

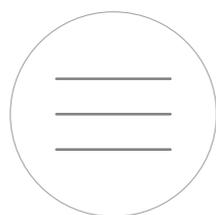


2016-17 SELF ASSESSMENT: AT A GLANCE

As a national special health board, our role is delivery of education, training and workforce development to support a skilled, person-centred workforce which is well prepared to respond to the demands placed on our health and care services. During 2016-17 we provided a wide range of initiatives and programmes which support national policy priorities and key agendas including Everyone Matters: 2020 Workforce Vision, public sector reform, and health and social care integration. An overview of some of our key achievements is presented below.

- To provide the future medical workforce to UK standards and improve the attractiveness of Scotland as a career destination, during 2016-17 we supported 5,749 trainee doctors in approximately 293 programmes. We introduced, in partnership with NHS Grampian, a new model of employing GP trainees for roll-out across NHSScotland. Our delivery of services nationally included an extended Tier 2 visa sponsorship service; an on-line process for study leave through our digital platform Turas; and a performance support unit for trainee doctors in difficulty. We also undertook a series of innovative targeted recruitment campaigns and initiatives to promote medical training and support medical recruitment activities in Scotland.
- To ensure improved learning environments through excellence in supervision, we delivered a range of initiatives including: the Recognition of Trainers project recognising 3459 trainers in Scotland; launch of our Quality Management of the Practice Learning Environment (QMPLE) project in five universities; facilitation to support implementation of a new employer-led model of midwifery supervision in NHSScotland; and in healthcare science, development of quality monitoring of training departments, consortia and groups.
- In line with our Digital Strategy to provide always available, personalised educational resources and services accessible from any device, we successfully implemented further enhancements to Turas our digital platform, developing and delivering functionality to record and evidence individual learning (Turas Learn) and progressing our digital application to support training programme management (Turas TPM) which can be accessed by all NHS Boards.
- To improve flexible access to multi-professional learning materials in support of the Health Protection and Healthcare Associated Infection (HAI) action plans we continued to provide programmes and resources to support improvements in patient safety; introduced the Scottish Infection Prevention and Control Education Pathway, a national approach to infection prevention and control for health and social care; delivered infection prevention and control training for care home staff; and contributed to development of an innovative new app, the Antimicrobial Companion, to provide clinical guidance and support decision-making on antibiotic prescribing.

- To embed values and professionalism and enhance access to education for new models of care, we undertook initiatives to support person-centred care including a range of educational resources to enhance care for the bereaved; new standardised evaluation tools for Values Based Reflective Practice; delivery of national workshops on feedback, comments, concerns and complaints; and an e-learning module and national workshops on Duty of Candour.
- To improve access to learning, qualifications and education for healthcare support workers (HCSW), we continued to develop and deliver educational provision for the HCSW workforce including a clinical healthcare support worker learning framework; a review of digital skills provision for estates and facilities staff; a new HNC in Facilities Management; recognition of prior learning workshops, learning roadshows and masterclasses; and a healthcare support worker national learning and development event attended by over 180 delegates
- In support of the Everyone Matters: 2020 Workforce Vision we delivered a portfolio of leadership and management programmes across public services. We provided targeted support, workshops, networks, and regional events underpinned by partnerships with the Scottish Social Services Council, professional and cross-sector bodies. Our Leading for the Future programme was attended by 124 participants; our new leadership and management programme for postgraduate medical and dental trainees was delivered to 559 trainees; and we developed a leadership and management development framework for health and care to support integration.



CONTENTS

	INTRODUCTION	4
THEME 1	AN EXCELLENT WORKFORCE	
	1.1 RECRUITING AND TRAINING KEY HEALTHCARE STAFF	7
	1.2 UNDERGRADUATE AND PRE-REGISTRATION EDUCATION	9
	1.3 THE WORKPLACE LEARNING ENVIRONMENT	10
THEME 2	IMPROVED QUALITY	
	2.1 SAFE, EFFECTIVE AND PERSON-CENTRED CARE	13
	2.3 QUALITY IMPROVEMENT EDUCATION	15
	2.4 LEADERSHIP AND MANAGEMENT	16
THEME 3	NEW MODELS OF CARE	
	3.1 PRIMARY CARE	19
	3.2 WORKFORCE DATA	20
	3.3 SUPPORT WORKERS AND ROLE DEVELOPMENT	21
	3.5 INTEGRATION, IMPROVING HEALTH AND TACKLING HEALTH INEQUALITIES	22
THEME 4	ENHANCED EDUCATIONAL INFRASTRUCTURE	
	4.1 EDUCATIONAL SUPPORT ROLES AND NETWORKS	26
	4.2 DIGITAL CONTENT	27
	4.3 EDUCATIONAL INFRASTRUCTURE	28
THEME 5	AN IMPROVED ORGANISATION	
	5.1 SUPPORTING AND DEVELOPING OUR STAFF	30
	5.2 ORGANISATIONAL PERFORMANCE IMPROVEMENT	31
	5.3 EFFICIENT AND EFFECTIVE CORPORATE RESOURCES	31
APPENDIX 1	STRATEGIC THEMES: IMPACT OUTCOMES FOR 2016-17	33
APPENDIX 2	QUALITY EDUCATION FOR A HEALTHIER SCOTLAND, STRATEGIC FRAMEWORK 2014-19 KEY OUTCOMES FOR 2014-19	38

INTRODUCTION

We are a national special health board responsible for education, training and workforce development for those who work in and with NHSScotland. We have a Scotland-wide role in undergraduate, postgraduate and continuing professional development and our mission is to provide education that enables excellence in health and care for the people of Scotland. This document has been prepared for our 2017 Annual Review and illustrates some of our key achievements during 2016-17 which support the quality ambitions of safe, effective and person-centred care. Our work activities are directly aligned to our stakeholder and national policy priorities, our *Strategic Framework for 2014-19*, *Local Delivery Plan 2016-17*, *Digital Strategy*, *People and Organisational Development Strategy 2014-17* and going forward will reflect our priorities in relation to the *Health and Social Care Delivery Plan*¹.

We have a dual role in supporting implementation of the *Everyone Matters: 2020 Workforce Vision*. As the national training and education board for NHSScotland we have a key remit in supporting the whole service, in addition to our own workforce, to deliver on all five strands of the Vision². As well as our focus on the *Everyone Matters: 2020 Workforce Vision*, on the National Clinical Strategy³, and Realistic Medicine⁴, our stakeholder priorities in 2016-17 included: recruitment and retention; health and social care integration; access to education and training; leadership and management; and role development.

Our *Local Delivery Plan* for 2016-17 set out our work under five themes supported by planned impact outcomes (Appendix 1) and the nine key outcomes (Appendix 2) linked to our strategic framework 2014-17 which describes how we will innovate in specific areas of our business to support public reform and the workforce development required to achieve the 2020 Vision. Our local delivery plan was informed by the priorities identified by our stakeholders in health and social care, the third sector, and government; and the six NHSScotland improvement priorities of: health inequalities and prevention; antenatal and early years; person-centred care; safe care; primary care; and integration.

This document contains many examples of innovation in our approach to education, training and workforce development, in particular, through our Digital Transformation we have demonstrated significant progress in developing and implementing digital capability for delivery of all our educational products and services. The focus of the digital transformation is on providing content personalised to the role of the individual health and care professional (*My Data/My Resources/My Career*), enabling a single point of entry to always available, educational resources and services, accessible from any device. By 2019 we intend that we will have completed the journey to becoming truly digital by default, exploiting all opportunities to deliver educational solutions that support excellence in health and social care for the people in Scotland.

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

² The Everyone Matters: 2020 Workforce Vision has five priority areas: Healthy Organisational Culture; Sustainable Workforce; Capable Workforce; Integrated Workforce; and Effective Leadership and Management

³ The National Clinical Strategy for Scotland (Scottish Government, February 2016)

⁴ Realistic Medicine: Chief Officer's Annual Report 2014-15 (Scottish Government, January 2016)



During 2016-17 we continued to develop and deliver our digital platform Turas to provide functionality for training management, individual learning records, and digital learning resources and applications to support the health and care workforce. Turas is built to be accessible by anyone who can benefit from it, regardless of their employer; this is particularly important to support health and social care integration.

The development and launch of our Turas Learn application in 2017 provided for the first time a single learning record for all staff of all types across the whole of NHSScotland. Turas Training Programme Management can now be accessed by all NHS Boards; and by trainee doctors, dentists and pharmacists with plans in place to migrate clinical psychologists and healthcare scientists onto the platform.

We strongly support public service reform and current policy priorities through education relating to improving quality, role development (in particular for support workers), leadership and management, mental health, older people, dementia, and children and young people, with a particular emphasis on enabling sustainable quality through the priorities of the *Everyone Matters: 2020 Vision*.

