2020 Annual Review

Self-Assessment Document

October 2020

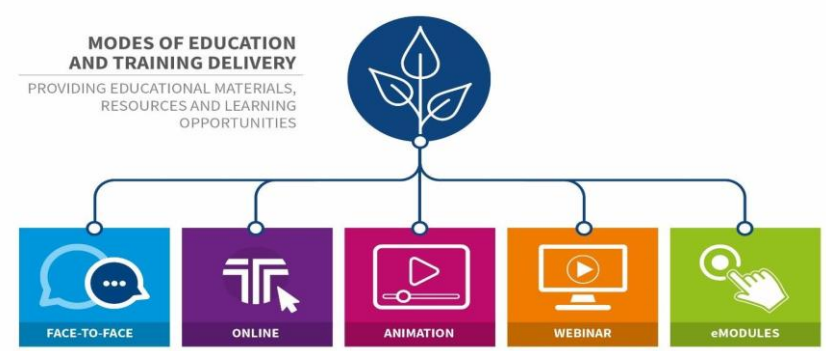
v1.1

Contents

2019-20 SELF ASSESSMENT : AT A GLANCE 3
Introduction from our Chair and Chief Executive 6
1. A HIGH-QUALITY LEARNING AND EMPLOYMENT ENVIRONMENT 9
1.1 QUALITY MANAGEMENT OF THE LEARNING ENVIRONMENT 9
1.2 REVALIDATION AND APPRAISAL 12
1.3 NHS SCOTLAND BUSINESS SYSTEMS DEVLOPMENT 13
1.4 EDUCATIONAL SUPPORT ROLES AND NETWORKS 13
1.5 REMOTE AND RURAL EDUCATIONAL SUPPORT 17
2. NATIONAL INFRASTRUCTURE TO IMPROVE ATTRACTION, RECRUITMENT, TRAINING AND RETENTION 18
2.1 PRE-REGISTRATION EDUCATION 19
2.2 ADDITIONAL COST OF TEACHING (ACT) 20
2.3 POSTGRADUATE TRAINING GRADES 21
2.4 POST-REGISTRATION NMAHP EDUCATION 26
2.5 POST-REGISTRATION DENTAL NURSES AND DENTAL CARE PROFESSIONALS 27
2.6 CAREER SUPPORT ADVICE AND SCHEMES 28
2.7 YOUTH EMPLOYMENT 29
3. EDUCATION AND TRAINING FOR A SKILLED, ADAPTABLE AND COMPASSIONATE WORKFORCE 30
3.1 CONTINUING PROFESSIONAL DEVELOPMENT (CPD) FOR GENERAL MEDICAL PRACTICE, PHARMACY, DENTAL AND OPTOMETRY 30
3.2 PERSON-CENTRED CARE 34
3.3 PATIENT SAFETY AND CLINICAL SKILLS 36
3.4 HEALTHCARE ASSOCIATED INFECTION (HAI) AND HEALTH PROTECTION 37
3.5 QUALITY IMPROVEMENT (QI) EDUCATION 38
3.6 CLINICAL EFFECTIVENESS GUIDANCE 41
3.7 PRACTITIONER ROLE DEVELOPMENT 42
3.8 MENTAL HEALTH AND DEMENTIA 44
3.9 CHILDREN AND YOUNG PEOPLE 46
3.10 DEVELOPMENTAL AND LEARNING DISABILITIES 48
3.11 ORGANISATIONAL, LEADERSHIP AND MANAGEMENT DEVELOPMENT (EXTERNAL) 49
3.12 HEALTHCARE SUPPORT WORKERS 51
3.13 HEALTH IMPROVEMENT 52
3.14 DIGITAL KNOWLEDGE SERVICES 54
3.15 EQUALITY AND DIVERSITY 55
4. A NATIONAL DIGITAL PLATFORM, ANALYSIS, INTELLIGENCE AND MODELLING 56
4.1 THE HEALTH AND CARE NATIONAL DIGITAL PLATFORM 56
4.2 THE TURAS DIGITAL PLATFORM 58
4.3 DATA ANALYSIS AND WORKFORCE INTELLIGENCE 60
4.4 A DIGITALLY ENABLED WORKFORCE 62
5. A HIGH PERFORMING ORGANISATION 63
5.1 NES (INTERNAL) ORGANISATIONAL PERFORMANCE IMPROVEMENT 63
References 66

2019-20 SELF ASSESSMENT : AT A GLANCE

a 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. Our education and development interventions can be accessed in many ways and through our Turas workforce platform we provide digital health and care related learning for all NHS and care staff.



Our role has continued to extend into new areas and during 2019-20 we provided a wide range of initiatives and programmes which support national priorities and policy drivers including the *Digital Health and Care Strategy* and health and social care integration. An overview of some of our achievements is presented below.

b To provide the future medical workforce to UK standards, during 2019-20 we supported 5,912 trainee doctors in approximately 300 GMC approved training programmes (which range from 2 to 8 years in length) and achieved an expansion in GP Speciality training numbers. We extended our employer responsibilities to include 400 national programme trainees, enhancing their employment and training journey. We successfully implemented our Scottish Deanery Training Management Vision to standardise activities, achieve increased efficiencies, and deliver best value administrative systems. We implemented a series of enhanced features and new content on the NHSScotland Careers website to support improved awareness and promotion of careers opportunities.

c To ensure high quality training programmes and training placements, we delivered a range of activities including quality assurance of 386 applied psychology placements, 467 site visits and 373 end of placement reviews. In medical education and training quality management we completed 81 panel visits to hospital departments and 86

visits to GP surgeries. To support more consistent, modern and flexible employment experiences, we designed and implemented a national portal to host Once for Scotland workforce policies.

d To ensure excellence in clinical practice we delivered training in patient safety within complex healthcare systems for 406 NHS Scotland staff; launched a Realistic Medicine website on TURAS Learn; provided additional resources for the Scottish Infection Prevention and Control Education Pathway, launched a new dental app, the Dental Companion; delivered 196 in-practice Infection Control training sessions for dental teams; provided clinical skills training for 1,431 staff; and launched the first clinical application on TURAS, designed to support the Family Nurse Partnership Programme.

e To support improved health and reduce health inequalities: 119 senior health and social care staff were trained as part of our Essentials In Psychological care programme; and a total of 98 participants successfully completed the Dementia Champions programme in March 2020. To support a culture of continuous improvement we delivered a portfolio of quality improvement programmes and launched a new quality improvement module on the TURAS Learn QI Zone.

f To improve access to data analytics, intelligence and information we launched TURAS Data Intelligence delivering workforce planning tools and the Scottish Government official NHS Workforce Statistical service on TURAS our cloud-based digital platform. To improve patient care and experience we implemented a pilot of the the anticipatory care planning application ReSPECT in March 2020, and delivered a virtual system for dermatology services on the National Digital Platform.

g To provide improved development for support workers: we delivered masterclasses in six NHS Boards; provided structured development for Facilities support staff in workbook and workshop format; launched a healthcare support workers' newsletter; and held regional learning events attended by 210 staff. To raise awareness of career opportunities for young people and school-leavers, we-co-produced a toolkit to support NHS Boards in the Prince's Trust Get into Healthcare Programme.

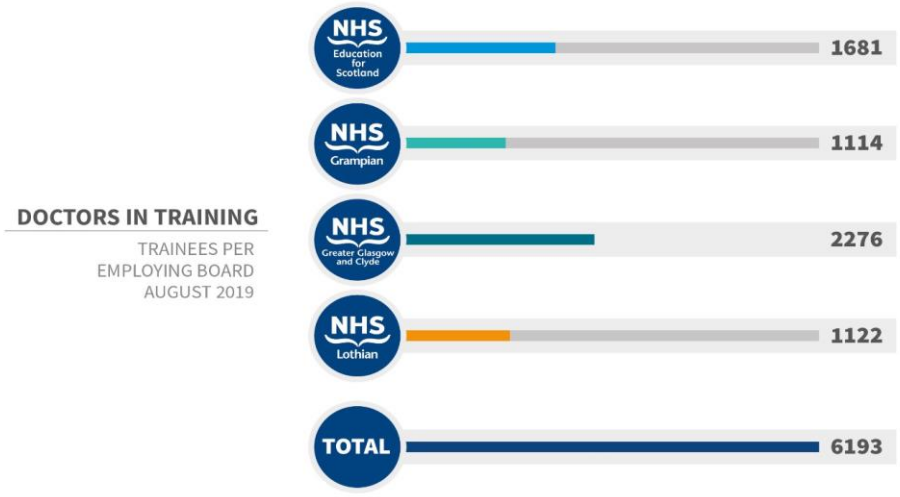
h To support access to leadership and management development we offered a range of programmes including You as a Collaborative Leader Cohort 8 and Leading for the Future for 108 participants. We provided interventions to support Project Lift including:

the Leadership component for Cohorts for 1, 2 and 3; Executive and Senior Manager Appraisal sessions for 50 participants; and 133 Talent Management Career Conversations. A new Leadership Foundations e-learning programme with linked modules was launched in May 2019 to support health and social care staff across Scotland.

Introduction from our Chair and Chief Executive

(i) 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.

(ii) Education, training and workforce development remains at the core of what we do. However over the last five years our role has grown rapidly into new and different areas to meet the increasingly challenging workforce pressures faced by health and social care. We are now one of the four Lead Employers for Doctors and Dentists in Training, employing over 1,000 doctors in training. Our published vision as the people and workforce organisation for NHS Scotland is *a skilled and sustainable workforce for a healthier Scotland*. We continue to extend our core business into areas that improve the attractiveness of healthcare careers and enhance the training and employment experience supported by digital innovation. We also have a key role in developing *Once for Scotland* data, technology and services, enabling and supporting NHS Boards and Integration Authorities to deliver key elements of Scotland's *Digital Health and Care Strategy*[1].



(iii) This document has been prepared for our 2020 Annual Review and illustrates a selection of our achievements during 2019-20. Our work supports the *Health and Social Care Delivery Plan*[2] and the quality ambitions of safe, effective and person-centred care[3]. As well as national policy drivers, our work activities were also aligned to our new Strategic Framework for 2019-24[4]; Annual Operational Plan 2019-20; and our stakeholder priorities. The National Performance Framework includes the target to

Increase Healthy Life Expectancy and we have aligned with this through our work in mental health; children and young people; oral health improvement; support for people with care needs; and palliative and end of life care and bereavement.

(iv) Our Annual Operational Plan 2019-20 supports the National Board Collaborative Programme, regional planning, and the Cabinet Secretary's priorities on waiting times, integration, mental health, primary care, healthcare associated infection, and maintains a focus on providing the right numbers of trained staff in the right place at the right time. Our Annual Operational Plan is aligned to our Strategic Framework for 2019-24, 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*[5] and *Realistic Medicine*[6].

(v) Our work in the areas of education and training, workforce systems, workforce planning data, *Once for Scotland* services, improving the employment experience, and organisational and leadership development reflect our continued commitment to transformational change and new models of delivery which cross traditional public services boundaries. We continue to have a strong focus in working collaboratively and deploying our expertise, resources and digital leadership to support the *Health and Social Care Delivery Plan* and the triple aim of better health, better care and better value at a local, regional and national level.

(vi) This document illustrates the vital contribution of digital leadership and innovation in our approach to education, training and workforce development. Through our cloud-based workforce support platform TURAS, we continue to achieve significant progress in developing, expanding and implementing digital capability, working with our partners, and maximising all opportunities to deliver educational solutions that support excellence in health and social care. In 2018 at the request of the Scottish Government we established the NES National Digital Service to lead the development of the National Digital Platform, a central element of the *Digital Health and Care Strategy*. This work is now well underway through a multi-disciplinary and growing team which is building the infrastructure, products and services to support better health and care.

(vii) The Health and Social Care Workforce Plan[7] sets out an enhanced role for NES in workforce intelligence, and aligned to this we launched a new application on our digital platform TURAS to support improved access to information, data analytics and intelligence. We successfully progressed transfer of responsibility from Information Services Division (ISD) for Workforce Data, Statistics and Intelligence functions to NES. A new data team was established in NES in October 2019, we acquired Official Statistics provider status in December 2019 and launched our first quarterly workforce publications.

(viii) During March 2020 in response to the escalating COVID-19 pandemic and in line with Scottish Government guidance we undertook a rapid review and reprioritisation of our organisational activities. Much of our existing business was paused and we began planning for new activities including development and delivery of educational materials and supporting new arrangements for redeployed learners and trainees. At the request of Scottish Government we undertook business-critical digital development and employment-related support for the accelerated recruitment of returners and students. We launched our COVID-19 TURAS Learning platform on 24 March 2020, our COVID-19 Accelerated Recruitment Portal for health and social care staff on 29 March 2020, and implemented a Shielding SMS Service on 28 March 2020 for more than 100,000 shielding households to access food, medication and information.

(ix) Through our leadership commitment, collaborative working, and effective use of our resources we continue to respond to new and emerging challenges and build on our past successes to support health and social care services that are fit for the future.

David Garbutt
Chair

Stewart Irvine
Acting 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

1 This section focuses on our work in ensuring 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, 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, provide educational support for the remote and rural workforce, and play a leading role in the programme to implement a new generation of national business systems.

1.1 QUALITY MANAGEMENT OF THE LEARNING ENVIRONMENT

2 In collaboration with partners in NHS Boards, our work to drive forward improvements in medical education and training in Scotland was ongoing, with many activities and interventions delivered over the course of the year. This included 81 panel visits to hospital departments, 94 follow-up enquiries, and 86 visits to General Practitioner surgeries. We were able to issue 212 good practice letters to units and departments which excelled in delivering education and training to the required standards.

3 Our pan-Scotland approach to Quality Management is now well established and the in-depth knowledge our teams have built up is now reflected across each of the eight specialty areas covered. In conjunction with Directors of Medical Education, NHS Boards, and GP Practices, we continued monitor and analyse the delivery of medical education in the learning environment. We also worked with the GMC around their Enhanced Monitoring process and during 2019-20 the number of training sites being supported through Enhanced Monitoring reduced by two from nine to seven.

4 We co-chair the Sharing Intelligence for Health and Care Group to support early identification of systems that may be coming under pressure, and allow action to be taken to ensure high quality training and safe effective patient care. Through the Taskforce to Improve the Quality of Medical Education we continued our work to effect wider change and tackle system-wide issues which span the remits of the Deanery, universities, and NHS Boards in Scotland. Development of our quality system was ongoing and over the course of the year we further refined our policies and invested further in team training to ensure greater consistency and quality across our outputs. Going forward, we will undertake preparatory work to adapt our systems in line with the introduction of the new GMC Quality Assurance system.

