vision for learning in NHSScotland is set out in *Learning Together*. The vision for NHS Education for Scotland within that framework is as follows:

### **To promote the best educational practice for health care in NHSScotland through:**

- *a national forum for the development of educational strategies and approaches* Education and lifelong learning in NHSScotland is a major issue requiring a high profile at national level and a means of communicating and sharing at that level. By facilitating this, NHS Education for Scotland will ensure that NHSScotland will be a learning organisation committed to the highest levels of educational practice.
- *partnership with other NHS Boards, area partnership forums, education providers, staff and patient organisations, the social care sector and other key stakeholders* Employers, educators and individual staff all have responsibilities to learn and to support learning in a way that will benefit health care. NHS Education for Scotland will engage directly with these and other stakeholders to ensure joint ownership and a joint, cohesive approach to education and lifelong learning.
- *multi-disciplinary working and learning* NHSScotland recognises the benefits to patient-centred health care that can flow from a multi-disciplinary team approach. NHS Education for Scotland will promote the skills and attitudes that support this method of working and encourage the use of multi-disciplinary team-based learning where this is beneficial.
- *pursuit of standards of excellence for individual staff groups* The quality of care in NHSScotland is built on a foundation of excellence developed within the health professions over many years. NHS Education for Scotland will continue to foster that inheritance, alongside the additional benefits of the multi-disciplinary approach.
- *educational research and development* In a changing world, continuing work is needed to ensure that the methods of education and lifelong learning are the most effective, based on the best evidence available. NHS Education for Scotland will encourage and sponsor such work.

- *inclusion, over time, of all staff groups*

All staff have the potential to increase their contribution through appropriate education and lifelong learning and NHS Education for Scotland will extend its expertise and support to all staff groups in partnership with employers and others. It will do this through a planned strategy over time, according to assessed need and its capacity.

- *active participation in the national and international arenas of health care education*

NHS Education for Scotland has much to offer to and learn from other health and education organisations in Scotland and throughout the world. It will engage positively in these wider forums and through that help to consolidate and promote the identity of NHSScotland as a learning organisation.

- *leadership of the educational governance agenda in NHSScotland*

It is envisaged that the educational performance of local NHS systems will be assessed by the Scottish Executive Health Department as part of the Performance Assessment Framework (PAF), in the same way as clinical governance, and in connection with the Staff Governance Framework. NHS Education for Scotland will play a key role in this process.

**Question 5**

**What are your views on this vision for NHS Education for Scotland?**

## VALUES

The central value for NHS Education for Scotland is that its activities should contribute to improving health and health care in Scotland.

### What characteristics will NHS Education for Scotland have?

- *credibility* NHS Education for Scotland will take on and exercise its responsibilities and powers and establish sound working relationships in a way which will give its policies and actions credibility in the eyes of its stakeholders (who include its staff) and the wider world.
- *authority* NHS Education for Scotland will speak with authority based on its expertise and its use of evidence to inform its decisions and actions.
- *efficiency and effectiveness* NHS Education for Scotland will put the resources available to it, including the abilities and potential of its staff, to the most effective and efficient use towards the achievement of its overall aim.
- *transparency and openness* Wherever possible, NHS Education for Scotland will make available and explain to those interested the reasons for its policies and decisions.
- *sensitivity and accountability to stakeholders* NHS Education for Scotland will be aware of the individual needs of its stakeholders and it will be sensitive to them in the way it conducts its business. It will be accountable to its stakeholders for its actions and will establish mechanisms to allow that to happen
- *flexibility and adaptability* NHS Education for Scotland will create the flexibility to adapt to the varying needs of its stakeholders while meeting its business objectives.

### As an employer the new Board will promote

- *equality and diversity* In the recruitment and management of its staff NHS Education for Scotland will aim to ensure that it avoids discrimination, promotes equality and diversity and follows family-friendly policies in accordance with SEHD guidance.
- *team working* NHS Education for Scotland will seek to maximise the potential of team-working and in particular will use it to help drive the multi-disciplinary agenda.
- *investment in staff* NHS Education for Scotland will be an example of good practice in investing money, time and energy in valuing and developing its staff in a fair and equitable way.

