2021 Annual Review

Self-Assessment Document

November 2021

v1.0

Contents

2020-21 SELF ASSESSMENT: AT A GLANCE

As a national health board, our role is delivery of education, training and workforce development to support a skilled, person-centred workforce which is well prepared to respond to the demands placed on our health and care services. During 2020-21 a key focus of our work was our recovery and remobilisation activities in response to the unprecedented challenges presented by the COVID-19 pandemic.

As well as directly supporting the NHS Scotland COVID-19 response, our activities contributed to national priorities and policy drivers including the **Digital Health and Care Strategy** and **health and social care integration**, underpinned by our strategic cross-cutting principles of partnership working, digital access and quality and innovation. An overview of some of our achievements, linked to our strategic outcomes, is presented below:

a. We maintained key areas of our core services in response to the pandemic alongside delivery of business-critical digital services support to Scottish Government and essential support to NHS Scotland frontline services with provision of COVID-19 educational materials. We managed significant disruption to training pathways and ensured focused support to learners and trainees already in the system. We transitioned the majority of our education and training to online/virtual format and our national TURAS Learn platform ensured access to health and care related learning for all NHS and care staff.

b. To support **more consistent, modern and flexible employment experiences**, we completed assimilation of 400 national programme trainees into NES employment, and implemented a national maternity leave service for all NES employed doctors in training. As part of the national response to COVID-19, we supported the onboarding of 575 foundation doctors; worked with key stakeholders to support the employment of approximately 4,800 final and second year nursing students in NHS Boards; and

became the employer of 387 final and second year nursing students working in non-NHS settings.

c. **To ensure high quality training programmes and training placements**, we delivered a range of activities including quality assurance of 405 applied psychology placements, 519 site visits, and 386 end of placement reviews. In medical education and training quality management we completed 39 panel visits to hospital departments and 56 visits to GP surgeries. Our Medical Appraiser training was refreshed and re-designed for remote delivery and 74 new appraisers were recommended to NHS boards to take up the role of medical appraiser upon completion of training.

d. **To ensure excellence in clinical practice** we established four new Common Clinical Conditions Teach and Treat Training Hubs across NHS Scotland; delivered 50 webinars on a range of Human Factors concepts and methods to over 2,000 Quality Improvement advisors and leaders; provided 47 online courses for dental in-practice Infection Control to 6,000 participants; developed a *Dental Practice Recovery Toolkit* to support NHS dental teams resume dental care; and led the implementation of an interim National Skills Education Hub at Louisa Jordan enabling delivery of multi-professional skills training for 7,748 participants.

e. **To support improved health and reduce health inequalities**: in partnership with Scottish Government we launched universal free access across Scotland to Solihull Approach Online courses with 10,073 learners registered during May 2020 - March 2021; developed Dementia Learning Bytes suitable for staff in any setting; produced a Health Literacy e-Learning module in partnership with Health Education England; worked with Dyslexia Scotland to develop a Dyslexia awareness module for managers; provided 86 family nurses with education in support of the Family Nurse Partnership; and developed and launched the Early Intervention Framework for Children and Young People's Mental Health and Wellbeing.

f. To support **a culture of continuous improvement:** we provided a portfolio of quality improvement programmes including online delivery of the Scottish Improvement Foundation Skills programme for 82 public sector staff; provided Shared Decision-Making learning to 590 participants; delivered 11 modules in the Value Management Collaborative programme to 142 attendees; and in the Scottish Improvement Leader (ScIL) programme provided training for 105 participants.

g. Our **ability to rapidly introduce and scale up new technologies based on consistent standards** was demonstrated by the development and delivery of national digital applications at pace including the Care Management Tool, COVID-19 Clinical Assessment App, Vaccine Management Tool, and COVID-19 Accelerated Recruitment Portal. **To improve patient care and experience** through the development of National Digital Platform products, we progressed the anticipatory care planning application ReSPECT to pilot stage, and successfully deployed an eyecare product to enable virtual consultations for Optometry Services patients.

h. To support **improved development for support workers and allied health professionals (AHPs):** we delivered dedicated support worker resources on the COVID-19 TURAS Learn site including five new learning packs and new learning for team leaders with targeted campaigns to promote the education resources; provided a webinar for 170 support workers in Primary Care teams; and delivered 48 webinars for 16,908 attendees, covering a range of topics identified to support AHP staff in practice.

i. To support **greater awareness of career opportunities for young people and school-leavers,** we provided Meet the Expert careers sessions together with supporting careers guidance material and videos. We contributed to **improved promotion of career opportunities in health and care** with targeted careers information and promotional campaigns launched on the NHS Scotland Careers site, also hosting the Covid Accelerated Recruitment Portal, and received 607,724 visits to the website, an increase of 52% from 2019-20.

j. To support **access to leadership and management development,** a total of 236 places were provided on our collaborative, multi-professional leadership programmes. *Leading for the Future* was redesigned for online delivery and masterclasses delivered for Cohort 10. As part of *Project Lift*, Talent Management Career Conversations continued to be provided and evaluated; 40% of career conversation participants over the last two years have made career moves that support their aspirations with 27% moving to a promoted post. *Leadership Cubed* for aspiring Directors, re-designed for online delivery, was completed by Cohort 2 and activity was progressed for Cohorts 3 and 4. A *Coaching for Wellbeing* programme, established in response to the pandemic, was taken up by 1,200 staff across the health and social care workforce.

Introduction from our Chair and Chief Executive

NHS Education for Scotland (NES) is the national NHS Board with responsibility for education, training and workforce development. We work with key partners in the Scottish Government, NHS Boards, regions, social care, the academic sector and UK professional bodies and regulators across Scotland's diverse geography. Our published vision as the people and workforce organisation for NHS Scotland is *a skilled and sustainable workforce for a healthier Scotland*.

The focus of our mission is *enabling excellence in health and care through education, workforce development and support.* We directly fund and manage learners who comprise a significant element of the NHS Scotland patient-facing workforce. Although education, training and workforce development remain our core activities, our role has grown rapidly into new and different areas to meet the increasing challenges faced by health and social care.
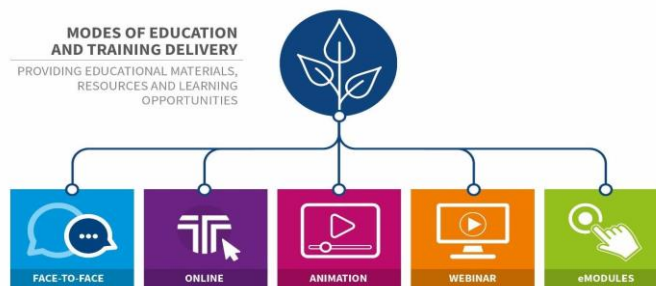
As well as our stakeholder priorities and the quality ambitions of safe, effective and person-centred care[1], our work supports the National Board Collaborative Programme, regional planning, and the Cabinet Secretary's priorities on waiting times, integration, mental health, primary care, and healthcare associated infection. Through our work in mental health; children and young people; oral health improvement; support for people with care needs; and palliative and end of life care and bereavement we contribute to the National Performance Framework target to *Increase Healthy Life Expectancy.*

This document has been prepared for our 2021 Annual Review and reflects a selection of our achievements during 2020-21 with a focus on our recovery and remobilisation activities in addition to the key areas of core business which we maintained in response to the COVID-19 pandemic.

During March 2020 in response to the escalating pandemic and in line with the Scottish Government guidance[2], we completed a rapid review and reprioritisation of our organisational activities. Much of our core education and training activity was paused during the first phase of the pandemic. We focused on contingency planning to facilitate the progression of learners already in the education and training system and the recruitment of new entrants to maintain workforce supply pipelines. We also ensured appropriate arrangements were put in place to allow suspended activities to be resumed when adequately safe to do so.

In accordance with Scottish Government guidance, our Annual Operational Plan 2020-21, was replaced by Phase 1 and Phase 2 Remobilisation Plans. The activities within these Remobilisation Plans are aligned to our NES Strategic Framework for 2019-24 [3], which sets out five areas of strategic focus underpinned by cross-cutting principles and key outcomes. In addition to contributing to national priority areas, these themes and outcomes also support delivery of the National Clinical Strategy[4] and Realistic Medicine[5].

We identified and delivered new programmes of work and initiatives to meet service needs arising from the pandemic. This range of work included the development and delivery of educational materials, supporting new arrangements for learners and trainees, and redeployment of our staff externally to support clinical services, and internally to support new requirements.

Our achievements reflect a strong focus in working collaboratively and deploying our expertise, resources and digital leadership to support the Digital Health and Care Strategy[6], Health and Social Care Delivery Plan[7], and the triple aim of better health, better care and better value at a local, regional and national level. Our response to the COVID-19 pandemic involved a significant contribution to the Scotland-wide programme of work through the rapid deployment of national digital solutions and services.

With much of our core activity based on workplace learning, it is clear full recovery of this activity will be dependent on the impact of the pandemic on clinical capacity, waiting time backlogs and new models of care. Additional key dependencies that will have a bearing include the commissioned activity of higher and further education in

relation to workforce supply pipelines and decisions taken by UK professional bodies and regulators.

Looking ahead, as operational recovery and remobilisation activity from the COVID-19 pandemic continues across NHS Scotland, we remain well-placed to build on our successes to support broad-ranging requirements across health and social care, underlining our clear commitment to transformational change and new models of delivery which cross traditional public services boundaries.

David Garbutt

Chair

Karen Reid

Chief Executive

1. A HIGH-QUALITY LEARNING AND EMPLOYMENT ENVIRONMENT

> **Strategic Outcomes: NES Strategy 2019-24**
> * More consistent, modern and flexible employment experiences
> * High quality training programmes and placement learning
> * Meaningful career conversations, appraisal and educational portfolios
> * Excellent support for workplace learning and development
> * Improved opportunities to access learning
> * More accessible and flexible resources for remote and rural learners
> * Improved employee and trainee feedback, engagement, and health and well-being
> * Best value national administrative systems which enable flexible working and release time
> * More accessible employment and training services, resources and information

This section focuses on our work to ensure the quality of the learning and employment environment which we recruit to, and in which we manage and quality assure undergraduate, post-graduate and pre-registration training. This is a core part of our work which was maintained as far as possible during the pandemic, contributing to the supply of suitably skilled healthcare professions for the health service supported by educational governance, quality management, supervision and practice education support. In addition, we continued to support effective revalidation and appraisal systems, and provide educational support for the remote and rural workforce.

1.1 LEAD EMPLOYER AND NATIONAL EMPLOYMENT POLICIES

Onboarding and employment of doctors in training, including interim Foundation doctors continued during the pandemic. In addition, we undertook assimilation of 400 national programme trainees into NES employment, and delivery of a national maternity leave service for all NES employed doctors in training.

The **Lead Employer Programme for Doctors in Training** was refreshed to reflect adjustments to timelines and priorities in light of the pausing of work during the early stages of the pandemic. The focus of the Lead Employer project is now on extending the lead employer arrangements to dentists in training and preparatory work is underway to transition Dental Core and Specialty trainees to NES Lead Employer arrangements by September 2021.

A high-quality **national PVG and Tier 2/skilled worker advice and processing service** was provided to NHS Scotland in liaison with the Scottish Government, Home Office, Disclosure Scotland, networks and NHS Boards. This supports our aim to

deliver a high-quality candidate experience maximising the attractiveness of Scotland as a place to work and train.

1.1 QUALITY MANAGEMENT OF THE LEARNING ENVIRONMENT

With increased use of digital technology, our medical education and training quality teams worked across the year to maintain quality management activities as far as possible. This included full review of training activities in **2,292 acute care and primary care sites throughout Scotland, 39 panel visits to hospital departments** and **56 visits to GP surgeries.**

Following a reduction in external quality management activities during March 2020 to September 2020, we recommenced the quality cycle, particularly in relation to patient safety matters and concerns around trainee dignity. Areas prioritised were those in known Enhanced Monitoring (EM) and at-risk sites where known or persistent issues required to be addressed. We completed the majority of the 2020 round of Quality Review Panel (QRP) meetings for all specialties. Using Scottish Training Survey data and local information, the expert QRPs assessed quality standards across each of the Scotland Deanery's eight specialty groupings, and the output and direction from QRPs was used to inform the forward work programme for each specialty area, based on risk and the greatest need for intervention.
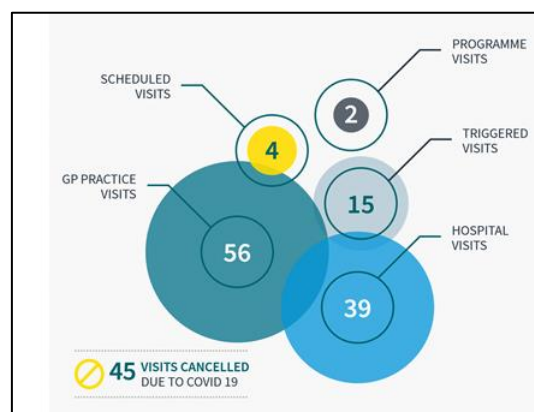
We participated in the GMC's (General Medical Council) new annual Self-Assessment Process which was followed-up by a series of observational visits. The findings, published by the GMC in April 2021, concluded that no requirements or recommendations needed to be set for the Scotland Deanery, providing assurance that our quality management processes are robust and functioning well.

We continued to make improvements to our **quality management processes and operating procedures**. During 2020 we introduced new web pages setting out the Deanery visit process particularly from a trainee perspective. We also produced new question sets for visits, incorporating information obtained from pre-visit questionnaires where available, and improving the quality of questioning in certain areas, particularly around educational governance and patient safety. An evaluation of their use will be undertaken across the 2021-22 quality management cycle.

A new bank of requirements to improve consistency in the production of visit reports was introduced which will also be evaluated in the 2021-22 quality cycle. A range of new improvements is now being considered and worked upon including a new programme visits bundle and finalisation of a standard operating procedure for virtual visits. We are also piloting a GP-specific bank of requirements to achieve better consistently in our GP reports.

We continued to review and consider improvements to the collation and utilisation of data from various sources for our stakeholder groups including Specialty Training Boards, Specialty Quality Management Groups, Training Programme Directors, Directors of Medical Education and Sharing Intelligence for Health and Care Group (SIHCG). The focus of review includes making the most of the data we have available; ensuring questionnaires, data outputs and reports are user friendly; introducing greater quality control to encourage consistent decisions across the specialty groups; and the alignment of processes for the analysis of the Scottish Training Survey data with the GMC National Training Survey data. We will shortly introduce a first version of a Scottish Training Survey dashboard that includes longitudinal data and a new format for QRPs which is more user-friendly and easier to interpret.

We continued to work **to improve quality across learning environments, training experiences and evaluation processes for applied psychology trainees**. Arrangements for clinical placements were adjusted to help trainees obtain the required experience during COVID-19 pandemic, including remote working and digital delivery. Routine trainee placement visits and assessment were reduced or their format revised. We also provided additional supervisor training and support as required. We increased the number of placements and associated reviews/visits due to an increase in trainee intake numbers for doctorate programmes commencing in September/October 2020.

We completed 143 annual review processes which involved employers and education providers in a comprehensive review of applied psychology trainee development across all settings. We coordinated and quality assured 405 placements, including intensive support for supervisors and trainees, liaising with local tutors (organisers of placements) in each health board area. A total of 519 site visits and 386 end of placement reviews were completed to monitor trainee competence and to ensure validity and consistency of assessment and quality assurance of placement supervision. A relatively small number of end-of-placement reviews were delayed due to placement adjustments in light of COVID, though the vast majority (96%) proceeded as planned with processes efficiently adapted in Quarter 1 2020-21 to allow these to be conducted remotely.

Supervisor training was provided to supervisors of applied psychology trainees across all funded programmes - all adapted for remote delivery - which ensured a consistent level of support, opportunity, and evaluation for trainees. We exceeded target numbers by 29% overall in delivering: introductory supervisor training to 78 new supervisors; supervision Continuing Professional Development (CPD) training to 74 experienced supervisors; Cognitive Behavioural Therapy (CBT) supervision skills training to 19 clinical psychologists; and competence awareness sessions to four health psychology supervisors.

Due to the impact of COVID-19, work on the development phase of producing a foundation level leadership development resource, *Psychology Clinical Practice*, and pilot of the materials was delayed. However, a working group was formed to take forward *Leadership in practice Scotland* (LiPS), a vision was agreed, and the resource will build on the Leadership Foundations e-learning modules accessible via the Leadership and Management Zone in TURAS Learn.

In **healthcare scientist training**, as part of quality monitoring of training centres, **50 centres were self-assessed** and followed up with an audit of specific training quality domains. We consolidated the number of centres to reflect duplications and shared training delivery between units and mergers since our 2016 count. We published a summary of those centres completing self-assessment on The Knowledge Network.