Our *People and Organisational Development Strategy* supports implementation of our strategic framework for 2014-19, *Quality Education for a Healthier Scotland*. This strategy reflects our strategic themes and *Everyone Matters: 2020 Vision* through ten strategic objectives aligned to the five long-term priorities for action in the *Everyone Matters: 2020 Vision*.



THEME 1 AN EXCELLENT WORKFORCE

NES KEY OUTCOMES

Outcome 1 | A demonstrable impact of our work on healthcare services

Outcome 2 | An excellent learning environment where there is better access to education for all healthcare staff (a 2020 Workforce Vision priority)

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

1.1 | RECRUITING AND TRAINING KEY HEALTHCARE STAFF

During 2016-17, we supported 5749 trainee doctors in approximately 293 programmes. We delivered an expansion of foundation recruitment to 790 posts from 745 and successfully progressed 798 Foundation Year 1 doctors through full registration into their second year. We filled 125 Scottish Clinical Research Excellence Development Scheme (SCREDS) posts for academic training in Scotland and recruited 985 trainees to postgraduate training.

We continued alignment of key processes for managing trainees, to support the journey from Foundation to CCT (Certificate of Completion of Training). Our deployment of digital resources, enabled us to deliver a more consistent experience for trainees as they progress through training stages. Several pieces of work were ongoing to streamline management of activities across specialties, including recruitment, inter-regional transfers, trainee management, workforce planning, programme management and trainee progression through training. We further developed the Training Programme Management and Portfolio digital applications for clinical groups within Turas and rolled out our new Foundation portfolio.

We continued to re-organise and re-align services to trainees and trained doctors on a Scotland-wide basis. Work was undertaken to streamline our approach to Annual Review of Competence Progression (ARCP), Less Than Full Time Training, Out of Programme opportunities and Performance Support to ensure a more uniform and equitable approach across the country. Specific examples include: a Scotland-wide on-line application for study leave rolled out to all trainees through Turas; successful introduction of the Tier 2 visa sponsorship for all trainees, building on the success of the sponsorship for GP trainees; and a new performance support unit for trainee doctors in difficulty.

We delivered innovative targeted social media campaigns to raise the profile and attractiveness of Scotland as a place to train. This included specific campaigns for Specialty Trainees; Foundation Year 2 eligible to apply for GP ST1 posts; as well as Pharmacy PRPS (Pre-registration Pharmacy Scheme) and Pharmacy VT (Vocational Training) foundation programme training.

An extensive campaign was delivered for overseas markets including the Netherlands, Germany and Singapore to encourage GP and other specialty trainees to locate and work in Scotland, using advertising and targeted facebook channels supported by daily social media activity. As part of a six-month partnership with the Guardian, we published a series of drafted articles and case studies highlighting training and lifestyle opportunities within Scotland.

Following the announcement of an increase in Scottish GP training places, we conducted a targeted recruitment exercise from August 2016 to October 2016, supported by an intensive campaign in social, online and traditional media and a £20,000 bursary for posts in hard to fill areas. By the end of the campaign an additional 37 trainees were recruited. Overall, we recruited additional 48 more GP trainees to start in 2017 compared with 2016.

We promoted medical training in Scotland through the attendance at careers events including the BMA Careers Fair in London. We also launched a new strategy to attract and retain doctors in the NHSScotland workforce which encompasses research, social media, marketing tools and real-time data, and supports development of a dedicated resource for doctors in training.

We undertook planning for our seventh Scottish medical education conference in May 2017, an international two-day event attracting world class speakers. The conference incorporated the annual practice managers' and medical appraisers' conferences, programmes for practice nurses, and for the first time, pharmacy. Over 840 delegates attended the event and a total of 25 workshops were delivered with positive feedback received.

A total of 160 dental vocational trainees achieved satisfactory completion of curricula by July 2016. We provided 171 training posts for dental vocational training in 2017-18 while 128 core and specialty training grade dentists were recruited to post with access to study leave. We also provided seven dental hygiene therapy vocational training places and post-registration training to over 118 dental nurses to achieve enhanced skills beyond the minimum regulatory requirements.

We delivered Induction to Scottish Dentistry, a new initiative in response to regulatory changes in relation to eligibility to work in Scotland. Four courses were provided with the training successfully completed by over 100 dentists who are now eligible to practice in Scotland.

Our Pharmacy foundation training achieved Foundation School status from the Royal Pharmaceutical Society (RPS). The five-year accreditation was awarded following a rigorous process of quality assurance and recognises the exceptional quality of foundation training for pharmacists in Scotland.

Our new Vocational Training Foundation Programme for pharmacists in primary care (GP Practice) was launched in February 2017. The nationally recognised programme, the first in the UK, provides a structured career pathway for pharmacists new to primary care. This is the first stage in developing a Foundation framework for early career pharmacists working in any sector, with core as well as sector-specific competencies, and supports a more flexible workforce to meet the demands of primary care transformation.

We commissioned and recruited to programmes for 57 clinical psychology trainees commencing October 2016 (60 clinical psychology trainees completed training in September 2016); 30 MSc trainees commenced in psychological therapies in primary care (18 completed training in January 2016); and 18 MSc trainees in applied psychology for children and young people in January/February 2017 (15 completed in February 2017). We also supported four trainee health psychologists in 2017 to join a two-year training cycle with five trainees completing year three of a four-year doctoral programme in child and adolescent psychotherapy.

A programme of work to develop a national approach to post-registration education and development for transforming nursing roles in the context of wider health and social care policy delivered a nationally agreed overarching framework. Outcomes from this work included a revised, tested and evaluated service/education needs analysis tool; a scoping report of existing HEI (Higher Education Institute) post-registration and post-graduate provision including advanced practice education; core and specific education to support career pathways in community nursing; development of advance nurse practitioner (ANP) competencies and a nationally consistent approach to ANP education that supports the national role definition and core competencies.

To ensure the requirement of an additional 500 Health Visitors (HV) trained before 2018 is met, we continued to commission and monitor HV education in five higher education institutes (HEIs) supported by collaborative working with Scottish Government, NHS Boards and HEIs to meet targets and assist in the educational transformation required for HV roles. Since 2014 recruitment and retention in HV programmes has been satisfactory and the targets set have been achieved. The number of students who completed from September 2014 to September 2016 (inclusive) is 351 with 279 students actively in training in November 2016.

The new programme for podiatric surgery created in partnership with Scottish Government and Queen Margaret University was recommended for full approval by the Health and Care Professions Council (HCPC). This is first programme in the UK to be approved for podiatric surgery.

1.2 | UNDERGRADUATE AND PRE-REGISTRATION EDUCATION

During 2016-17 pre-registration dental nurse training was successfully completed by 137 candidates ensuring a supply of fully qualified dental nurses eligible for GDC (General Dental Council) registration.

Within the Pharmacy team we continued to successfully deliver the national Pre-Registration Pharmacist Scheme (PRPS) in Scotland with 170 trainees recruited to commence their training in August 2016 (2016-17 cohort) and 170 trainees in August 2017 (2017-18 cohort). All PRPS trainees (170) who commenced their training in August 2015 (2015-16 cohort) passed the GPhC registration assessment in June/September 2016.

We recruited 17 pre-registration clinical scientists, and supported 75 supernumerary clinical scientist trainees in training and a further 42 to undertake postgraduate-level development through competitive bursary awards. We also supported accreditation by the Academy for Healthcare Science of the practitioner-level (NHS undergraduate) clinical physiology programme at Glasgow Caledonian University.

Learning about dementia was embedded in all pre-registration nursing and midwifery programmes: at the skilled level of Promoting Excellence for adult, learning disability and mental health nurses; and informed level for child health and midwifery students. There were also several examples of innovative practice across the universities.

As part of a sector-wide development group including Scottish Government, HEIs, and Scottish Funding Council, we participated in work to develop a new model of commissioning for pre-registration nursing and midwifery education. The new model will deliver an outcomes-based approach and our work around collection and analysis of data is key in providing information that informs this work going forward.

The annual performance management process for nursing and midwifery student selection and undergraduate programme delivery across eight universities was completed, and action plans co-produced to support Scottish Government priorities. A continued overall improvement in retention and progression, and an improvement in completion rates for both degree and honours, nursing and midwifery programmes was reported. Data trends highlighted a requirement for practice learning development, and a multi-stakeholder event was delivered to redefine and reshape the health and social care practice learning support model for the future.

1.3 | THE WORKPLACE LEARNING ENVIRONMENT

As part of our work as a single deanery, an updated process was agreed for ARCPs (Annual Review of Competence Progression) for medical trainees, creating a transparent and fair system which will be implemented for all trainees within the regions of the Scotland Deanery and will be compliant with the revised General Medical Council (GMC) Gold Guide 2016.

During 2016-17 we delivered 13 new appraiser events attended by 162 secondary care and 19 primary care doctors and provided four refresher courses with 54 secondary care and 16 primary care doctors attending. This ensured a sustainable and clear system for doctors to review and manage performance, and to meet GMC requirements for revalidation.