### What style of working can partner organisations expect of NHS Education for Scotland?

- *partnership and responsiveness* NHS Education for Scotland will work in genuine partnership with others to identify and pursue shared aims and it will be responsive to the needs, concerns and priorities of its partners.
- *managed delegation* NHS Education for Scotland will operate on the basis that responsibility and authority for actions in partner organisations should be delegated to the levels at which they can be performed most effectively.
- *objectivity* Decisions will be based on evidence and will be fair and impartial.
- *professionalism* NHS Education for Scotland will pursue high standards of professionalism in its dealings with its partners, as an organisation and as the specialist in education for health staff.
- *cross-sectoral working* NHS Education for Scotland will encourage and facilitate working between disciplines and interests in the health and social care sectors through its dealings with partner organisations and the approaches to education and lifelong learning that it promotes.
- *evaluative and continuous improvement* As a learning organisation working in a constantly changing environment, NHS Education for Scotland will evaluate and learn from the outcomes of its actions as part of a cycle of continuous improvement.

#### Question 6

What are your views on the values and approach suggested here?

## 5. Functions of the Board of NHS Education for Scotland

The Board will have a key function to provide leadership and accountability for the whole of NHS Education for Scotland. It will be a board of governance, not a management board or representative body and it will have a collective responsibility for the performance of the body as a whole (see page 17).

- *Setting the strategic direction*  
In establishing the strategy to achieve its multi-disciplinary aim and vision for NHS Education for Scotland, the Board will be guided by the key principles set out in *Learning Together*
- *Ensure effective communication with key stakeholders*  
The Board will ensure that there are effective mechanisms for the two-way exchange of views, advice and information between the Board and those affected by its decisions and actions.
- *Ensure partnership across the organisation*  
The component parts of NHS Education for Scotland will serve the needs of all staff groups within a context of mutually beneficial partnership working. The Board will ensure that the strategic objectives of those parts are linked and it will have a key role in forging an ethos and framework for effective partnership.
- *A proactive approach to the inclusion of all staff groups in NHSScotland*  
All staff groups in NHS Scotland have education and training needs and the Board will seek to develop national arrangements within which all these needs can be addressed.
- *Ensure partnership working with NHS Scotland, the wider education sector and other key stakeholders*  
A range of organisations have responsibilities and interests in health care education and lifelong learning, whether as standard setters, providers, users or in other connections. The Board will work to communicate effectively across these interfaces.
- *Advocacy at the Scottish level and beyond*  
The Board will advocate the needs of education and learning within and beyond NHS Scotland to ensure that education and lifelong learning are given their due place in promoting the highest standards of clinical care in Scotland.
- *Educational governance linked with the Performance Assessment Framework*  
The Board will work to ensure that the best advice and support is available to Boards and Trusts in NHS Scotland to enable them to meet their educational governance responsibilities within the Performance Assessment Framework.

- *Reflecting policy changes within education* Best educational practice is consistently developing in response to new evidence, experience and understanding. The Board will establish and keep under review policies to reflect best educational practice and the Scottish Executive's policy framework for education in Scotland.
- *Performance management* The Board will have the responsibility for ensuring that all the delegated functions within the organisation and the resources available to it are managed to the highest standards.
- *Adding value through a unified approach* The Board will promote a shared or common approach to activities for which this is beneficial, such as multidisciplinary education and educational research and development.

**Question 7**

**What are your views on these functions as a description of the approach that the Board of NHS Education for Scotland should take?**

## **6. Structures of NHS Education for Scotland**

### **Governance principles**

The Board of NHS Education for Scotland is to be a board of governance, not a management board or a representative body. That is to say its members will share collective responsibility to ensure that the Board carries out its functions and acts in accordance with the requirements of the law and sound governance. Board members, because of their collective responsibilities, will not be mandated representatives of particular constituencies, although it is entirely appropriate for the membership of the Board to reflect the interests that are served by the body.