We undertook our Annual Review of Competency Progression (ARCP) cycle for Healthcare Science trainees with a National Training Number. A 90% satisfactory response was recorded from a total of 194 trainees, with no significant concerns in

relation to their progression. Specific support was offered to a few trainees in respect of training extensions/out-of-programme due to shielding related to the pandemic. Overall, despite the pandemic, we are confident from the ARCP review that the state of training in terms of progression and training centre quality was assured for this cycle.

1.2   REVALIDATION AND APPRAISAL

NES is the mandated provider of appraiser training for doctors requiring appraisal and revalidation in Scotland. In line with CMO (Chief Medical Officer) guidance on appraisal activities, our appraisal training courses were postponed from March to September 2020. During this time we refreshed our ***New Medical Appraiser* training** content and redesigned the format for remote delivery. Coinciding with the restarting of appraisal activities on 1 October 2020, we delivered two courses in the new format in October 2020 and November 2020 respectively, with 15 new doctors recommended to take up the role of medical appraiser. Feedback was positive and amendments incorporated following participants' suggestions. A further eight *New Appraiser* courses were delivered during January to March 2021. In total, from the ten *New Appraiser* courses provided since October 2020, 74 new appraisers were recommended to NHS boards to take up the role of medical appraiser.

1.3   EDUCATIONAL SUPPORT ROLES AND NETWORKS

The Scottish Clinical Leadership Fellowship (SCLF), which aims to build specialist and leadership capacity in the medical workforce, continued to operate throughout the pandemic. Fellows were closely involved with key pandemic-related strategic and operational activity at a senior level within their host organisations. Examples include the ventilator procurement programme, shielding, and the Chief Medical Officer's annual report. The number of territorial Boards seeking to fund and host fellows more than doubled in the last year. Our bespoke leadership and management development programme for the SCLF programme was transferred to online delivery, and was very positively received. The SCLF has extended its multi-professional reach by inclusion of pharmacy and dental fellows.

We continued **to improve responses to survivors of trauma, through education and training of the wider workforce.** We disseminated practice level 1 (trauma informed) and practice level 2 (trauma skilled) training resources and surpassed

targets considerably: 1,003 workshop views and 184 facilitator notes downloads of the *Opening Doors* trauma lens resource; 526 workshop views and 283 facilitator notes downloads of the *Sowing Seeds* trauma lens resource; 5,815 participants completed the *Trauma Skilled* e-module (target of 300); and there were 1,1762 views of the *Trauma Informed* talking heads videos (target of 200).

Delivery of enhanced and specialist trauma training continued, which included adapting training for remote delivery. Two *Safety and Stabilisation* sessions were provided, with 34 attendees across both sessions; one train the trainer session for 15 existing trainers with the new online version of this training; delivery of *Survive and Thrive* training to 24 attendees; and two CBT for PTSD workshops, each with 30 participants. A technologically enabled *Trauma Informed* website was developed to support local planning and dissemination of best practice tools. This was launched in October 2020 with multiple engaging and interactive resources to support local training and planning, including a *Trauma Informed Lens Tool for Organisations*. Since launch, there have been 15,576 unique visitors to the site.

In almost all areas of Psychological Therapies Supervision, face-to-face training delivery was paused and work was undertaken to improve and adjust training to take account of the constraints of the pandemic on clinical service. This involved liaising closely with our networks to make sure we understood the changing needs of learners, development of podcasts, webinars, protocols for virtual supervision, eLearning modules, and regular newsletters.

We continued to effectively deliver NES *Generic Supervision Competences* (GSC) training in NHS Boards across Scotland using blended learning materials with trainers who have successfully completed the GSC Training for Trainers. A total of 115 people were trained across six NHS Boards. Specialist *Supervision Training* for CBT was provided for 28 staff across Scotland using blended learning training and eight of those completed the *CTS-R* (Cognitive Therapy Scale – Revised) follow up e-module.

We supported an increase in the number of staff within NHS Scotland who are trained to deliver **high quality evidence-based psychological care** safely and effectively at different levels of the tiered care system. In total 33 courses were provided to 430 multidisciplinary staff working in primary, secondary and specialist clinical settings across Scotland including: forensic mental health, substance misuse, adult mental health and older adults. All training was provided remotely with a resultant reduction of

training places at events to ensure that good quality interactive skills development workshops were provided.

A total of 33 staff were supported to undertake CBT education: eight Postgraduate Certificate and six Diploma at the University of West of Scotland; and 25 Postgraduate Certificate at NHS South of Scotland programme. (Some staff withdrew from the programme due to redeployment as a result of the COVID pandemic). We continued to implement plans to oversee and quality assure Psychological Therapies training in Scotland, and Quality Assurance Framework documents are available on the NES website. SQA accreditation is underway for the Enhanced Psychological Practitioner Programme and credit rating documents were submitted in February 2021.

We supported Primary Care innovations in **person-centred approaches to long-term conditions** and used digital technology to deliver training to 38 trainee Clinical Associates in Applied Psychology/qualified staff in primary care, to support the development of Physical Health Competencies. (The uptake was lower than expected due to reduced demand from staff in the context of COVID). We delivered *Reclaim Your Life* training to 23 staff and contributed to video and text content for a Diabetes UK web resource on wellbeing in diabetes. We also delivered a training webinar on managing wellbeing in the COVID context for 42 people with diabetes, organised by Diabetes Scotland.

We continued to monitor the use of the *Emotion Matters* Module and exceeded the access rate target considerably with 1,033 people accessing the e-module and 800 passes. We also delivered a remote *Trauma and Physical Health* masterclass on working with long-term conditions and critical care in the context of COVID to 47 delegates and delivered two *Compassion Focused Therapy* Masterclasses to a total of 40 delegates.

Astley Ainslie Psychological Skills and Education Training (AsSET) was delivered to 18 delegates. Trainers were encouraged to return data centrally in line with an implementation science approach, to inform decisions regarding further Train the Trainer programmes and models of future management of the trainer network.

We worked with key stakeholders, Leads within Psychological Therapy Services, and local board Psychological Therapy Training Co-ordinators to support the implementation of the **Autism Training Framework.** Although delivery of training was

impacted by COVID, 24 places in total were delivered including 12 training places for ADOS-2 (Autism Diagnostic Observation Schedule edition 2). A scoping day on DISCO (Diagnostic Interview for Social and Communication Disorders) saw 28 attendees from 12 NHS Boards, and a follow up questionnaire on neurodevelopmental assessment received 104 responses. A consultation to follow up on 3DI (Developmental, Dimensional and Diagnostic Interview) training was sent to 40 staff which informed training delivery going forward. Adapted CBT training was commissioned and delivered to 50 attendees from eight NHS board areas, and *BEAT-IT* training was delivered to 76 staff via webinar across nine NHS Board areas.

We continued to promote digital e-learning modules, such as the *Transitions and Change* module, across health, social care and third sector organisations and developed a neurodevelopmental site within TURAS Learn that was accessed by 50 staff across the wider public sector.

In response to Recommendation 21 of the Perinatal Mental Health (PNMH) Network Scotland report, an *Essential Perinatal and Infant Mental Health* online resource was developed, aimed at the Enhanced and Specialist levels, for those working in PNMH services. Completion numbers of each TURAS module were: Introduction 753; Keeping Baby in Mind 406; Stigma 356; Risk 205; Assessment 475; Intervention 204; and Pharmacology 121.

We improved skills and knowledge in the wider Scottish workforce in response to Recommendation 20 of the PNMH Network Scotland report, by developing a blended training programme for staff in universal services at the Informed and Skilled levels of the framework e.g. maternity staff, health visitors and primary care staff. The first cohort of 20 Health Visitor and Midwife PNMH Champions were trained in February 2021.

We demonstrated compliance with **Nursing and Midwifery Council regulatory requirements for practice placement provision** by engagement with the 16 NHS Boards, 11 universities, the College Development Network and third sector organisations through the hosting of the Rapid Action Placement Overview Group (RAPOG) which met on six occasions since establishment in September 2020.

We produced a Scottish Government commissioned report on the provision of NMAHP placements in the 2020-21 academic session. Ten workshops engaging Practice

Educators with a focus on re-starting placements were held and five workshops on peer enhanced e-placements (PEEP) were provided. We delivered six national webinars accessed by NHS Boards and universities to share good practice on delivery of a range of student placement models.

A new COVID-19 placement recovery webpage was developed on the AHP Practice Education Community of Practice site to enable all stakeholders to access resources, reports and guidance on placement models to support AHP placement recovery across Scotland. Online versions of a Peer Assisted Learning workshop and resources were developed as well as AHP Practice Educator preparation resources and student essential learning, which were all made available on TURAS. AHP Placement Agreements were amended and signed for paramedics across 14 NHS Boards.

Forty-eight AHP webinars were delivered to 16,908 attendees (26,700 registrants) covering a range of topics identified to support staff in practice (including Near Me, Digital, Placement Recovery, Children and Young People, Support and Supervision). Resources were also available to support delivery of webinars for business support staff and educators, aligning with our strategic principle of enhancing digital access. A total of £225,000 was disbursed to territorial boards to enable the purchase of IT equipment/materials (such as hardware and software licenses) to support boards in their student placement endeavours. This funding was prioritised for AHPs, with opportunities for Nursing and Midwifery to benefit jointly when possible.

Educational resources to support clinical supervision were produced with a total of seven support and supervision webinars for AHPs working across health and social care delivered to 2,796 staff. The sessions encompassed an introduction to supervision and guidance on how to structure supervision sessions. A total of 298 staff accessed the accompanying self-directed learning resources which were added to the AHP Learn site in March 2021. Face-to-face training, focusing on skills for effective supervision, was updated and tested for delivery as an online interactive session. This was delivered to 191 AHPs in 11 NHS Board areas and evaluation is underway.

Due to the pandemic, we were unable to deliver face-to-face CPD courses to Healthcare Science trainers and supervisors. However during 2020-21 we developed an online alternative to class-based trainer support. A blend of e-learning modules and webinar-type discussion groups was created and a pilot conducted in early 2021. Delivery of the new programmes is anticipated in mid-2021. The transition to online

delivery offers distinct advantages in terms of inclusion across Scotland and we anticipate retaining this online offering.

Throughout 2021, we supported **e-learning resource development for Healthcare Science staff** including for radiation safety, virtual reality developments, and COVID sample laboratory testing. We continued to promote TURAS Learn as the principal repository for material that has national application. On TURAS Learn we established Healthcare Science COVID-19 CPD signposting and specific support for virtual networking (styled 'i-Link-HCS')*,* using our Go-to-Meeting facility.

As part of our Healthcare Science national engagement activity, we delivered an online initiative comprising one week of events to support trainees and supervisors, replacing a one-day in-person event. Online attendance at these sessions numbered 50-120 participants daily during the week of sessions. This exceeded our original plan to hold two days of events.

We conducted surveys of Healthcare Science trainees and supervisors during 2020-21 comprising standard annual surveys (with a response rate of around 50%) and specific multi-professional COVID-19 impact surveys. We continued to engage with the Scottish Government Healthcare Science Leads network, policy officers and UK counterpart agencies, and with regulators. We also contributed to the Academy for Healthcare Science's quality monitoring report for the Health and Care Professions Council. This included a section outlining comprehensive and satisfactory progress in Scotland.

We continued to actively support our national **Organisational Development (OD) networks** to enable effective and sustainable delivery of national, regional and local educational and development priorities. We adapted to the challenges of the pandemic by delivering services online using, for example, MS Teams and SharePoint. These networks included: OD Leads, Learning & Development Leads, E-Learning Leads, Estates & Facilities Network, Business & Administration Network, and the Employability & Apprenticeships Network.

For each group, we established a programme of meetings and asynchronous activity in response to their needs and available capacity, to support networks operating with appropriate pace and focus. Outcomes also included the creation of spaces for

support and reflection as well as working space for curation and co-production of resources to support the move to online learning delivery.

During 2020-21 we continued to support educators with the use of evidence in practice in the development of learning resources. Our Knowledge Network platform, the national knowledge management platform for health and social care in Scotland, provides access to electronic resources and print collections in the NHS Scotland libraries. We annually fund the digital library collection of evidence summaries, journals, databases and e-books.

We continued to provide an excellent range of resources on the **Knowledge Network** for health and care staff with nearly 1.3 million journal articles downloaded, 938,000 database searches conducted, and nearly 2 million views of eBooks.

THE KNOWLEDGE NETWORK | Use of Subscription Resources

	1,282,249 Journal articles downloaded	938,406 Database searches conducted	1,967,627 Views Of Ebooks and Ebooks chapters
Previous Year	1,173,747	1,089,436	1,936,205
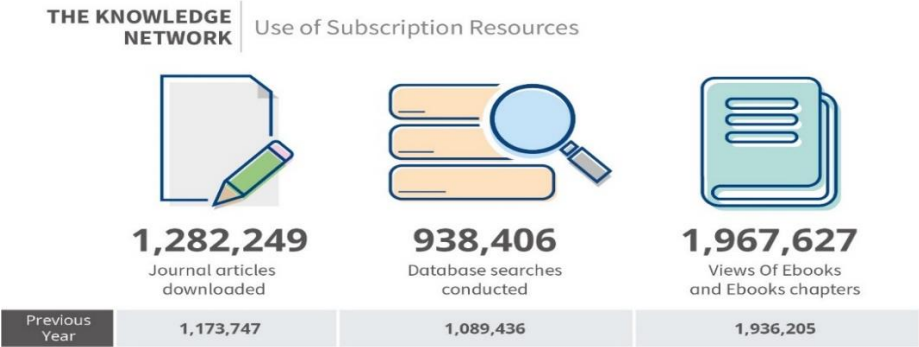
As a result of the pandemic, many of the services provided by the physical libraries in the NHS Boards were interrupted but the extent of the electronic library provision helped to reduce the impact during this challenging time. Many publishers made material relating to COVID-19 freely available for up to one year and we were able to add these to our collections to ensure everyone benefited.

There was a significant uptake of our information skills training to social care staff via the SSSC Open Badges platform with 433 participants in total from April 2020 to March 2021. Health Literacy webinars to support remote consultations continued to be popular with both health and social care staff - 11 webinars were provided with 219 participants. We also supported the use of Microsoft Teams across NHS Scotland providing tip sheets, videos and information management of resources on the websites.

1.4 REMOTE AND RURAL EDUCATIONAL SUPPORT

Within our wider delivery of **Pharmacy CPD**, we redesigned all face-to-face education to be delivered online, improving the reach to remote and rural practitioners. This included piloting new formats of webinar and online peer discussion. We iteratively evolved our live education to test local online peer discussion and MS Teams as a large group teaching format in response to participant feedback requesting enhanced interactivity for webinars. In total for 2020-21, 16,161 e-learning modules were completed.

Due to COVID-19, the launch of the new Community Pharmacy NHS Pharmacy First Scotland service was postponed until 29 July 2020. To support this, we delivered a second national webinar with 351 participants. This was recorded and hosted on TURAS Learn alongside the e-learning module and supporting resources. In addition, our team of Senior Specialist Tutors delivered a series of peer discussion events and post-launch Q&A events.

In support of the roll out of **NHS Near Me** to community pharmacies, we delivered a national webinar with 444 participants which was recorded and hosted on TURAS Learn. The implementation of NHS Near Me provides increased accessibility to clinical services for patients by enabling video consultations where appropriate.

We submitted a full proposal for a **GMC-regulated Credential in Rural and Remote Health** (Unscheduled and Urgent Care) which will be considered by the GMC Curriculum Advisory Group in June 2021. The purpose of the credential is to provide a training framework for General Practitioners and other non-training grade doctors, practising - or wishing to practise - in rural and remote contexts, to support unscheduled and urgent care in rural and remote hospitals and at the interface with the community. The credential proposal has support from stakeholders across the UK.

Our Remote and Rural Education Alliance (RRHEAL), designed and delivered a range of technology enhanced learning, educational programmes and resources to help ensure that remote, rural and island hospital workforce teams are trained and supported to deliver high quality care.

Education sessions were provided via the **RRHEAL VC Education Network** and our **Rural General Hospital VC Education Network** across a wide variety of topics specifically tailored to meet the needs of remote, rural and island practitioners.

We completed initial work on the development of the first Scottish multi-professional Rural Practitioner Advanced Level Education Programme in collaboration with the Scottish Rural Medical Collaborative. We also worked with partners to design a new Rural Hospital Practitioner High Dependency and Critical Care Accredited Programme.

We completed our work as part of the international Remote and Rural Recruitment and Retention Making it Work Project which has produced a Workforce Sustainability Framework and a range of practical tools. In addition we continued our work to design and develop the first Rural Health and Social Care TURAS Learn site aimed at Rural Health & Social Care Support Staff.