We successfully completed the GMC milestone four in the Recognition of Trainers project. This entailed the submission in July 2016 to the GMC of a list of 3459 recognised trainers on behalf of Scotland. We also completed 62 trainer workshops across 12 NHS Boards with 862 participants.

Our Quality Management of the Practice Learning Environment (QMPL) project was launched in five universities as part of the first phase to develop and implement an online database which facilitates gathering and reporting of nursing and midwifery student feedback and quality educational audits from health and social care. The second phase of the project delivered implementation plans for national roll out in 2018. A key outcome of this work is to provide evidence of quality learning and mentorship as part of Excellence in Care.

We facilitated work required to support implementation in Scotland of a new employer-led model of midwifery supervision. A new education package was developed, comprising four interactive e-learning units and workshops, to prepare new and existing clinical supervisors for the transition to the new model. Our collaborative approach to implement the new model demonstrates a Once for Scotland approach, delivering education materials which can be adapted for other health and social care professionals.

An important new element of our healthcare science work was the development of our quality monitoring of training departments. In 2016 we facilitated self-assessment of 120 training departments and conducted panel reviews of training consortia and groups. The reviews were led by an independent chair and lay representative and completed in partnership with the National School for Healthcare Science and the Academy for Healthcare Science to meet regulator (HCPC) requirements for postgraduate training for our scientific staff.

We ensured a high quality workplace learning environment during 2016-17 for psychology trainees, undertaking 448 placement visits and 290 end of placement reviews. We provided training for applied psychology trainee supervisors involving introductory training for 70 new supervisors and refresher training for 77 experienced supervisors.

We delivered cognitive behavioural therapy (CBT) supervision skills training for 52 trainers. We also completed 150 annual learning reviews for applied psychology trainees and delivered supervised clinical practice for eight stage two health psychology trainees. In addition, we continued to develop a psychology trainee ePortfolio; commenced development of a trainee survey for applied psychology trainees; and progressed a system for shared placement and supervision information across four programmes.



THEME 2 IMPROVED QUALITY

NES KEY OUTCOMES

Outcome 3 | Flexible access to a broad range of quality improvement education in the workplace (a 2020 Workforce Vision priority)

Outcome 4 | Leadership and management development that enables positive change, values and behaviours (a 2020 Workforce Vision priority)

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

2.1 | SAFE, EFFECTIVE AND PERSON-CENTRED CARE

The principles of person-centred care are embedded throughout all undergraduate, postgraduate and CPD activities. During 2016-17 we provided a range of education, training and workforce development to support and enhance delivery of person-centred care.

We delivered a suite of educational resources to support bereavement care. We re-launched the Support Around Death website which provides a range of information for health and social care professionals related to care before, around the time of, and after a death. We also produced seven short animated films on topics surrounding bereavement care. The films received positive feedback and are now being used as an educational resource across Scotland, in other parts of the UK and elsewhere.

We began working with the Death Certification Review Service to develop a new online educational module for launch in summer 2017. The module is intended for doctors completing medical certificates of cause of death in Scotland or doctors who have finished a training module on death certification and wish to confirm or improve their understanding of the subject.

In partnership with the Scottish Social Services Council we co-produced a multi-level Palliative and End of Life Care framework to support the learning and development needs of the health and social service workforce. The Enriching & Improving Experience framework was launched and we are now working with partners to facilitate use of the framework with health and social care workers, service providers, and education and training providers. This work aligns closely with our Supporting Scottish Grief and Bereavement workstream activity.

During 2016-17 the work associated with the Scottish Patient Reported Outcome Measure (PROM) and Values Based Reflective Practice (VBRP®) was further progressed including new standardised evaluation tools for VBRP® to further improve governance of the Essential Toolkit and Dynamics and Processes training courses. The Scottish PROM is of considerable national and international interest and has been adopted in a number of countries within Europe and beyond.

An e-learning module was developed to support Duty of Candour and four national workshops were delivered in partnership with SSSC, HIS, Care Inspectorate and Scottish Government, with over 500 participants. The multi-agency approach enabled a variety of participants from health and social care sectors to share experiences and learn from each other about Duty of Candour in different contexts. This integrated context is reflected in the new modules which include stories and contributions from across the sectors.

We updated six e-learning modules to ensure relevance to new procedures in place for Feedback and Complaints. In addition, we delivered four national workshops in partnership with SPSO (Scottish Public Services Ombudsman) and Scottish Government with approximately 500 participants. A new leaflet and factsheet to support the new feedback and complaints procedures were also developed for dissemination to staff.

We delivered a range of education interventions to facilitate a greater understanding of health literacy by the workforce including three introductory WebEx sessions (with 13 participants), four train the trainer sessions (with 30 participants), and four face-to-face sessions at conferences and other events (with 247 participants).

We developed a knowledge and skills framework for Trauma (Transforming Psychological Trauma: A Knowledge and Skill Framework for the Scottish Workforce) and provided monitoring, promotion and evaluation of the Emotion Matters module and analysis of the SWIFT tool usage in primary care. We provided support for trainers to deliver at least one Developing Practice or AsSET (Astley Ainslie Psychological Skills and Education Training) training event on the development and application of health behaviour change, reaching 80 multi-disciplinary team staff.

A Practice Based Small Group Learning (PBSGL) person-centred module on Medically Unexplained Symptoms (MUS) was made available to all PBSGL members including all GP trainees in Scotland.

We introduced the Scottish Infection Prevention and Control Education Pathway (SIPCEP), providing a national approach to infection prevention and control for health and social care. The pathway comprises three levels, foundation, intermediate and improvement. Development of learning resources for the foundation layer were completed, including a module on Clostridium Difficile. A range of supporting resources were also created and an extensive marketing campaign undertaken to support the introduction of the pathway.

A programme to support infection prevention and control education for staff working in care homes was developed and delivered to two cohorts from care home organisations, local authority and small care homes. Recommendations from the impact assessment of the training will be applied to future cohorts.

We provided in-practice infection control training for dental teams across Scotland. In total, 74 dental practices completed the training including 278 dentists and 567 dental care professionals. In addition, 13 non in-practice training sessions were also delivered with a total of 178 participants.

As part of the Scottish Antimicrobial Prescribing Group (SAPG) we developed a ground-breaking new app, the Antimicrobial Companion, to provide clinical guidance and support decision-making on antibiotic prescribing. The app provides clinicians with a tool to ensure that antibiotics are used safely and effectively, and will be rolled out nationwide.

An impact assessment of the nursing and midwifery Antimicrobial Stewardship resource was undertaken in conjunction with SAPG using a combination of quantitative and qualitative methods. A report was produced with key findings and recommendations which will be used to enhance the resource and further embed and sustain it in practice.

As part of a rolling programme of resource review to ensure that resources remain contemporary, evidence based and meet stakeholders needs, we completed review and update of the Urinary Catheterisation module, Antimicrobials in Clinical Practice and Quality Improvement in HAI (healthcare associated infection).

In partnership with Health Protection Scotland and the Scottish Health Protection Network a range of new health protection educational resources were developed and existing resources revised including immunisation resources, vaccine specific-seasonal flu, Meningitis B and Rotavirus resources. Discipline-specific initiatives included the updating of the Health Protection Nursing Career Development Career Pathway and development of a Health Protection Scientist Career Pathway. National multi-agency and multi-disciplinary training events were held including scenario-based incident management training, and the delivery of a Hepatitis B and C detection diagnosis and management course. In addition, the inaugural Health Protection Symposium was held covering a wide range of health protection topics and attracting a multidisciplinary audience.

During 2016-17 our Scottish Dental Clinical Effectiveness Programme (SDCEP) continued to provide user-friendly, evidence-based guidance on topics identified as priorities for dentistry in Scotland. As part of a UK-wide project, a review and consultation was completed to inform the update of Conscious Sedation in Dentistry with publication in summer 2017. A second edition of the NICE accredited guidance Oral Health Management of Patients at Risk of Medication-related Osteonecrosis of the Jaw was published in March 2017 following consultation with general dental practitioners and pharmacists.

2.3 | QUALITY IMPROVEMENT (QI) EDUCATION

During 2016-17 the Scottish Improvement Skills Programme was delivered to five cohorts of 114 participants in total. Cohort nine of the Quality and Safety Fellowship Programme completed the taught element of the programme in June 2017 while cohorts three, four and five of the Scottish Improvement Leader programme completed training by December 2016 with cohorts six, seven, and eight commencing in March 2017. Funding was secured to support an additional cohort per year on the Scottish Improvement Leader Programme and a further two places on the Quality and Safety Fellowship Programme.

A Quality Improvement Workforce Development Tool (WDT) was launched on the QI Hub website in April 2016. This tool allows individuals, teams and organisations to self-assess a range of improvement science, leadership and project management subject areas in relation to capability level, confidence and project team role.