It is essential that the Board is able to draw on skills and expertise for advice across the range of its functions. This may involve staff of NHS Education for Scotland, committees established by the Board, or others. The way in which this advice is provided will undoubtedly include attendance at Board meetings as necessary, although those involved will neither have voting rights nor share the collective responsibility for any of the Board's decisions.

These principles are in line with the conclusions of the Public Bodies Review, with the general governance principles for NHSScotland confirmed in *Our National Health* and *Rebuilding our National Health Service*, and also with the changes to the Council of SCPMDE that had been proposed by its role review. The membership of the Board will be conditioned by these principles and by its functions.

### **Chair and Members of the Board of NHS Education for Scotland**

The Chair has a specific leadership role in addition to his or her responsibilities as a member of the Board. The appointment of the Chair has recently been the subject of open advertisement, following the guidelines for all public appointments. The eventual selection and appointment will be made by the Minister for Health and Community Care. The Chair will then lead the transition from the existing bodies to the establishment of NHS Education for Scotland.

The appointment of Board non-executive members follows the same procedure, except that the newly appointed Chair will be involved in the selection of these members. In accordance with the governance principles, these members are not being sought as representatives of particular groups, but we expect that the Board will be reflective of the educational and health communities and will include relevant skills.

## **Composition of the Board**

Decisions on the composition of the Board are for the Minister for Health and Community Care. This section considers a number of issues related to this matter on which views are invited prior to making these decisions.

### ***Selection criteria***

Membership of the Board will carry with it collective responsibility for the discharge of the functions of the Board. All Board members will be expected to bring an impartial judgement to bear on issues of strategy, performance management, appointments and accountability. They will bring their own skills, attitudes and experience relevant to the aim, vision and values of NHS Education for Scotland. Members will be selected for these qualities and also with a view to reflecting in the Board's work its key stakeholders.

### ***Designated members***

The Board will include some senior staff of the organisation as executive members in addition to the non-executive members. It is also open to the Minister for Health and Community Care to include members by virtue of their holding positions in other capacities, such as Chairs of the partnership forum or particular committees of the organisation. If such members are appointed, they take on the duties of collective responsibility, and should bring impartial judgement to their role. Membership of the Board should not be necessary for those interests to have an effective voice – it is one of the functions of the Board to ensure that this is so by establishing effective mechanisms for communication (see pages 15 and 23). The question is therefore whether the inclusion of such members on the Board - in addition to the mechanisms for communication - will make a necessary or valuable contribution to the achievement of the Board's vision.

### ***Size***

The Board needs to be of a manageable size so that it is able genuinely to make collective decisions in which all its members participate actively. We suggest that a board membership of about 9-11 people is ideal for this purpose.

### ***Achieving a balance***

There is clearly a tension between the need to reflect the wide variety of interests in the Board's work and the need to keep the board to a manageable size. There is also a need to ensure that the Board as a group has the coherence of purpose and approach to carry out its collective responsibility. This raises a number of questions:

- should the number of executive members of the board be kept to a minimum – say the Chief Executive and Finance Director - to allow the number of non-executive members and range of interests that they reflect to be maximised?
- should the executive members also include the executive directors of the initial functional arms of the organisation (see page 21), suggesting at least 5 executive members?
- should the Chairs of committees corresponding to the functional arms of the organisation be Board members by virtue of their appointment? (this issue is developed further on page 22)
- should the Chair of the Partnership Forum for the new body be a Board member by virtue of his or her appointment?
- should there be others who are Board members by virtue of their appointment in other capacities, such as a member of the Scottish Partnership Forum?

Our view is that, whatever is decided following this consultation, the initial composition of the Board should be reviewed after, say, a year when the transition from the existing organisations has ‘bedded down’ and NHS Education for Scotland has devised a strategy for achieving its longer-term vision.