We continued to lead on the development of a proposal for a Centre of Excellence in Remote and Rural Training and Education with key partners across Scotland. We are providing leadership and support in developing this programme of work as part of our statutory responsibilities for NHS Scotland education and the coordination of remote and rural healthcare educational developments across Scotland. This programme of work will be developed in line with The Ritchie Report recommendations for a Centre of Excellence that will also foster future workforce for remote and rural areas throughout Scotland.

2. NATIONAL INFRASTRUCTURE TO IMPROVE ATTRACTION, RECRUITMENT, TRAINING AND RETENTION

Strategic Outcomes: NES Strategy 2019-24
- Improved promotion of career opportunities in health and care and easy access to information
- Greater awareness of career opportunities in health and care for young people and school leavers
- Higher education outcome agreements that meet the needs of health and care
- Widened access to higher education and improved recruitment in key areas
- Sufficient education and training capacity to meet future workforce needs
- High take up and fill rates in post-graduate training programmes
- Effective support for staff returning to work or retraining
- Initiatives to support succession planning

Supporting recruitment targets for postgraduate and pre-registration to ensure an adequate supply of well-trained staff is a key aspect of our work. In response to the

COVID-19 pandemic recruitment and selection processes were adapted to virtual delivery. We maintained a focus on improving the attractiveness of NHS Scotland as an employer, developing career pathways and widening access to opportunities to support improved waiting times. This section also includes examples of our work to promote careers in healthcare and help equip young people for jobs.

2.1 RECRUITMENT, CAREERS PROMOTION AND YOUTH EMPLOYMENT

As part of the national response to COVID-19, we supported the onboarding of 575 foundation doctors after their early graduation from medical schools; worked with key stakeholders to support the employment of approximately 4,800 final and second year nursing students within NHS Boards and became the employer of 387 final and second year students working within non-NHS settings.

We continued to provide expertise to trainee recruitment across professional groups as recruitment and selection to training programmes continued to be impacted by the pandemic resulting in, for example, online assessments and/or virtual interviews. Recruitment to the NHS Scotland Management Training Scheme, managed on behalf of all NHS Boards, was launched in March 2021 with similar process adaptations.

We supported **campaigns focused on attraction and retention**, including: *NoWrongPath* – to provide inspiration and reassurance to young people receiving their exam results; *Developing the Young Workforce* (DYW) – to raise awareness of keyworker roles during the pandemic; *Job Centre Plus* – a Scotland-wide campaign to raise awareness of roles in the NHS with links to vacancies; *Scottish Apprenticeship Week* – to raise awareness of NHS apprenticeships, sharing career stories and vacancies; *Healthcare Science Week* – to raise the profile of roles in Healthcare Science; and *Meet the Expert: My World of Work Live* – a schools engagement programme.

The NHS Careers Scotland website provided a focal point for information about careers in NHS Scotland and specific promotion campaigns such as Scottish Apprenticeship Week and Healthcare Science Week. The website target audience includes young people, parents and carers, teachers and careers advisors, career changers and the NHS Scotland workforce.

During 2020-21 a Careers website content audit was completed to identify opportunities for new job profile pages (including education/career pathways and skills); new case studies (videos, written, podcasts); animations (transferable skills, application process); blog posts (top tips / how to guides); and infographics – routes into the NHS.

The NHS Careers Scotland website was also used to host Scottish Government information in support of the national **Covid Accelerated Recruitment Portal** including an overview page, FAQs and links to the application process. As a result of campaign activity and through hosting the Covid Accelerated Recruitment Portal, there were 607,724 visits to the NHS Careers Scotland website (up 52.7% from the previous year) from 466,188 users (up 47.67% from the previous year).

In close collaboration with Scottish Government and the national Employability and Apprenticeships Networks, we facilitated a series of workshops with a focus on **priority employability campaigns**, e.g. the UK Government Kickstart Scheme. Our work supporting national apprenticeship framework development was paused for several months as a result of the pandemic impacting prioritisation of resource across the sector. There was a similar impact on work to support strategic workforce planning skills development although a programme supported by the CIPD was successfully delivered.

We established an Employability Task Group to increase our apprenticeship uptake and activity in NES as well as wider employability programmes. The Group will aim to meet the targets set out in the Youth Employment Strategy Priority, widen access to vacancies, and support the Scottish Government Young Person's Guarantee. Projects were initiated during 2020-21 including a review of entry level job descriptions and the extended use of 'Inclusive Recruiter' standards across all roles. This work will continue into 2021-22.

We progressed career promotion and recruitment resources for **Healthcare Support Workers** with a *Meet the Expert* careers session in conjunction with Skills Development Scotland, targeting school leavers and focusing on Healthcare Support Worker (HCSW) and Operating Department Practitioner (ODP) careers. Role profiles, HCSW careers guidance material and videos were produced to promote the HCSW role as a career. These resources were made available on TURAS Learn.

2.2 PRE-REGISTRATION EDUCATION

Due to COVID-19, Scottish **pharmacy pre-registration recruitment** processes were adapted and we worked collaboratively with HEE (Health Education England) and HEIW (Health Education and Improvement Wales), creating a single UK online pharmacy recruitment process. This resulted in an increase of 40% in applicant numbers for Scotland, to 350 applicants (2021-22 cohort). The recruitment cycle was delivered in line with original timescales, causing no disruption to service provision, with 211 trainees matched and recruited during 2020 to commence in 2021-22.

We continued to develop and deliver quality management systems to approve suitable pre-registration training sites for our pre-registration pharmacy trainees. In line with COVID-19 restrictions we used virtual discussions and trainee feedback mechanisms for approval throughout the year. Data was reviewed and uploaded to the TURAS Quality Management App and any relevant quality issues were followed up through Pharmacy governance processes.

In total 215 trainees (2020-21 Cohort) progressed through the pre-registration programme. Registration of the 2020-21 cohort was impacted by COVID due to a delay in the June 2020 General Pharmaceutical Council (GPhC) registration assessment. Provisional registration status was therefore introduced for those appropriate in this cohort. We provided educational support to this new group of provisionally registered pharmacists until the first online GPhC registration assessment took place in March 2021.

PHARMACY	Target	Actual	% Achieved
PRE-REGISTRATION PHARMACY	215	215	100%

We provided support for changes introduced by the GPhC to Pharmacy pre-registration with resources produced for publication: *NES Designated Supervisor's Guidance Resource Booklet* for 2021-22 and *NES Trainee Pharmacist's Guidance Resource Booklet* for 2021-22. These map existing performance standards to the new learning outcomes and provide advice on skills that should be demonstrated for each outcome. A number of planned online events for designated supervisors and regular peer review sessions will support this transition throughout the 2021-22 training year.

We continued to support the 2019 intake of 15 Healthcare Science Clinical Physiology trainees and these trainees were included in our wider quality monitoring. While no formal training programme was provided in 2020, the next intake was scheduled for September 2021 and we continued to promote this planned intake with the service.

We undertook annual performance management of **pre-registration nursing and midwifery** programmes. A 2020 Pre-registration Nursing and Midwifery Programmes Performance Management Report was submitted to Scottish Government at the end of October 2020. A quality improvement review of all processes aligned to performance was completed, with initial agreement to progress recommendations through the Nursing and Midwifery Programme Advisory Board. In addition, a Midwifery Workforce and Education review commissioned by the Chief Nursing Officer Directorate was submitted in February 2021, with 23 recommendations.

We continued to work in partnership with Scottish Ambulance Service (SAS) throughout 2020-21 and the contracted Higher Education Institutions (HEI) via the Scottish Collaboration of Paramedic Education (SCOPE) which we coordinate and chair. We funded 58 additional sessions of AHP PEL (Practice Education Lead) proportionately across NHS boards to provide placement support to identify settings and practice educators for first year paramedic students across non-SAS placements. Practice based learning agreements were also set up between each HEI, SAS and each health board, setting out the quality and governance arrangements.

An induction package was developed by the end of April 2020 and provided on TURAS Learn for **NMAHP returners to practice** during the COVID pandemic. We worked with key stakeholders to support the employment of final and second-year students within NHS Boards during the COVID-19 pandemic. We also employed final and second-year students working within non-NHS settings during the pandemic.

Education resources were developed by the end of April 2020 to support the upskilling of the NMAHP workforce during the pandemic including health care support workers, those caring for the deteriorating person/unwell child, bespoke resources for staff in community and social services in conjunction with SSSC, and accessible learning on infection prevention and control. These were made available on TURAS Learn and regularly reviewed and updated in line with new information and policy directives.

2.3 ADDITIONAL COST OF TEACHING (ACT)

We continued to manage the **Additional Cost of Teaching** (ACT) fund, the Scottish Government funding which meets the additional costs of teaching medical and dental undergraduate students when they are in hospital or GP Placements in NHS Boards. Medical ACT work is supported by an annual budget of £84.5 million. The management of Medical ACT funding includes the management of the Medical ACT Levy for Non-EEA Overseas Students (introduced by Scottish Government in 2016) which contributes towards the ongoing costs of the Medical Education Package, a widening access initiative which supports entry into the profession of more students from deprived backgrounds; and ScotGEM (Scottish Graduate Entry Medical Programme), a four year graduate entry medical programme with a focus on rural medicine and healthcare improvement to support recruitment and retention in remote and rural areas (introduced in 2018).

Following our 2019 review of ACT funding within Primary Care, in 2020-2021 we undertook a wide-ranging review of all other aspects of the Medical ACT funding processes through establishment of three short life working groups. This work will

culminate in the publication of a new Medical ACT Framework document, due to be published in Quarter 3/Quarter 4 of 2021, which will underpin our ongoing management of the distribution of the Medical ACT funding.

Pharmacy Additional Costs of Teaching (ACTp) funding provided by Scottish Government is aimed at experiential learning and clinical experience for all pharmacy undergraduate students in Scotland to support the increasing clinical roles of pharmacists particularly within the primary care setting. In 2020-21, 73% of experiential learning ACTp was delivered during the academic year across all areas of practice. In light of the pandemic, the two final years of study were prioritised for experiential learning funding by both Scottish Schools of Pharmacy. Virtual programmes were developed incorporating primary care and hospital for student pharmacists who were unable to attend face-to-face experiential learning or where sites were unable to host students due to social-distancing restrictions.

In preparation of experiential learning we trained a further 300 facilitators to support **Pharmacy experiential learning** delivery. A new PFEL fee structure was approved to incorporate further training for existing facilitators from April 2021. Facilitators will now be required to undertake further training every three years to remain on our approved list of experiential facilitators. ACTp experiential Learning plans for 2021-22 were co-produced and agreed by Pharmacy Oversight and Implementation stakeholder groups.

We continued to develop and deliver quality management systems to approve suitable sites to host Experiential Learning (EL) for students. Due to COVID-19, in line with social distancing protocols, we adapted this training from face-to-face to online in 2020 and continued delivery throughout the academic year. Quality management engagement meetings were conducted virtually with any triggered sites/training provider. Data was reviewed and uploaded to the TURAS Quality Management (TQM) App and any relevant issues were followed up directly via Pharmacy governance processes.

2.4   POSTGRADUATE TRAINING GRADES

During 2020-21 we participated in **four-nation working to agree new processes and protocols** to allow us to support the redeployment of doctors in training; manage and support derogation in Annual Review of Competency and Progression (ARCP) processes and recruitment; and play a significant role, through the Scottish

Foundation School, in the onboarding of foundation doctors after their early graduation from medical schools. As Foundation Year 1 doctors these students contributed to the increase in medical capacity in NHS Scotland at the time of the first wave of COVID-19 and received induction, training and support to take up their roles at this early first stage of their medical careers.

Despite the challenges and impact of the COVID-19 pandemic, through close working with partner organisations across the UK and with agreed mitigation strategies in place, we largely managed to maintain medical trainee progression and meet the demands of service.

Work was undertaken nationally in Scotland and across the four nations to ensure minimal disruption and virtual working for ARCP, ARCP Appeals, LTFT (Less Than Full Time) applications, IDT/IRT (Inter-deanery transfers/Inter-regional transfers), OOP (Out of Programme) applications, and Study Leave.

The four nations worked together to recruit junior doctors on a national basis using Oriel, the single online system. Oriel 2 was implemented in May 2020 and recruitment took place with virtual interviews instead of the usual assessment centres. We participated fully in UK recruitment, working with lead recruiting bodies across the UK and in supporting the management of applications. We provided the recruitment infrastructure in Scotland, and despite the pandemic, were able to continue to ensure the smooth provision of doctors in training in August 2020 and February 2021.

MEDICAL TRAINING GRADES	Posts Advertised	Posts Accepted	% Accepted	% Posts filled against establishment
RECRUITMENT TO FOUNDATION	848	842	99%	99%
RECRUITMENT TO CORE TRAINING	345	338	97%	99%
RECRUITMENT TO SPECIALTY TRAINING	743	705	95%	99%

In 2020 we advertised 848 Foundation year one places and filled 842 (99%) and advertised 345 core and 743 specialty posts, and filled 338 (97%) and 705 (95%) respectively.

Recruitment was successfully delivered in all areas with a fill rate of over 95% overall. There was an over 85% fill of vacant posts in each region against agreed national

standards. Some data on incoming starts was delayed due to the pandemic, this was mainly due to issues with trainees obtaining visas and slightly delayed recruitment rounds.

A total of **5990 Annual Reviews of Competency and Progression** were undertaken, 5,670 (95%) were positive or neutral outcomes and 300 (5%) were outcomes that indicated further activity was needed to reach the required standard. New ARCP outcomes which related to the impact of COVID were created and agreed which allowed trainees to have the delays and missed training opportunities recorded specifically with clear no detriment to the trainees.

5990

5670 — 95% — **Positive or neutral outcomes**

300 — 5% — **Further activity needed**

ARCP Outcomes Recorded
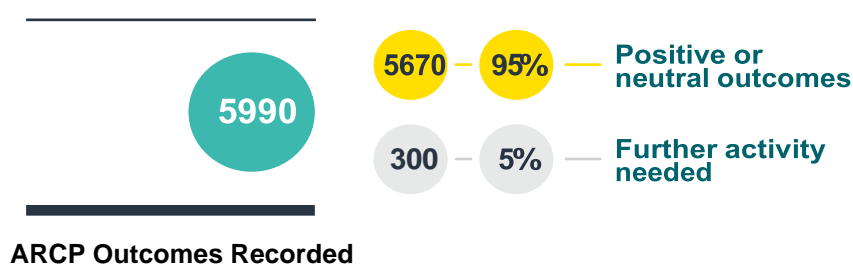
In total we recruited to 131 **Dental Core and Specialty training posts** which constitutes, a 99% fill rate, the best for many years. Induction was delivered via TURAS Learn with the same process planned for 2021-22 trainees. Educational programmes for Dental Core Trainees were slightly reduced (nine events in total) with most events being delivered online. It was necessary to pause Quality management visits to training sites, but Core Training Advisers remained available should trainees have concerns to raise. Visits will resume in 2021-22.

DENTAL TRAINING GRADES	Target	Actual	% Achieved
RECRUITMENT TO DENTAL VOCATIONAL TRAINING	152	151	99%
RECRUITMENT TO DENTAL CORE AND SPECIALITY TRAINING	132	131	99%
PRE-REGISTRATION TRAINING FOR DENTAL NURSES	130	88	67%*
DENTAL HYGIENE/THERAPY TRAINEES	15	14	93%

_ 130 training places were made available, however the uptake of places is demand-led and dependent on external recruitment of pre-registration dental nurse trainees in NHS boards and general dental practice._

In the context of clinical dentistry, the continuing requirement for mitigation procedures, including social distancing and measures to prevent spread of infection via aerosols,

significantly reduced the volume of operative care being provided across the sector. On 1 September 2020 152 DVT Trainees were in post while three undertook additional training time. At the end of March 2021, 151.4 DVT trainees were in post. In response to the COVID-19 pandemic it was agreed in February 2021 that the current cohort of trainees would be offered an extension of training to July 2022. This will enable them to gain sufficient clinical experience and ensure that they obtain satisfactory completion of training.

Due to COVID-19 restrictions all face-to-face dental trainee training, with the exception of approved clinical sessions, was suspended. Each trainee was issued with a 'phantom head' training model at the start of the training year to allow simulated clinical practice to take place due to the reduced operating of the General Dental Service. The majority of study days were arranged utilising online platforms (e.g. GoTo) and were published via the TURAS course booking system. Clinical sessions took place where guidance has allowed. Further study days and delivery will be reviewed following further COVID-19 guidance. The Train the trainer programme (START) was completed for 2020-21 with all sessions delivered via an online platform.

Despite challenges faced during the pandemic,116 **pre-registration dental nurse** trainees successfully completed their pre-registration training during 2020-2021, of which 88 completed the Modern Apprenticeship in Dental Nursing. Utilising the digital technologies available, a range of robust and innovative methods were created to conduct assessments. Examples include using live video stream to conduct workplace observation assessment, and remote invigilation for closed book assessments. The trainees have proceeded to register with the General Dental Council (GDC) and are practising as dental nurses.