Person specifications developed for QI capacity and capability building roles were in place by June 2016 and associated development opportunities by March 2017. Work was completed to explore accreditation of the Scottish Improvement Leader programme and it is planned to develop programme materials to support conversion to a credit rateable module.

2.4 | LEADERSHIP AND MANAGEMENT

During 2016-17 we continued to contribute to the implementation of the Everyone Matters:2020 Workforce Vision and provide support for NHSScotland leadership and management priorities and national policy initiatives including the Quality Strategy.

The new Leadership and Management Programme (LaMP) for postgraduate medical and dental trainees was introduced in 2016 with training provided to 559 trainees, more than twice the original planned number. Pilot projects for both an inter-disciplinary and optometry version were also delivered, receiving positive feedback.

We provided multi-disciplinary (Pharmacist and GP) leadership courses for Taste of Leadership (55 pharmacists and 5 GPs) and Advanced Leadership (20 pharmacists and 20 GPs) during 2016-17.

A focus was maintained on cross-public service work through a range of initiatives. These included the facilitation of Workforce Scotland Dialogue Community of Practice events, building on master classes in 2015-16, augmented by a programme of education sessions. Evaluation feedback illustrated improved working relationships leading to improved decision-making.

In addition to provision of the National Coaching Register for NHSScotland, the cross-sector Scottish Coaching Collaborative (SCC) was further developed to increase access to coaching in the workplace. There was a 20% increase in participation in 2016-17, with 28 clients matched to coaches from 21 organisations. The SCC received international recognition by the European Mentoring and Coaching Council at the International Conference in February 2017.

In collaboration with RCGP (Royal College of General Practitioners) and SSSC (Scottish Social Services Council) Leadership for Integration, we provided learning and support for those working at the interface of primary care, secondary care and social care including three cohorts of You as a Collaborative Leader involving 96 health and social care professionals across a range of locations; working with 46 teams on Collaborative Leadership in Practice, each in different stages of development; and a new online 360 tool via Turas focusing on the leadership qualities for health and social care. We also continued to deliver Leading for the Future, in partnership with other NHS Boards and partners, to 124 senior middle managers across seven locations who are increasingly required to work across traditional boundaries. In four groups this was delivered in conjunction with local authority colleagues, ensuring mixed participant cohorts.

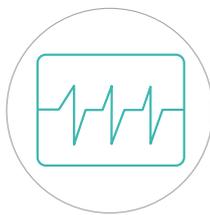
Our programme of delivery in 2016-17 also included two further cohorts of Playing to Your Strengths for 63 participants from across 21 NHS Boards; Delivering the Future provided for 24 aspiring executive level leaders from across 20 NHS Boards; and five Finance management trainees provided with five days' leadership and management, and three days' financial management training. We provided support, including a programme of five development workshops and six coaching sessions per participant for 11 Scottish Clinical Leadership Fellows (SCLF), high potential future clinical leaders on placement with a range of organisations.

With our continued focus on development interventions for individuals, teams, and systems, a Leadership and Management Development Framework for Health and Care was developed with organisational development leads that will draw together existing resources to focus on three pathways: leadership; people management; and quality improvement. This supports the provision of resources on Turas Learn, for which work is already underway, and the future development of a managers' e-portfolio.

Six 15-minute e-learning modules to act as an introduction to, or refresh on, the leadership qualities for health and social care were developed for pilot, suitable for individuals at all levels, from aspiring leaders to middle and senior managers. In addition, we offered 26 live Leadership Links learning events attended by 523 participants from 20 NHS Boards, Scottish Government and local councils. This included 18 face-to-face learning events, with an opportunity to network for 195 participants, and eight web-based sessions in an aim to improve access to learning opportunities. The latter were attended by 328 participants, almost a four-fold increase in participation per session.

Cohorts six and seven, 34 participants in total, were recruited to the eHealth Leadership programme from a range of NMAHP backgrounds. Since 2014, a total of 100 nurses, midwives and allied health professionals have completed the programme. Participants reported increased confidence in their leadership skills and are demonstrating ways in which technology is being used to support service improvement with all participants invited to join the Scottish Government NMAHP eHealth network to help consolidate and sustain the impact of their learning.

In partnership with Scottish Government and Health Improvement Scotland (HIS) a five-month programme was delivered for five health and social care system leaders led by AHP directors/leads. The Leading Complex Change Programme provided tools and resources to support participants in their role as key leaders of integrated services.



THEME 3

NEW MODELS OF CARE

NES KEY OUTCOMES

Outcome 5 | A key role in analysis, information and modelling for the NHSScotland workforce to strengthen workforce planning (a 2020 Workforce Vision priority)

Outcome 6 | A range of development opportunities for support workers and new and extended roles to support integration (a 2020 Workforce Vision priority)

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

3.1 | PRIMARY CARE

We continued to commission health visitor programmes of continuing professional development (CPD) provision across Scotland. Four days of CPD were commissioned for existing health visitors (around 1,500) and delivered across all NHS Boards to support health visitors in preparing to implement the national universal pathway and undertake the role of the Named Person.

We delivered a CPD programme for dentists and dental care professionals with a total of 26,796 hours of verifiable CPD including two master classes with each event attended by 150 delegates. Four Scottish Dental Postgraduate Fellows were recruited and began an MSc in Quality Improvement in January 2017 with supervision provided for the 36-month course in addition to support for the current cohort. A joint research symposium with the Scottish Dental Practice Based Research Network (SDPBRN) and the CPD Workstream, Sustainable Improvements for your Practice, was attended by 120 delegates and focused on managing risk, finance, environmental issues and improving quality.

We developed a one-day face-to-face training course for the dental team on the Children and Young People Act (Scotland) 2014 designed to augment our e-learning module. The practical, interactive course includes guidance, discussion, group work and contributions from specialists. Two pilot courses were delivered with positive feedback and the course was rolled out nationally to our dental education centres.

Our Pharmacy team received the UK Royal Pharmaceutical Society award, Excellence in Education, for their collaborative work with four of the Scottish medical schools and the two schools of pharmacy to deliver appropriate clinical skills training for pharmacist prescribers in Scotland to assist them in their role development within the wider healthcare team.

In conjunction with the University of Strathclyde, MacMillan Cancer Support, NHS Highland and NHS Greater Glasgow and Clyde, we developed an e-learning resource Palliative Care for health and social care staff. The resource was provided to support learning in relation to the safe use of medicines and symptom control within palliative care. In addition, an e-learning resource for pharmacists and pharmacy technicians was developed to support the care and monitoring of people with diabetes.

We provided a Practice Based Small Group Learning (PBSGL) programme with at least 2,000 active members and 300 active groups comprising uni-professional and multi-professional groups including GPs, practice nurses and pharmacists.

In line with Prescription for Excellence and the development of pharmacists to work in General Practices across Scotland to support GP shortages, we commissioned Independent Prescribing training for 200 pharmacists. We also provided educational resources Effective Management of Over-the-counter (OTC) Consultations and Prescription Only Medicine-Pharmacy (POM-P) product guidance for all 1255 community pharmacies in Scotland to help address the outcomes of the Which? report on pharmacy OTC consultation concerns (UK wide).

We provided a programme of local and national courses, e-learning and webinars for Autumn 2016 and Spring 2017 to support educational infrastructure and CPD requirements for pharmacists and pharmacy technicians across Scotland which included specific support for remote and rural learners. We also commissioned and supported an additional 4 Teach and Treat service developments in NHS Boards during 2016-17 to support pharmacist-run clinics between secondary and primary care. In addition, a programme of quality roadshows was delivered across each NHS Board as part of a collaboration with other key stakeholders from the profession to support quality improvement developments in pharmacy.

We delivered CPD sessions to 705 individual optometrists, dispensing opticians and orthoptists throughout 2016-17. We also funded 50 optometrists to undertake a therapeutics course at Glasgow Caledonian University, the first step to becoming a qualified independent prescribing optometrist. In addition, two courses were developed specifically for contact lens opticians. Our national optometry conference was attended by 153 optometrists and dispensing opticians, and 86 optometrists attended our Independent Prescribing conference.

During 2016-17 our Optometry team delivered 12 webinars with 771 attendances. The webinar format allows us to provide teaching across Scotland enabling us to reach remote and rural practitioners, orthoptists and those unavailable to attend face-to-face evening events. We also provided face-to-face training for four practitioners on the Isle of Lewis.

A range of continuing professional development support was provided in support of leadership and management development. This comprised, for healthcare scientists: five cohorts of early careers workshops covering 45 participants; two cohorts of four days Refreshing Leadership for 22 participants; and four cohorts of supporting Staff in Difficulty for 29 participants. Three cohorts of the Psychology Leadership Programme were delivered to 90 postgraduate Psychology students.

