

## NHS Education for Scotland

### NES Board Paper Summary

#### 1. Title of Paper

The Dental Directorate Vision

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

Dental Directorate Change Management Team

#### 3. Purpose of Paper

This paper sets out the progress and the direction of the Dental Directorate change process. This paper makes recommendations as to how the Dental Directorate's activities should be further developed to deliver our vision. The Board is invited to note the progress to date.

#### 4. Key Issues

The Dental Directorate seeks to:

1. Continue as an exemplar provider of education and training.
2. Reduce and streamline the number of regions in the Directorate.
3. Incrementally re-align to national workstreams.
4. Develop a national consistency of process.
5. Remain mindful of the people within the Directorate and ensure that change is managed sensitively.
6. Optimise human resource performance and streamline to increase effectiveness.
7. Manage change carefully and, as far as practicable, utilise staff turnover/temporary assignments to transitionally re-shape our Directorate.
8. Reduce transitionally our headcount without destabilising service delivery or destroying corporate memory.
9. Reassess the portfolio of educational products and address market need.
10. Adopt a continuum of quality management.
11. Maintain the collaborative culture of the Dental Directorate.
12. Ensure alignment with NES corporate, business and strategic objectives.

#### 5. Educational Implications

As part of the move to national workstreams, the educational delivery of some aspects of the Directorate educational activity will be reviewed in line with the NES Digital Strategy.

#### 6. Financial Implications

The overall budget has reduced by £4.6m, including a pay budget reduction of £158k. This will reduce by a further £134K following the 2013-14 VS scheme.

**7. Which NES Strategic Objective(s) does this align to?**

All

**8. Impact on the Quality Ambitions**

See paper.

**9. Key Risks and Proposals to Mitigate the Risks**

See paper.

**10. Equality and Diversity Impact Assessment**

*NES is required to assess the equality impact of all new or proposed policies, functions and workstreams, and to have due regard to equality considerations when making decisions.*

- a) Briefly describe your arrangements for assessing the equality impact of any proposals outlined in this paper.
- b) What potential or actual impact on people from different equality groups or other equality considerations have been identified?
- c) What actions have been taken or proposed to address the issues you identified?

*See guidance note on how to complete this section (available on Intranet, Meetings section). Your paper should include relevant details, including assessment of alternatives if required.*

**11. Communications Plan**

A Communications Plan has been produced and a copy sent to the Head of Communications for information and retention:

Yes

No

A communication for circulation to staff has been prepared and the Tomorrow's NES section of the intranet will be utilised fully throughout the consultation and implementation process.

**12. Recommendation(s) for Decision**

For information only.

NES  
April 2014  
DHF



7/2/2014

# THE DENTAL DIRECTORATE VISION



**Dental Change Management Team**

## Executive Summary

The Dental Directorate Vision is:

*“To develop and deliver high quality education and training that will have a positive impact on the oral health and care of the population of Scotland”.*

The Dental Directorate is committed to transformational change. Since 2011, we have embarked on a number of initiatives which seek to optimise the efficiency, effectiveness and overall quality of dental education, in partnership with the profession and fully aligned with the priorities outlined in NES' strategic framework.

The Dental Directorate has always functioned as a single Deanery and is currently in the process of restructuring, reducing the number of territorial regions from five to four and creating key national workstreams. This will ensure:

- Adoption of best practice and process.
- Efficiencies are increased through economies of scale.
- Avoidance of duplication.
- Development of innovative educational products.
- Production of valid performance data.

Since April 2010 the Directorate has already reduced its headcount by 17.65 WTE (excluding six internal NES transfers). This represents a 14.2% reduction.

## **Introduction**

This paper sets out the progress and the direction of the Dental Directorate change process.

Since the appointment of Dr David H. Felix as the Postgraduate Dental Dean in April 2011, the Dental Directorate has undergone a major cultural and efficiency transformation. As well as striving to improve effectiveness and efficiencies, the Directorate has endeavoured to maintain and improve the quality of the education it delivers, ensure greater consistency of process and deliver new and innovative educational products whilst aligning activities with the NES corporate and business objectives to address the needs of NHSScotland.

This paper makes recommendations as to how the Dental Directorate's activities should be further developed to deliver our vision.