5 In conjunction with the five medical schools, an integrated single system approach to trainer recognition was adopted using TURAS Training Management System, and SOAR, the Scottish online appraisal resource. During 2019-20 we recognised 372 new postgraduate trainers. Postgraduate trainers are reviewed on a five-yearly basis to ensure they are up-to-date with GMC requirements for continued professional development as a trainer and in 2019-20 we carried out 982 reviews for re-recognition. These figures demonstrate an encouraging level of engagement with the Recognition of Trainer process. Our reviews have also shown that named trainers are actively engaging in professional development for their trainer role.

6 The Doctors in Training Lead Employer model successfully introduced in August 2018, has been a key element in improving the employment experience for trainees whilst also contributing to improved waiting times by reducing duplication, rework and time lost to administrative duties. We continued our work to develop new employment models, and through collaborative working across NHS Boards in February 2020 over 400 national programme trainees were transferred to NES employment, enhancing their employment and training journey.

7 We continued to co-ordinate programme management and reporting for the Lead Employer model for doctors and dentist in training and began work to extend the Lead Employer arrangements to dentists in training. TURAS People was further enhanced, including development of processes to share information from TURAS with eESS (Electronic Employee Support System). We also contributed to exploratory work in relation to learning management systems to facilitate reporting of statutory and mandatory training completion by doctors in training across placement boards.

8 We supported a programme of transformation change involving Scottish Government, national staff side, and NHS Boards, aimed at delivering the vision of promoting NHS Scotland as a modern exemplar employer. We were commissioned to design, develop and deploy a digital solution to host *Once for Scotland* workforce policies. The national *Once for Scotland* Policies portal, a key element of the programme, was successfully launched across NHS Scotland in March 2020 with the agreed first tranche of policies. The portal provides users with readily accessible policies and associated guidance and templates in an easy-to-read, consistent format.

9 The Quality Management of the Practice Learning Environment (QMPLE) web-based system provides access to, and reporting of, data relating to the quality of the practice learning environment for pre-registration nursing and midwifery students in Scotland across health and social care. All Scottish universities offering pre-registration programmes are now using QMPLE and implementation of an interface to placement software is now in progress in five of these. A national student feedback tool has been revised to support the new Nursing and Midwifery Council standards, and now contains a post-registration section.

10 We continued to improve quality across learning environments, training experiences and evaluation processes for applied psychology trainees. We coordinated and quality assured 386 placements, including intensive support for supervisors and trainees. In addition, we completed 467 site visits and 373 end of placement reviews to monitor trainee competence and ensure validity and consistency of assessment and quality assurance of placement supervision. A total of 171 annual learning reviews were undertaken involving trainee applied psychologists, line manager and clinical tutors to review trainee development across employer and education systems.

11 Supervisor training was provided to supervisors of applied psychology trainees across all funded programmes to ensure consistent levels of support, opportunity, and evaluation for trainees. Introductory supervisor training was delivered to 55 new supervisors; supervision CPD training to 44 experienced supervisors; CBT supervision skills training to seven clinical psychologists; and competence awareness sessions to five health psychology supervisors.

12 During 2019-20 we undertook a review of funding to ten NHS Boards for the provision of dental outreach teaching for final year dental students across 17 outreach centres in Scotland. The review aims to improve service delivery and evaluation to ensure best value in terms of the funding provided.

13 In conjunction with University of Strathclyde, Robert Gordon University, and relevant stakeholders we undertook a review of the PRPS (Pre-Registration Pharmacist Scheme) visit process for approval of training bases. The process was adapted to incorporate assessment for suitability as an Experiential Learning training site and piloted in six training sites between November 2019 and January 2020. Feedback from the pilot visits was used to further adapt the visit process for future implementation. During 2019-20 we approved 265 training sites for pre-registration training which encompassed the sites utilised for our 2019-20 cohort and in planning for the 2020-21 cohort to start training. Several visits (around 40) planned for March 2020 were postponed due to COVID-19.

1.2 REVALIDATION AND APPRAISAL

14 As the mandated provider of appraiser training for doctors requiring appraisal and revalidation in Scotland, during 2019-20 we delivered 11 new appraiser events attended by 129 clinicians, and provided eight refresher courses for 132 primary and secondary care doctors (an increase of 66 from 2018-19). We also delivered an Appraiser Course Tutors event, and successfully trained 14 new course tutors to join the existing tutor cohort. This ensures a sustainable and clear system for doctors to review and manage performance, and to meet GMC requirements for revalidation. In addition, we continued to support the appraisal and revalidation process in Scotland by organising the annual Scottish Medical Appraisers Conference in May 2019 (as part of the Scottish Medical Education Conference) and an Appraiser Course Tutors Conference in September 2019. We also continued to support the Scottish Online

Appraisal system (SOAR), and deliver an annual Medical Appraisal & Revalidation Quality Assurance report across Scotland.

15 We worked in partnership with stakeholders across all NHS Scotland Boards to identify, prioritise and refine requirements for further iterative development of our TURAS Appraisal system. We also continued to provide support for TURAS administrators in NHS Boards including producing guides on new application features. Further developments have focused on the priorities to support the pay reform policy.

1.3 NHS SCOTLAND BUSINESS SYSTEMS DEVLOPMENT

16 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 2019-20 we continued to lead on the strategic approach to management of NHS Scotland business systems. This programme of work is based on priorities identified in the National Boards' Collaborative Plan and focuses on modernisation of NHS Scotland business and workforce systems. A central element of this is procurement of national rostering (eRostering) to improve the transparency and equity of rota creation and the deployment of staff, which in turn will contribute to reduced waiting times. It will enable removal of the requirement for re-keying data between existing eRostering systems and the Scottish Standard Time System (SSTS).

17 The work to develop an implementation plan for NHS Scotland business systems was on-going. Discussions took place with key stakeholders to update the high-level roadmap and to consider options for implementation. Future work will include management of contract extensions and development requirements for existing systems against the planned procurement and implementation of improved technologies.

1.4 EDUCATIONAL SUPPORT ROLES AND NETWORKS

18 During 2019-20 our Clinical Skills Managed Education Network (CSMEN) developed more specific and accountable contracts to deliver relevant and timely training for the NHS Scotland workforce in areas of pre-hospital emergency care, simulation education and surgical skills**.** A training needs analysis of educators and practitioners indicated a clear recognition of the added value of simulation-based education for non-

technical skills development (clinical communication, teamworking, communication with patients and families, and decision making). This information informed update of the Safety Skills and Improvement Strategy 2019-24 which supports our commitment to upscaling the use of simulation.

19 We delivered a wide range of educational developments to support improved capacity in psychological interventions and psychological therapies including Generic Supervision Competences (GSC) training to 121 attendees; Specialist Supervision Training for Cognitive Behavioural Therapy to 28 delegates across Scotland; and two masterclasses for supervision of Psychological Therapies to 31 participants. We also disseminated our new e-module on supervising low intensity interventions for high intensity psychological therapists and gathered feedback.

20 We provided a programme of 29 training events in evidence-based Psychological Therapies and Interventions comprising 497 places for staff working in adult mental health, substance misuse and forensic mental health. We supported 42 staff across the NHS Scotland Boards undertaking our commissioned Cognitive Behavioural Therapy Postgraduate Certificate and Diploma and provided funding support for backfill. These training events contribute to the increase in adequately trained clinicians in the NHS Scotland workforce who are trained to deliver high quality evidence based psychological care safely and effectively at different levels of the tiered care system

21 We supported the implementation of the Autism Training Framework (ATF) by providing 73 national and regional training places and resources for multi-professional practitioners (CAMHS and Adult) involved in identifying, screening or diagnosing people who may have autism to improve equity of access to autism diagnosis and promote consistent good practice in assessment and diagnosis.

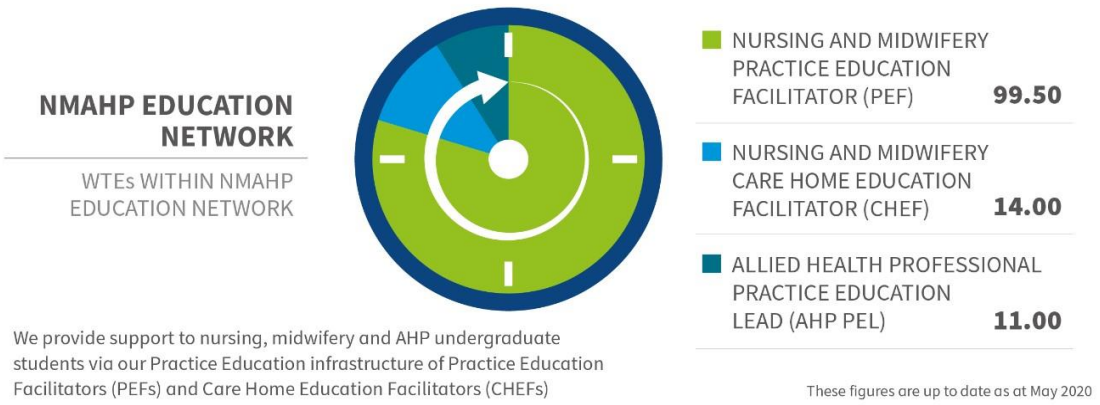
22 We continued to deliver training to support psychological care in physical health and improve the quality and outcomes of physical health care, including primary care interventions for long-term conditions and medically unexplained symptoms. We piloted Developing Practice modules and launched a revised Developing Practice programme in March 2020. We supported local trainers to deliver Astley Ainslie Psychological Skills and Education Training (AsSET) training to eight clinicians; Developing Practice (DP) to 16 clinicians; and DP Trainers Refreshed to ten clinicians in their Health Board. We continued to monitor the use of the Emotion Matters Module:

84 people accessed the module and 19 completed it via TURAS Learn. We also received 503 unique visitors to our Knowledge Network resource page.

23 We supported Primary Care innovations in person-centred approaches to long-term conditions by delivering Accessible Depression and Anxiety Psychological Therapy (ADAPT) training to 30 MSc Psychological Therapies in Primary Care (PTPC) trainees; developing CPD training for qualified Clinical Associates in Applied Psychology; and delivering *Reclaim Your Life* training to 18 Primary Care staff who will utilise the materials with patients. We also gathered data from 240 patients who have received ADAPT services.

24 We maintained support for our Psychology trainer network through network events and masterclasses: the Trauma masterclass was delivered to 24 clinicians; Health Anxiety and Persistent Physical Symptoms masterclass provided to 50 trainers; Developing Practice Trainer network event was attended by 10 delegates; and 85 delegates attended the Parity of Esteem Conference.

25 We continued to sustain, develop and enhance the national Practice Education infrastructure within health and care settings. Thirty-one annual NHS Board visits were undertaken in the period April 2019-2020 with bi-annual monitoring of Practice Education Facilitators/Care Home Education Facilitators/Practice Education Leads' compliance, and Nursing and Midwifery annual reports compiled. Nineteen NMAHP practice education meetings/events were undertaken in the period April 2019-March 2020, providing regular support and guidance for national networks and leads within NHS Boards and Care Homes.



26 Extensive stakeholder engagement enabled a *Once for Scotland* approach to the implementation of NMC (Nursing and Midwifery Council) and HSCP (Health and Care Professions Council) regulatory requirements. Outcomes and successes include: the revision of the National Nursing and Midwifery (NM) students' guidance for raising concerns in practice; a refreshing of the Scottish NM practice learning experience memorandum of agreement between universities and practice learning experience providers; implementation of refreshed governance arrangements and increased capability, capacity and diversity for all AHP student experiences; and achievement of agreed deliverables within the AHP practice education programme to meet national and local priorities. Collectively, these provide national consistency across Scotland and contribute to the enhancement of the quality of the practice learning experience for students and the wider workforce.

27 As part of the Future Nurse and Midwife Programme, the Quality Standards for Practice Placements and Practice Learning were reviewed and redeveloped. A capacity and capability report, national framework, handbook and e-learning resource for practice supervisors and practice assessors were developed to support the implementation of the new standards for student supervision and assessment from the Nursing and Midwifery Council.

28 Three regional clinical supervision training days based on a national model, and resources for experienced and new supervisors were developed and delivered to around 100 nursing and midwifery participants. The training has been positively evaluated in terms of educational impact on participants' knowledge, skills and confidence. Some of the NHS Boards have adopted the course's train-the-trainer delivery model to provide education locally, increasing the capacity for clinical supervision.

29 A project to nationally engage and educate AHP practice educators to implement a peer assisted learning experience for students, enabled 268 AHP's across NHS Scotland to attend workshops to gain the skills and knowledge to plan, prepare and provide learning to enhance the quality of student learning experiences and support an increase in capacity to meet future workforce demands. A suite of educational resources was developed to support this project.

30 Access and recruitment to AHP roles and careers was promoted, widened and sustained through a number of activities including the development of information

packs for each of the 14 Allied Health Professions group; the creation of an AHP Careers in Scotland digital resource for schools and colleges; 14 national/local careers strategic meetings; and careers information leaflets for each Allied Health Profession.

31 In conjunction with the Scottish Social Services Council (SSSC) and Healthcare Improvement Scotland (HIS) we provided national support to Phase 2 of the Scottish Government Neighbourhood Care Programme. A learning network was established with participation by partnerships who are delivering new models of care and developing integrated teams. A skills survey was launched for social services staff in Neighbourhood Care sites and across the learning network. The survey findings will inform the 2020 Workforce Skills Report.

32 We continued our facilitation and coordination support to the National Learning and Development Leads group, maintaining high-level engagement with learning priorities across NHS Scotland, enabling collaboration to share best practice and reduce duplication of effort. As part of our key role in the implementation of the policy reform, to link Agenda for Change pay progression to appraisal and statutory and mandatory training, we ensured engagement with the network through a series of six discovery workshops to develop user personas and identify key deliverables required to facilitate implementation of the policy. Over 60 participants were involved in this engagement process.

33 We held two development workshops for the Workforce Planning community in October 2019 attended by 45 delegates. Following these sessions, a further workshop was held in January 2020 which addressed leadership for the workforce planning community with a further 25 delegates attending. We also commissioned a CIPD one day Foundation in Workforce Planning workshop for our staff and extended the invitation to the wider system.

1.5 REMOTE AND RURAL EDUCATIONAL SUPPORT

34 A programme of webinars and video conferencing (VC) was delivered across remote, rural and hard to reach locations to support and ensure access to education for Remote and Rural pharmacists and pharmacy technicians. The second phase of the Remote and Rural longitudinal clerkship for pharmacy undergraduates was completed and now involves five student pharmacists, increasing from two last year.