A further 88 new dental nurse pre-registration trainees were registered under the Modern Apprentice scheme, commencing training in November 2020. The Dental Nurse pre-registration Induction programme, a pre-requisite for acceptance to the pre-registration course, was transferred to an online platform with interactive PDF paperwork and is working well.

During the pandemic the delivery of the theoretical component of the pre-registration Orthodontic Therapy current programme was continued via an online platform. Following initial postponement, the summative examinations were conducted online in November 2020 and all seven trainees from the 2019-2020 cohort successfully

passed, achieving the RCSEd Diploma in Orthodontic Therapy. They have proceeded to register with the General Dental Council (GDC) as orthodontic therapists. The 2021-2022 blended learning programme commenced in May 2021 with nine trainees.

We continued to progress recruitment to meet target numbers for **applied psychology programmes**. Revised, remote recruitment for doctoral programmes took place in May 2020 and all trainees commenced in October 2020 as planned. Further revised recruitment for the next cohort of doctoral trainees was planned throughout the year. Clinical placements for all trainees were adjusted to support remote and digital delivery of supervised clinical practice to meet regulatory and professional standards. Overall, the majority of trainees completed training as planned – some trainees required short extensions to offset COVID impact during training.

In total, 57 clinical psychology trainees completed pre-registration training, with a small number of trainees requiring extensions due to the impacts of COVID and other significant circumstances; 71 clinical psychology trainees were recruited and commenced pre-registration training in September 2020; and 32 trainees in Psychological Therapies in Primary Care (PTPC) and 27 MSc trainees in Applied Psychology for Children and Young People (APCYP) completed training by March 2021. In addition, 40 PTPC trainees and 30 APCYP trainees were recruited to commence training in January/February 2021 and two trainee health psychologists completed training in May 2021. These activities will help ensure the NHS is provided with suitably trained professionals and fulfilment of the required numbers as guided by workforce planning.

| APPLIED PSYCHOLOGY	Target	Actual	% Achieved
CLINICAL PSYCHOLOGIST TRAINEES' COMPLETION	62	57	92%
PSYCHOLOGICAL THERAPIES IN PRIMARY CARE	35	32	91%
APPLIED PSYCHOLOGY FOR CHILDREN AND YOUNG PEOPLE	30	27	90%
NEUROPSYCHOLOGY PROGRAMME	24	24	100%

We continued to support the University of Glasgow neuropsychology course to ensure a consistent supply of appropriately trained neuropsychologists in the NHS Scotland workforce, whilst upskilling other disciplines in these approaches. We commissioned

and recruited three trainee health psychologists who commenced in February 2021, with a further trainee due to start in April 2021 – delays were due to visa implications in light of Brexit. We continued to support the current cohort of five Child and Adolescent Psychotherapy trainees through training, due to complete in September 2021. We also supported recruitment and selection from December 2020 for a new cohort scheduled to start in September 2021.

Within our **Pharmacy Vocational Foundation Training**, at March 2021, 237 pharmacists were actively participating in the two-year training programme. During 2020-21, 50 trainees successfully completed the training programme and progressed to the next stage.

A total of 66 pharmacy technicians commenced the Vocational Foundation programme, 48 from GP Practice and 18 from the Acute Sector. Due to COVID-19, the programme was redesigned and delivered online. Induction sessions/evidence workshops for tutors/trainees continued to be delivered remotely on an ad-hoc basis, in addition to regular peer review sessions. The assessment processes and all guidance documentation were completed in preparation for the first final assessments due to take place by Summer 2021.

Our **Healthcare scientist trainee cohort** includes supernumerary pre-registration Clinical Scientists and practitioner-level (graduate) staff undertaking advanced-practice scientist development. Training involves either the three-year Scientist Training Programme or an equivalent Masters level programme.
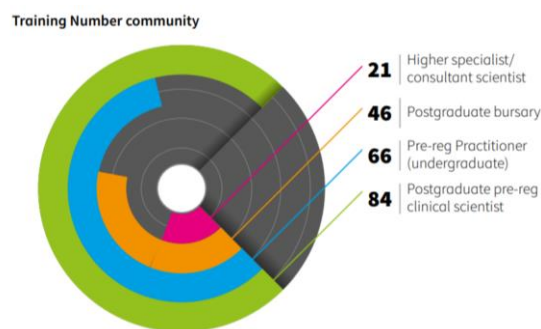
As at March 2021 we were supporting 84 clinical scientist trainees across 13 specialties, 14 clinical scientist trainees were on pathways using the Scientist Training programme. Specifically, in 2020 we were able to support an intake of 18 clinical

scientist trainee posts to meet a demand for 25 posts from services' expressions of interest.

We supported the recruitment of 21 clinical scientist trainees on three-year programmes. A total of 120 online recruitment interviews for these posts were supported. This year saw 1,675 applications, up by nearly 50% compared to the previous year. Recruitment to the clinical scientist posts ensures the ongoing supply of these Postgraduate Healthcare Science staff via our training-grade pathway.

We supported 37 postgraduate bursaries to in-service staff, which was broadly in-line with previous years. For the first time in Scotland, as part of our postgraduate bursary scheme, we were able to offer support to a cohort of 21 in-service consultant scientist trainees to develop higher specialist scientific practice. This followed investment by the Scottish Government. These trainees are completing three to five year plans of development.

HEALTHCARE SCIENTISTS	Target	Actual	% Achieved
PRE-REGISTRATION CLINICAL SCIENTISTS	20	18	90%
POSTGRADUATE SCIENTISTS IN SERVICE	46	46	100%

2.5   POST-REGISTRATION NMAHP EDUCATION

During 2020 we launched the new **Graduate Diploma in Integrated Community Nursing**, working in partnership with Scottish Government, Queen Margaret University and the University of the West of Scotland. Designed for nurses working in a range of settings, the diploma enables participants to continue their studies at postgraduate level to qualify as specialist, advanced and consultant nurses. The innovative programme supports the wider transformational change agenda and equips participants with the range of skills and knowledge needed to work flexibly and to their full potential across the integrated community nursing team.

A total of 196 nurses from care homes, prisons, general practice and community nursing commenced the new Integrated Community Nursing Graduate Diploma and we also supported the development of the district nursing workforce by funding 129

places on the Postgraduate Diploma in District Nursing and 103 places for District Nurses to complete Non-medical Prescribing and Advanced Clinical Assessment modules.

In addition to the 103 places for District Nurses to complete non-medical prescribing, a further 121 nurses and allied health professionals whose roles support COVID-19 recovery were funded to qualify as Non-Medical Prescribers. In addition, 333 nurses completed the Postgraduate Diploma in Advanced Nurse Practice (ANP).

We also funded 159 places for **General Practice Nurses** (GPNs) on university accredited modules including ten modules commissioned specifically for GPN development in line with the Transforming Roles Programme. We provided 47 training posts for newly qualified nurses in General Practice and are already starting to see some of these becoming substantive posts.

Our CPD Connect courses and Problem-based Small Group Learning (PBSGL) were adapted for on-line delivery and to include COVID-19 related topics as required. A total of 1,357 general practice nurses attended courses and 212 joined PBSGL groups.

A service needs analysis identified the potential benefits of training Radiography Assistant Practitioners to authorise requests under guidelines and to undertake image appraisal of plain film. We supported the development of the draft content for work-based learning units which will build the knowledge and understanding required to authorise general radiography requests against local guidelines.

2.6 POST-REGISTRATION DENTAL NURSES AND DENTAL CARE PROFESSIONALS

The delivery of both the **Dental Managers** and **Dental and Medical Reception Skills Programmes** were initially paused during the pandemic. These programmes re-commenced in September 2020 via an online platform. The 2020-2021 cohort of Dental Practice Managers (23) completed the SQA Professional Development Award (SCQF Level 8) and the Dental and Medical Receptionists (24) completed the SQA Professional Development Award (SCQF Level 6). A new online blended learning programme for both awards commenced in April 2021

Post registration dental nurse training programmes were paused during the pandemic due to limited clinical activity and practical experience. Where appropriate, post registration programmes have commenced utilising a blended learning approach with robust assessment processes created, aligned to SQA guidance.

In September 2020 we recruited to 14 Vocational Dental Therapist (VDT) posts, 13 VDTs remained in post as at March 2021 (one resignation). Due to COVID-19, face-to-face training was suspended and all training took place via GoTo sessions. Of the 12 planned study days, ten were delivered with the remaining two on track to be completed by the end of Quarter 2, 2021. Train-the-trainer was completed for 2020-21 with all sessions delivered via an online platform.

2.7 CAREER SUPPORT PROGRAMMES AND RESOURCES FOR RETURNERS

We continued to support improvement in the **retention of GPs** through career advice, induction and returner programmes, a retainer scheme, and support for performance issues. Eight GPs are currently in placement (7 GP Returners and 1 GP Enhanced induction) and 8 successfully completed (3 GP Returners and 5 GP Enhanced Induction). This totals 17 doctors (one GP Returner was unsuccessful) who received this support compared to nine for 2019-20. Output has been greater than in any of the last five years. Despite the impact of COVID-19 we were able to place and support these doctors successfully.

We progressed **return to practice education support for former NMAHP staff** wishing to return to a career in health and social services. Following the successful commissioning of Nursing and Midwifery Return to Practice courses with Robert Gordon University and Glasgow Caledonian University, 86 returners matriculated, exceeding the target minimum of 60. In addition, work was undertaken to identify gaps and areas of good practice in NHS Board return to practice processes for AHPs. A first draft of national guidance was produced which addresses key findings of research conducted by the Health and Care Professionals Council.

We undertook to provide **access and support for dental registrants** to enter, remain and return to the workforce. A flexible and adaptive remediation programme for dental registrants, returners and remedial trainees, was delivered online on three occasions during 2020-21 with 82 participants in total. The course offers bespoke training and

support for dental registrants on a self-funding basis, including mandatory training for entry into the general Dental Service.

3. **EDUCATION AND TRAINING FOR A SKILLED, ADAPTABLE AND COMPASSIONATE WORKFORCE**

Strategic Outcomes: NES Strategy 2019-24
- Learner-centred continuing professional development which ensures practitioners keep up to date
- Enhanced roles to support an improved skill mix and service redesign
- Well-developed multi-disciplinary teams
- Improved development for support workers and allied health professionals
- Clear career progression routes for all roles
- A caring and compassionate workforce
- People developed with the right values and behaviours to operate across boundaries
- Access to leadership and management development at all levels
- A culture of continuous improvement embedded in everyday practice
- Excellence in clinical practice based on evidence and safe models of care
- Coherent approach to developing and sharing learning resources

This section highlights our continuing professional development (CPD) for primary care practitioners and enhanced roles for staff working in primary care teams which are key in attracting and retaining the workforce and underpin new models of community-based care which improve waiting times and integration across health and social care. Also illustrated are our workforce development activities to address health inequality, and our support for integration is reflected in role development for health and social care staff in areas such as dementia, end of life and bereavement care and mental health. We also contributed to improvements in patient safety with educational delivery and clinical skills training, and Quality Improvement through programmes and curricula supported by a national network of leads and practitioners.

3.1 **CONTINUING PROFESSIONAL DEVELOPMENT (CPD) FOR GENERAL MEDICAL PRACTICE, PHARMACY, DENTAL AND OPTOMETRY**

The **Practice Mangers Vocational Training Scheme** (PMVTS) and **Supervisory Management in General Practice** (SMGP) programme were redesigned to be delivered virtually. Cohort 15 of the PMVTS was paused during the first wave of the pandemic and recommenced in August 2020. Cohort 3 of the SMGP was also paused and re-scheduled to recommence virtually in June 2021. Recruitment for both programmes recommenced with programmes due to start from June 2021. Ten webinars were delivered to provide Practice Managers and the wider Primary Care team with regular updates, education and support. In addition, Local Coordinators continued to signpost Practice Managers to educational resources, organised virtual

networking events and meetings, and provided pastoral support to their local colleagues.

We continued to deliver education for **General Practice Nurses** virtually during 2020-21. We produced three webinars to support GPNs during the pandemic, comprising telephone triage, remote consulting for long-term conditions, and management review in asthma and cardiovascular disease. A total of 1,268 attendees were recorded from a target audience of not only GPNs in Scotland but GPs and other healthcare professionals from across the UK. Positive feedback was received, and further topics will include Diabetes & COPD, Anticipatory Care Planning and Supporting End of Life care.

CPD Connect courses were redesigned to enable them to be delivered virtually. A programme of webinars, *A Day in the Life of a Busy General Practice*, attracted over 500 attendees, representing a significant increase on previous face-to-face attendance rates. A programme of education specifically aimed at GPs in their first five years was also delivered and encompassed a number of clinical and non-clinical topics. A new learning programme, *Preparing for Partnership,* for new or aspiring GP Partners was piloted. This received positive feedback from attendees and we will now consider how this can be cascaded to a wider audience.

Practice-based Small Group Learning continued to be popular with only a very slight drop in membership over the year. Members reported that their group provided valuable peer support during the pandemic. Module development was progressed with ten new modules published during the year and facilitator training moved online. We continued to support peer review of video consultations for prospective educational supervisors.

We continued to support **CPD programmes for dentists and dental care professionals**. With the transition of CPD Education for General Dental Practice to an online platform, 216 events were delivered, amounting to over 618 hours of verifiable CPD and more than 27,922 delegates attended via the GoTo training platform.

We supported optometrists to provide safe, high quality care for patients with suspect glaucoma, treated and untreated ocular hypertension, and treated stable glaucoma. Sixteen **Independent Prescribing** (IP) **Community Optometrists** graduated from our programme of accredited education and training in glaucoma management. The

training programme aims to support the shift of appropriate eyecare from hospitals into the community, support service redesign and standardise and quality assure the care patients will receive in the community. Our **Glaucoma Award Training (NESGAT)** is an SQA-accredited qualification, providing an SCQF Level 11 Customised Award in glaucoma management. Funded by the Scottish Government, this qualification allows Independent Prescribing Optometrists in Scotland to manage discharged patients in the community.

We successfully delivered remotely SQA equivalent level 5 and level 7 Certificate in **Optical Care courses** with 14 optical assistants enrolled on Level 5 and eight on Level 7, all completing their courses. In addition, we provided educational support to optometrists to increase their scope of practice in the community by gaining their Therapeutics qualification, with 25 optometrists participating in the Ocular Therapeutics course at Glasgow Caledonian University.

Mandatory training was completed in-year by 1,489 optometrists practising under General Opthalmic Services (GOS). A digital learning resource on Clinical Leadership for inclusion in the 2021 mandatory training was designed and produced, and is now hosted on TURAS. A tender to deliver training for Dispensing in Optometry was successful with five half-day face to face/remote events delivered by the end of Quarter 4, 2020-21, engaging 144 practitioners. CET (Continuing Education and Training) points from the regulator were made available which supports optometrists' and dispensing opticians' revalidation.

Six training events in the Capacity to Consent workstream were delivered remotely with online discussion workshops taking place in Quarters 3 and 4 in 2020-21. Eight discussion workshops were delivered remotely in Quarter 3 to aid optometrists and the eye care team around safe delivery of eyecare in respect of COVID-19 and infection control.

A national optometry non-medical prescribers conference was hosted on-line in Quarter 2 of 2020-21, to support extended community eyecare. A total of 190 optometrists engaged with at least one element of the conference and CET points

were provided. A national conference to support community eyecare, with 275 eyecare professionals registering for at least one element, was delivered virtually in Quarter 3 of 2020-21. Experts were recruited to design and deliver CPD in line with professional needs, and an application was successfully made for accreditation of CET.

In addition to our existing Pharmacy webinar delivery, we redesigned all **Pharmacy face-to-face CPD education** to be delivered online in response to COVID-19. We provided six key webinar programmes (topic specific) and nine local/regional peer discussion events. Quantitative evaluation indicated interactive webinars were more popular and efficient than peer discussion events. Modules averaged 4.5 out 5 on satisfaction levels from those who provided feedback. Our provision of asynchronous e-learning remains popular equating to 16,161 modules completed in 2020-21.

At Pharmacy Foundation level we delivered 16 leadership skills sessions (249 participants) and at an Advanced level, 26 sessions (35 participants). Four Action Learning sessions were provided for seven Directors of Pharmacy with evaluation underway. We supported five Pharmacy Fellows from the 2019 cohort whose fellowship was interrupted due to COVID-19 and recruited four new 2020 cohort Fellows.

We launched a new resource on Heart Failure, developed with the support of specialist pharmacists, to support pharmacists in delivering effective pharmaceutical care to patients with heart failure. It is primarily aimed at General Practice Clinical Pharmacists (GPCPs), however pharmacists from other sectors as well as pre-registration pharmacists and pharmacy technicians may also benefit from completing this module. The new resource can be accessed via TURAS Learn.