We also believe that the Board is most likely to be effective in developing and driving a strategy geared to its aim and vision if it is selected to be, from the start, a compact team with the minimum of executive members and with the other members selected for their individual contributions rather than by virtue of their office. However, we wish to understand the balance of opinion on this matter:

**Question 8**

**Bearing in mind the foregoing discussion and the principles of governance, we would welcome your views on the composition of the Board.**

**Management Structures**

It is proposed that the general structure for the new body should comprise a central core, supporting the Board and driving co-ordination, with a series of operational arms or directorates carrying out the functional work. The size of the core would be kept to a minimum; it would work by co-ordinating the efforts of the directorates rather than taking on specific operational functions. The core would also be likely to house those organisational functions which should be combined for reasons of accountability, coherence and/or economy, such as the Finance and HR functions. Within this general framework, it would be for the new Board to decide the detailed structures and an implementation programme which ensures that the quality of support they provide is maintained.

The operational directorates of NHS Education for Scotland will need to be fit for purpose both for continuing to deliver the current and new functions of NBS, PQEB and SCPMDE and for future expansion of the Board's remit to cover other staff groups. The detailed functions of NBS (as modified), PQEB and SCPMDE to be carried out by NHS Education for Scotland are described at Annex A.

The initial range of functions is not the same for each group of staff. It will be for the Board of NHS Education for Scotland to consider whether or not it should move towards a greater similarity between the range of functions it covers for these and other groups.

**Question 9**

**We would welcome your views on whether the functions proposed at Annex A, taken together, deliver the proposed vision for NHS Education for Scotland**

The new body will need to be able to continue to carry out these functions without undue loss of continuity or momentum, in a way which is informed by the overall vision for NHS Education for Scotland. It must be equipped from the outset with the structures to allow it to forge innovative and creative approaches to educational provision and to maintain a vigorous momentum towards attaining its longer term vision. In the medium to long term its structures will need to reflect a wider range of activity as the Board extends its functions to other staff groups, again without loss of momentum.

Thus the management structure adopted at the outset will be a starting point, to be reviewed and to evolve over time as the body extends its remit and develops its own ways of working. In its first year the Board will be asked to establish a five-year strategy and work programme for extending its coverage to other staff groups and developing its structures, within the bounds of the resources available to it (see page 23).

It will be for the new Board to decide its structures, with guidance as necessary from SEHD and bearing in mind the views of other stakeholders. Four possible options for organising the Board's work are described here to show the range but there may well be others.

The first two options represent arrangements based on staff groups:

*Option 1:* Establish three directorates corresponding to the functions of the current three bodies. This has the advantage of retaining continuity and reducing initial turbulence, helping to ensure that the current day-to-day operations of the three bodies are not jeopardised. It would also give the staff groups concerned a clearly identified and effective support structure and be sensitive to differences in education and training for different staff groups. The Board would have to consider how to develop the directorate structure as additional staff groups were brought into its remit.

*Option 2:* Establish directorates in a similar way, but organised around staff groups with linked functions (for example, dentists and professions complementary to dentistry, or mental health professionals) rather than groups with similar educational paths (as at present – for example doctors and dentists). Such directorates could respond readily to multi-disciplinary, mixed-skill teamworking approaches and might be straightforwardly expanded in the medium term to take in relevant PAMs.

It is part of the proposed vision for the Board and an opportunity created by its single status that it should realise the benefits of cross-disciplinary working and learning. This raises the possibility of establishing from the outset two more radical options for the structure of NHS Education for Scotland:

*Option 3:* Strong central cross-cutting functions within an enlarged central core could take on generic activities applicable to all staff and have the capacity to expand to better embrace their needs over time. This might encompass cross-disciplinary work on areas already common to the three existing bodies, such as continuing professional development, workforce planning and intelligence, quality assurance, implementation of training programmes, aspects of appraisal, and educational research and development. This central capacity would be additional to functional directorates specific to particular groups of staff, as described in options 1 and 2.