35 A range of online learning modules were developed to support access to education for pharmacists and pharmacy technicians in all areas of Scotland. We also reviewed and refreshed a number of e-modules and delivered an e-learning programme to support the launch of the new NHS Pharmacy First Scotland service for all community pharmacies. This included live and recorded webinars and a clinical decision-making e-learning module. In addition, we expanded our ability to deliver ACT-funded Preparation for Facilitating Experiential Learning training to remote and rural boards via VC and remote group interaction.

36 Our Remote and Rural Education Alliance (RRHEAL), an early adopter of TURAS Learn, continued to design and deliver 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.

37 Monthly education sessions were delivered across our RRHEAL VC Education Network and Rural General Hospital VC Education Network on a wide variety of topics specifically tailored to meet the needs of remote, rural and island practitioners. Initial work was completed on the development of the first Scottish multi-professional Rural Practitioner Advanced Level Education Programme in collaboration with the Scottish Rural Medical Collaborative.

38 We continued to contribute to the design of a new Rural Hospital Practitioner High Dependency and Critical Care Accredited Programme. In addition, work was progressed as part of the international Remote and Rural Recruitment and Retention Making it Work Project which has delivered a Workforce Sustainability Framework and a range of practical tools. We also commenced work on the design and development of the first Rural Health and Social Care TURAS Learn site aimed at Rural health and social care support staff.

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

39 Supporting recruitment targets for postgraduate and pre-registration to ensure an adequate supply of well-trained staff is an key aspect of our work. We maintained a focus on improving the attractiveness of NHS Scotland as an employer, developing career pathways and widening access to opportunities as part of the drive to improve waiting times. This section also includes examples of our work to promote careers in healthcare and help equip young people for jobs.

2.1 PRE-REGISTRATION EDUCATION

40 To provide a well-trained pharmacist workforce for NHS Scotland, we successfully delivered the national Pre-Registration Pharmacist Scheme (PRPS) in Scotland with 200 trainees recruited to commence their training in 2019 (2019-20 cohort) and 200 recruited to commence in 2020 (2020-21 cohort). We provided the quality management function of the national NES Pre-Registration Pharmacist Scheme (PRPS) for all 200 trainees during their training in 2019-20 on behalf of the regulator, the General Pharmaceutical Council (GPhC), with data recorded on TURAS including information on trainees, tutors and training sites during 2019-20.

PHARMACY	Target	Actual	% Achieved
PRE-REGISTRATION PHARMACY	200	200	100%

41 We were successful in becoming a Modern Apprenticeship provider for Dental Nursing. The additional income will allow withdrawal of the course fees that are applicable to dental nursing candidates and modern apprentices. During 2019-20 pre-registration training was undertaken by 148 dental nurses through courses offered across Scotland with the majority accessing the training through the new Modern Apprenticeship Scheme: 98 Modern Apprenticeships were offered and taken up in 2019-20 and an additional 28 Modern Apprenticeships secured for 2020-21. The first two groups, in Dundee and Inverness started in April 2019 with Aberdeen and Glasgow groups joining in Autumn 2019.

42 We undertook annual performance management of pre-registration nursing and midwifery programmes across ten universities, with another two universities starting to become part of the process. Data was collected and analysed, including: a student mentor and charge nurse survey; recruitment and retention data; and feedback from NHS Board Nurse Directors, all of which informed the annual performance management report submitted to the Chief Nursing Officer in November 2019. A continuous improvement process has been initiated and early findings shared with internal stakeholders.

43 In support of our work to increase collaboration with Scotland's colleges to strengthen access and articulation into pre-registration nursing and midwifery programmes, we undertook a series of activities during 2019-20. This included delivery of a national conference with 100 delegates; a national Widening Participation Education Forum for Health was established with two workshops delivered; and a stakeholder event with around 50 participants was held to consider how to operationalise Nursing and Midwifery Council preceptorship principles in Scotland.

44 We led a joint programme with the Scottish Ambulance Service to integrate paramedic education into universities as part of a three-year initiative. We progressed development of a commissioning framework for paramedic education, and in conjunction with the Scottish Ambulance Service, commissioned five preferred Higher Education Institutions to deliver the paramedic ordinary degree.

45 We continued to support the report of the Chief Nursing Officer Commission on widening participation in nursing and midwifery through a number of initiatives. Work was undertaken to clarify routes into the nursing profession and to develop and refresh the *My World of Work* website in conjunction with Skills Development Scotland. A short life working group produced a report on the Higher National Certificate Health and Administrative Practice which was submitted to the Chief Nursing Officer Directorate. A report exploring the reasons for men leaving pre-registration nursing programmes in Scotland was completed in June 2019 and recommendations from this are being taken forward by the Attracting and Retaining Men in Nursing Working Group.

2.2 ADDITIONAL COST OF TEACHING (ACT)

46 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 within the NHS. Medical ACT work is supported by an annual budget of £80 million which was fully distributed across all NHS Boards and GPs in Scotland based on the Medical ACT allocation model. We continued to work with groups within the Medical ACT structure to improve the quality of undergraduate teaching in Scotland. Key activities included review of hospital and GP teaching activity to ensure Medical ACT funding remains responsive to changing curricula and Scottish Government medical workforce policies. The ACT funds were also used to deliver the Medical Education Package, a widening access initiative which supports entry into the profession of more students from deprived backgrounds; and ScotGEM, 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.

47 Pharmacy Additional Costs of Teaching 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. We coordinated a full programme of Experiential Learning for undergraduate pharmacists in Scotland, ensuring training is available across all sectors. We delivered a suite of Experiential Learning training to 370 facilitators and progressed development of the TURAS Quality Management app (a Once for NES activity) to support quality management of placements.

2.3 POSTGRADUATE TRAINING GRADES

48 Across our activities to recruit and train medical trainees to agreed UK standards and to meet NHS Scotland current and future service and workforce demands, we supported 5,912 trainee doctors in approximately 300 programmes and successfully progressed 831 Foundation Year 1 doctors through full registration into their second year while 803 completed Foundation Year 2 and were then able to progress to

speciality training. A total of 248 completed their training in General Practice and 413 completed training in other specialties. We filled 83 Scottish Clinical Research Excellence Development Scheme (SCREDS) posts for academic training in Scotland and recruited a total of 1,883 trainees to postgraduate training.

49 In 2019 we recruited to 848 Foundation year one places and filled 841 and recruited to 326 Core and 805 Specialty posts and filled 301 and 741 respectively – some 1,883 new recruits altogether. Overall in 2019, 98% of all posts were filled by recruitment against establishment compared with 96% fill rate in 2018. We sustained an increase in GP Speciality recruitment with 325 posts filled from the 340 advertised, 33 more than in 2018. In GP training posts which were previously seen as difficult to fill and are eligible for the Scottish Government bursary, there was a rise of 21% in applications. A total of 7,688 Annual Reviews of Competency and Progression (ARCP) were undertaken, of which 7,247 (94%) were positive or neutral with a small proportion of trainees requiring additional time or support to continue training.

MEDICAL TRAINING GRADES	Posts Advertised	Posts Accepted	% Accepted	% Posts filled against establishment
RECRUITMENT TO FOUNDATION	848	841	99%	99%
RECRUITMENT TO CORE TRAINING	326	301	92%	96%
RECRUITMENT TO SPECIALIST TRAINING	805	741	92%	98%

50 During 2019-20 we delivered a major project, the Training Management Vision Project, taking forward the work of our Medical Vision which brought the four Scottish Deaneries together as one single Deanery in 2014. This enabled alignment of our Training Management processes with the Quality Framework through working nationally across specialty groupings, replacing a formerly regional focus. This change was successfully introduced in November 2019. We published an Annual Report on our work in postgraduate medical education and training.

51 At the same time, we continued to build on the use of our single and national processes for core training management functions: ARCPs (Annual Review of

Competence Progression); ARCP Appeals; LTFT (Less Than Full Time) applications; IDT/IRT (Inter-deanery transfers/Inter-regional transfers); OOP (Out of Programme) applications; and Study Leave. These new arrangements allow further cross-regional/national ARCPs, enabling streamlined and efficient review of trainee progress within a specialty across the whole of Scotland. This results in positive outcomes which include equitable experience for trainees, with expert ARCP Panels drawing on experience from up to four regional programmes and delivers increased cost-effectiveness and efficiency benefits.

52 In the last year we updated the study leave function within TURAS Training Programme Management (TPM) module and improved links to Oriel, the UK recruitment system for doctors in training. We also updated and improved the functionality for Recognition of Trainers in line with GMC standards. In addition we progressed development of a Less than Full Time online application form to streamline this process for trainees, NHS Board colleagues and supervisors. The strength of the TURAS platform is that it provides an interface between TURAS Training Programme Management and TURAS People, the HR module supporting the Lead Employment arrangements; and TURAS Portfolio and Learn, allowing learning to be recorded and seamlessly updated for Scottish Foundation trainees.

53 The four devolved nations work together to recruit trainee doctors on a national basis using Oriel, the single online system. Work was undertaken during 2019 to commission a new updated version of this platform involving collaboration across the four nations. Oriel 2 is now in deployment with the first phase due to commence in May 2020.

54 We participated fully in UK recruitment for doctors in training, working with lead recruiting bodies across the UK to provide assessment centres and panellists, and support the management of applications. For the first time we led on the provision of recruitment and assessment centres, releasing other NHS Boards from this work, successfully delivering a consistent, cost-effective process for assessment centre venue sourcing and management.

55 We continued to maintain a focus on increasing the visibility of Scotland in national recruitment processes. We provided a range of digital and other materials to support the attraction and retention of doctors and dentists in training including social media to promote Scotland as the training destination of choice and new technology (Oriel 2) to

attract and recruit trainees to Scotland. This single IT system for UK recruitment has reduced duplication and improved equality and fairness in the recruitment and selection process for all parties. Greater cohesion has been achieved in the trainee journey by joining up the systems, resulting in a better flow of information from recruitment through to employment utilising the TURAS workforce platform.

56 Our ninth Scottish National Medical Education Conference took place in April 2019, in conjunction with the Dental, Medical Appraisal, Practice Managers, and NMAHP conferences. In total 1,650 participants attended including from across NHS boards, Scottish Government, universities, learning institutions and NHS England. Feedback from the event was extremely positive.

57 A total of 161 dental vocational trainees achieved satisfactory completion of curricula by July 2019. We provided 151 training posts for dental vocational training in 2019-20 to match the final output of the Scottish dental schools, and 89 core training grade dentists were recruited to post with access to study leave.

DENTAL TRAINING GRADES	Target	Actual	% Achieved
RECRUITMENT TO DENTAL VOCATIONAL TRAINING	155	151	97%
RECRUITMENT TO DENTAL CORE AND SPECIALTY TRAINING	134	128	96%
PRE-REGISTRATION TRAINING FOR DENTAL NURSES	160	129	81%
DENTAL HYGIENE/THERAPY STUDENTS	45	45	100%

58 We commissioned and recruited to Psychology programmes and met our targets for 2019-20 training grades: 59 clinical psychology trainees commenced in October 2019 (54 clinical psychology trainees completed pre-registration training by March 2020); 35 MSc trainees in psychological therapies in primary care commenced in January 2020 (28 completed training by March 2020); and 29 MSc trainees in applied psychology for children and young people commenced in February 2020 (28 completed by March 2020). We supported the current cohort of five child and adolescent psychotherapy trainees due to complete in September 2021, and the ongoing annual MSc Neuropsychology programme. Two Health Psychology trainees commenced in May

2019, while three completed at the end of January 2020 and a further cohort of three trainees commenced in March 2020. These activities will help ensure the NHS is provided with suitably trained professionals and the required numbers of applied psychology and psychotherapy trainees as guided by Workforce Planning.

APPLIED PSYCHOLOGY	Target	Actual	% Achieved
CLINICAL PSYCHOLOGIST TRAINEES' COMPLETION	54	54	100%
PSYCHOLOGICAL THERAPIES IN PRIMARY CARE	30	28	93%
APPLIED PSYCHOLOGY FOR CHILDREN AND YOUNG PEOPLE	30	28	93%
NEUROPSYCHOLOGY PROGRAMME	28	28	100%

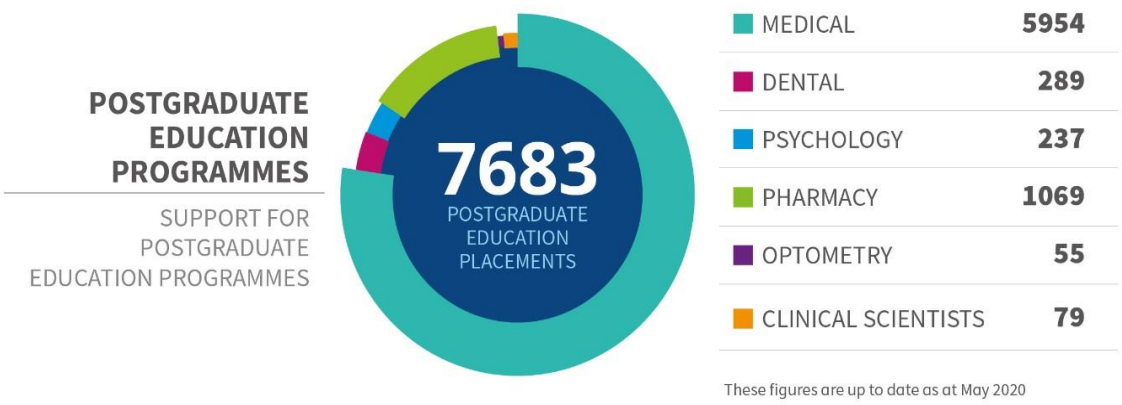
59 We successfully delivered the Vocational Training Foundation programme across all sectors of Pharmacy, with 85 new trainees joining a current group of over 150 trainees.

60 As part of our quality monitoring and quality assurance of Healthcare Science postgraduate education, we attained a response rate of 98% in relation to submission of training plans, a positive outcome as a satisfactory training plan is essential for progression. A response rate of 93% was achieved in relation to annual review of competency progression submissions. During 2019-20 we implemented the GoToMeeting platform to conduct 20 *vivas* for final stage clinical scientists, avoiding travel time and costs for all.