**3.2 ROLE DEVELOPMENT AND FRAMEWORKS FOR PRACTICE**

We led the workforce education workstream of the **COVID-19 Vaccination Programme**, in close collaboration with Public Health Scotland (PHS) and stakeholders. We provided learning resources to support new, returning, and experienced vaccinators. This included the existing core immunisation learning resource, Promoting Effective Immunisation Programme (PEIP) and the development of COVID-19 vaccine specific resources. A suite of resources was made accessible on the TURAS Learn COVID-19 Vaccination Programme pages.

A programme of 11 webinars was delivered to support the Vaccination programme and update colleagues on developments in the programme, including the introduction of the COVID-19 vaccines as they became available. The webinars received audiences of 11,300 people with attendee rates for these being approximately 65% of those registering for the events. Some of the webinars were repeated and delivered up to three times each. The webinar recordings were posted on TURAS following the events with the slides and resources for all practitioners to access. These webinars continue to be evaluated and constructive feedback taken into account for future webinar development.

In addition, an education programme to support an expanded workforce was developed. The programme supports the new COVID-19 Healthcare Support Worker (HCSW) vaccinator role without two years health and social care experience, commissioned by the Chief Nursing Officers Directorate and the Sustainable Workforce Group Scottish Government. The programme uses a blended approach with a mix of suggested self-directed online learning and work-based learning supported by a designated supervisor.

We developed **the Early Intervention Framework for Children and Young People's Mental Health and Wellbeing**. This web-based resource enables staff across sectors throughout Scotland to make fully informed investment decisions about early intervention or prevention approaches, and how these potential approaches align with their local contexts. This resource was developed in partnership with over 50 staff from across children's services and supports Recommendation 12 of the Children and Young People's Mental Health Task Force. It aims to support a methodical and effective approach to service commissioning and provision.

The Framework was launched in March 2021 with an accompanying webinar, which is available via the [Early Intervention Framework for Children and Young People's Mental Health and Wellbeing](#) website. Registrations for the event numbered 970 and over 550 attended the launch. All required functionality for the website was achieved and all phases in the development of the resource were completed. Plans for training and promotion of the resource are being developed for delivery during 2021-22.
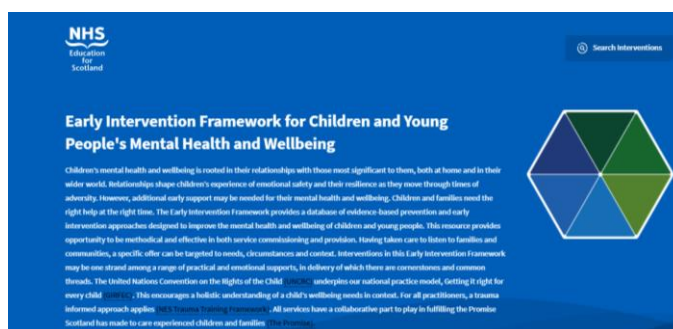
Between April and October 2020, **we delivered over 40 webinars to support the AHP workforce, reaching an audience of 14,000.** The primary focus was on improving staff confidence in the use of NHS Near Me, MS Teams and delivering virtual patient groups. The Near Me series was offered to eight uni-professional groups and quality improvement methodology was used to refine webinar content and delivery. Recordings of the webinars received over 10,000 views.

Qualitative data gathered from use of Near Me and quantitative feedback[*] from attendees demonstrated that the webinars are an effective way to improve knowledge and skills among the 14 allied health professions. ([*] [British Journal of Healthcare Management](#)). An evaluation conducted after four weeks found that webinars offered an effective educational experience with increased knowledge, confidence and impact on service delivery. A total of 94% of respondents reported improved knowledge of Near Me as a result of attending the webinars and there was a 75.5% increase in staff using Near Me eight weeks after attending a webinar.

Due to COVID-19 we changed our delivery of the face-to-face training component of the **National learning pathway for General Practice Clinical Pharmacists** (GPCP) to virtual delivery. During 2020-21 a total of 90 GPCPs commenced the new virtual pathway in two cohorts, taking the total number of GPCPs undertaking the programme to 391 pharmacists. New resources were developed and added to TURAS Learn including eight videos, two e-learning modules, and evidence guidance which was

added to competency resources. We also delivered a GPCP portfolio upgrade, and following a national evaluation, we revised our GPCP Competency and Capability Framework. We accredited a further six GPCPs for Expert Professional Practice and Collaborative Working Relationships at Advanced Level 1.

We worked in conjunction with SQA, Skills Development Scotland (SDS), further education colleges and key stakeholders to ensure the new SVQ Pharmacy Services at SCQF Level 6 meets the requirement of the pharmacotherapy service and pharmacy support staff working in GP Practice. A review of **Modern Apprenticeship for Pharmacy Support Staff** was completed and proposal documents were submitted to Skills Development Scotland (SDS) for final approval in February 2021. New additional national occupational standards, for inclusion in the new SVQ Pharmacy Services at SCQF Level 6, will be developed to meet the requirements of the pharmacotherapy service pharmacy support workers. Work for this will commence in May/June 2021.

In support of the Scottish Government agenda for Primary Care transformation we developed an online learning pathway for **pharmacy technicians working in GP Practices** comprising six modules delivered via online directed learning, monthly two-hour workshops and optional directed continued development. Cohort 1 commenced in October 2020 with 24 participants, due to conclude in April 2021, and Cohort 2 commenced in March 2021 with 56 participants.

3.3 PERSON-CENTRED CARE

The principles of person-centred care are embedded throughout all undergraduate, postgraduate and CPD (continuing professional development) activities. During 2020-21 we provided a range of education, training and workforce development to support and enhance delivery of person-centred care.

We delivered educational interventions and support to improve health and social care professionals' preparedness for effective communication and practice aligned to **death, dying and bereavement care**. We shared information on this work through a variety of channels. The Support Around Death website continued to provide a platform for hosting our materials and other information on care around the time of/after a death. During 2020-21 there were over 33,000 users (from 142 countries)

with over 94,000 page views; a 68% and 83% increase respectively from the previous year.

We continued to develop a range of educational resources on topics related to bereavement and staff wellbeing including a new film *Coping with death and bereavement as a health and social care professional*. Figures show views of over 67,000 across our suite of films during 2020-21; a 76% increase from last year. In response to the COVID-19 pandemic, digital resources were developed including topics on visiting at end of life; spiritual care conversations; and bereavement in the workplace, and we also contributed to the Death and Bereavement page within the TURAS Learn COVID-19 site.

A monthly webinar programme was established, with eight sessions hosted and over 1,300 professionals registered. Topics included death certification and bereavement following substance use. We also built on the success of the inaugural NES Bereavement conference in 2019 by planning the programme for a second event which will now be held virtually in November 2021.

In support of the **Carers Strategy**, a webinar was delivered to 200 participants and shared via TURAS for additional learning. The *Equal Partners in Care* **resource** was successfully embedded into a range of professions' education including Dental and GP nurses via case studies, and an animation highlighting the role of staff in identifying and supporting family carers. The resource was developed in conjunction with the Scottish Social Services Council and a wide range of stakeholders, and supports collaborative working with carers across health and social care to help improve outcomes for carers and the people for whom they provide care.

Within the Health and Social Care Integration programme, the Personal Outcomes Network continued to grow membership and evaluated well in making a contribution to person-centred practice, focused on a personal outcome approach to service delivery.

We delivered a six-module Childsmile SQA training course between January and March 2021 using for the first time, a technology enhanced learning format. This training is aimed at supporting the implementation of **Childsmile** by NHS Boards and General Dental Practice. Five participants took up places, with demand lower as a result of staff redeployment in NHS Boards due to COVID.

In collaboration with our partners we produced remobilisation guidance for NHS Boards to facilitate reintroduction of the **Caring for Smiles programme** to care homes. We also worked with key partners to continue to support the *Open Wide* training guide aimed at those responsible for the oral care of adults with additional support needs, and an online event was delivered in December 2020 with 30 participants.

We launched our first Open Badge on Mouth Care. *The Importance of Mouthcare in the Care Home* covers how to deliver mouth care for dependent older adults, the importance of mouth care in palliative/end of life care, and PPE considerations. Open Badges are digital records of achievements and skills gained through learning, and assessed and evidenced in the form of reflective writing. The learning resource helps support the Caring for Smiles oral health improvement initiative and is the culmination of collaborative work with Scottish Social Services Council (SSSC).

Work was commenced to consolidate the different oral health learning and qualifications into an educational framework designed to be accessible to all. This will comprise a basic foundation level, based on Open Badges, relevant to those working with priority groups. The framework will build on this with modules relating to specific groups, some of which will form part of an SQA qualification at the differing SCQF levels. The intention is to develop a suite of Open Badges on oral health and related topics to support and underpin the national oral health improvement initiatives aimed at priority groups.

3.4 MENTAL HEALTH (INC CAMHS, LEARNING DISABILITIES AND DEMENTIA)

We continued to support the National Dementia Strateg*y* through a number of interventions including: the Dementia Specialist Improvements Leads Programme, training for trainers, training in palliative and end of life care in dementia, and education and training in Psychological Interventions for dementia, to support timely and better quality care for people with dementia in Scotland leading to improved quality of life outcomes.

We delivered a range of interventions to increase the cross-sector reach of existing education and training in **Psychological Interventions for dementia**. We continued

to provide the *Essentials in Psychological Care - Dementia* training programme with a specific focus on Care at Home and the Acute sector in line with Scottish Government priorities, with adaptations for remote delivery.

A pilot of the *Essentials* practitioner training with 20 staff from care homes was completed and we gained agreement to pilot this training in ward settings in NHS Lothian in 2021-22. We also delivered two remote *Essentials* coaching workshops, with individual NHS Board/Health and Social Care Partnership follow up for 18 health and social care staff. There was a delay with delivery of *Essentials* Training for Trainers in light of pressure on care homes during COVID - a total of 38 health and social care staff attended remote sessions.

We continued to improve practice and add consistency to the process of Cognitive Rehabilitation in Dementia. Updated workshops were delivered to a total of 47 health and social care staff. *Psychological Interventions in Response to Stress and Distress in Dementia Training for Trainers* programme was provided to 15 health and social care staff. Uptake was lower due to the impact of COVID and pressures on care home staff. We continued to maintain and update the Stress and Distress Trainer register.

We also delivered two *Psychological Interventions in Response to Stress and Distress in Dementia* coaching workshops to 23 health and social care staff. In addition, *Cognitive Stimulation Therapy* (CST) workshops were delivered to 89 health and social care staff. Uptake was lower than expected due to the impact of COVID-19 on target audience staff groups. A series of nine videos were produced with external contributors from services in local NHS Boards, to promote the use of the *Fronto-temporal Dementia* (FTD) resource series across all settings and professions in health and social care.

We developed five Dementia Learning Bytes. The content is based on our *Essentials in Psychological Care – Dementia* training programme and our *Dementia Skilled Improving Practice* resource. The learning addresses key issues in relation to understanding dementia, supporting the needs of people with dementia, and protecting the human rights of people with dementia during COVID-19. The Learning Bytes are aimed at staff working in care homes but will also be a helpful resource for staff working in any setting that supports people living with dementia.

An initial pilot virtual training event was delivered for front line health and social care staff in palliative and end-of-life care for people with dementia. A total of 20 staff from

across health and social care attended three two-hour synchronous online sessions, and a bespoke online learning site was created on TURAS Learn. Evaluation of the training is underway.

We undertook a range of programmes to increase **CAMHS (Child and Adolescent Mental Health Services) knowledge and skills** in evidence-based assessments and interventions with the ultimate aim to reduce mental illness and improve psychological health in vulnerable children and young people. Backfill funding was provided to NHS Boards across Scotland which allowed release of staff for long therapy courses including: CBT (Cognitive Behavioural Therapy), IPT (Interpersonal Therapy) and Family Therapy.

We delivered the new to CAMHS one-year development plan and revised the content for remote delivery to allow the training programme to proceed – 30 clinicians were offered places. We also continued to offer *Essential CAMHS* supervisor training, attended by 29 across two sessions. CBT training was provided to certificate and diploma level: six certificate trainees completed training in December 2020 and three diploma trainees continued with studies as planned. Nine further certificate trainees started in January 2021.

We provided access to training in different levels of **Family Therapy**: three masters level trainees continued with two-year training as planned, and nine foundation Family Therapy trainees started year-long training in January 2021. We worked with a forensic reference group to develop an e-learning module for *New to Forensic CAMHS*: a resource for clinicians who work with children and young people who are at risk of harming others. This resource is now hosted on TURAS Learn.

We delivered education, training and supervision to maintain Multi Systemic Therapy in Scotland. We also worked closely NHS board leads to continue to develop a multi-sector workforce development plan to increase workforce capacity in CAMHS, and education and training was adapted for remote delivery where possible.

We supported specialist training in Family Based Therapy (FBT) for anorexia with nine participants completing training to practitioner level, and one achieving FBT supervisor level training. Trauma focused CBT was delivered to 20 clinicians and CBT training for eating disorders was attended by 15 clinicians. CBT supervision training was attended

by 17 clinicians and four CAMHS clinicians began Interpersonal Therapy (IPT) training in September 2020, adjusted for remote delivery.

Additional mental health and suicide prevention animations were co-produced in conjunction with Public Health Scotland (PHS). The animations will add to the knowledge and skills of those in health, social care and the wider public sectors who need to be informed about mental health, self-harm and suicide prevention in relation to children and young people. The educational resources are aligned with the Informed level of the Knowledge and Skills Framework for **Mental Health Improvement, Self-Harm and Suicide Prevention Framework**.

Activity continues and is on track to develop a comprehensive TURAS Learn repository of supporting resources across all levels of the NES/NHS Health Scotland Knowledge and Skills Framework for Mental Health Improvement and Suicide Prevention for delivery in December 2022.

3.5 MATERNAL AND CHILD HEALTH (INC YOUNG PEOPLE AND FAMILIES)

We supported multi-professional staff in schools, FE and HE institutions as well as other community settings to deliver evidence-based/informed **psychological interventions** to children and young people who may not otherwise be able to access such support. We delivered education and implementation support of *Let's Introduce Anxiety Management* (LIAM) training and coaching to staff in children's services, exceeding target numbers considerably, with 308 delegates attending the LIAM 0.5 day training and 545 attending the LIAM two-day training.

Adapted Behavioural Activation training was delivered to 50 staff across children's services via a train the trainer model by March 2021. We also provided an implementation support day for 30 staff to progress the roll-out of LIAM into CAMHS. LIAM was then prioritised by NHS Boards for COVID related distress, and 51 clinicians were trained. In addition, we delivered the *Training in Psychological Skills* and *Trauma* modules to 59 staff across Scotland, with adjusted learning material for remote delivery.

We delivered three days of authorised *Triple P* training, exceeding our target with 49 practitioners in total receiving accredited training in Level 4 Group *Triple P* across the multi-professional workforce. We also provided six *Triple P* practice support/coaching

sessions with 43 attendees in total and 69 practitioners attended seven *Incredible Years* coaching sessions. In addition, six *Connecting with Parents' Motivations* (CWPM) training sessions were delivered to 85 practitioners in total and one CWPM Training for Trainers session was delivered to seven practitioners.

We considerably exceeded targets by providing eight two-day *Solihull Approach* foundation level training sessions for a total of 89 practitioners, and one *Solihull Approach* Foundation Level Train the Trainer for 38 practitioners via remote training. A total of 100 practitioners started the Warwick University Infant Mental Health online training. Eight supervision sessions in Video Interaction Guidance were provided to four practitioners and ten practitioners started the MSc in Therapeutic Skills working with Children and Young People.

In partnership with Scottish Government we supported the implementation of the *Solihull Approach Online* Resource. We launched free access across Scotland to the online courses within the [Solihull Approach](#) to support parents, practitioners and teenagers in light of the COVID-19 pandemic, with 10,073 learner registrations between May 2020 and March 2021. Our *Solihull Approach Online* Implementation Guide was updated to reflect new courses and the Guide was distributed widely across networks.
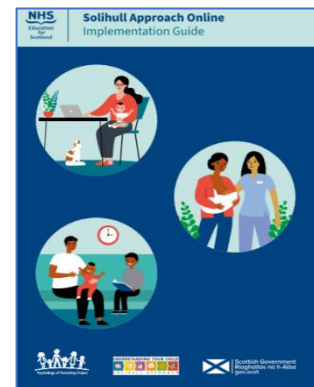
During 2020-21 training events in Motivational Interviewing (MI) were delivered. As these events were delivered in face-to-face format for hospital staff, places offered were limited to six due to social distancing restrictions. Therefore, overall there were 29 attendees. We maintained a network of trainers across all 11 NHS Boards, and developed and provided training and support in facilitating online/remote delivery of training - 38 places were taken up by trainers from across ten NHS Boards. We also commissioned two training events for this network in March 2021: a two-day session in *Compassion Focused Therapy* with Children and Young People with 31 trainers attending; and a half-day training in delivering paediatric therapeutic groups remotely with 22 trainers attending.