*Option 4:* Activities such as those described in option 3 could, instead of being grouped in a central core, be allocated to a series of cross-cutting functional directorates, with remits which could be straightforwardly extended to include new staff groups as they were brought under the umbrella of the new body. At the same time some operations, and some aspects of the activities mentioned above, would need to remain profession-specific and the structures of NHS Education for Scotland would need to be sufficiently flexible to accommodate this uni-professional work and give it sufficient weight within the organisation.

In order to avoid discontinuities and to maintain momentum on existing initiatives, it would seem prudent to adopt Option 1 in the first instance. It might then be desirable to review the matter after, say, a year, and the Department would welcome the opportunity to take part in that review. It would be important to ensure that these initial management arrangements did not leave the cross-cutting function marginalised or create a period of uncertainty and undue concentration on internal processes at the start of the new body's life.

**Question 10**

**How would you advise the Board of NHS Education for Scotland to establish and evolve its structures?**

**Management Team**

A Chief Executive for the new organisation will be appointed to take up post on or before 1 April 2002.

We propose that the Management Team for NHS Education for Scotland should comprise the Chief Executive, the Directors of each of the directorates, the Directors of Finance and HR and such other members as the new Board should decide, again with a view to the Management Team being of a size for effective decision-making.

**Committees**

We would expect the new Board to have an Audit Committee and a Staff Governance Committee. Other committees and reference groups can be established at the discretion of the board, but it is expected that each of the directorates will have a corresponding committee. It would seem appropriate for there to be a direct link at Board level between the main Board and the directorate committees. This would help deliver the Board's remit to ensure effective two-way communication with all those affected by its decisions and actions. There appear to be three options for achieving this:

*Option 1:* The Board nominates the Chair of each directorate committee from among Board members.

*Option 2:* Each directorate committee selects its own Chair from among its members, who will then be a member of the Board by virtue of his or her office.

*Option 3:* Option 2 is adopted for a transitional period of say a year, with Option 1 applying thereafter.

**Question 11**

**How do you feel the directorate committees should relate to the main Board at committee chair level?**

## Communications with stakeholders

To fulfil its requirements under the partnership agenda (page 6) and in line with its proposed functions (page 15), NHS Education for Scotland should ensure that stakeholders have an appropriate voice in its deliberations and decision-making processes. The breadth of stakeholders is wide, covering not only NHS organisations and NHS staff groups, but also the local authority, voluntary and private sectors; education organisations and providers; user groups and patients.

The Board of NHS Education for Scotland will be expected to devise robust advisory structures to make sure that its decisions are well informed and credible. It will also need to develop and maintain effective links with any future workforce planning or clinical governance structures.

### **Question 12**

**How should the Board relate to stakeholders and interest groups, including other parts of NHSScotland and other organisations such as universities and colleges?**

## Accountability

NHS Education for Scotland will account to the Scottish Executive Health Department through the accountability review process applying to all NHS Boards. During an initial ‘bedding down’ period NHS Education for Scotland’s financial allocation will be ring fenced according to the budgets of the current organisations to ensure that existing commitments can be met. However it is expected that in the longer term, and with the Department’s approval, the Board itself will be responsible for deciding how the overall budget it receives is allocated.

The Board of NHS Education for Scotland will be accountable to Ministers for the performance of the organisation, on the basis of a performance accountability framework that is appropriate to the organisation and reflects the principles in *Rebuilding our National Health Service*. The Chief Executive of the Board will have a personal responsibility to Parliament as the Accountable Officer for financial matters.

The heads of the operational units will be accountable to the Chief Executive of the new Board, who will in turn be accountable to the Board and Scottish Ministers.

## **7 Transition and initial milestones**

Staff or their representatives will be involved at all stages of the planning process and will be kept informed of developments and decisions in the spirit of partnership working. The Organisational Change Policy Statement in Health Department Letter (2001) 38 and previous Management Executive Letters will apply. These make clear that NHSScotland is committed to:

- the key principles of openness, fairness and equity in handling organisational change
- working together to avoid compulsory redundancy
- a no detriment policy for staff for their overall terms and conditions of service

This also places a responsibility on staff to accept suitable alternative posts which might be offered on appropriate terms and conditions of service and any agreed changes to duties and responsibilities and/or location.