61 During 2019-20 we supported 20 pre-registration clinical scientists across laboratory sciences, medical physics and clinical engineering, and provided support to healthcare science programmes including: 79 clinical scientist trainees across different stages of development; 31 undertaking postgraduate level development; and 20 NHS-employed clinical physiologist practitioners in key specialties (audiology, cardiac physiology, neurophysiology). Funding support and monitoring was provided to a total of 195 healthcare science trainees across all types/specialties.

HEALTHCARE SCIENTISTS	Target	Actual	% Achieved
PRE-REGISTRATION CLINICAL SCIENTISTS	20	20	100%
POSTGRADUATE SCIENTISTS IN SERVICE	31	31	100%

62 We held three national events to support development of the healthcare science workforce and improve networking opportunities. A total of eleven trainer courses were delivered across Scotland attended by 153 healthcare science supervisors, while our six leadership courses were attended by 90 staff. We also established e-learning for healthcare science staff on TURAS Learn which will enable validated and controlled national learning to be made available.



2.4 POST-REGISTRATION NMAHP EDUCATION

63 We commenced development of a *Once for Scotland* Return to Practice programme for nurses and midwives, in partnership with providers, which will be introduced following approval by the Nursing and Midwifery Council. A total of 134 nurses and midwives met Scottish Government criteria to undertake the Return to Practice programme currently being offered at four Scottish Higher Education Institutions. Those who have completed the programme to-date are employed across NHS Boards, care homes, local authority and the independent sector.

64 We worked collaboratively with colleagues from Scottish Government, NHS Boards and Higher Education Institutions (HEI) to support the drive to increase the size and scope of the health visiting workforce, ensuring that health visiting programmes meet

the requirement of the Universal Health Visiting Pathway, the refreshed role for health visitors, and the current and future health and wellbeing needs of the population of Scotland. In conjunction with partners we supported health visitors through the facilitation of a variety of resources including: the community of practice for health visitors on the Knowledge Network; a health visiting self-assessment tool; a digital speech, language and communication resource and a national event for practice teachers.

65 A further 36 healthcare professionals undertook development to lead service improvement through maximising the use of technology via our NMAHP Digital Health and Care Leadership Programme with an additional 26 due to complete in 2020-21. This initiative has included a strong emphasis on building capacity and capability in virtual consultation, to deliver health and social care services using *NHS Near me* on the *Attend Anywhere* platform and supporting discharge and self-management for people living with long term conditions within the community.

66 We progressed development of an education and career pathway to support integrated community nursing teams. The pathway for district nursing, general practice nursing, care home nursing and prison health care nursing will contribute to creation of a more flexible and better-prepared community nursing workforce in line with the aspirations of the Transforming Roles programme and the Nursing 2030 Vision. The first stage, a Graduate Diploma in Integrated Community Nursing, was successfully commissioned and 200 places will be offered from September 2021 to Band 5 nurses from across the different community settings.

67 In 2019 our Effective Practitioner website was refreshed to deliver a new style and structure, simplified content, and new resources. The site aims to support nurses, midwives and allied health professionals assess their learning needs and to plan their continuing professional development. It also provides guidance for managers and educators on how to support their staff and is the central resource for wider workplace activity.

2.5 POST-REGISTRATION DENTAL NURSES AND DENTAL CARE PROFESSIONALS

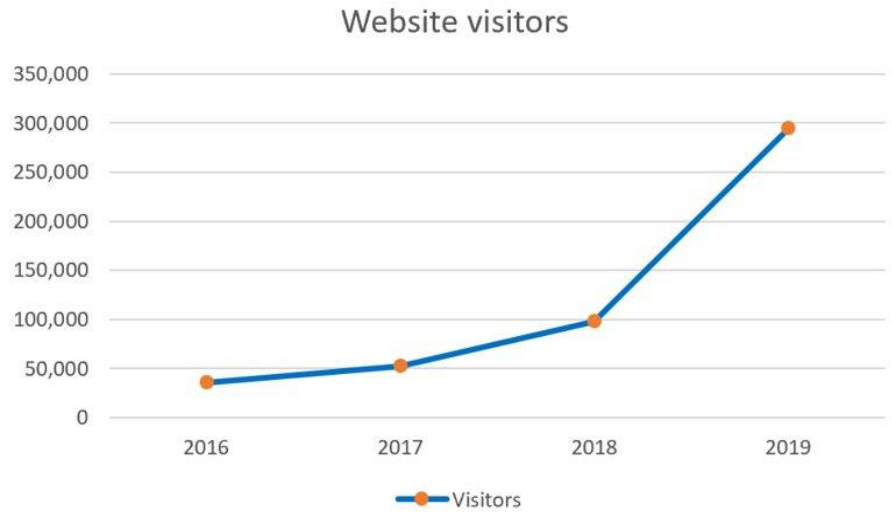
68 We delivered 31 places in 2019-20 for Dental Practice Managers to access the SVQ Professional Development Award (SCQF Level 8). The programme was subsequently

adapted to an online study day programme from mid-March 2020 using the GoToTraining platform in response to COVID-19.

69 We also provided seven vocational training places for experienced dental nurses wishing to upskill as Orthodontic Therapists, and 85 post-registration training places for dental nurses to achieve enhanced skills beyond the minimum regulatory requirements. These activities contribute to providing a well-trained dental workforce to improve access to NHS dental services through quality assured programmes.

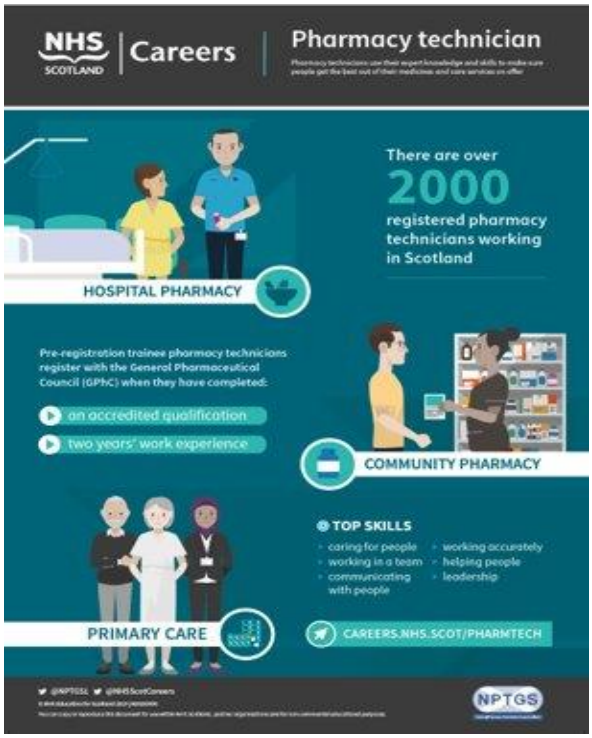
2.6 CAREER SUPPORT ADVICE AND SCHEMES

70 The NHS Careers website provides a focal point for information about careers in NHS Scotland and specific promotion campaigns (including internationally). The website target audience extends to young people, parents and carers, teachers and careers advisors, career changers and the NHS Scotland workforce. Work was undertaken in early 2019 to identify improvements to increase engagement resulting in a series of design, architecture, and content enhancements as well as new features. There was a significant increase in visits to the NHS Careers website illustrated by 298,000 visits in 2019 in comparison with almost 100,000 visits in 2018. There was also a steady increase on social media platforms with a net growth of seven followers per day across platforms.



71 Work was taken forward with Scottish Government, NHS Boards and other national groups to develop promotional resources including posters for nursing career pathways, pharmacy technician careers, international recruitment banners, and nursing, midwifery, AHP and healthcare science flyers. We also provided support for

the *careersinhealthcare.scot* campaign covering nursing, allied health professionals and healthcare science roles, to help raise awareness of these roles.



2.7 YOUTH EMPLOYMENT

72 We progressed work to expand opportunities for young people by supporting all NHS Boards in Scotland to promote NHS Scotland as an employer of choice, widening access routes and opportunities for under-represented groups, increasing the number of young people entering the service, including apprentices.

73 In our partnership role with Scottish Government and the Prince's Trust in the delivery of the Trust's *Get into Healthcare Programme,* we co-produced a toolkit to support NHS Boards. During 2019-20 six NHS Boards ran the programme with 68 young people completing, of which 76% gained employment. We also worked with Scottish Government to support the establishment of a multi-agency national working group - the National Youth Employment Steering Group - with the aim of providing strategic direction and support for stakeholders to increase youth employment. In conjunction with Skills Development Scotland we took forward work in relation to development of plans to support pilot Foundation Apprenticeships in NHS Boards.

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

74 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 improve the health and wellbeing of women, children, young people and families. 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

75 Our Practice-based Small Group Learning (PBSGL) remained popular in General Practice in Scotland with membership of approximately 40% of GPs. Increasing numbers of groups are inter-professional with pharmacist and nurse numbers showing the highest growth in the past three years. In 2019-20 active membership grew by 13.4%, with an increase in groups of 4.8%; 30.5% of members are non - GPs. We supported the development of PBSGL in other parts of the UK as well as in Denmark and specifically Wales during 2019-20.

76 We continued to deliver the Practice Managers' Vocational Training Scheme. Cohort 15 commenced in September 2019 with 23 participants, and a further 17 Practice Managers completed the programme in 2020. We also delivered 20 Practice Manager

educational workshops, with events held across Scotland. In addition, we developed a Supervisory Management in General Practice programme: Cohort 1 commenced in May 2019 with 18 participants; Cohort 2 in October 2019 with 24 participants; and Cohort 3 commenced in January 2020 with 40 participants. Work commenced on the *Transforming Practice Manager and Administrative Staff Roles* programme to support the evolving roles of Practice Managers' and General Practice administrative staff.

77 We supported enhancement of the current General Practice Nurse (GPN) workforce by adopting a positive recruitment and retention strategy to provide an opportunity for newly qualified nurses to enter the GPN workforce. We successfully recruited 24 General Practices as GPN training practices for newly qualified nurses. This initiative is part of the wider *Transforming Roles Programme,* across hospital, community and third sector which includes nurses working in General Practice at all levels of the career framework to play a pivotal role in integrated community nursing teams.

78 We delivered and expanded the General Practice Nurse (GPN) Programme following a positive external evaluation in 2018. During 2019-20, Cohort 9 comprising 32 GPNs commenced in September 2019, while Cohort 10 with 26 newly qualified nurses commenced in March 2020. We have 18 Educational Supervisors in place to support the GPN programme and nine GPN Education Advisors across Scotland, with work ongoing to assess refocus of the role in line with the *Transforming Roles Programme*.

79 Through Scottish Government funding, we significantly increased our educational opportunities for General Practice Nurses. Demand for courses remains high and they have evaluated exceptionally well. A total of 85.6% places were filled across courses during 2019-20, compared to 79.3% in 2018-19, an increase of 6.3%. Overall 946 General Practice Nurses attended training compared to 522 in 2018-19, an increase of 81%. Practice Based Small Group Learning membership for nurses increased by 31.6% in the last 12 months.

80 During 2019-20, to support CPD programmes for dentists and dental care professionals we delivered 19,786 hours of verifiable CPD. National events were run in Glasgow and Edinburgh, and a joint event with the Clinical Effectiveness workstream. Each event was attended by around 150 delegates. Good progress was made to further develop and provide access to a wide range of online resources, including webinars, webcasts, SDEO (Scottish Dental Education Online) resources

and e-learning for the whole dental team, enabling them to keep up to date in relation to topics areas, without the need to attend face to face training.

81 We worked collaboratively with the General Dental Services and Public Dental Services to provide intravenous and inhalation sedation training. We delivered several training courses with up to 15 places on each course for Public Dental Service and General Dental Practitioners. Overall 67 participants took part and successfully completed the training. We also continued to provide support for the HND Module in Decontamination with seven courses offered, with up to 10-12 places on each, as part of the SVQ post-qualification.

82 We provided training to two cohorts of General Dental Practitioners to enable them to be appointed as enhanced practitioners, providing domiciliary care in care homes in support of the Oral Health Improvement Plan. The training was successfully completed by 28 participants. The programme was refined following evaluation in preparation for further courses. An e-portfolio was developed to support the course and to enable General Dental Practitioners to upload their evidence towards assessment.

83 We undertook to provide access and support for dental registrants to enter, remain and return to the workforce. As part of a mandatory training programme for dentists from outwith Scotland wishing to work in the General Dental Service in NHS Scotland, five courses were delivered in 2019-20. A Mandatory Training Plus course was developed and delivered for those requiring support beyond the initial Mandatory training course. Remediation support was provided for 16 General Dental Council registrants, utilising a pool of trained mentors.

84 The Professional Development Award in Supporting the Healthcare Team in the Workplace (Scottish Credit Qualification Framework Level 8) was successfully completed by the first cohort of Dental Practice Managers. The two-day programme aims to develop the knowledge and skills required to effectively induct, mentor an existing or new member of staff, and facilitate performance management processes in the delivery of high-quality and safe patient care within the workplace. Subsequent student assessment and programme evaluation evidenced changes made within the workplace as a result of students' participation, demonstrating effective impact of learning.

85 Our tenth NES Optometry Annual Conference, held in October 2019, was our largest to date with 250 delegates from across Scotland. Participants included Optometrists, Orthoptists, Dispensing Opticians and Ophthalmologists, as well as representatives from Scottish Government. A broad spectrum of education to support clinical care was provided, including topics such as accessibility and evidence-based practice, and a range of interactive workshops.

86 In support of CPD for the Optometry profession, training programmes were developed and delivered to increase knowledge and safe practice around consenting patients and paediatric patients, with 22 professionals enrolled. A programme of CPD on Dementia for Optometry practice staff as well as practice professionals was developed as a result of our engagement with RNIB and Alzheimer's Scotland, and supported by our Dementia team. TURAS Learn modules of our existing dementia training resources were released, and two webinars were provided.

87 A total of 45 Optometrists enrolled in the Ocular Therapeutics course commencing in March 2019, while over 120 Optometrists accessed the available Teach and Treat Sessions. A programme of education and training to support the management of Ocular Hypertension and Glaucoma was designed, with delivery to first cohort of 22 optometrists commencing in early 2020. The course has been approved by the SQA, and rated at level 11. We supported expansion of the Optometry Peer Assisted Learning network by extending the range of topics, as well as the audience and the format. New resources included a QI pack, autoimmune pack and an All Practice Staff training resource on dementia.