3.2 | WORKFORCE DATA

During 2016-17 we continued delivery of our Analysis, Information and Modelling (AIM) for Workforce programme to support the actions from the Everyone Matters: 2020 Workforce Vision Implementation Plan and provide statistical analysis and workforce data to support workforce planning in NHSScotland.

We developed an interactive dashboard which supports scenario planning for supply and demand of dentists by the Dental Student Intake Reference Group, and identifies the impact of changing assumptions relating to factors such as new technology, changing patterns of demand and the ageing workforce. We also developed an interactive dashboard to enable the Nursing and Midwifery Student Intake Reference Group to consider different workforce planning models.

During 2016–17 pharmacy workforce analysis was undertaken which included HESA (Higher Education Statistics Agency) data on undergraduate and further education college students, PRPS exit data, managed service data, community pharmacy workforce and pharmacist independent prescribers.

Quarterly workforce and trainee data on psychology services, CAMHS (child and adolescent mental health) services, and psychotherapy was provided to inform psychology workforce planning and trainee commissioning, and a workforce data report on psychological therapies workforce capacity was produced, including qualifications and supervision. Data was also provided on the scope, reach and clinical outcomes of evidence-based parenting interventions to support six weekly review meetings, parenting programmes and target setting.

As part of a four-year workforce development programme for psychological therapies and CAMHS, planning was undertaken and initial funding provided to NHS Boards to increase psychological capacity in older adults' services, primary care and early intervention services for children and young people.

3.3 | SUPPORT WORKERS AND ROLE DEVELOPMENT

We provided 30 training places in cognitive behavioural therapy (CBT) with older people commenced in September 2014, delivering at postgraduate certificate level by December 2015 and postgraduate diploma level by December 2016.

A Clinical Healthcare Support Worker Learning Framework was developed based on the four pillars of practice with guidance for workers and their managers. The work was implemented and tested with a range of NHS Boards during 2016-17 and was well received. A national event for all healthcare support workers (HCSW) was held in February 2017 with 180 participants to raise awareness of learning and development opportunities, and to value the contribution support workers make to the delivery of safe, effective, person-centred care. Positive evaluation feedback was received from attendees.

Work continued throughout 2016-17 on facilitating access to educational tools, resources and learning for administrative and clerical, and estates and facilities staff in support of the Everyone Matters Implementation Plan. During 2016-17 we carried out research into digital access and learning needs alongside a review of digital skills provision for estates and facilities staff. In conjunction with the SCQF partnership we developed and delivered two RPL (recognition of prior learning) workshops to upskill 21 learning and development staff across NHSScotland. A successful Getting to Know the Young Workforce event was delivered for all NHS Boards in January 2017 (77 attendees) with advice and guidance provided on employing more young people, including apprentices, from disadvantaged groups.

We established education networks to support non-clinical healthcare support staff in eight NHS Boards and worked in partnership with City of Glasgow college to develop a new HNC in Facilities Management. We also worked intensively with five NHS Boards to support HCSW role development; delivering four learning roadshows, two masterclasses for leaders and supporting the implementation of action plans through sharing examples of practice. In addition, we provided educational advice and presented at seven local HCSW events and workshops.

During 2016-17, we developed a national learning pathway for pharmacists and pharmacy technicians appointed to GP practices, comprising a competency and capability framework (with an e-portfolio), online learning and face-to-face training bootcamps. The first cohort of 45 new general practice clinical pharmacists and nine pharmacy technicians from NHS Boards across Scotland attended a two-day residential bootcamp in September 2016 with a follow up event in January 2017. A further two day bootcamp for the second cohort of 49 GP practice pharmacists and nine pharmacy technicians took place in February 2017 with a follow up in June 2017.

We trained 15 level five and three level 7 optical assistants on the Worshipful Company of Spectacle Maker's Certificates in Optical Care to support care provision to General Ophthalmic Service patients.

3.4 | INTEGRATION, IMPROVING HEALTH AND TACKLING HEALTH INEQUALITIES

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

The second cohort of the Dementia Specialist Improvement Leads (DSIL) programme commenced in September 2016 while 41 participants including AHPs and care home staff continued progression through the programme which included training for trainers programmes in Stress and Distress in Dementia; Meeting the Complex Physical Health Care Needs of People with Dementia; Pharmacological Care of People with Dementia; and Palliative and end of Life Care for People with Dementia. Access to this programme was enabled for a wider audience of health and social care staff and in 2016-17 over 100 staff completed training in these areas.

Cohort 7 of the Dementia Champions programme was completed by 107 participants and a national conference and graduation for cohort 7 was delivered in March 2017. The conference also celebrated the work of previous cohorts of the Dementia Champions Programme by sharing best practice through concurrent sessions and poster presentations.

Three regional Unfolding Narrative masterclasses were delivered for 120 participants across health and social services to enable them to: explore the complex pathways of care and support that an older person with frailty and cognitive impairment will experience; gain a greater understanding of the whole journey a person may have through the health and care system(s); and the short and long term impact of clinical decision making on outcomes for that person.

A range of learning modules, developed for Equal Partners in Care (EPiC) to support partnership working with carers, were refreshed with level 2 module now available via LearnPro and accessible to people across all sectors. Following positive feedback, level 1 and 2 modules will be transferred and adapted to suit the needs of NHS Boards, local authorities and all supporting organisations. The resource can be contextualised for the local learning environment and was widely promoted at national events including CPD Connect, and GP educational events.

We also scoped the learning needs of specialist and multi-professional staff working with people with learning disability and developed an initial learning framework which will inform future education and training delivery.

During 2016-17 we delivered coaching groups in Psychological Interventions in Response to Stress and Distress, and a review was also initiated. Training was provided for care home staff in relation to Stress and Distress, including scoping and development of Training for Trainers Care Home resource; and training in Cognitive Stimulation Therapy (CST) for 174 cross-sector staff.

The full suite of training in the Psychology of Parenting Programme (PoPP) was provided for 28 new early years' practitioners while 21 Connecting with Parents' Motivations courses were provided to 304 early years' practitioners. We also provided 32 practice support/supervision days to 164 early years' practitioners previously trained in the Incredible Years Pre-school Basic Parenting Programme and Triple P programmes. Implementation of PoPP commenced in 20 community planning partnerships and over 3000 families have now benefited from taking part in a PoPP group, of which there have been more than 500 delivered across the country. An independent analysis of evaluation data has confirmed that the initiative is having meaningful positive impacts on the wellbeing of these children and their families.

We developed the first of a set of education resources for all healthcare staff to support them in understanding the Children and Young People (Scotland) Act and their role, and to ensure that they have the appropriate level of information and education to support compliance with the Act.

We produced two educational resources for health and social care staff working with people with learning disabilities to support implementation of the 2016 Equal Health Framework which aims to help health and social services staff promote health equality for people with learning disabilities. The resources support staff at the Informed and Skilled levels of the framework, including the Informed Level - Equal Health DVD resource for all health and social services staff who have contact with people with a learning disability and have a role in promoting their equal health, and the Equal Health – Skilled Practice: educational resource, for those health and social care staff who have direct and substantial contact with people a learning disability.

We continued to support the development of knowledge, skills and attitudes of members of the dental team to deliver equitable patient care and improved oral health to patient groups that may have difficulty in accessing health care. This included 71 e-learning sessions for Childsmile dental nurses during 2016-17. The Adults with Incapacity training course was completed by 44 participants, and three CPD courses on child protection and safeguarding legislation were provided for the public dental service following two successful pilots. In addition, pilot courses for intravenous and inhalation sedation for the public dental service and general dental service were also successfully delivered and will be rolled out in 2017-18.

Our Priority Groups workstream in partnership with Action for Sick Children Scotland (ASCS) supported training for children with additional support needs. Training for extended duty dental nurses (EDDNs) and dental health support workers, delivered by ASCS, involved the use of dental playboxes to help engage children with the practical elements of Childsmile and the oral health message through play. This links to the Keys to Life strategy which focuses on reducing inequalities in healthcare for people with learning disabilities.

The Family Nurse Partnership (FNP) programme continued to be delivered across Scotland in line with licence requirements. A quality improvement capacity and capability building initiative was commenced with 60% of FNP teams in NHS Boards completing an introductory session. Planning is underway for the delivery of a Scottish Improvement Skills programme for FNP to help facilitate local improvement projects and to establish a Quality Improvement community of practice for FNP.

As a result of a partnership with South Lanarkshire College and NHS Lanarkshire, nurse practitioner students were offered an accredited work-based training qualification in oral health. Supervised Toothbrushing in Nurseries and Schools, sponsored by the National Toothbrushing Standards, is a Scottish Credit and Qualifications Framework (SCQF) Level 6 national work-based award. It supports Childsmile, the national oral health initiative aimed at reducing inequalities in the standard of oral health and access to oral care for children.