In support of the **Family Nurse Partnership**, 86 Family Nurses were provided with education in 2020-21, almost 50% above the target of 60. This increase was in response to clinical service needs. All modules within the Core Education Programme

were facilitated via e-learning which will inform a more blended approach as we transition back to face-to-face education. *Partners in Parenting Education* (PIPE) was fully facilitated via e-learning for 15 Family Nurses in February 2021 and evaluation feedback will provide insight into future course delivery. In total, 13 Family Nurse Supervisors engaged with education this year, which also exceeded the target.

A total of 36 school nurse students were recruited to School Nursing programmes in Scotland in 2020-21. Performance Enhancement Reviews were undertaken at the three HEI providers. The final and overarching Performance Enhancement Review Report was submitted to Scottish Government and commissioning contracts were confirmed for 2020-21.

By the end of March 2021, a total of 99 courses were delivered as part of the **Scottish Multiprofessional Maternity Development Programme (SMMDP)**. This included 81 face-to-face/blended learning courses and 18 online courses. Some face-to-face courses also included a small number facilitated virtually alongside face-to-face training. Despite restrictions due to room sizes we exceeded participant numbers with 900 attendees. *Examination of the Newborn* courses were provided for 21 undergraduate/return to practice students, to meet new NMC (Nursing and Midwifery Council) standards and to support Higher Education Institutions.

A total of 78 courses were delivered in NHS boards face-to-face to maintain essential maternity services education through core mandatory training. Whilst participants numbers were reduced due to COVID-19 restrictions, we exceeded target reaching over 650 practitioners. We also delivered essential update training by providing webinars to remote and rural practitioners.

As part of our national training initiative we commissioned the Institute of Health Visiting (iHV) to provide Perinatal Mental Health Champions training. Champions will support health visitors and midwives achieve the skills and knowledge of the [Perinatal and Infant Mental Health Curricular Framework](). The first group of 20 health visitors and midwives completed the two-day training in February 2021. A follow up session was held to plan the roll out. A further 40 health visitors and midwives will complete the Perinatal Mental health champion training in September 2021 and February 2022.

3.6 EQUALITY AND DIVERSITY

We completed the final year of our four-year equality and diversity outcomes and mainstreaming priorities plan. Our plan sets out eight equality outcomes in areas such as: developing interventions to address differential attainment in postgraduate medical education, delivering educational support to enable staff to address health inequalities, and supporting refugee and asylum-seeking doctors to access training and language support. We also identified the need to improve accessibility for disabled learners and trainees as a mainstreaming priority. In 2020-21 we undertook work across our portfolio to pursue these aims.

We developed a **Health Literacy e-Learning module** in partnership with Health

Education England to raise awareness of health literacy and its impact on health and social care staff. The module provides an understanding of the benefits of health literacy to individuals and services, and the impact of

health literacy on health choices. It includes information and guidance on health literacy tools and techniques. We also hosted webinars enabling participants to consolidate learning and share ideas about using the tools and techniques in the resource.

We further developed the **Equality, Diversity and Human Rights learning zone** on TURAS Learn, providing access to learning content for anyone working in or with the public sector in Scotland. We continue to work to develop awareness and capacity in relation to inclusive design and delivery approaches for education and training. Material on accessibility and inclusion has been incorporated into our Guidance for Educators resources on TURAS Learn and we worked with Dyslexia Scotland to develop a Dyslexia awareness module for managers. We enhanced our offerings on gender-based violence to include resources on coercive control. We also launched a new webinar series, *Current Issues in Equality*, with leading researchers on race equality, exploring the impact of systemic racism on health and effective approaches to race equality training.

Through the **Refugee Doctors Project**, in conjunction with partners, we continued to support medically trained and qualified refugees to achieve medical registration and contribute their skills to NHS Scotland, as well as offer a long-term package of support.

The project helps suitably qualified refugees to access training, language support, and professional mentoring to support them meet the standards for professional registration with the General Medical Council and practise medicine in Scotland. To date, 69 doctors have registered on the programme. In almost three years of delivery to date, 17 refugee doctors have attained GMC registration, 11 are working in NHS Scotland, and one in England, and numerous others have passed IELTS (International English Language Testing System) and PLAB (Professional and Linguistic Assessments Board) exams as part of their qualification.

We continued to deliver targeted educational support through the **Scottish Trainee Enhanced induction Programme (STEP) programme** to International Medical Graduates and their Educational Supervisors in General Practice, which addresses their specific educational needs and supports preparation for the Clinical Skills Assessment. During 2020-21 we successfully transformed the programme to a technology enhanced format for remote delivery during the COVID-19 pandemic. In Autumn 2020 we expanded STEP to Psychiatry trainees and their supervisors. STEP is featured on the General Medical Council's website as an example of good practice in tackling differential attainment and providing support for learners. In addition, we collaborated with the Royal College of Physicians and Surgeons Glasgow to deliver specific modules, such as culture and careers, to trainees via Microsoft Teams.

Our achievements also included making improvements to our online products to ensure conformance with the public sector web accessibility guidelines, and improving access to business systems, policies, and learning for disabled people.

We published our refreshed equality outcomes for 2021-2025 in our **Equality Outcomes and Mainstreaming Report, 2021-2025**. They set out the priorities we seek to address for the next four years and particularly reflect the increasing importance of digital pathways for health, care, learning and work, as well as inequalities exacerbated by the COVID-19 pandemic. Our statutory reports and outcomes can be accessed on the equality reports section of the NES website.

3.7   HEALTHCARE SUPPORT WORKERS

During 2020-21 we retained a focus on facilitating access to educational tools, resources and learning for healthcare support workers in support of the *Everyone Matters Implementation Plan* and to contribute to improved career development and

succession planning. The COVID-19 pandemic necessitated reassessment of how we engage with support workers and deliver services to meet their needs.

We developed the Support Worker page within the COVID-19 TURAS Learn site to facilitate HCSW (healthcare support worker) access to educational materials during the pandemic. Content included five new **learning packs for support workers in health and social care** covering topics of Delegation, Infection Prevention and Control, Keeping a record of care, Teamworking, and Recognising and responding when a person is deteriorating. A HCSW Newsletter (COVID-19 Special Edition) was developed to support the new resources, and a new learning pack, *Looking after yourself and others during COVID-19,* was provided for team leaders in health and social care. We also worked jointly with partners at SSSC, Care Inspectorate and COSLA to develop a **Social Care Workforce page within TURAS Learn.**

We delivered targeted campaigns between May and July 2020 to promote the COVID-19 education resources on TURAS Learn to HCSWs. The campaigns achieved engagement statistics exceeding industry averages, with 98% of engagement via mobile devices. A video featuring HCSW endorsement of the materials attracted over 7,000 views within the two-week campaign.

We conducted research with Heads of Midwifery to identify what would best support them and their teams to maximise HCSW roles within maternity and neonatal services. Further exploration of the HCSW Masterclass model is planned. Work was completed on the aligned NMAHP Career Framework and a stakeholder communication strategy was put in place to support new guidance.

In August 2020, a webinar for support workers in Primary Care teams was delivered for 190 participants. In addition, work was undertaken to transfer HCSW resources to a new site in TURAS Learn.

In response to the pandemic, many HCSWs in Business & Administration, and Estates & Facilities functions were redeployed into new roles and much of the learning and development was paused both as a consequence of the pandemic and given the challenges of delivery. We remain committed to ensuring that the learning needs for

this staff group are met in a way which maximises their contribution to the teams they work within and builds on the new skills and knowledge they may have gathered during the pandemic.

Research was commissioned, including a learning needs analysis, to provide an evidence base which will inform the education and learning that is offered to non-clinical HCSWs to support their skills development and career progression. A survey achieved 792 responses and the analysis stage of the project is underway.

3.8 ORGANISATIONAL, LEADERSHIP AND MANAGEMENT DEVELOPMENT (EXTERNAL)

During 2020-21, we continued to contribute to the implementation of the Everyone Matters:2020 Workforce Vision[8] and provide support for NHS Scotland leadership and management priorities, and national policy initiatives, including the Quality Strategy.

We worked closely with Scottish Government's Health and Social Care Workforce Directorate to continue to develop national strategy for leadership development and succession planning for health and social care with specific reference to the recommendations of the Independent Review of Adult Social Care.

We also continued to lead on the leadership and development component of Project Lift which has an explicit focus on collective and compassionate leadership.
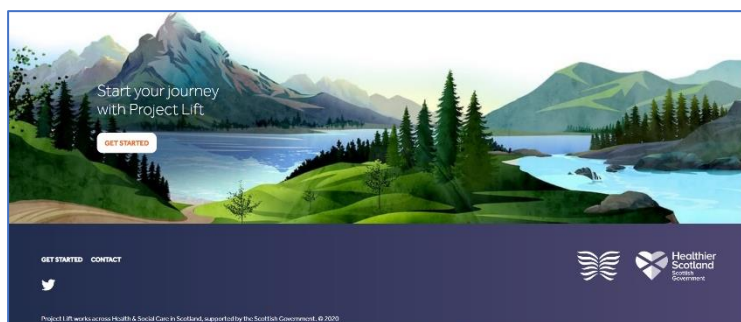
In addition to Project Lift we offered a range of national multi-professional programmes:

a. **Project Lift:** *Leadership Cubed,* the current leadership development programme for aspiring directors, resumed delivery in August 2020 following re-design of the material for online delivery. Cohort 2 concluded their programme in November 2020 and evaluation data is now being gathered and analysed for this cohort. Activity for

Cohort 3 together with onboarding of Cohort 4 also resumed although formal learning events were suspended during January – March 2021 as many participants were unable to fully participate due to pandemic related work. Both current cohorts have now resumed development activity.

b. Due to the impact of COVID on NHS staff availability, a total of 28 **Career Conversations** (seven less than projected) were delivered by 1 April 2021. Each Career Conversation was evaluated, ensuring the quality and impact of the process. Feedback confirmed that all respondents would recommend a Career Conversation to their peers. Over the last two years, 40% of career conversation participants have made career moves that support their aspirations with 27% moving to a promoted post.

c. **Leadership Links**: In recognition of the importance of supporting people and teams to maintain their health and wellbeing during the pandemic, the Leadership Links Wellbeing Festival offered six online sessions sharing different approaches ranging from, psychological and physical wellbeing and resilience, to self-coaching. Just over 400 people attended the sessions.

d. **Leading for the Future,** the collaborative, multi-professional Adaptive Leadership programme for staff in health and social care and connected public sector organisations, was redesigned for online delivery and masterclasses resumed for Cohort 10. Recruitment for Cohort 11 is underway.

e. **Management Training Scheme (MTS):** Trainees from existing cohorts completed placements successfully with some re-assigned by their host boards to pandemic related work. Our early career leadership development programmes, *New Horizons* and *Peer Thinking*, were initially delayed while they were re-designed for online delivery and will be completed by June 2021. Recruitment for the September 2021 MTS cohort began in March 2021, successfully attracting 800 initial applications for six general trainee places and two finance trainee places across NHS Scotland. Recruitment will be complete by May 2021.

f. **Coaching for Wellbeing**: This programme was established in May 2020 in response to the pandemic to support all health and care staff. The emphasis is on maintaining individual health, wellbeing and resilience, and to support those with responsibility for the health and wellbeing of other staff. By end of March 2021, 1,200 staff across the health and social care workforce had received an average of two one-hour coaching sessions to support their wellbeing. Of the first 90 coachees completing coaching, 98% reported that the coaching had effectively/very effectively supported the issues they wanted to address. Scottish Government has provided funding for the service until March 2022.

g. **GP Coaching**: This service continued to be delivered via online sessions. A total of 50 GPs received coaching support.

h. **Scottish Clinical Leadership Fellows**: This programme was re-designed for online delivery and all elements were successfully completed for cohort 10. Recruitment for cohort 11 was also completed.

3.9 QUALITY IMPROVEMENT (QI) EDUCATION

We continued to deliver a range of QI activities to contribute to improving the delivery of safe, effective and person-centred care, and efficient health and care services.

The Scottish Improvement Leader (ScIL) programme enables public sector workers to design and lead improvement projects, lead change, and provide expert quality improvement support in the workplace. A total of 105 participants completed ScIL in 2020 from Scotland and Northern Ireland. Two cohorts commenced in Scotland in 2020, in addition to the first Welsh cohort commissioned by Public Health Wales. The impact of COVID in 2020 resulted in pausing of the commencement of two further cohorts in Scotland and one cohort in Northern Ireland, all of which will recommence in 2021. To date we have trained 625 improvement leaders through the ScIL programme.

The twelfth cohort of the Scottish Quality and Safety Fellowship was paused due to the impact of COVID. Despite this, the cohort met virtually on a regular basis for both informal networking and presentations from speakers across Scotland. The final residential workshop and graduation for this cohort are scheduled to take place in September 2021. The thirteenth cohort of SQS Fellowship will commence in October 2021.

The Scottish Improvement Foundation Skills programme supports individuals to develop the skills, knowledge and confidence to contribute to the improvement of local services. During 2020, 82 staff from across the public sector completed the programme, comprising seven virtual sessions using the GoToTraining platform. One additional cohort was paused due to COVID and will recommence in May 2021. In support of our aims to expand NES workforce capability to use quality improvement as a method to implement change, a total of 29 of our staff completed the programme during 2020.

The Scottish Coaching and Leading for Improvement Programme (SCLIP) was established in 2018 for a target audience of managers working within health and social care. It enables participants to develop leadership skills, gain knowledge and confidence in the core components of quality improvement whilst embedding a coaching approach to how teams are enabled and empowered. A key development for this programme has been the transfer to a virtual delivery format. Further testing is underway to enhance the synchronous and asynchronous balance of content.

Due to COVID-19, one cohort only of SCLIP was completed in 2020 to support our internal QI capability and capacity building. Three cohorts commissioned by the Chief Nursing Officer, aligned to the Excellence in Care programme, commenced in late 2020 and were completed by March 2021, each with 30 participants. To date 330 participants have completed the SCLIP programme.

In alignment with the devolved delivery of the Scottish Improvement Foundations Skills (SIFS) programme, SCLIP has also been devolved to a number of organisations to help build capability and capacity by providing managers with the knowledge, skills and tools to support practitioners undertaking foundation level quality improvement activity. The devolved delivery of SCLIP is an agreed strategic approach to increase the opportunities for capacity building across the public sector in Scotland. To date there is engagement with NHS Grampian, NHS Greater Glasgow & Clyde, NHS Dumfries & Galloway, the Children's and Young People Improvement Collaborative as well as NES. The programme has also been commissioned for external delivery to the Western and Southern Health and Social Care Trusts in Northern Ireland, commencing in September 2021.

Work is underway to devolve delivery of this programme to local NHS Boards. Those who have engaged with this approach to date include NHS Grampian, NHS Greater Glasgow & Clyde, NHS Dumfries & Galloway as well as NES. The programme has also been commissioned for external delivery to the Western and Southern Health and Social Care Trusts in Northern Ireland. However, this cohort was paused and is due to recommence later in 2021.

The QI Zone on TURAS Learn continued to provide a hub of information for quality improvers. Requests were received from other organisations to replicate and share content from the site. In addition to the tools and programme information on the site, there are five introductory eLearning modules which follow the Scottish Improvement journey. The number of modules completed and in progress, together with the cumulative total across the five QI topics is shown below.

QI Module	Completed	In Progress	Cumulative Total
Measurement for Improvement	923	401	2976
Understanding your system	805	127	2690
Developing your aims and change ideas	816	90	2319
Testing your change ideas	626	49	1985

| Implementation and spread | 544 | 38 | 1414 |

QI Modules data: 1 April 2020 – 31 March 2021

We continued our work as lead in the development of educational resources, provision of coaching, and training for the **Value Management Collaborative**. This partnership programme of work with Scottish Government and Healthcare Improvement Scotland (HIS) focuses on the use of quality improvement to improve performance, cost and capacity in microsystems. During 2020-21, we progressed work with 18 teams across six NHS Boards (activity was postponed March - August 2020). A total of 11 modules were delivered with 142 attendees in total. No modules were delivered during January – March 2021 due to the COVID second wave but coaching calls continued, with 34 NHS Board coaching calls taking place to support coaches in building capability. Impact assessment of the programme reported an increase in the average score for coach confidence in key elements of value management implementation (based on a rating of 0 – 4), from 2.6 in 2019 to 3.4 in 2020.