88 We delivered a flexible Pharmacy CPD Programme through provision of two programmes of courses and resources per year to meet the regulatory and service development needs for all pharmacists and pharmacy technicians registered with the General Pharmaceutical Council (GPhC) in Scotland. This included a range of events and webinars and also extended to national education to support the new community pharmacy NHS Pharmacy First Scotland service. We developed key e-learning modules to support the NHS Pharmacy First Scotland initiative and commenced face-to-face training in NHS Board areas. This face-to-face delivery was paused in March due to COVID-19 impact and replaced with online delivery (live and recorded webinars) which received very positive feedback.

89 We commissioned and ensured delivery of a fully integrated standalone Independent Prescribing (IP) course which includes clinical assessment and consultation skills training. During 2019-20, four IP courses were provided across the two schools of Pharmacy with 107 pharmacists funded. We also commissioned two bespoke IP courses for community pharmacists with 63 pharmacists funded; and a collaborative of experts in clinical skills training to deliver the required Advanced Clinical Skills courses for pharmacist Independent Prescribers. Based on national NHS Board requirements, 20 clinical assessment skills courses were commissioned in 2019-20 totalling 266 attendees, and four consultation skills courses with 70 attendees.

90 We provided a bespoke leadership course, *A Taste of Leadership* (85 attendees), and *SOS - Self, Others and Service* (54 attendees) to support pharmacists and pharmacy technicians undertaking their Foundation Programme training during 2019-20. We also delivered the six-day Advanced Leadership course for pharmacists and GPs with 84 attending the courses during 2019-20.

91 We supported the roll-out of a Teach and Treat service for community pharmacist prescribers. This is aimed at those have completed the Common Clinical Conditions clinical skills course and who have been asked to deliver services to patients from community pharmacies to reduce GP workload in relation to acute self- limiting conditions. It is intended to expand this Teach and Treat model to all NHS Boards in the future

3.2 PERSON-CENTRED CARE

92 The principles of person-centred care are embedded throughout all undergraduate, postgraduate and CPD (continuing professional development) activities. During 2019-20 we provided a range of education, training and workforce development to support and enhance delivery of person-centred care.

93 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 including a quarterly newsletter with over 1,200 subscribers, social media, and national and international conferences.

94 Our Support Around Death Website which provides a range of information for health and social care professionals was further enhanced to deliver additional content. During 2019-20 there were over 16,000 users on the site with over 41,000 page views. More resources were added to the suite of short, scenario-based animations which support practitioners in conversations around death, dying and bereavement. Overall, the animations have been viewed over 35,000 times and feedback continues to be positive.

95 We took forward work with the Death Certification Review Service to develop educational resources and work is underway on support materials for non-certifying staff. We also worked with third sector organisations and a range of healthcare professionals to develop educational resources for staff that focus on increasing their awareness of how to support LGBT+ people around death and bereavement.

96 We hosted quarterly learning events for the NHS Board Bereavement Lead and Strategic Coordinator network across Scotland, providing an opportunity for the sharing of best practice in relation to bereavement care/education on a national basis. We also hosted the inaugural NES Bereavement Education Conference in November 2019, *Starting with the end in mind; A realistic approach to bereavement and resilience*. This event was attended by 170 delegates, with almost 50% of the places taken up by doctors across Scotland, and close to 20 medical specialties represented with positive participant feedback evidenced in the event evaluation.

97 We undertook further embedding of Values Based Reflective Practice (VRBP) by provision of: Essential Tools training (48 attendees) aimed at providing health and social care staff with an introduction to the VRBP toolkit; Dynamics and Processes training (24 attendees) for those whose role requires them to enhance work based practice; and Train the Trainer (6 attendees) for experienced VRBP facilitators. We continued to provide leadership and co-ordination of the Personal Outcomes Network; undertook a research project on the PROM (Patient Report Outcomes Measurement) tool and provided three CPD opportunities for 15 participants to develop leadership skills and provide ongoing CPD for spiritual care teams across Scotland.

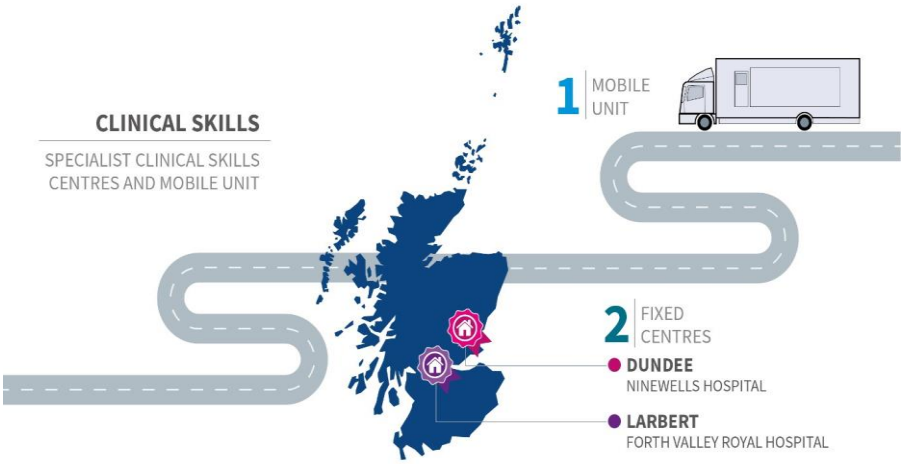
98 In support of the vision of a carer-friendly Scotland in which carers are recognised and valued, we worked with the Scottish Social Services Council and a wide range of stakeholders, including carers and carer organisations, to produce a learning resource called Equal Partners in Care (EPiC). Based on six core principles, the resource

supports collaborative working with carers across health and social care to help improve outcomes for carers and the people for whom they provide care.

3.3 PATIENT SAFETY AND CLINICAL SKILLS

99 We continued to deliver patient safety education for the NHS workforce. A total of 32 multi-disciplinary workshops were delivered to 406 NHS Scotland staff, focusing on patient safety within complex healthcare systems using Human Factors and ergonomic principles. We updated our e-learning module *Introduction to Human Factors and Ergonomics* and delivered *Effective Clinical Handover* education sessions to Foundation Doctors across nine NHS territorial Boards.

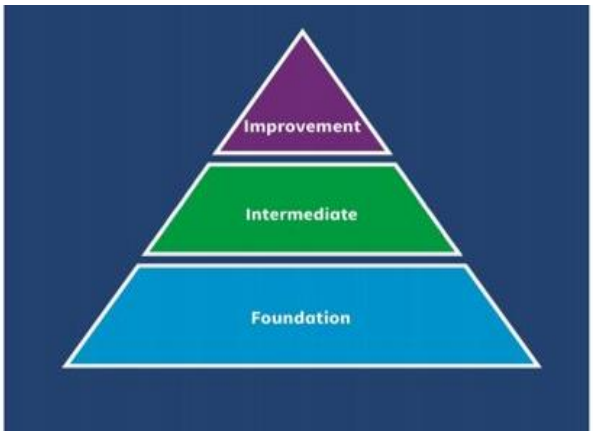
100 With the aim of supporting clinical skills training contributing to better and safer patient care, 1,431 staff received training by our Mobile Skills Unit (MSU), involving 128 different training sessions and 26 site visits. In conjunction with our training partner BASICS Scotland, 11 separate portfolio events for pre-hospital emergency care were undertaken with a total trained of 318 GPs, nurses and Scottish Ambulance Service staff. In conjunction with our training partner, the Scottish Centre for Simulation and Clinical Human Factors, we delivered four Faculty Development courses and trained 27 individuals. We also provided interactive clinical skills sessions for over 400 school pupils from Lanarkshire and delivered Minor Surgery workshops for GPs and training for HM Prison staff.



101 During 2019-20 we provided in-practice infection control training for dental teams across Scotland through our Quality Improvement in Practice Training team (QIiPT), with 195 sessions of training delivered across Dental Practices in Scotland.

3.4 HEALTHCARE ASSOCIATED INFECTION (HAI) AND HEALTH PROTECTION

102 We continued to support the public health workforce in delivery of key public health priorities. Our Public Health team published new resources for the Intermediate and Improvement Layers of the Scottish Infection Prevention and Control Education Pathway (SIPCEP). The new e-learning modules have been made available on TURAS Learn for health and social care staff and students. The improvement layer is designed for those who wish to develop knowledge and skills in relation to infection prevention and control, and quality improvement, and to lead on or actively participate in a project in their place of work.



Scottish Infection Prevention and Control Education Pathway

103 A Train the Trainer programme was provided to support care home education staff in the implementation of infection prevention and control training. This builds local capacity to deliver the programme which can be incorporated into existing in-house training provision. Impact assessment undertaken with 67 trainers from Cohorts 7 and 8 of the programme indicated that participants demonstrated increased confidence after programme completion.

104 We launched a new educational resource *Raising Awareness of Antimicrobial Stewardship: For Nurses and Midwives*, to coincide with European Antibiotic Awareness Day. This was developed in partnership with the Scottish Antimicrobial Prescribing Group and aims to support learning around antimicrobial stewardship, highlighting the key role of nurses and midwives across all health and social care settings.

3.5 QUALITY IMPROVEMENT (QI) EDUCATION

105 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.

106 In November 2019 we hosted the annual Scottish Improvement Leader (ScIL) networking event in Scotland marking the graduation for our latest Scottish Improvement Leaders. A total of 119 participants graduated from across public services and showcased their learning and improvement projects. Four cohorts of the ScIL programme are delivered each year and to date we have trained 508 Improvement Leaders with a further 200 participants undertaking the training in Scotland and Northern Ireland at the time of reporting.

107 The twelfth cohort of the Scottish Quality and Safety Fellowship (SQSF), which supports healthcare staff to develop leadership skills and to improve the delivery of safe patient care, commenced in September 2019. There are now over 290 Fellows with skills to deliver stronger clinical leadership across NHS Scotland and beyond. The Fellowship has reached nine different countries including Norway, Denmark, Canada, New Zealand, England, Wales, Ireland and Northern Ireland.

108 With the aim of building further QI capacity across Scotland, a set of accessible resources and shadowing opportunities were developed to allow graduates of SQSF and ScIL to deliver the programme to individuals within their own organisations. In total 92 staff have so far requested access to these resources to support delivery in their own areas.

109 The Scottish Improvement Foundation Skills programme supports individuals to develop the skills, knowledge and confidence to contribute to the improvement of local services. During 2019-2020, 80 staff from across the public sector completed the programme, comprising seven virtual sessions using the GoToTraining platform. In line with aims to expand NES workforce capability to use quality improvement as a method to implement change, a total of 41 of our staff completed the programme during 2019-20.

110 During 2019-20, four cohorts of the Scottish Coaching and Leading for Improvement Programme were commissioned by the Chief Nursing Officer in support of the Excellence in Care programme of work, with 99 managers successfully completing the

programme. The Programme enables managers to develop leadership skills and gain knowledge and confidence in the core components of quality improvement whilst embedding a coaching approach in how teams are enabled and empowered. The programme has adopted a partnership model to allow local delivery in NHS Boards, with national faculty supporting local faculty to deliver the course. As an NHS Board we have engaged with this approach in addition to NHS Grampian, NHS Greater Glasgow and Clyde, and NHS Dumfries and Galloway; and the programme has also been commissioned for external delivery to the Western and Southern Health and Social Care Trusts in Northern Ireland.

111 We launched a new QI e-learning module *Implementation and Spread* on the QI Zone accessible from TURAS Learn. The module focuses on understanding the differences between testing and implementation, how to implement change, and explores the ideas behind how to spread successful changes to other locations. A suite of five introductory e-learning modules are now offered which follow the established Scottish Improvement journey. The online learning resources are free to access and suitable for anyone working in the public sector workforce aiming to improve local services. The QI Zone has been exceptionally well received and international partners have expressed interest in the content to share within their own organisations.

112 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, and work has been progressed with 18 teams across six NHS Boards.

113 We also continued to lead in the development of educational resources, provision of coaching and training to support the QI for Access Programme. This is a further partnership programme of work with Scottish Government and HIS, which targets the use of quality improvement to meet the challenge of delivering sustainable improvements in waiting times whilst maintaining or improving the quality of care. NHS Lothian, NHS Tayside and NHS Grampian have been recruited as accelerator sites where educational interventions are currently being tested.

114 Since 2018 we have provided our virtual programme, *Scottish Improvement Foundation Skills* (SIFS) 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. During 2019-20, programme access was extended to include staff from across all primary care. A total of 83 'First 5' GPs have completed the programme, in addition to 53 staff from primary care.

115 We created a dedicated Board Development learning platform on TURAS Learn which includes relevant education and support material on induction, integration, mentoring and coaching and CPD. The new induction approach combines local and national induction with new appraisal arrangements for non-executive Board Members. A mentoring scheme for non-Executive Board Members and Chairs was launched in August 2019, and ten mentoring partnerships are now underway.

116 Realistic Medicine is an approach to healthcare that aims to put the patient at the centre of decisions made about their care. We launched a new website on TURAS Learn to support this approach providing information, e-learning modules, guides, and frameworks aligned to the educational strategy for this programme of work. A significant element of this was development and publication of the Shared Decision-Making e-learning module. Analytics show that in a two-month period 418 staff completed the module, whilst 517 staff are in progress to complete the module. The site is open to everyone and will be updated and expanded as the practice of Realistic Medicine becomes embedded across Scotland.

117 In 2019-20 we worked as part of the Quality Improvement in Pharmacy Practice (QIPP) collaborative in Scotland to support quality improvement developments in Pharmacy. We organised and delivered face-to-face education to support the implementation of the NSAID (non-steroidal anti-inflammatory drugs) Safer Care

Bundle in Community pharmacy, and distributed NES Safety Culture Discussion cards to all community pharmacies in Scotland. We have also started scoping educational opportunities to support Human Factors training for Pharmacy.

118 A number of activities were undertaken to support quality improvement in the Optometry profession. A survey of safety concerns in Optometric practice was developed, and a PAL (Progressive Addition Lens) QI pack was created. A training framework for introducing Leadership and QI training into Optometric practice was developed and a programme of Optometry-specific Leadership and Management training was completed by 25 practitioners incorporating a focus on locum workers.

3.6 CLINICAL EFFECTIVENESS GUIDANCE

119 During 2019-20 our Scottish Dental Clinical Effectiveness Programme (SDCEP) continued to provide user-friendly, evidence-based guidance on topics identified as priorities for dentistry in Scotland and the rest of the UK.

120 In support of the Oral Health Improvement Plan, we took forward work to update the Oral Health Risk Assessment guidance. We also published an interim update to the Prevention and Treatment of Periodontal Diseases in Primary Care guidance. In addition, the Dental Prescribing app was updated in line with British National Formulary (BNF)78. The Practice Support Manual, which supports practice management and organisation, was maintained and updated to provide up-to-date advice for dental practices undergoing practice inspection.