THEME 4

ENHANCED EDUCATIONAL INFRASTRUCTURE

NES KEY OUTCOMES

Outcome 7 | Improved and consistent use of technology with measurable outcomes for learning, user satisfaction, accessibility and impact

Outcome 8 | Consistently well developed educational support roles and networks to enable education across the workplace

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

4.1 | EDUCATIONAL SUPPORT ROLES AND NETWORKS

In relation to emerging trends from performance management and annual reporting from NHS Boards, we responded to themes of mentor and placement capacity through Once for Scotland solutions. A long-arm supervising mentorship model was devised and piloted with the care home and third sector enabling new practice learning experiences for students through supervision of student mentors in areas where there is no existing mentor.

During 2016-17, through annual NHS Board visits we identified additional AHP educational needs. In response to this, three e-learning modules were co-created - Developing and Maintaining Clinical Skills in the Practice Setting; Writing Applications for Learning and Development Opportunities; and Identifying your Needs for CPD and Career Development. The modules were designed for the NMAHP workforce as a more effective way to support their development needs, and are also accessible and relevant across the wider workforce.

Our Train the Trainers Toolkit, an interactive educational programme delivered by experienced facilitators within the workplace, was reviewed and updated during 2016-17. This programme, designed for health and social care professionals, service users and carers involved in facilitating learning as part of their role, is widely used by NMAHP practice education leads and facilitators across NHS Boards.

We undertook a wide range of educational initiatives to support improved capacity and capability in psychological interventions and psychological therapies. These included provision of CAMHS learning co-ordinators (CLCs) in each NHS Board to support training and ensure specialist CAMHS workers can access Essential CAMHS and other resources. We also provided cognitive behavioural therapy (CBT) supervision training for 36 CAMHS clinicians and development of clinical supervisors in specialised interventions such as Interpersonal Psychotherapy (IPT) and family based therapy training (FBT). Psychological Intervention training was provided to over 700 multi-professional staff.

We provided a network of trainers to deliver local training on psychosocial interventions in paediatric care and a competence framework in partnership with University College London (UCL). We delivered a supportive infrastructure to ensure trainers offer places on at least one module of our Psychosocial Interventions in Paediatric Healthcare Training (536 were delivered) and a coaching structure for local trainers to offer ongoing skills development to healthcare professionals post-training. Access was also provided to different levels of cognitive behavioural therapy (CBT) and family based therapy training (FBT). In addition, we contributed to teaching on trauma informed assessment formulation for 62 CAMHS workers and training in specialist interventions for 25 clinicians.

We delivered a wide range of educational developments to support improved capacity in psychological interventions and psychological therapies. These included psychological intervention training to over 700 multi-professional staff; 95 training places in Generic Psychological Therapies Supervision Competences and 72 training places in CBT specialist supervision. We also initiated a review of the content of the Supervision of Low Intensity Psychological Therapies e-learning module.

4.2 | DIGITAL CONTENT

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

In collaboration with NHS24, we developed new digital learning resources, available in all NHS Boards, to support meaningful personal development and performance review conversations, shifting the focus to improvement and goal setting. Feedback from staff and managers using the learning resource was overwhelmingly positive with both groups reporting they are approaching PDPR discussions with new enthusiasm and understanding.

We delivered enhanced functionality on our Turas Training Programme Management application to improve linkages with Oriel, the UK recruitment portal. We progressed development our ePortfolio version 2 system for HEE (Health Education England) colleagues with advanced nurse practitioners and dentists joining, as well as maintaining our support of UK foundation schools. We continued to maintain existing systems, extending SOAR the online appraisal and revalidation system to support the requirements to recognise medical trainers in 2017.

From April 2016 to March 2017, health and social care staff downloaded around 637,605 fulltext journal articles from the NES Knowledge Network and conducted 1,216,627 searches with views of ebooks over 67,000. The upgraded library management system and new discovery service was implemented in March 2017, in partnership with all NHS Boards, and delivered improvements for all users of these services. During 2016-17, 1,112 staff attended face-to-face or virtual training in use of The Knowledge Network and Social Services Knowledge Scotland. Over 10,000 received the monthly newsletters highlighting useful subscription resources and forthcoming training opportunities. We also began reviewing options to integrate The Knowledge Network into our Turas platform with single sign-on.

We achieved a successful outcome for the national tender for Knowledge Network subscriptions for the next three years which maintains the core strengths of The Knowledge Network in primary research; increases the provision of evidence summaries to support decisions by clinicians delivering frontline care; and offers improved public health and social care content and an enhanced provision of ebooks, including an extensive library of major reference texts and handbooks for many clinical specialities.

We completed work with pharmacists and clinicians across Scotland to deliver a mobile app to support implementation of Scottish Government polypharmacy guidance. This will be an important tool to support care of patients with multiple medical conditions and is a key priority in the 2020 Vision Routemap for NHSScotland.

The 3D Definitive Human project continued building on the success of the 3D anatomical head and neck model which received global recognition. Significant progress was made in the development of both the Human male and Human female skeletons. The resource will be available to health learners through colleges, universities and schools. This is a joint project with the Digital Design Studio at Glasgow School of Art, Scottish Funding Council and The Royal College of Surgeons of Edinburgh.

4.3 | EDUCATIONAL INFRASTRUCTURE

Our Remote and Rural Education Alliance (RRHEAL) continued to implement a range of distance education tools and resources that increase access to high quality education and training for the remote, rural and island workforce. A series of video conference education sessions were provided for the multi-disciplinary rural workforce with a focus on priority remote and rural paediatric areas, augmented by recorded presentations and refresher training resources.

Four new rural GP videoconference education sessions on rural practitioner hot topics were piloted within a new rural practitioner/GP education network. Our new Rural General Hospital Workforce (RGH) VC Education Network provided a series of tailored clinical education sessions using videoconferencing in response to priority education needs identified by staff from our six RGH settings. In partnership with University of Highlands and Islands and NHS Highland we also developed a new technology enhanced learning (TEL) programme for learning and development staff.

During 2016-17 we maintained a focus on the impact of our work and our contribution to health and care through impact measurement with impact-oriented targets embedded into our corporate planning and performance management systems. The majority of these targets were achieved during 2016-17 and our portfolio of case studies evidences increased awareness of impact planning principles and good practice in impact evaluation methods. Our corporate approach to impact planning and measurement is underpinned by a support framework comprising educational guidance, training workshops, e-learning and an advisory service.

Evaluation of our work highlighted our contributions in engaging learners, improving knowledge and skills, enhancing performance, and improving service outcomes. Examples of impact achieved in the last twelve months included professional revalidation of more than 1,000 doctors in training; improvements in the performance of allied health professionals in receipt of Fellowship Scheme funding; reductions in term admissions to a neonatal unit achieved by participants in our Scottish Improvement Leaders Programme; and the successful recognition and accreditation by the General Medical Council of 3,459 doctors in training roles.



THEME 5 AN IMPROVED ORGANISATION

NES KEY OUTCOMES

Outcome 7 | Improved and consistent use of technology with measurable outcomes for learning, user satisfaction, accessibility and impact

Outcome 9 | An effective organisation where staff are enabled to give their best and our values are evident in everyday work

During 2016-17 we continued to focus on improving our systems, processes, workforce plans and structures in order to become more effective and to deliver our services in a more streamlined and consistent way. We delivered efficiency savings from activities that do not involve direct patient care and we progressed workforce, people and organisational development, digital and property strategies to support new ways of working.

5.1 | SUPPORTING AND DEVELOPING OUR STAFF

During 2016-17 we proceeded with our refreshed People and Organisational Development Strategy 2014-17, which facilitates the implementation of our strategic framework for 2014-19, Quality Education for a Healthier Scotland. This strategy is aligned with our strategic themes and Everyone Matters: 2020 Workforce Vision.

As part of the national iMatter phase two project, we delivered tailored development using 7 Habits for Managers to 50 first line and middle managers from across eight NHS Boards to both pilot these resources and co-produce a refreshed KSF People Management dimension. We also produced an animation on the development of SMART objectives to support our managers to get the best out of the PDPR (personal development and performance review) process. This can be made available across health and social care organisations in support of more meaningful appraisals.

Following delegate feedback, the Manager's Passport was refreshed and re-launched in January 2017. Two modules supporting the Passport, Leading Successful Teams and Successfully Developing Others, were credit-rated at SCQF Level 6 by Glasgow Caledonian University. This is the first stage of developing an accredited suite of management development workshops which together with the Manager's Passport, form part of joint work with NHS Boards to develop a unified approach to line manager development.

As part of the relaunched Manager's Passport, all participants require to attend Mentally Healthy Workplace Training for Managers. This resulted in an increase in participation of managers in this training and a bite-sized session was developed for all staff.

A range of training was provided to support the smooth adoption of Microsoft Office 365 with further skills development for 2017-18 identified through a learning needs analysis conducted with over 40% of staff. In another development initiative, our practitioners in Prince 2 and Agile Project Management methodologies were brought together as a community of practice to share resources and develop common flexible approaches to project management.