Since 2018 our virtual programme, Scottish Improvement Foundation Skills has been provided to enable 'First 5' GPs to become involved in CPD activities to develop their skills, knowledge and confidence in quality improvement and actively contribute to supporting positive changes in primary care delivery. The programme is also available to GPs, as well as practice and cluster quality leads. A total of 89 participants completed the programme during 2020-21, including 52 'First' GPs; 10 GPs; 6 cluster quality leads; 8 practice quality leads and 13 primary care staff.

We created and launched two new eLearning modules in November 2020 on our dedicated Board Development learning platform within TURAS Learn. The site includes relevant education and support material on induction, integration, mentoring and coaching, committee information/skills, and CPD. There were 4,961 views in 2020-21 and 12,393 views since launch in August 2019 (the NHS Board Non-executive cohort is approximately 330).

The new induction approach combines local and national induction with new appraisal arrangements for Chairs and Non-Executive Board members. A **Boardroom mentoring programme** provides cross-Board mentoring for Non-Executive Board members. Mentors have increased by 54% from 13 to 24, and NHS Board participation has increased from six NHS Boards to 14 NHS Boards volunteering mentors. The range of NHS Boards with mentees expanded from seven to 13 NHS

Boards. Mentoring partnerships increased by 43% from 9 to 21 of which 17 are currently active. Evaluations from those completing their mentoring partnerships illustrate the value of the mentoring experience as a mentee and mentor.

Realistic Medicine is an approach to healthcare that aims to put the patient at the centre of decisions made about their care. Our website on TURAS Learn supports this approach providing information, e-learning modules, guides, and frameworks aligned to the educational strategy for this programme of work. In support of the Realistic Medicine agenda, we continued to promote the **Shared Decision-Making e-learning** module. In 2020-21, 590 people completed the module, with 382 in progress. The cumulative total of all staff completing this module now stands at 1,461.

During the pandemic, between June and September 2020, we provided 25 sessions on how to facilitate online learning, providing training for up to 575 staff across NHS Scotland. The majority of participants (94%) agreed that the session would enable them to facilitate online learning sessions. Supporting videos and resources were added to the QI zone for those unable to access the live training events and have been accessed over 700 times.

A number of activities were undertaken to support quality improvement in the optometry profession. As part of the transition of the **Optometry Peer Assisted Learning (PAL) network** to online format, 18 facilitators were trained in the online delivery of peer discussion groups, building a faculty. There was also delivery of two online discussion groups working through case examples for the optometry pre-registration audience, and development of OPAL (optometry practice assisted learning) was progressed.

Delivery of two optometry webinars on Leadership and Quality Improvement took place in 2021 meeting the demand in numbers. Experts were recruited to design and deliver CPD in line with professional needs. An on-line discussion forum also took place. A paper for stakeholders detailing the planned delivery of leadership and QI training for the Optometry profession was submitted and accepted for publication, with publication due later in 2021.

3.10 PATIENT SAFETY, CLINICAL SKILLS AND PUBLIC HEALTH (INC HEALTH PROTECTION, HAI)

We developed practical guidance to help people working in the health and social care system capture valuable practice and improvements made during their response to COVID-19. We also produced guidance on the **human-centred design of work procedures** such as protocols, written instructions, checklists and flow charts. Work is underway with NHS Ayrshire and Arran and Public Health Scotland to undertake Human Factors based design analysis of vaccination facilities with a view to sharing this learning across Scotland and beyond.

In other initiatives we supported the design, development, usability testing and operation of new ventilators. A series of tools were developed in collaboration with Healthcare Improvement Scotland (HIS) and Public Health Scotland (PHS). These included a validated safety checklist, risk assessment tool, frequently asked questions, guidance on designing procedures and implementation examples.

Delivery of **Human Factors education** was adapted due to COVID-19 with all introductory level training provided through eLearning modules. To support higher level learning to increase impact, several other projects were delivered. We were awarded funding from the Health Foundation to explore and enhance the links between Human Factors and the Quality Improvement community. This involved testing and evaluation of a hybrid Human Factors and Quality Improvement method; delivery of over 20 one-hour webinars on Human Factors concepts and approaches; and the development of an online community of practice.

Our Human Factors education two-day masterclass materials and workshop were piloted with 24 patient safety leaders and advisors, and adapted for delivery in virtual environments in support of Scottish Government joint commission of NES and HIS as part of the national Safety, Openness and Learning Agenda. We also provided around 50 webinars on a range of Human Factors education concepts and methods to over 2,000 Quality Improvement and Safety advisors, and leaders in health and social care.

We developed three e-learning resources related to skills bundles required to deal with the pandemic, using quality assured processes: *COVID-19 Helping you in your role - Self-Protection*; *Assessment and Management*; and *Protecting your Workplace*. A further two units on *Procedural Skills* development and *Rehearsing Immersive Simulation* scenarios were also developed to support skills transition to the workplace. Due to the changing information of the disease, these were reviewed and updated

weekly for the first two months of the pandemic. Over 40,000 people from NHS boards, HEI, Health and Social Care, and Local Authorities have used the resources.

With the aim of supporting clinical skills training contributing to better and safer patient care, the Mobile Skills Unit (MSU) facilitated the training of 99 people (96 NHS staff; 3 other) over five training sessions in the period from August 2020 to March 2021. Travel restrictions necessitated the cancellation of 25 MSU visits across ten NHS boards.
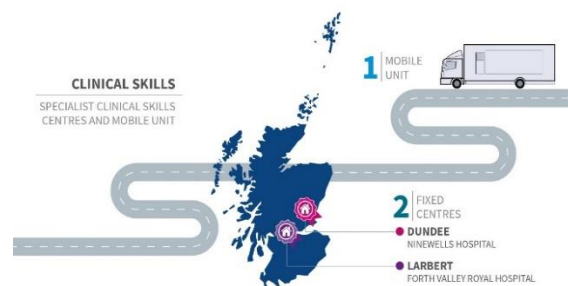
Our Clinical Skills Managed Education Network (CSMEN) led the implementation of an interim **National Skills Education Hub** at NHS Louisa Jordan when the facilities became available in May 2020. Quality assured processes were applied to delivering the skills education and there were four main pathways of learning comprising: standard induction for COVID-19; skills training for West of Scotland workforce; national skills training; and skills innovation trials.

The NHS Louisa Jordan training site allowed COVID safety measures such as physical distancing to be put in place and enabled the delivery of multi-professional skills training for 7,748 participants. The first European EyeSi simulator was piloted at the NHS Louisa Jordan initially to train optometrists, but with the incorporated feedback system it supported all those involved in eye care.

Resources to support Scottish Government's dental response to the COVID-19 pandemic and NHS dental teams' **resumption of the provision of dental care** were

developed and published. These included guides for acute dental problems management and associated drug prescribing, a practice closure checklist, a dental practice recovery toolkit for Phase 2 and Phase 3 of NHS dentistry's remobilisation, and a review of evidence on aerosol generating procedures. This work was delivered and made available to dental practices across Scotland to aid the remobilisation of the practices.

We planned, implemented and delivered programmes of health behaviour change training to multi-professional groups using multiple media. We monitored use of the online module *Motivation, Action, Prompts and cues (MAP) of Behaviour Change* across a range of health and social care professionals in Scotland, with completions totalling 1,938. In addition, we developed, delivered, and evaluated 12 blended skills-based workshops; training for trainers; and provide enhanced level training for trainers based on the MAP Programme – attended by 105 participants across all sessions.

We met our target and established four new **Pharmacy Teach and Treat Training Hubs for Common Clinical Conditions** in 2020-21, bringing the total to eight throughout NHS Scotland (one in each of NHS Ayrshire & Arran, NHS Highland, NHS Forth Valley, NHS Grampian, NHS Lothian, NHS Tayside and two in NHS Greater Glasgow & Clyde).

Our Pharmacist Clinical Skills training was impacted by COVID-19 restrictions resulting in delayed and reduced delivery of our commissioned face-to-face clinical skills training for Pharmacist Independent Prescribers. Overall in 2020-21, a reduced number of face-to-face courses were delivered, and all consultation skills training was transferred to online delivery resulting in a total of 147 Pharmacists receiving clinical skills training. Further dates (confirmed and filled) will be delivered in 2021-22 in line with the expected targets.

During 2020-21, 226 pharmacists commenced our funded **Independent Prescribing training**. Demand for places increased during 2020-21 and we expect that professional and regulatory changes will lead to an increased number of Pharmacist Independent prescribers in the future. We continued to work with the *Once for NES* policy to develop a new process which allows healthcare professionals including pharmacists to submit their consultations for peer review.

In conjunction with NHS National Services Scotland we commenced leadership of a

new collaborative programme focused on

Digital Prescribing and Dispensing

across primary and secondary care in

Scotland. The first phase will concentrate

on the requirements to produce an

electronic prescribing prototype to enable more sustainable processes across primary

and secondary care. A series of targeted webinars will be held, initially involving

selected users in primary and secondary care.

We continued to support the public health workforce in the delivery of key public health

priorities. Nine webinars were held to support care homes on **Infection Prevention**

and Control topics based on the Community Antimicrobial Resistance and Healthcare

Associated Infection (CARHAI) Manual and addendums. There were 3,000 attendees

from across the care home sector. Two further webinars were held for 4,000 staff to

support health and social care workers in *Infection Prevention and Control* during the

COVID-19 pandemic.

To support priorities in oral healthcare, we delivered approximately 47 online courses

for dental in-practice Infection Control during the pandemic to 6,000 participants.

Delivery of in-practice Infection Control Training with the optional inclusion of content

to support the reduction of antibiotic prescribing training was transferred to on-line

delivery with materials hosted on TURAS. There were significant levels of attendance

particularly as practices prepared to re-open to patients.

4. **A NATIONAL DIGITAL PLATFORM, ANALYSIS, INTELLIGENCE AND MODELLING**

> **Strategic Outcomes: NES Strategy 2019-24**
> - A national digital platform with a coherent architecture
> - The ability to rapidly introduce and scale up new technologies based on consistent standards
> - Products developed on the national platform that improve patient care and experience.
> - Business, administrative and workforce systems that create time for care and improve the employment experience.
> - Improved access to information, data analytics and intelligence
> - Improved capability and capacity in our specialist digital workforce
> - A workforce with up to date skills to deliver digitally enabled services
> - Accessible, accurate and linked workforce data for planners and decision-makers

This section highlights our work to improve access to data and the development of modern digital systems which are key elements of new models of care to address Cabinet Secretary priorities and to support the delivery of the Digital Health and Care Strategy.

As well as the continued development of a national digital platform, we contributed significantly to the NHS Scotland response to COVID-19 through development and deployment of national digital applications commissioned by Scottish Government and the provision of a wide-range of COVID-19 educational materials for health and care. We transitioned many of our courses to TURAS Learn and continued our work to support development of a health and care workforce able to deliver digitally enabled services.

4.1 THE NATIONAL DIGITAL PLATFORM FOR HEALTH AND SOCIAL CARE

During COVID-19 we maintained progress on priority areas of work in relation to the development of a **National Digital Platform** (NDP), with adjustments to incorporate delivery of COVID-19 related activities. The single national data platform, a key deliverable of the Digital Health and Care Strategy, will enable the health and social care workforce, and citizens, to easily access and understand the information they need, where and when they need it.

We implemented a **COVID-19 Shielding Service** for more than 100,000 shielding households to access food, medication and information. This enabled the most at risk group known as the shielding group to have access to food and medication while they remained at home. The COVID-19 SMS Shielding service, integrated with local authority support hubs, the main supermarkets, and Public Health Scotland (PHS) was implemented in March 2020. From October 2020 the Shielding SMS service was also utilised to issue Vitamin D registration messages to people on the shielding list by local authority area in response to a request from Scottish Government and we worked with local authorities to help people register with the service.

In agreement with Scottish Government, we continued to broadcast COVID-19 updates by local authority area following the change in COVID-19 restriction levels. The service also resumed priority shopping for people who were shielding, as well as being used to broadcast COVID-19 vaccination updates. In total, 13,227,703 messages were sent via the SMS shielding service resulting in 933,000 food package deliveries, and the delivery of 71,365 free vitamin D orders. An evaluation report on the Shielding Service was published by Public Health Scotland which described the added value of the support offered and noted that there was clear evidence that the support provided by the Shielding SMS service had addressed real needs.

We took forward development of a **Cancer Treatment Summaries** product to make actionable 'need to know' information available across care and geographic boundaries. This work supports Scottish Government's 2016 Beating Cancer Strategy. Treatment Summaries synthesize key information about an individual's treatment in secondary care which is shared with primary care and the individual, to support understanding of historic treatment and ongoing management. A key product delivery is due in July 2021.

We remobilised work with Scottish Government and NHS Tayside to manage the transition of **SCI (Scottish Care Information – Diabetes)** work. The SCI-Diabetes service and support team transferred to NES, recognising the programme as a key system that supports the Digital Health and Care Strategy.

We continued to progress our anticipatory care planning product, **Recommended Summary Plan for Emergency Care and Treatment (ReSPECT)** which was developed in conjunction with the Resuscitation Council. A small pilot was launched in NHS Forth Valley from April 2021 and we are now working towards deployment in all connected NHS Boards, with further products in development. By December 2022, ReSPECT will be available in all NHS Boards, with services accessible by NHS staff, non-NHS staff, and citizens.

The Scottish Government National Ophthalmology Workstream identified the urgent need for an **Ophthalmology Electronic Patient Record** (oEPR) as an enabler to reform eyecare services and to replace largely paper-based records. In conjunction with NHS Forth Valley and NHS Grampian we progressed the work to deploy an eyecare product on to the NDP to facilitate virtual consultations with patients and to

share the information needed to treat patients between optometrists and ophthalmologists. The service went live in May 2020 and is already making a difference to optometry services in NHS Grampian and NHS Forth Valley.


We provided cloud hosting, compliance and other services for the **Protect Scotland tracing app** system, ensuring all data is stored safely and securely. The app alerts individuals if they have been in close contact with another app user who tests positive for COVID-19, helping to determine contacts that people may have otherwise missed whilst keeping their information private and anonymous. The app went live on 10 September 2020 and achieved over half a million downloads in its first day.

We were asked by the Scottish Government to collaborate with others to build a system for planning, scheduling, communication, and recording the early delivery of influenza and pneumococcal vaccinations in Scotland. We worked at pace to enable delivery from September 2020. This work was built on and extended to support the COVID-19 vaccine.

4.2   THE TURAS DIGITAL PLATFORM

To support the development of a skilled, adaptable and compassionate workforce, we continued to provide resources through TURAS, our national workforce platform free of licence costs for public sector organisations in Scotland.
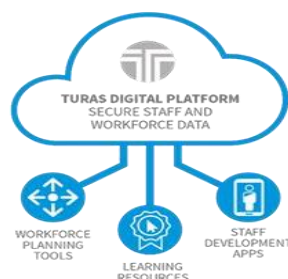
Prior to the pandemic a broad range of work was planned to further develop workforce resources, tools and systems within the TURAS workforce platform. During 2020-21 we continued to maintain our key business as usual systems and applications but it was necessary to temporarily suspend development work on TURAS applications in order to provide vital digital support to the NHS Scotland response to COVID-19. This involved the rapid development and deployment of new digital technology and services which included the COVID-19 Case Assessment Application, the Care Management Tool and Vaccination Management Tool.

To enable rapid deployment and employment across Health and Social Care, we were commissioned to build a national **Health and Social Care COVID-19 Accelerated Recruitment Portal** to facilitate emergency registrants across professional groups to provide their details. The portal supported applications from returners and students to priority areas in health and social care across acute, primary, community and social care settings. On 29 March 2020 the portal was launched on the NHS Scotland Careers website and on the first day alone 1,000 applicants provided information on their location, sector (health or social care), skills and any previous experience. In the region of 14,000 expressions of interest were shared with NHS Boards from those from those willing to return from Medicine, Nursing, Midwifery, Allied Health Professions, Pharmacy, Dentistry and Healthcare Science professions.
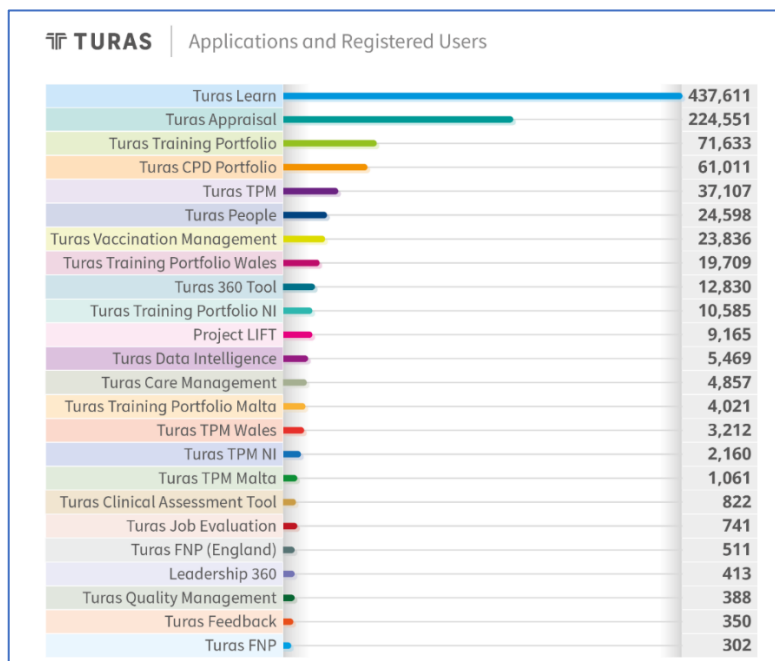
The pandemic fundamentally changed the scale and demand for remote/online learning. TURAS Learn continued to be developed as the NHS Scotland Learning Management System. It hosts a continually expanding range of health and care related learning resources and provides general and targeted functionality to deliver, promote, track and record learning for all NHS and care staff.