121 A second smartphone app was launched in August 2019. The SDCEP *Dental Companion* is aimed at dental professionals working in primary and secondary care dental practice, those involved in dental education, and undergraduate trainees, and augments the popular Dental Prescribing app to support improvements in patient care. The *Dental Companion* app provides access to SDCEP evidence-based dental clinical guidance and focuses on four priority clinical topics. Within the first month of launch, the app was downloaded nearly 2,000 times and the website was accessed by over 850 new users. Evaluation of the app is underway and will help inform future strategy for app development and use by both SDCEP and other programmes.

3.7 PRACTITIONER ROLE DEVELOPMENT

122 In support of Primary Care Transformation, during 2019-20 the bespoke GP Learning Pathway, comprising learning events, e-learning, interactive webinars and completion of a competency framework, was delivered to a further 112 pharmacists and 34 pharmacy technicians. Seven GP Practice pharmacists were accredited at Advanced Level I of the GPCP Competency Framework in addition to the first GP Practice pharmacist accredited at Advanced Level II. While some elements of the final delivery had to be cancelled due to non-release of staff (COVID-19 impact) the pathway was completed. Further cohorts will be recruited to commence training in 2020-21.

123 We disseminated key resources developed as part of the National Trauma Training project. In 2019-20 there were 15,700 visits to the *Transforming Psychological Trauma* Knowledge and Skills Framework; 28,900 views of the *Opening Doors:* Trauma Informed Practice for the Workforce animation; and 7,100 views of the *Sowing Seeds* animation focusing on children and young people's services. We also delivered training events to increase the capacity of the workforce to deliver evidence-based interventions for people affected by trauma: *Safety and Stabilisation* was delivered to 314 delegates; *Survive and Thrive* Training to 61 delegates; and evidence-based exposure/processing therapy training to 32 delegates.

124 We delivered Scottish Trauma Informed Leaders Training (STILT) to 109 attendees. We also developed a network of 13 NHS Board *Transforming Psychological Trauma* Implementation Leads and supported them in their delivery of local training, supervision and coaching sessions. This group delivered training to 1,838 delegates during 2019-20.

125 A number of frameworks were launched to support the Perioperative and Nurse Endoscopy workforce including: a Perioperative NMAHP Career Framework and Development Framework to enable greater standardisation across the Perioperative workforce; an Anaesthetic Assistant revised competency framework; and the Career and Development Framework for Nurse Endoscopists in Scotland. In addition, a new TURAS Learn Perioperative site, a regular newsletter, and a variety of national events (both distance and face to face) were delivered. The Accelerating the Development of Enhanced Practitioners (ADEPt) programme within the national Scottish Access Collaborative commenced in 2019, supporting an additional learner cohort of eight nurse endoscopists.

126 In line with the Scottish Government manifesto commitment to train additional Advanced Nurse Practitioners, 970 nurses have received funding over the last three years to undertake the Postgraduate Diploma in Advanced Practice. Around 679 nurses are expected to have completed the programme by September 2021 with approximately 50% working in acute care settings, most of the remainder in primary care and community, and a smaller number in mental health, paediatric or neonatal areas. An evaluation of the impact of this additional workforce is planned to commence in 2021 as new roles begin to embed.

127 Funding was awarded to NHS Boards for the Postgraduate Diploma in District Nursing to support 61 places. These additional places were allocated in response to the shortfall identified in the Scottish Government review of the district nursing workforce. We also continued to support and fund a cohort of 48 newly qualified nurses in General Practice in the second year of their training post.

128 Continuing professional development modules for District Nurses were commissioned and delivered to support their transition to the District Nurse refocused role with 50 places for nurse independent prescribing, 50 places for advanced clinical assessment, 25 places for leadership and 25 places for research. Funding was provided for 20 Band 5 nurses in district nursing teams to access part-time core modules leading to qualification as a District Nurse. This enabled nurses to remain in practice whilst studying a large part of the course and helps accelerate the increased number of qualified District Nurses required for the service.

129 Educational development for General Practice Nurses was provided and in total 889 short courses, 216 residential courses, 396 practice-based small group learning places and two leadership development workshops were delivered. In post-course evaluations, participants reported positively across all courses on the relevance of the learning to practice. We also commissioned modules on topics which support the development of the refreshed General Practice Nurse role aligned with the General Medical Services Contract (2018). In total 299 nurses accessed 19 modules at three Scottish Higher Education Institutions.

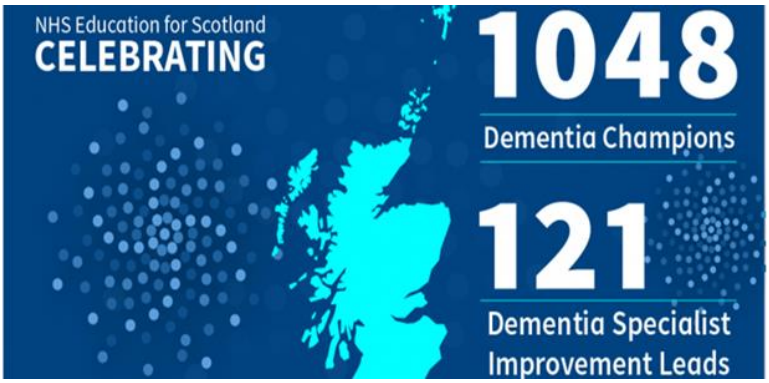
130 We delivered a competency framework for pharmacy technicians across all pharmacy sectors with an ongoing pilot of the framework by GP Practice and Acute pharmacy technicians to support the training of pharmacy technicians working in GP Practices in

line with the Scottish Government agenda for Primary Care transformation. Supported e-learning and two bootcamps were developed and delivered and we also finalised TURAS Portfolio development for this group.

3.8 MENTAL HEALTH AND DEMENTIA

131 We continued to support the National Dementia Strategy through a number of interventions including: the Dementia Specialist Improvements Leads Programme; training for trainers; learning events and masterclasses; the Dementia Champions Programme; the *Promoting Excellence* dementia Knowledge And Skills Framework; and training in palliative and end of life care in dementia.

132 We co-hosted a national conference and graduation event marking the graduation of health and social services Dementia Champions. A total of 98 participants from Cohort 10 of the Dementia Champions programme graduated in March 2020 taking the total number of dementia champions to 1,048. The programme supports the implementation of the national knowledge and skills framework for staff working with people with dementia; extends the reach of workforce learning and training opportunities; and supports improvements across Scotland's Dementia Strategy priority areas. A range of evaluation methods have confirmed the impact of this programme in improving the experiences and outcomes of care for people with dementia in acute and community hospital settings.



133 A national conference took place in February 2020 to mark and share the work of 45 health and social care staff who have completed the NES Dementia Specialist Improvement Leads (DSIL) programme. Over 100 staff across health and social care have now been prepared as DSILs. The programme further develops participants' knowledge and skills in a range of specialist areas of dementia practice and includes

development opportunities in leadership, change management, practice development and quality improvement. The event marked the launch of the report *Driving Improvements in Specialist Dementia Care*. The report highlights the achievements of 121 participants from three cohorts of the NES Dementia Specialist Improvement Lead (DSIL) programme between 2014 and 2020 and the significant impacts at an educational, practice, and service improvement level. The programme has been successful in supporting and promoting cross-sector working to enhance health and social care integration.

134 We delivered training to increase cross-sector reach of existing education and training in Psychological Interventions for Dementia and to improve support and sustainability. Cognitive Stimulation Therapy (CST) workshops were delivered to 173 health and social care staff; two Stress and Distress Coaching Workshops were provided for 13 health and social care staff; and a Cognitive Rehabilitation workshop was delivered to 20 senior health and social care staff. We launched our revised Stress and Distress training programme in 2019-20. A total of 39 senior health and social care staff attended Stress and Distress trainer events in 2019-20. We also commissioned and progressed a Stress and Distress e-learning module.

135 We continued with our training programme specifically for the care home sector, Essentials in Psychological Care - Dementia and trained a total of 119 senior health and social care staff as Essentials Trainers across Scotland. We developed an Essentials Coaching workshop, with the first event attended by 10 Essential Trainers from both health and social care. We also developed a new educational resource for carers of people with a diagnosis of Fronto-temporal Dementia (FTD) which will be launched in 2020-21.

136 We revised and updated the Cognitive Rehabilitation in Dementia mobile application in 2019 to improve the usability of the resource. The app, launched in 2017 and the first of its kind in Scotland, has proven to be a popular addition to the resources available for frontline staff when working with a person in the mild stages of dementia. This educational resource continues to facilitate the development of core skills related to supporting and implementing cognitive rehabilitation interventions and complements the hard copy learning resource and twice-yearly workshops.

137 We undertook a range of programmes to increase CAMHS (Child and Adolescent Mental Health Service) knowledge and skills in evidence-based psychological

interventions to support client access to psychological interventions. Our updated Essential CAMHS resource was implemented across NHS Boards during 2019-20 and over 556 clinicians accessed the modules. We developed a ‘New to CAMHS’ training programme for 93 clinicians and continued to increase supervision capacity in the CAMHS workforce by providing CBT supervision training to 34 CAMHS clinicians, and Interpersonal Therapy (IPT) supervision training to 7 CAMHS clinicians.

138 We continued to provide trauma training to children's services professionals through access to the child trauma module and face-to-face trauma informed practice including newly developed day-two training for CAMHS which was attended by 41 clinicians. Trauma Focused CBT training was completed by 26 clinicians.

139 We provided access to training in family therapy at Foundation level to eight clinicians and at Intermediate level to nine clinicians. We also provided a short two-day introduction to the working with families course to 28 new to CAMHS clinicians. CBT training at Certificate level was delivered to 12 CAMHS clinicians and Diploma level to 11 CAMHS clinicians. We also delivered training in CBT for Eating Disorders to 17 clinicians, and 34 participants attended our CBT Approaches CPD day.

3.9 CHILDREN AND YOUNG PEOPLE

140 We provided a range of training and support for Children, Young People and Families. This included Infant Mental Health online training to 60 practitioners; Infant Mental Health (IMH) delivery support to 13 practitioners; and evidence-based Infant Mental Health intervention training for 20 IMH practitioners. We also provided Solihull Approach foundation level training to 393 practitioners and Solihull Approach Foundation Level Train-the-Trainer to 16 practitioners.

141 We delivered phase two of the implementation science informed Early Intervention Framework in partnership with Scottish Government. We provided 33 Connecting with Parents' Motivations (CWPM) trainings to 346 multi-sector practitioners, and two CWPM train-the-trainer training events to 44 practitioners. In addition, 36 authorised practice support/supervision/coaching sessions were provided to 84 multi-sector Early Years practitioners, previously trained in either the Incredible Years or Triple P programmes (including Incredible Years Peer Coaches in training). Authorised Incredible Years training was delivered to 47 practitioners and Triple P training to 25 practitioners in established Psychology of Parenting Project (PoPP) sites.

142 Eleven NHS Boards responded to the School Nursing education needs analysis which, in addition to four regional events for 78 School Nurses, will inform developments to enhance knowledge and skills within the School Nursing Pathway for emotional mental health and wellbeing. Evaluations from the regional events reported the benefits of networking and learning with peers. Stakeholder engagement has also been undertaken to inform new digital resources to support school nursing and health visiting pathways, which will be launched next year.

143 The Psychology of Parenting Project (PoPP) continued to improve the availability of high-quality evidence-based parenting approaches (the Incredible Years Preschool Basic and Level 4 Group Triple P interventions) for families with children aged 3-6 years who have elevated levels of behaviour problems. In 2019-20, 41 practitioners were trained to deliver these interventions (bringing the total to over 800 practitioners trained since January 2013) and 81 PoPP groups were delivered to 537 families (bringing the total numbers to 974 PoPP groups and 6,223 families since 2013). Outcome data collected on 3,332 children since 2013 indicates that 81% of children have demonstrated an improvement, with 60% of children who started in the clinical range moving out of this high-risk range by the time their parents had completed a group.

144 In October 2019, we delivered a significant milestone with TURAS Family Nurse Partnership (FNP) the first clinical system developed and launched on the TURAS platform. The FNP is a programme for first time, younger mothers, available in most locations in Scotland aiming to improve health, social and economic outcomes for clients and to give their babies the best start in life. Delivered since 2010, over 7,000 families have participated to date in the programme. We have performed a key role in supporting the programme in Scotland, providing bespoke education and professional development to FNP staff and analytical support to monitor the quality of programme delivery and client outcomes.

145 The new FNP national data system directly supports the needs of the FNP programme and replaces an existing, legacy system hosted at a territorial board. TURAS FNP will offer major benefits to the FNP service - for the first time in Scotland, family nurses will have live and direct access to data captured about their own clients. The system has been designed to adapt to mobile devices and will eventually be accessible from any web-enabled device, allowing Family Nurses to view and update data from remote

locations and community settings. In 2019 we signed a contract with Family Nurse Partnership (FNP) England spanning five years.

146 In support of the Family Nurse Partnership, 47 days of face-to-face learning were delivered to 91 practitioners, with 22 family nurses graduating this year. Evaluations reflected high-quality learning experiences with above 90% respondent satisfaction. CPD sessions were delivered focusing on specific learning needs in response to stakeholder feedback. FNP maintains international links and welcomed two nurses from Norway and one from Northern Ireland to participate in *Foundations in FNP Practice*.

147 The Scottish Multiprofessional Maternity Development Programme (SMMDP) delivered 93 clinical skills courses to a range of maternity teams and pre-hospital care practitioners. Through continuous improvement, one course has been adapted from two days to one day, reducing cost and time, and positively contributing to service impact. As part of core mandatory training, 39 neonatal resuscitation courses were successfully delivered and positively evaluated. In response to workforce requirements through *The Best Start: Five-year Plan for Midwifery and Neonatal care*, 14 workshops on continuity of carer were facilitated.

148 A preceptorship resource was developed for Health Visiting and School Nursing which will be informed by Nursing and Midwifery Council guidance prior to publication. Five Performance Enhancement Reviews were undertaken and reported in relation to the Higher Education Institutions (HEIs) delivering Health Visiting education. These reviews positively reflected the ability of HEIs to meet the needs of the Health Visiting workforce and contemporary practice. School Nursing education was commissioned in three HEIs with students commencing September 2019 and January 2020. Performance Enhancement Reviews for School Nursing will be undertaken during 2020-21.