By 1 April 2002 the following will have been achieved:

- appointment of Chair
- appointment of members
- establishment of new board by Statutory Instrument
- appointment of Chief Executive

In the months following its establishment the new Board will be expected to:

- define its strategic vision and management structure
- establish an effective dialogue with other parts of NHSScotland and other stakeholders
- consider when and how to bring other staff groups within its remit
- identify its key priorities and modes of delivery for the first 5 years in a strategic action plan to be submitted to Scottish Executive Health Department by April 2003

In April 2003 we would envisage the organisation undertaking a joint review with SEHD of its role, structures and functions.

*Specific Functions of existing bodies to be covered by the new Board*

**a. NBS Functions as proposed for the period after April 2002**

- **promoting investment in continuing professional development of nurses and midwives including:**  
determining CPD priorities from service priorities and workforce planning and  
facilitating the meeting of these priorities by promoting investment in learning, and by pump priming specific educational initiatives.
- **assuring and enhancing quality of continuing professional developments, including:**  
supporting the NHS systems to quality assure their own initiatives  
strengthening partnerships with the education sector and  
accrediting particular initiatives
- **leading and fostering excellence in nurse and midwife education and lifelong learning through support functions, including:**  
commissioning and disseminating R&D  
providing careers advice and information and a focus of recruitment  
promoting awareness of the nursing and midwifery contribution to health care  
running an admissions service for applicants to pre-registration programmes funded by the Scottish Executive  
compiling and publishing statistics on students in Scotland  
keeping a directory of learning opportunities throughout Scotland  
maintaining a database of nurses having specialist skills

**b. PQEB Functions**

- **To ensure that Pharmacy Education Programmes effectively and efficiently meet current requirements for NHS pharmacists**  
Quality assurance of educational provision to meet set standards  
Educational Needs Assessment of provision  
Evaluation of educational provision.

- **Provision and Funding of Postgraduate Education and Training for NHS Pharmacists**

- Direct learning Course Provision including Return to Practice courses
  - Distance Learning Course Provision
  - Funding for postgraduate diploma and degree courses.

- **Educational Development**

- Identifying and addressing Certification and Accreditation within CE for post qualification activities for NHS pharmacists
  - Encouraging CPD and Life Long Learning within the profession
  - Identifying Core Competencies for pharmacists in practice in the NHS
  - Educational Development for Pre-Registration Pharmacy Trainees.

**c. SCPMDE Functions**

- **Commissioning and Funding of Postgraduate Education and Training for Doctors, Dentists and Clinical Psychologists**

- covering a mixture of workplace, short and University based courses.
  - employing regional structures for the detailed planning and supervision of training
  - close working relationships with NHS Boards and Trusts, Royal Colleges, Universities and regulatory authorities.

- **Lifelong Learning**

- Influencing undergraduate educational curriculae to ensure graduates are fit for purpose and fit for practice.

- Contributing to continuing professional development of doctors, dentists and clinical psychologists through generic training programmes in management and education.

- Providing a national framework for health professionals to have access to the knowledge base for high quality health care.

- Providing schemes to promote a flexible workforce through retention, retraining and re-entry of doctors, dentists and clinical psychologists.

- **Quality Assurance**

Education and training of doctors, dentists and clinical psychologists has to meet the quality standards set by the UK regulatory bodies and the Scottish Parliament.

define and meet both the educational needs of learners and the service needs of NHS Scotland. Internal Quality Assurance ensures that the organisation anticipates, meets and responds there is effective response to external scrutiny.
- **Educational Development**

Strengthening the evidence base for educational practice

Promotion of best educational standards.

Improving the education and teaching skills of health professionals.
- **Planning and Policy**

Forum for influencing policies to meet current and anticipated needs of its NHS in Scotland for trained health professionals.

Provider of detailed workforce intelligence in medicine, dentistry and clinical psychology.