We successfully achieved reaccreditation of the Healthy Working Lives Gold Award at the end of 2016. As part of this, several interventions were used to raise awareness and engage our staff.

Leadership behaviours agreed with our Board and aligned to our Ways of Working and NHSS Values were launched in May 2016. These were used as the basis for development of values-based recruitment tools and were trialled as part of our Workforce Directorate Organisational Change programme.

5.2 | ORGANISATIONAL PERFORMANCE IMPROVEMENT

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

During 2016-17 we completed a programme of organisational change which established an Organisational and Leadership Development department aligned to Scottish Government and stakeholder priorities across the health and care system. This enabled us to play a key role in informing the development of Scottish Government's Executive Level Leadership and Talent Strategy, beginning to lead its' implementation, and establish informal joint working arrangements with the other NHS Boards around management development and coaching provision in response to the HR Shared Services programme.

We completed work on harmonising job roles to support greater transparency on grading and transferability of skills across our organisation. As a result, the number of job descriptions were reduced from over 250 to under 60.

We continued to develop our national service delivery by providing the PVG (Protection of Vulnerable Groups) Scheme and a lead sponsor service to all Tier 2 medical trainees who require sponsorship. During 2017, in partnership with NHS Grampian, we introduced a new model of employing GP trainees by providing one employer throughout their training journey. The new model, due to be rolled out across NHSScotland, and the Tier 2 and PVG Schemes provide an enhanced on-boarding experience, improving the working lives of trainee doctors, as well as increased quality and efficiency in service delivery.

5.3 | EFFICIENT AND EFFECTIVE CORPORATE RESOURCES

In the course of 2016-17 we continued to make significant progress in the implementation of our Digital Strategy building on our achievements under our Digital Strategy in 2015-16 to deliver a single platform providing an integrated, single point of entry system for users, transforming our approach to delivering technology solutions for both our own organisation and NHSScotland.

We continued to progress delivery of Turas Training Programme Management, our single system for the management of healthcare trainees. Trainee doctors, dentists and pharmacists can already access their records, and clinical psychologists and healthcare scientists will follow in July 2017. We also re-developed the Scottish Foundation Schools' e-Portfolio which was launched in August 2016 and is a fully integrated application on our Turas platform.

The development and launch of our Turas Learn application during 2016-17 provided for the first time a single learning record for all staff of all types across the whole of the NHS. As an integrated application within our Turas Portfolio, Turas Learn enables NHS staff to manage their training and keep structured evidence for revalidation, CPD or performance indicators from anywhere, at any time.

Additional work included onboarding content on quality improvement and all pharmacy content to Turas Learn. This represents the beginning of work to migrate our own and other Boards' content. A subsequent stage will involve migrating our Knowledge Network onto Turas. We also progressed our work in relation to the ISO27001 information security standard to apply for full certification in 2018.

Our Knowledge Network implemented a new, cloud-hosted subscription search service which was launched in April 2017. The new Alma Primo service allows all NHSScotland staff access to journals and decision support materials from Turas and acts as a new and complementary service to other content and learning materials from e-learning to web pages.

During 2016-17 we provided training and project support to the Care Inspectorate in their transformation and journey to Agile methodology. This enabled the Care Inspectorate to develop a new application in support of Care Home of the Elderly inspections, to be delivered on our Turas platform with a launch date of April 2018.

We progressed development and implementation of a replacement corporate planning and performance system. Our new system integrates operational planning, performance management and improvement, equality and diversity, risk management, and audit data on a cloud-based platform deployed to support introduction of corporate-wide digital services including a new room booking and management system to achieve consistency, increased efficiency and cost savings.

The implementation of Office 365 and the move to cloud-based services enhances our ability to support agile working and creates the potential for direct collaboration with staff in other NHS Boards as well as social care and the wider public sector. Our Digital staff began working with NHS NSS and eHealth to support the wider adoption programme for Office 365 across NHSScotland.

We continued to implement our Property and Asset Management Strategy and Facilities Management Strategy to improve our corporate support services, our workplaces and our learning environments. This included the reconfiguration of our Aberdeen accommodation leading to the reduction of space and associated running costs, while improving the condition and functionality to provide a modern, flexible workplace to support the delivery of our corporate objectives. The development and introduction of our new room booking and management system is part of our wider facilities management strategic objectives to ensure we have consistent and efficient standards and systems throughout our estate.



APPENDIX 1

STRATEGIC THEMES: IMPACT OUTCOMES FOR 2016-17

THEME 1 | AN EXCELLENT WORKFORCE

RECRUITING AND TRAINING KEY HEALTHCARE STAFF

- Successful recruitment to and progression through medical training programmes to provide future consultants and GPs, recruitment to UK standards, and Improved attractiveness of Scotland as a career destination.
- A well trained dental workforce to improve access to NHS dental services through quality assured programmes.
- A well trained general hospital pharmacist workforce ready for further specialist study and career progression.
- Specialist healthcare science practitioners, clinical scientists, and higher specialist practitioners with common core attributes to ensure the ongoing supply of healthcare science staff

UNDERGRADUATE AND PRE-REGISTRATION EDUCATION

- Additional cost of teaching (ACT) funds in medicine and dentistry to help NHS Boards provide a high-quality learning environment for undergraduates.
- Increased knowledge and skills in the dental care profession (DCP) workforce to improve oral health and care.
- Enhanced pre-registration education and the learning environment through performance management and quality improvement.
- A Pre-registration Pharmacy Scheme (PRPS) to provide a well-trained pharmacist workforce for the NHS in Scotland
- A sustainable Scottish programme to ensure the supply of preregistration healthcare science (HCS) practitioners in clinical technology.

THE WORKPLACE LEARNING ENVIRONMENT

- Improved learning environments to ensure highly competent clinicians trained to regulatory standards through excellence in supervision and practice education supported by enhanced quality management (QM), quality improvement (QI) and educational governance.
- Improved patient experience supported by raised awareness of educational resources for practitioners and flexible high-quality education pathways for safe, effective and person-centred care.
- Improved retention through career advice, induction and returner programmes, flexible training, retainer schemes and support for performance.

THEME 2 | IMPROVED QUALITY**SAFE, EFFECTIVE AND PERSON-CENTRED CARE**

- Embedded values and professionalism, improved person-centred care and enhanced access to education for new models of care.
- Increased knowledge, confidence and skills and fewer adverse events through human factors education (HFE), the Scottish Patient Safety Programme (SPSP) and flexible, high quality education pathways, clinical skills training and evaluation.
- Flexible access to multi-professional learning materials to enhance support of the Health Protection and Healthcare Associated Infection (HAI) action plans to provide a cohesive, integrated and progressive approach to workforce education.

QUALITY IMPROVEMENT EDUCATION

- Increased use of Quality improvement (QI) resources and a health and social care workforce which is competent, confident and engaged in improving services through improved QI capacity and capability.
- Improved quality of care through better informed dental QI initiatives and improved compliance with guidance.

LEADERSHIP AND MANAGEMENT

- Access to development for public service leaders and managers to improve cross sector working through dialogue and collaboration.
- Public service leaders and managers who adopt values driven approaches to improve care and to develop more effective working relationships.
- More open and honest conversations to improve performance, sustain good performance and tackle poor performance.
- Strengthening management at all levels with particular focus on middle management, talent management and succession planning.

THEME 3 | NEW MODELS OF CARE**PRIMARY CARE**

- Increased participation in education and training through continuing professional development (CPD) activities across professions.
- Improved access for general dental practitioners (GDPs) and dental care professionals (DCPs) to a programme of CPD for registration.
- CPD for community based optometrists and dispensing opticians to improve community eye care and help reduce referrals to hospital.
- CPD for pharmacists and pharmacy technicians to ensure mandatory requirements are met and to support Prescription for Excellence.

WORKFORCE DATA

- Enhanced national workforce data on which to base workforce numbers and improve decision making on commissioning, funding, performance management, recruitment, succession planning and modernisation.

SUPPORT WORKERS AND ROLE DEVELOPMENT

- Improved access to learning opportunities, qualifications and education pathways for healthcare support workers (HCSW) to support better career development and succession planning.
- Learning to meet service and personal development needs, enhance consistency and support change, improvement and innovation.
- National and sustainable education for improved clinical service delivery, and patient care and safety through practitioner role development.

INTEGRATION, IMPROVING HEALTH AND TACKLING HEALTH INEQUALITIES

- Continued development of the cross-sector reach of dementia education to improve quality of care and quality of life outcomes for people with dementia and families and carers, focusing on infrastructure development and impact evaluation.
- Improved social and emotional development for young children with behaviour problems through better workforce capacity in parenting interventions across sectors.
- Reduced health inequalities for vulnerable children and families through education and role development to enhance understanding of the Children and Young People's (Scotland) Act (2014) and improved capacity, capability and access to learning resources for children, young people and families.
- Sustainable and enhanced practice education and capacity to improve the health and wellbeing of people and the use of inquiry based approaches for the workforce across health and social care.
- Better cross-sector reach of multi-professional education to improve quality of care and quality of life outcomes through increased knowledge and skills and enhanced impact assessment to inform future developments.
- Better oral health for older people, children and the homeless, improved access to services and better awareness of child protection and safeguarding.