3.10 DEVELOPMENTAL AND LEARNING DISABILITIES

149 We continued to support and monitor the use of our educational framework, *Supporting Psychological Wellbeing in Adults with Learning Disabilities*, by facilitating sharing of practice, training opportunities, resources, and also by supporting local initiatives and identification of national training needs. This will help to ensure staff

have the knowledge and skills to provide effective interventions and services contributing to improving the health and wellbeing of adults with learning disabilities.

150 We took forward further development of Positive Behavioural Support (PBS) in collaboration with Scottish Government through promotion of our existing PBS resources. The learning resources aim to provide participants with knowledge in PBS and to help participants identify how they could use PBS in their practice, to support positive behavioural change to improve the lives of people with a learning disability.

151 Our BEAT-IT e-learning resource which provides an introduction to a behavioural intervention for people with intellectual disabilities and depression has been accessed by 206 staff since launched and 93 have completed the full course. We also worked in collaboration with NHS Fife on a potential learning and development trauma resource at *Skilled* level.

3.11 ORGANISATIONAL, LEADERSHIP AND MANAGEMENT DEVELOPMENT (EXTERNAL)

152 During 2019-20, 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.

153 *Leading for the Future*, a collaborative, multi-professional Adaptive Leadership programme for staff in health and social care and connected public sector organisations, completed its tenth year. The tenth annual cohort, comprising 108 staff from across Scotland, worked together in geographical groups to undertake leadership modules, skills workshops, adaptive learning sets, and masterclasses, concluding with a national consolidation event.

154 A new Leadership Foundations e-learning programme, developed to support Health and Social Care staff, was launched in May 2019. The programme of linked modules aims to support all staff as they develop their leadership and management capabilities, in line with the NHS Scotland values. The e-learning modules explore the six Leadership Capabilities: self-leadership; vision; creativity and innovation; motivating and inspiring; collaborating and influencing; and empowering.

155 We 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. During 2019-20 we commissioned, delivered and embedded high impact OD, Leadership and Management Development interventions for NHS Scotland and Health and Social Care Partnerships including:

a. Cohort 8 of You as a Collaborative Leader (YACL) for 23 participants attending from the health, social care the third/independent sector. Five *Readiness for Collaboration* half-day workshops were delivered in Health and Social Care Partnerships across Scotland attended by a total of 73 participants from a mix of sectors, with extremely positive feedback. We continued to focus on building capacity across the system including delivery of Action Inquiry events for our Train the Trainer cohort of YACL facilitators.

b. Across the nationally funded GP Coaching Programme to support retention of GPs, offering 150 places recruited over three waves, 45 GPs completed coaching by March 2020 while the remaining participants are due to complete during 2020. An evaluation of the 2018-19 pilot programme was completed and demonstrated a powerful positive impact of coaching on wellbeing, resilience and retention of GPs.

c. We supported Collaborative work across the public sector through Collective Leadership Scotland: two Core Concepts workshops on basics of Dialogue were delivered for the Dialogue Community of Practice with a total of 28 participants from the public sector. We also supported the online coaching matching platform for the Scottish Coaching and Mentoring Collaborative.

d. Tailored organisation and leadership development support was provided to the Chief Nursing Officer/Scottish Executive Nurse Directors including quarterly induction events and monthly development events covering up to 50 existing and aspiring nurse directors. The Beacons of Hope Midwifery programme commenced, and an Excellence in Care You Tube channel was developed with Healthcare Improvement Scotland.

e. Engagement with the Project Lift Talent Management TURAS based app continued to rise, with 2,428 leadership self-assessment questionnaires (SAQ) completed. A total of 133 Career Conversations have been held to date with 106 aspiring/established directors. SAQ version 2 has been developed and implemented to allow returning participants to measure progress. A bespoke 360 tool linked to the leadership profile was developed and tested prior to launch in April 2020.

f. Project Lift – Leadership: Cohort 1 (20 participants) of the programme for aspiring directors concluded. Evaluation results found that 79% of participants who provided feedback reported that the programme was meeting their needs. Cohorts 2 (14 participants) and Cohort 3 (16 participants) commenced, with adjustments to the programme design in response to survey feedback.

g. Project Lift - Executive and Senior Manager Appraisal: In partnership with the Scottish Government and the National Performance Management Committee, we held a number of sessions for 50 Board Chairs, CEOs and HR Directors on the role and remit of the Board Remuneration Committee as well as the new TURAS Appraisal system and online Good Practice Guidance. The outputs from these sessions informed the development of an updated national guide for Remuneration Committee members.

h. Project Lift – System Engagement: Work with key contacts in the health and care system and the Project Lift Community, drawn from over 10,000 website visitors, continued with a range of events and interventions. Through our relationships with Scottish Social Services Council we also supported work to include the social services workforce in Project Lift going forward.

i. Supporting the work of National Boards Collaborative: We led development of a draft three-year OD Strategy with the National Boards' OD leads Group. A summary of key implementation considerations was presented to the National Boards' Programme Board in December. Two workshops were delivered to consider the future role, shape and governance of the programme.

156 We undertook regular evaluation of all our national leadership programmes and stand-alone events. We commissioned tailored evaluations of new and time limited initiatives, most notably *Coaching and Leadership for Integration*. We also established a dashboard for TURAS Learn Zones enabling us to baseline engagement and understand the impact of marketing and interventions during 2020-21.

3.12 HEALTHCARE SUPPORT WORKERS

157 During 2019-20 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.

158 We undertook work to support improved access to learning, qualifications and education pathways, and role development for health and social services support workers. The Healthcare Support Worker (HCSW) Learning Survey National Report was presented to a range of stakeholders and NHS Board specific reports were provided to each NHS Board to aid workforce planning. Masterclasses exploring HCSW role development and skills mix within teams were delivered in six NHS Board areas with additional masterclasses in development for a further two NHS Board areas. Three regional learning and development events were held with a total of 210

nursing, midwifery and allied health profession healthcare support workers in attendance.

159 In response to feedback from the national HCSW Learning survey we undertook to promote and enhance communication of the learning and development opportunities available to HCSWs. A newsletter for the HCSW workforce was launched in July 2019, with the first edition focusing on themes from the national learning survey and providing information to support HCSWs in accessing learning and development opportunities, events and funding. Following the launch of the newsletter, positive feedback was received and a 50% increase in subscriptions was achieved during 2019-20.

160 Working with Health Facilities Scotland (HFS) we continued to support the development and implementation of workbooks aimed at increasing levels of knowledge, skills and confidence of Facilities support staff. Workshops were attended by 54 participants in the North region to introduce the workbooks and to support supervisors and managers in using these in personal development planning discussions. Education pathways were also developed for Capital Planning and Property Services. The completed pathways were launched at the Health Facilities Scotland conference in November 2019.

161 We continued to hold HCSW regional learning events with successful events for non-clinical Healthcare Support Workers held in the West and East regions attended by 129 staff in total.

3.13 HEALTH IMPROVEMENT

162 We were commissioned by the Chief Dental Officer to produce a training package for General Dental Practitioners (GDPs) to become Practitioners with Enhanced Skills in Domiciliary Care. The aim of the initiative is to improve the delivery of high standard oral care to this vulnerable priority group by enhancing the skills of GDPs. A training model was created which included collaboration with NHS territorial boards, the Public Dental Service, including those involved in the delivery of *Caring for Smiles* and the Care Homes. Training was delivered to support GDPs in this role, including for mentors in the Public Dental Service. Resources were made available on TURAS Learn and an e-portfolio was developed to record educational activity.

163 The Scottish Multiprofessional Maternity Development Programme (SMMDP), the Scottish Government approved training programme which we host, provides clinical skills-based courses and other resources to healthcare professionals in Scotland. SMMDP collaborated with the Scottish Prison Service at HMP/YOI Grampian to provide clinical skills training to prison nurses and in April 2019, the Scottish Maternity and Neonatal Emergencies Course (SMNEC) was delivered to a group of prison nurses.

164 The MAP of Behaviour Change training programme for health and social care professionals uses an evidence-based, practical approach to support behaviour change, and the generic model is relevant for all behaviours, conditions, types of consultations and interactions. We developed and delivered face-to-face skills-based workshops and training for trainers and provided support for local coaching networks. A national coaching network for MAP trainers was implemented as part of the *Bridge the Gap Project* in partnership with NHS Borders, Fife and Tayside. MAP training was delivered to 235 people and our on-line *MAP of Behaviour Change* module was completed by 860 people in 2019-20.

165 Tools from the *MAP of Health Behaviour Change* Training Programme were incorporated into the Clinical Supervision CPD and Masterclass events for midwives and nurses. As well as the take-home tools for use in practice, clinical supervisors are also introduced to the full *MAP of Health Behaviour Change* Blended Learning Programme for their personal development and to share with colleagues in nursing and midwifery. The MAP programme is available on TURAS Learn to all health and social care practitioners who have the opportunity to support patients to make changes, and feedback from participants has been positive.

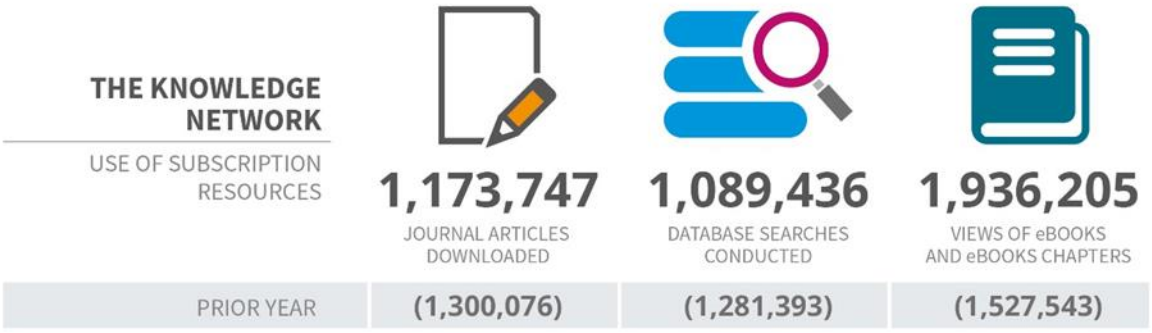
166 New online resources, created in conjunction with NHS Health Scotland, were launched to support implementation of Scotland's public health priorities for mental health and *Every Life Matters, Scotland's Suicide Prevention Action Plan*. In addition to three new animations, a new Knowledge and Skills Framework aimed at people working across health and social care settings and other settings was launched. The Framework adopts a public health approach to mental health improvement and the prevention of self-harm and suicide across the lifespan, seeking to improve staff capability and capacity across specific domains and articulates the knowledge and skills required across four levels of practice: Informed, Skilled, Enhanced and Specialist.

167 A new campaign was launched in June 2019 to encourage people to make use of everyday technology such as mobile phones and tablets to control and manage their own health, care and wellbeing. The resources have been produced as part of a national approach to learning and education to raise awareness across Scotland's population and the health and care workforce of the positive impact on health, care and wellbeing outcomes when technology is considered as part of everyday health and care services.

3.14 DIGITAL KNOWLEDGE SERVICES

168 Our Knowledge Network platform is the national knowledge management platform for health and social care in Scotland providing 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 and during 2019-20 we continued to promote a range of knowledge management tools and techniques to support the use of evidence in practice and learning.

169 We provided access to an extensive range of web-based resources while continuing to migrate more resources from separate websites to our Turas digital platform.



(*Note*: From April 2019 the composition of the resources available changed with a reduction in journal articles overall but with the ability to request those items with low usage figures from the British Library instead. It should be noted also that some publishers have moved to a new reporting method which means that some data is not available at present or the recording is slightly different.)

All health and care staff can now access over 25,000 ebooks and following a successful tender process, from April 2019, nearly 3,000 fulltext journals. In total 56,575 Knowledge Network accounts were created by users across health and social care at the end March 2020, and in addition many staff access the Knowledge Network

from NHS Scotland sites without needing to register. During the year we provided digital, information and literacy skills training and delivered face-to-face and online sessions to 1,697 staff from NHS Scotland, the Care Inspectorate, local authorities, higher education and others, and supported 388 social care staff to demonstrate their learning by achieving Open Badges, equivalent to certificates, on the Scottish Social Services Council's platform.

3.15 EQUALITY AND DIVERSITY

170 We completed the third 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 2019-20 we undertook work across our portfolio to attain these aims.

171 Our achievements 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 also supported the *Once for Scotland* workforce policy initiative with digital support and user experience research, involving a diverse range of users (including disabled users) in the research to deliver a policy portal which maximises the accessibility of workforce policies for all.

172 We worked with our practice education facilitators and care home education facilitators to review and extend our inclusion tools for educational planning in our training for trainers. Practice Education Facilitators and Care Home Education Facilitators reported on how using the tools helped them to change their educational practice and offered recommendations for further development, which are being incorporated into the next edition.

173 We delivered training to address health inequalities and to build capacity in human rights, including for 155 front line staff from the Care Home and Care at Home sector in palliative and end of life care in dementia, providing them with development which supports them to promote human rights and evidence-based care and support, and to promote health equalities for people living with dementia and their families and carers.

174 We established an Equality, Diversity and Human Rights learning zone on TURAS Learn, providing a national platform to host and promote *Once for Scotland* resources in support of learning and a healthy organisational culture, available to anyone working in or with the public sector in Scotland. Our content development focus in 2019-20 was accessible and inclusive communication, curating resources on sensory impairment, communication skills, augmentative and alternative communications and British Sign Language. Building on NHS Scotland's partnership with the Business Disability Forum (BDF), we established a BDF microsite to support managers to develop their awareness, skills and knowledge to support, manage and develop disabled staff in ways that reflect best practice.

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

175 This section focuses on our work to improve access to data and 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 development of a national digital platform, our priorities included continued development of the TURAS workforce platform to reduce cost, promote efficiencies and provide improved access to workforce data and resources. We also continued our work to support development of a health and care workforce able to deliver digitally enabled services.

4.1 THE HEALTH AND CARE NATIONAL DIGITAL PLATFORM

176 We continued to take forward work to develop a single national data platform, a key deliverable of the Digital Health and Care Strategy, which enables the health and social care workforce, and citizens, to easily access and understand the information they need, where and when they need it.

We undertook recruitment of software engineers, product designers, data security specialists and clinicians to create the capability to take forward the work, as well as establishing planning, risk management, information governance, security, clinical safety and other systems to underpin the work. The core architecture of the National Digital Platform (NDP) is in place and an initial product road map developed.