In response to the pandemic we rapidly developed a new site, TURAS Learn COVID-19 Learning Materials, dedicated to COVID-19 materials, hosting all the relevant resources aimed at a multi-disciplinary audience. This enabled all health and social care staff to quickly have access to the most up-to-date education, knowledge, and skills to help them do their job safely and with the knowledge required to deal with the unprecedented situation.

The resources include a suite of evidence-based psycho-social **mental health and wellbeing resources** which we designed, developed, and collated to support all health and social care staff to plan for their own wellbeing and for managers to support

the wellbeing of their staff. The resources, underpinned by Psychological First Aid, also equip staff to support people experiencing distress including meeting the specific needs of children and their families, people with learning disabilities, dementia, autism, neurodiversity and sensory impairments.

In conjunction with Public Health Scotland and other stakeholders we created a range of educational resources and information to support vaccinators at all levels of experience and those involved in supporting the vaccination programme. The resources were made available on a new site, TURAS Learn COVID-19 Vaccination Programme site, which is continually updated with new resources and information as they become available.

TURAS	Applications and Registered Users	
Turas Learn		437,611
Turas Appraisal		224,551
Turas Training Portfolio		71,633
Turas CPD Portfolio		61,011
Turas TPM		37,107
Turas People		24,598
Turas Vaccination Management		23,836
Turas Training Portfolio Wales		19,709
Turas 360 Tool		12,830
Turas Training Portfolio NI		10,585
Project LIFT		9,165
Turas Data Intelligence		5,469
Turas Care Management		4,857
Turas Training Portfolio Malta		4,021
Turas TPM Wales		3,212
Turas TPM NI		2,160
Turas TPM Malta		1,061
Turas Clinical Assessment Tool		822
Turas Job Evaluation		741
Turas FNP (England)		511
Leadership 360		413
Turas Quality Management		388
Turas Feedback		350
Turas FNP		302

All our developed and published learning and associated materials are now hosted and delivered through Learn. In the last year the number of users visiting TURAS Learn increased by 8.4 % from 403,787 to 437,611 users, and there is now a specific focus on further development of the platform in light of the scale and demand for remote/online learning.

We successfully collaborated with partners to develop the **TURAS COVID-19 Clinical Assessment App** within four weeks, progressing to pilot stage in May 2020 in Community Assessment Centres in NHS Greater Glasgow and Clyde. The app

provides a structured format for NHS staff to assess patients in a standardised way and has proven to be extremely popular amongst frontline staff.
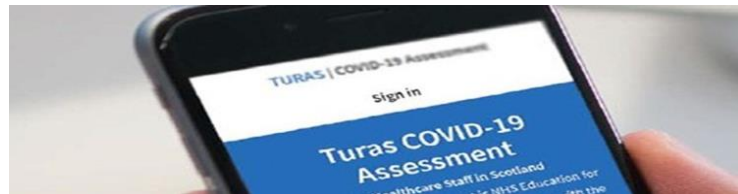
This tool has been used across paramedic, emergency department, specialist assessment and treatment areas and clinical assessment centre contexts to improve situational awareness, decision making, safety and handover. The app prompts clinicians to record specific symptoms, patient details, and clinical decisions through a mobile or desktop app. The information collected is saved onto a patient's medical file and is also shared with national partners to allow for further analysis to improve our understanding of the virus in the long term.

In collaboration with the Care Inspectorate and Scottish Care, we developed a new web-based care management tool to enable care homes to monitor COVID-19 trends, identify risks and take early action both during the pandemic and in the future. The **TURAS Care Management Tool** allows all private and public sector care homes across the country to record in one place information including COVID-19 infection rates, demand on services and staff testing.

This new approach to gathering data and information supports quality improvement and safe practice in the care home setting. Previously care homes were required to report in different formats and through many channels, which tied up resources and made trend tracking more difficult. The tool allows care home managers the functionality to load their workforce data (registered and unregistered staff) which is passed through to the vaccination National Clinical Data Store (NCDS). This was used to create cohorts for vaccination as part of the JCVI priority one group. The programme can schedule and monitor progress against this data set.

A new app was launched for health and care home staff carrying out coronavirus (COVID-19) vaccinations to provide rapid access to relevant patient information and collect data on how many people have received the vaccination. The **TURAS Vaccine Management Tool** was initially developed in conjunction with partners and piloted in

NHS Greater Glasgow and Clyde and NHS Lothian to assist with the winter flu vaccination programme from which positive pilot feedback was received.

The tool collects essential data at the point of vaccination and enables vaccinators to immediately identify whether it is an individual's first or second dose and which vaccine has been administered. The app was built to deliver the captured vaccination event data to the National Clinical Data Store (NCDS) which is in development. Data can be sent to GP systems and, in time the information collected on the app will help demonstrate how effective each vaccine is by linking with testing data.
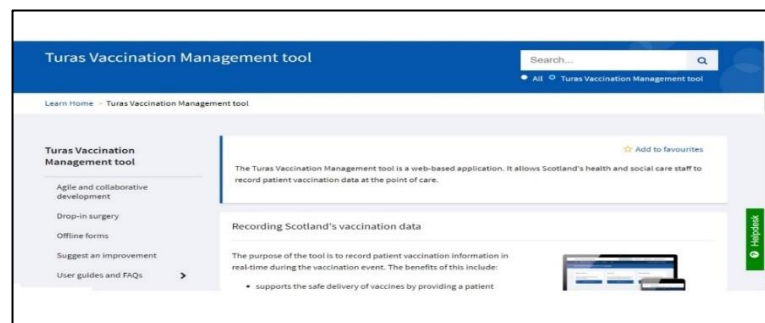
We continued to deliver new features to support the ongoing delivery of the Vaccination Programme including functionality to support the dual screener/vaccinator service delivery model, and product and dose check warnings to support the safe delivery of the second dose. Additional features include the creation of a new record management user role enabling this user to amend or delete incorrect vaccination episodes.

4.3   NATIONAL DIGITAL BUSINESS SYSTEMS

We have a key role to play in delivering the Digital Health and Care Strategy which identified the need for better data sharing and access, digital leadership, a national digital platform for service and business systems, and greater systems integration.

During 2020-21 we continued to support strategic management of NHS Scotland business systems. This programme of work, based on priorities identified in the National Boards' Collaborative Plan, has a focus on modernisation of NHS Scotland business and workforce systems. A key element of this is procurement of national rostering (eRostering) to improve the deployment of staff and the quality of workforce data, which in turn will contribute to reduction in waiting lists

The full business case for the **National e-Rostering Programme** was ratified by NHSS Chief Executives in October 2020. This included the award of the national contract. We undertook a formal handover process to close the procurement programme and support NHS National Services Scotland to set up the national implementation plan.

4.5 DATA ANALYSIS, INTELLIGENCE AND MODELLLING

Through data tools, data analysis and reporting platforms, and dashboards, we deliver support for workforce planning in dentistry, nursing and midwifery, optometry, psychology, and medicine. Our role in workforce analysis, information and modelling activities supports the actions from the [Everyone Matters: 2020 Workforce Vision](#) Implementation Plan and the provision of statistical analysis and workforce data to support workforce planning in NHS Scotland.

Our [TURAS Data Intelligence](#) platform, which was successfully implemented in April 2019, brings together core workforce datasets across health and social care in a single cloud-based application. The platform can be used by workforce planning teams across the country to gain access to a range of information about labour market supply, demand and outcomes.

We began release of quarterly workforce publications in 2019 as part of the transition of the responsibility for NHSS workforce data, statistical and intelligence functions from ISD in alignment with the [Health and Social Care Workforce Plan](#)[8] which sets out an enhanced role for NES in workforce intelligence. During 2020-21 despite COVID-19 pressures, we successfully maintained the NHS Scotland [Workforce National Statistics](#) service.

We supported the impact assessment of funding (from Scottish Government and NES) on mental health services capacity and capability with quarterly official statistics released to time on TURAS Data Intelligence. New systems were developed utilising TURAS Data Intelligence and Power BI to assess the output from of all **Applied Psychology** training courses and employment destination of graduates. New publishing platform and data dashboards were completed and stakeholder feedback surveys carried out.

We supported the **Psychology of Parenting** projects through reporting of key data indicators including clinical outcomes, monitoring and analysis for the Solihull Approach, Early Years and Parenting Online. **Psychological Therapies** workforce data analysis and reporting, due to be finalised by NSS for publication, will be transitioned to NES following authorisation from NSS.

We continued to publish quarterly national statistics data on the NHS Scotland **CAMHS multi-disciplinary workforce**, the future workforce in training, and future workforce scenario modelling. These statistics are unique in the UK, and cover all of the professional disciplines working within CAMHS in NHS Scotland. The data is published in a series of interactive data dashboards, and used by NHS Boards, the Scottish Government, NES and other key stakeholders to assess trends in the multi-disciplinary CAMHS workforce over time, and the impact of training and workforce capacity expansion.

We completed a 2020 **Workforce Report for Pharmacy** across Scotland, 2020 Community Pharmacy Workforce Report and 2020 Prescribing Report which were shared with Directors of Pharmacy Workforce Short Life Working Group for discussion on next steps with Directors of Pharmacy and Scottish Government.

We provided support to four NHS boards (NHS 24, NHS Ayrshire and Arran, NHS Dumfries and Galloway and the Scottish Ambulance Service) to develop **workforce data dashboards**. NHS24, NHS Ayrshire & Arran and Dumfries & Galloway are now live on the People data platform with their core employee dataset. Over the course of 2021-22 we will consider feeding in other data sets such as staff absence into the platform.

4.4 DIGITAL SKILLS DEVELOPMENT (DIGITALLY ENABLED WORKFORCE)

We continued our work to support development of a digitally enabled workforce across the health and care system in support of Digital Health and Care Strategy (Domain D).

We worked with the Scottish Qualifications Authority in collaboration with cross-sector health, social care, housing and academic partners, to develop the **Professional Development Award in Technology Enabled Care SCQF Level 7**. The new award supports the development of a skilled health and social care workforce who are confident to work and help people in today's digital society. Funding was provided for

20 candidates from NHS24 and Health and Social Care, with 100 people applying for the ten Health and Social Care places. We are working to explore opportunities to bridge the demand and supply gap supporting wider-scale workforce adoption and addressing skills gaps.

We provided high priority training design and education support on remote monitoring pathways. A **Technology Enabled Care** (TEC) learning module (accessible via TURAS Learn) was integrated into the University of West of Scotland nursing undergraduate programme and also within the Honours module on eHealth, with 351 student nurses accessing the module in February 2021.

In partnership with stakeholders across the health and care sector a two-year programme of work was established to support improving digital capability of the health and social care workforce. The programme is supported by Scottish Government and is aimed at addressing immediate priorities identified across the sector based on experience during the pandemic. Recruitment of dedicated resource is underway. An agile and collaborative approach will be used to supplement existing capacity across key health, social care and third sector partner organisations.

In other initiatives we undertook work with the Scottish Government, Technology Enabled Care Programme, to support the **Remote Health Pathways (Remote Health Monitoring)** national rollout, including the development of national COVID-19 resources for citizens and clinicians. We continue to support further pathways including COPD, Heart Failure, Asthma and other pathways currently in development. A national Remote Health Pathway learning site is in development on TURAS.

We also worked with Scottish Government, Technology Enabled Care Programme to support the **Near Me (Remote Consulting)** national rollout. A national Remote Consulting learning site is in development on TURAS, and we continue to work with Scottish Government exploring further development opportunities to increase the digital skills and capacity of the health and social care workforce.
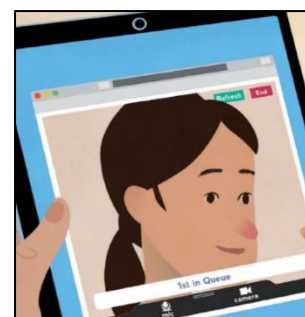
5. A HIGH PERFORMING ORGANISATION

Strategic Outcomes: NES Strategy 2019-24

- A positive and flexible employment experience for NES staff
- Improved training, organisational development and quality improvement capacity and capability
- A culture of innovation, improvement and shared responsibility
- A digitally enabled NES
- Effective accountability and governance and a sustainable NES

We continued to focus on development of a more integrated and efficient organisation through improvement initiatives, and the development of new and improved ways of working. This included process improvement, digital solutions and *Once for Scotland* activities, supporting the organisation to respond efficiently and effectively to increasing demands for education and training across the health and care workforce.

5.1 NES (INTERNAL) ORGANISATIONAL PERFORMANCE IMPROVEMENT

We continued to optimise technology and processes to enhance service delivery. Over the course of 2020-21 we introduced various **technology improvements for applicants and candidates** including the launch of the national recruitment system Jobtrain; support to the Scottish Government COVID-19 Accelerated Recruitment Portal; implementation of the eESS – ePayroll interface; and implementation of a new psychometric testing tool for the graduate Management Training Scheme.

We implemented Phase 1 of the **Once for Scotland Policies** project across our organisation, including awareness raising, helpdesk support, and management matters. Work included refreshing policy, developing processes, procedures and FAQs that support staff and manager health, wellbeing and ways of working through the recovery stages of the pandemic, ensuring alignment to Scottish Government guidance and circulars.

In line with existing guidance, we completed a benchmarking exercise against the refreshed Fair Work Framework. This informed our review of our internal employability practice, with the aim of increasing the use of **Modern Apprenticeships** within our workforce and addressing issues of digital exclusion in recruitment processes. We have also addressed the duties in our ongoing work to assess and address issues of digital exclusion and inequalities in technology enhanced learning and workforce digital capability development.

As a result of the COVID-19 pandemic, business as usual Board governance was not appropriate nor possible during the majority of the financial year 2020-21. In light of

this we successfully implemented an 'adapted' Board governance approach comprising three key phases:

Phase one: Gold Command and Core Board Governance (26 March 2020 -27 August 2020): real-time strategic decision-making was delegated to the Executive Team by the Board and core governance was implemented through operation of a reduced number of Board sub-committees.

Phase two: Development of Board Governance: COVID-19 Lessons Learnt and Remobilisation (27 August 2020 - 5 January 2021): Full governance was re-instated from 1 September 2020. In recognition that core governance arrangements delivered increased effectiveness, it was agreed to implement fewer Committees with broader thematic, strategic remits underpinned by robust terms of reference, and oversight of the new arrangements by the Audit and Risk Committee.

Phase three: Governance Light (5 January 2021 - 31 March 2021)
The Governance Light period aimed to reduce resource demands in supporting the reinstated Committees while also ensuring appropriate governance and scrutiny, and included a focus on prioritisation of Committee business in light of the strategic context.

Throughout 2020-21 a key focus has been on managing strategic and operational risk, including new and emerging COVID-19 risks, and maintaining effective, proportionate, and robust governance and scrutiny. From 1 April 2021 to 1 November 2021, our approach to governance has been further strengthened through translating terms of reference into robust schedules of business and developing the governance line of sight across the Committees and the Board. The Board has initiated new strategic development work which encompasses a new strategic vision; key performance indicators; alignment of risk appetite; and further development of the risk management approach, and the Board and Committee assurance framework.

References

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

2. Scottish Government DL (2020)/3 issued on 12 March 2020: CORONAVIRUS (COVID19): NATIONAL ARRANGEMENTS FOR NHS SCOTLAND STAFF

3. NHS Education for Scotland Strategy 2019-204, (NHS Education for Scotland, 2019) (Link)

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

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

6. Scotland's Digital Health and Care Strategy (Scottish Government, April 2018) (Link)

7. Health and Social Care Delivery Plan (Scottish Government, December 2016) (Link)

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

9. Health and Social Care : Integrated Workforce Plan (Scottish Government, December 2019) (Link)