THEME 4 | ENHANCED EDUCATIONAL INFRASTRUCTURE**EDUCATIONAL SUPPORT ROLES AND NETWORKS**

- A well-developed network of medical trainers supported by continuing professional development (CPD) and annual appraisal.
- Sustainable and enhanced NMAHP practice education infrastructure of Practice Education Co-ordinators (PECs), Practice Education Leads (PELs), Practice Education Facilitators (PEFs) and Care Home Education Facilitators (CHEFs).
- Practice education improvement supported through Practice Education Coordinators (PECs) and Educational Development Facilitators (EDF) from the service.
- Improved capacity and capability in psychological interventions and psychological therapies through well trained trainers and supervisors.

DIGITAL CONTENT

- Quick and easy access to knowledge services through TURAS to support safe, high quality care.
- Access to relevant digital content while we implement our Digital Transformation.

EDUCATIONAL INFRASTRUCTURE

- Improved access to learning, better identification of training needs, enhanced confidence in development discussions and easier to use guidance.
- Increased access to learning opportunities, qualifications and education pathways for the remote, rural and island workforce.
- Community based Teach and Treat centres delivering dental and optometric care and outreach teaching, and improving the skills of practitioners.
- Increased awareness, involvement and application of impact assessment and research in healthcare improvement that provides data to inform our decisions, policy and practice.

THEME 5 | AN IMPROVED ORGANISATION**SUPPORTING AND DEVELOPING OUR STAFF**

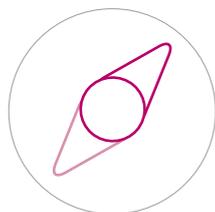
- A workforce plan and workforce data that anticipates our future requirements and is aligned with corporate objectives.
- A continuously improving work environment evidenced by high levels of employee engagement.
- Equality mainstreamed into all areas of business.
- Learning and organisational development (OD) which helps our staff perform to their potential, aligns individual performance with organisational aims, meets legal and mandatory training requirements, supports career development and develops our leadership and management capability.

ORGANISATIONAL PERFORMANCE IMPROVEMENT

- Improved business processes and national work streams supported by better integrated systems for decision making and control.
- Improved information governance, digital development, single unified digital environment (TURAS) and service support to ensure continuity.
- A new Finance structure with an internal shared service team, better integrated systems and well trained and motivated staff.
- Harmonised job roles and HR processes to improve business performance, recruitment, payroll and transactional services supported by business partnering for the organisation through a time of significant change.

EFFICIENT AND EFFECTIVE CORPORATE RESOURCES

- Robust budget setting and financial systems to deliver statutory reporting and improved services for decision making and financial control.
- Financial transactions processed and staff paid within an effective control environment in compliance with national payment targets.
- Improved documentation, consistent application of contract terms and conditions and efficiency savings supported by better reporting.
- Increased use of innovative communication technologies, more proactive media relations, provision of national events and conferences and improved internal communications.
- Corporate planning, governance and performance improvement based on measurable impact which aligns with service need and national policy, and supports continuous improvement across our organisation.
- Improved corporate property and facilities management (PFM) services through continued implementation of the corporate PFM strategy.



APPENDIX 2

QUALITY EDUCATION FOR A HEALTHIER SCOTLAND

STRATEGIC FRAMEWORK 2014-19

KEY OUTCOMES FOR 2014-19

1 | A DEMONSTRABLE IMPACT OF OUR WORK ON HEALTHCARE SERVICES

This outcome reflects our priority of being able to identify and demonstrate the value that our work adds to NHSScotland and beyond; assisting us in our understanding of what works, and enabling us to identify areas for improvement. By 2019 we aim to ensure that we have arrangements in place to set out the planned impact of educational activities in all programmes that support this type of analysis, and to evaluate the achievement of these impacts.

2 | AN EXCELLENT LEARNING ENVIRONMENT WHERE THERE IS BETTER ACCESS TO EDUCATION FOR ALL HEALTHCARE STAFF **

This outcome focuses on improving the quality of the learning environment for all those who are training and developing their practice within NHSScotland and the wider social care setting. By 2019 we aim to have access to data that enables us to assess the quality of the learning environment in which placements for undergraduate and trainees are delivered; to be able to join up this information to provide an integrated and holistic view of the learning environment; and to have measures in place which demonstrate how our interventions have contributed to an improvement in the quality of the learning environment.

3 | FLEXIBLE ACCESS TO A BROAD RANGE OF QUALITY IMPROVEMENT EDUCATION IN THE WORKPLACE**

This outcome reflects our commitment to making quality improvement (QI) education available to all staff groups (clinical and non-clinical) to ensure that the workforce is supported to deliver QI activities on a day-to-day basis. By 2019 we aim to: have trained a total of 284 people in the Scottish Improvement Leader (SciL) programme and to have supported a further 60 Fellows through the Scottish Quality Safety Fellowship (SQSF); ensure that unit specific modules on QI are available to staff across the entire workforce and quantify how many staff have completed these modules.

4 | LEADERSHIP AND MANAGEMENT DEVELOPMENT THAT ENABLES POSITIVE CHANGE, VALUES AND BEHAVIOURS**

By 2019 we wish to be an effective partner, highly valued by Scottish Government and a wide range of stakeholders, in the design and delivery of innovative ideas, policies and initiatives that are scalable and deliver the capacity and capability the health and care sector requires to meet the leadership challenges arising through transformational change. We wish to be delivering on the *Once for Scotland* ambition, and across a wider platform of organisational and leadership development, *digital by default*, assessing impact, and continually improving our contribution at pace.

** Indicates a 2020 Workforce Vision priority for NES

5 | A KEY ROLE IN ANALYSIS, INFORMATION AND MODELLING FOR THE NHSSCOTLAND WORKFORCE TO STRENGTHEN WORKFORCE PLANNING**

Although we are not responsible for workforce planning, we do have access to significant, and growing amounts of data about the trainee workforce, and increasingly about the way in which individual cohorts of staff are accessing training and development. This outcome reflects the importance of ensuring that best use is made of this data and the intelligence contributes meaningfully to workforce planning in NHSScotland, supporting Everyone Matters: 2020 Vision.

6 | A RANGE OF DEVELOPMENT OPPORTUNITIES FOR SUPPORT WORKERS AND NEW AND EXTENDED ROLES TO SUPPORT INTEGRATION**

Support workers represent around 40% of the NHSScotland workforce but have traditionally received very little training and development support. Our ambition in relation to this group of staff is to provide access to national learning pathways and sustainable learning and development opportunities. This outcome also recognises the need to ensure we have a national and coherent approach in relation to the development of new and extended roles which are identified by the service to enable an integrated team approach.

7 | IMPROVED AND CONSISTENT USE OF TECHNOLOGY WITH MEASURABLE BENEFITS FOR USER SATISFACTION, ACCESSIBILITY AND IMPACT

By 2019 we aim to be digital by default, exploiting all opportunities to deliver educational solutions that support excellence in healthcare for the people in Scotland. We will achieve this through demonstrating that we provide access to education for the entire NHSScotland workforce, whenever and wherever it is needed, and create intuitive and personalised services for all our users, with non-digital alternatives wherever needed.

8 | CONSISTENTLY WELL-DEVELOPED EDUCATIONAL SUPPORT ROLES AND NETWORKS TO ENABLE EDUCATION ACROSS THE WORKPLACE

This outcome refers to our commitment to provide support and development to those based within NHSBoards and other employers who have a role in supporting training and education in the workplace for those working in and with NHSScotland. The commitment to provide networks and resources to develop these roles extends to those staff who are funded by us as well as those who are not.

9 | AN EFFECTIVE ORGANISATION WHERE STAFF ARE ENABLED TO GIVE THEIR BEST AND OUR VALUES ARE EVIDENT IN EVERY DAY WORK

By 2019, we seek to be an organisation where leadership, management and meaningful appraisal continually improve the experience, performance and development of our workforce and the performance of our organisation as a whole. We want to ensure that the work we do is focused on the user, makes the best use of technology, supports staff wellbeing and resilience, and ensures efficient use of resources.

** Indicates a 2020 Workforce Vision priority for NES

This resource can be made available, in full or summary form, in alternative formats and community languages. Please contact us on **0131 656 3200** or email [**altformats@nes.scot.nhs.uk**](mailto:altformats@nes.scot.nhs.uk) to discuss how we can best meet your requirements.



NHS Education for Scotland

102 West Port

Edinburgh EH3 9DN

T: 0131 656 3200

[**www.nes.scot.nhs.uk**](http://www.nes.scot.nhs.uk)