Work on the underpinning infrastructure of the platform included development of the clinical data repository, integration with legacy systems, scoping work on integrating citizen access to platform products, technical work on staff authentication to the NDP, linkage to CHI and security and system reliability actions. Each of these areas of work will continue to develop and evolve over time but sufficient progress has been made to support the creation and deployment in NHS Scotland of the first NDS products.

177 The procurement of cloud services to enable deployment of the NDP in the Cloud was progressed and we engaged with a number of stakeholders, including NHS Wales, Police Scotland and the Alliance to consider collaborative opportunities and promotion of the NDP. We led a number of meetings on innovation where progress was made and actions agreed.

178 The first small-scale trial of the anticipatory care planning application, ReSPECT, was launched in March 2020 with five clinicians and five GPs in NHS Forth Valley. Roll out will continue in four phases. ReSPECT plays a critical role as the first instance of an accessible and updatable electronic patient record on the NDP which will be available across geography and staff groups. In addition, we progressed work on the National Genomics Data Store and a number of new workstreams, including opthamology, endocrinology and cancer treatment summaries. Meetings were held with third sector

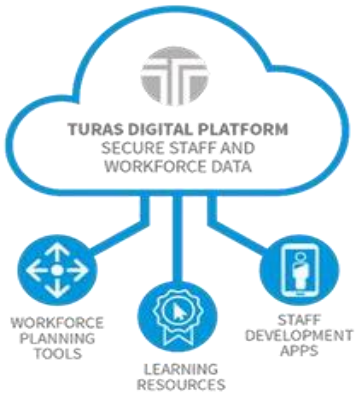
organisations to discuss future collaboration, including Voluntary Health Scotland, SCVO and Support in Mind.

179 A pilot virtual system for dermatology services was successfully migrated onto the NDP. The purpose of the project is to develop an asynchronous digital appointment service for dermatology patients and clinicians in NHS Greater Glasgow and Clyde. The main aim is to reduce waiting times by using clinician time efficiently and to improve regular interactions between patients and health professionals. The new service offers the potential to be rolled out across more NHS Boards in the future. A wider range of asynchronous appointments are planned to be commissioned by NHS NSS and supported on the NDS.

180 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. During 2019-20 it was agreed that the application OpenEyes, developed in collaboration with the ophthalmology community, will be deployed on the NDP. This work aligns with the proposed ophthalmic service redesign and the delivery of care by community optometrists working to the full extent of their professional licence.

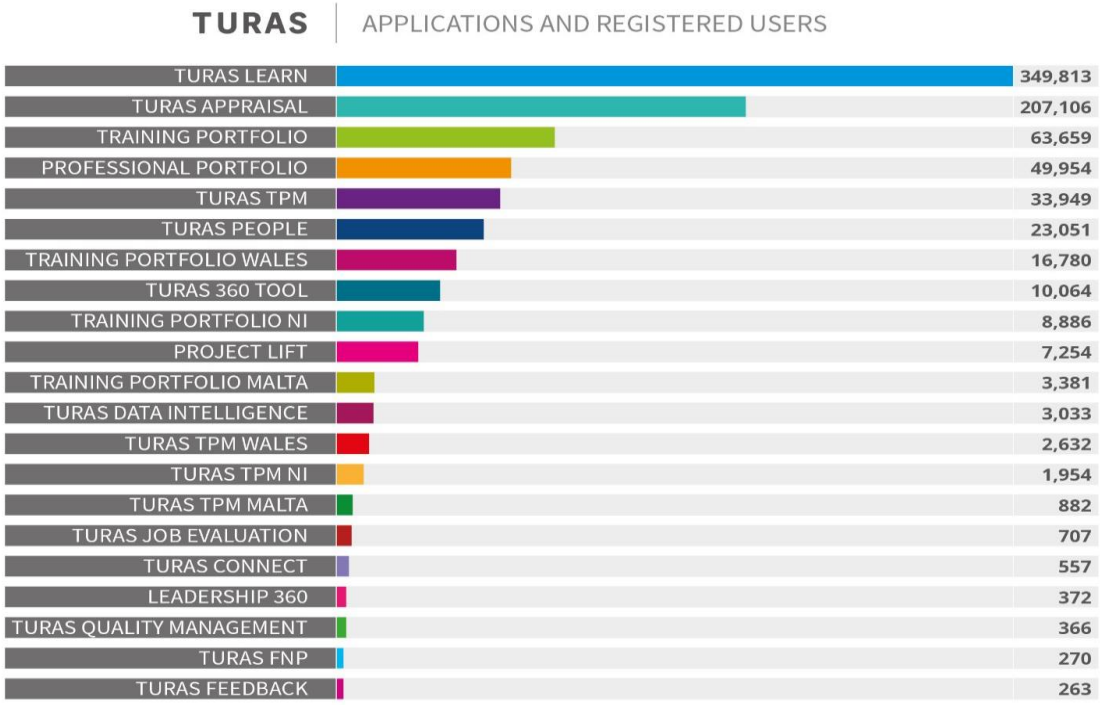
4.2 THE TURAS DIGITAL PLATFORM

181 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.



Turas provides over twenty applications across workforce planning, learning and staff development, accessible from any device, regardless of employer or

geography, which continues to promote better integration of services and the information needed to develop and run them.



182 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. All of our developed and published learning and associated materials are now hosted and delivered through Learn.

183 In the last year the number of users visiting TURAS Learn increased by 30% from 266,241 to 403,787 visits and a further 20% in March 2020 with the start of the COVID-19 pandemic. TURAS Learn hosts over 750 e-learning modules, 2,500 Courses, 20 Learning sites, and 50 Learning programmes. New learning programme functionality was developed in 2019 to enable learners to progress through a series of activities with an overall completion certificate at the end. During 2019-20 other organisations have migrated their content onto the platform, most notably NHS Grampian, NHS Shetland and NHS24. We also began exploring opportunities to work with Scottish Ambulance Service, Golden Jubilee and NHS NSS. In addition, Angus, Dundee City and Perth and Kinross councils are also hosting content for external learners, and we are working with Aberdeen Council to coordinate their requirements with NHS Grampian.

184 Our TURAS People application supports the Lead Employer model for medical trainees. Pre-employment checks, engagement and change information is available to users, and it also allows the electronic transfer of payroll data from placement Boards to employing Board payroll teams. We continued to improve and support TURAS People service integration with eESS (Electronic Employee Support System) to inform the flow of data to employing Boards. At the Public Finance Awards in 2019 TURAS People received a highly commended award in the category of Digital Finance Project of the year.

185 TURAS Appraisal, our application for recording appraisals and personal development plans for health and care staff across Scotland, was successfully launched across all 22 NHS Boards in NHS Scotland in April 2018, replacing the e-KSF annual appraisal process for NHS staff. It has also been extended to include the appraisal process for the Executive Cohort. We continued to support emerging requirements, specifically around incremental progression and mandatory training.

186 We redesigned and oversaw the delivery of the Computer Assisted Job Evaluation (CAJE) system and in conjunction with NHS Boards, developed a single TURAS based Learning Record. This single Learning Record allows multiple applications access to each individual learning record for NHS staff across Scotland.

4.3 DATA ANALYSIS AND WORKFORCE INTELLIGENCE

187 We progressed our workforce analysis, information and modelling activities to support the actions from the *Everyone Matters: 2020 Workforce Vision* Implementation Plan and to provide statistical analysis and workforce data to support workforce planning in NHS Scotland. Through data tools, data analysis and reporting platforms, and dashboards, we delivered support for workforce planning in dentistry, nursing and midwifery, optometry, psychology, and medicine.

188 Our TURAS Data Intelligence platform was successfully implemented at the beginning of April 2019, bringing together core workforce datasets across health and social care for the first time in a single cloud-based application. Workforce planning teams across the country can use it to gain access to a range of information about labour market supply, demand and outcomes. Our work on TURAS Data Intelligence is crucial to ensuring the availability of accurate data and intelligence, and improving how

we understand and predict need, model service demand and inform planning at a local, regional and national level.

189 The application launched with five reports identified as high priority areas for workforce planning: Consultant Scenario Planning; Medical Profiles; Regional Radiologists and Radiographers; Nursing and Midwifery Pathways; and Trainee Programme Statistics. In addition, workforce planning teams can now connect their preferred reporting tools to 24 open datasets in areas such as: establishment, staff and vacancies for multiple NHS specialities; council area population projections; reference data such as Agenda for Change Bands and General Medical Practice lists; supply pipeline data such as Scottish Funding Council intake targets; and longitudinal education outcomes.

190 TURAS Data Intelligence Version 2 is in development, which will deliver more targeted reporting and wider ranging, linked datasets which have been defined in partnership with workforce planners. This work is explicitly designed for workforce planning teams across the NHS and Social Care in Scotland, to support them in delivering the National Health and Social Care Workforce Plan. In the pipeline is the capture of a wider range of data to bring about a more complete picture of the labour market supply, demand and outcomes.

191 In December 2019, we achieved a key milestone towards transition of the workforce analytics functions from ISD, with the release of our first quarterly workforce publications. The transition of responsibility for NHSS workforce data, statistical and intelligence functions resulted from a review of existing arrangements including the vision outlined in the Health and Social Care Workforce Plan which sets out an enhanced role for NES in workforce intelligence. Additional stages of the transition will involve the transfer of workforce data and the replacement of existing reporting dashboards on the ISD website with a suite of customised dashboards within TURAS Data Intelligence. The transfer offers an opportunity to achieve greater alignment of workforce analytics with development of our supply-side workforce data platform.

192 During 2019 we commenced work on the 2020 Dental Workforce biennial report and supported the Dental Student Intake reference group. The report aims to inform workforce planning for dental services in Scotland by using information from a variety of sources to both estimate and future forecast the demand for, and supply of, dentists and dental services. Preparation for the 2019 Dental Student Intake reference group

saw the acquisition and analysis of several key data sets which will inform the 2020 Dental Workforce Report.

193 We supported the impact assessment of funding on mental health services capacity and capability. We continued to expand the Psychological Therapies workforce survey data and analysis. National Statistics for Psychology and CAMHS were published as NES-owned publications to the preannounced timetables and we began transition of databases from NSS to NES. We also assessed the output from and employment destinations of graduates of all Applied Psychology training courses, and we continued to support the Psychology of Parenting projects through reporting of key data indicators including clinical outcomes.

194 We developed a workforce report for Pharmacy across Scotland, provided to Scottish Government and Directors of Pharmacy, and a high-level overview of National Pharmacy Aseptic Dispensing staff. We also commenced planning for the next Community and NHS Scotland Workforce surveys and began engagement with the Directors of Pharmacy Workforce subgroup to develop future workforce modelling approaches.

4.4 A DIGITALLY ENABLED WORKFORCE

195 We continued our work to support development of a digitally enabled workforce across the health and care system and successfully secured additional funding to progress development of Technology Enabled Care (TEC) resources. Our first online learning module *Introduction to Technology Enabled Care (TEC)* has been accessed by 643 staff through TURAS Learn. Work is underway on the second online module, *Using TEC in Health and Care Practice.*

196 As part of the development of the Professional Development Award (PDA) in Telehealthcare, collaborative work with a range of partners on an upgrade from an SCQF Level 6 to Level 7 award was completed. All required documentation was submitted to Scottish Qualification Agency (SQA) for completion of the final stages in preparation for launch.

197 We further progressed our work aligned to the Domain D Steering Group in leading the development of a cross-sector collaborative approach to the research, planning and development of learning resources. User Personas were developed with the Steering

Group and tested with over 50 participants from a range of organisations. These will be used to signpost colleagues to appropriate learning resources on the TURAS Digital Health and Care Learning Zone, and shape programme development for the different workforce stacks in the agreed Strategic Workforce Capability building model.

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

198 We continued to focus on development of a more integrated and efficient organisation through organisational change, improvement and efficiency plans, and the development of new and improved ways of working. This included particular emphasis on process improvement, digital solutions and *Once for NES* 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

199 We progressed a range of initiatives aimed at delivering improvement by bringing together activities and products duplicated across our organisation to deliver a Once for NES/*Once for Scotland* approach. This included streamlining and standardising Training Programme Management activities to deliver increased efficiencies and implement the Training Programme Management Vision.

200 Improvement activity was also progressed in relation to our Mental Health, Learning Disabilities and Dementia Workstream to achieve Once for NES delivery which will support improved efficiency and effectiveness through closer collaborative working. A *Once for NES* Dementia Learning Site was created on TURAS Learn to host Dementia resources from across the organisation. In support of the Suicide Prevention Action Plan a multi-disciplinary training event to enable trainers and staff to support trainees who may be at risk of suicide was piloted with favourable feedback received and it is planned to extend the reach of this training.

201 Work was ongoing to achieve improved efficiency, reduced duplication and to introduce changes in practice in our leadership management training, education and development including identification of cost efficiencies. The anticipated impact of this work is improved and enhanced leadership and management provision as a result of greater alignment in design and delivery, and increased consistency in approach across Directorates. Planning is underway to provide a *Once for NES* multi-professional leadership and management resource.

202 We continued our work to deliver a more standardised approach to the provision of CPD across the organisation – *Once for NES* Impact – with the aim of supporting improvement across all Directorates including avoidance of unnecessary variation and duplication; reduction in rework; and to optimise use of platforms to organise, manage and deliver our CPD offerings.

203 In December 2019, we launched the procured cloud-based national recruitment system, Jobtrain, as part of the National Recruitment Service model. Training was delivered to hiring managers and a communications plan implemented to support the roll out across the organisation. The transition to Jobtrain delivers key benefits, enabling hiring managers to view, track and access applications instantly and provides greater flexibility and control during all stages of the recruitment process. Jobtrain will help streamline our existing recruitment activities and will eventually reduce our time to hire.

204 We further progressed our Smarter Working Improvement Programme to provide the tools and leadership, and promote the culture required to enable effective and innovative ways of working among teams and individuals across the organisation. We developed an interactive guide and delivered a series of workshops to support this initiative.

205 During 2019-20, in response to the Scottish Government Blueprint for Good Governance and the Audit and Assurance Framework (2018) we developed a detailed framework to provide assurance on the delivery of our strategic, operational and financial plans. The Assurance Framework provides our Board and Board Standing Committees with awareness of the levels and sources of assurance they receive in relation to our work, systems and processes. Further enhancements were added to the Framework following review by our Audit Committee in January 2020. The Framework is incorporated as a standing item in our Audit and Risk Committee (formerly Audit

Committee) meeting agenda and content will continue to evolve to ensure it reflects the assurance needs of our Board and Board Standing Committees.

References

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

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

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

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

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

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

7 Health and Social Care : Integrated Workforce Plan (Scottish Government, December 2019) (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)