A list of key educational activities undertaken is catalogued in Appendix 1.

## **Background – Circumstances and the need for change**

The Dental Action Plan of 2005 <sup>1</sup> was a response to address access to NHS dental care in Scotland which was not universal. This also heralded a major change in the funding and delivery of dental education in Scotland, which had traditionally focussed on the dentists' education but with less attention to that of the supporting dental care professionals (DCP). Innovative thinking on a preventive approach such as Childsmile and Decontamination education was embryonic.

Nine years on it is time to review how the Directorate will continue to meet its challenges over the coming years. Widespread access to online information has changed the public's expectation of dental care. The General Dental Council (GDC) has produced new guidelines: "Standards for the Dental Team" published in September 2013 <sup>2</sup>.

The change management proposals of the Dental Directorate have been developed taking into account the strategic context of:

- NHSScotland Quality Strategy <sup>3</sup>
- The Francis Report <sup>4</sup> and Berwick Report <sup>5</sup>
- 2020 Workforce Vision <sup>6</sup>
- NES Digital Strategy
- NES revised Strategic Framework 2014-2019.

Whilst recognising that the delivery of dental education needs to be refocused in order to meet the changing needs of the many key stakeholders, the NES Dental Directorate still requires to underpin the profession's education and training needs to positively impact on the oral health and care of the population.

More generally, the population is ageing and with that comes greater technical complexity in dentistry and the greater need for underpinning education.

The Directorate is cognisant of the 2020 workforce vision and seeks to align strategic activities with its aims and objectives by being adaptable, flexible and mindful of the requirements to modernise working practices and embrace technology. The Dental Directorate already has a demanding agenda of education to develop, manage and deliver as well as contributing to, and furthering the development of NES as an organisation. As a Directorate we undertook SWOT and PEST analyses to better understand the landscape in which we operate. The critical task will be to address these challenges whilst working with reductions in core funding as a consequence of fiscal austerity.

## **The Vision**

*“To develop and deliver high quality education and training that will have a positive impact on the oral health and care of the population of Scotland”.*

As a Directorate, we articulated our vision for change in February 2013. The Directorate senior management team is committed to the shared vision.

## **Delivery of the Vision**

The Change Management Team was established to deliver change. Additional support and encouragement has been received from the NES CEO, his Senior Executive team and the Organisational Performance Improvement Programme (OPIP) team. Latterly, Christine McCole, Depute Director of HR, has been co-opted to provide valuable support and advice.

The Dental Change Management Team recognises that change can be challenging and will regularly seek to convey the vision and benefits. This team will maintain momentum and seek to keep colleagues informed and motivated. The emerging changes will be managed in partnership.

## **Purpose and Objectives**

1. Continue as an exemplar provider of education and training.
2. Reduce and streamline the number of regions in the Directorate.
3. Incrementally re-align to national workstreams.
4. Develop a national consistency of process.
5. Remain mindful of the people within the Directorate and ensure that change is managed sensitively.
6. Optimise human resource performance and streamline to increase effectiveness.
7. Manage change carefully and, as far as practicable, utilise staff turnover/temporary assignments to transitionally re-shape our Directorate.
8. Reduce transitionally our headcount without destabilising service delivery or destroying corporate memory.
9. Reassess the portfolio of educational products and address market need.
10. Adopt a continuum of quality management.

11. Maintain the collaborative culture of the Dental Directorate.
12. Ensure alignment with NES corporate, business and strategic objectives.

## **Efficiencies**

1. Maximise effectiveness and efficiency in the process of educational delivery.
2. Incorporate new and emerging workstreams.
3. Increase inter-professional integration and cross-cutting activities.
4. Optimise staff numbers and maximise flexibility.
5. Reduce overall costs.

## **Progress to date**

1. The Dental Directorate has been undergoing a programme of modernisation and development since the appointment of the Postgraduate Dental Dean in 2011 including organisational change over the last two and a half years - this has enabled the Directorate to increase the range and quality of services delivered while decreasing the staffing establishment.
2. The reduction of the number of regions. (This has fallen from five to four as of 1 April 2013 following the retirement of the East Region Director of Postgraduate General Dental Practice Education and the subsequent merger of the East and North-East regions).
3. Development of national workstreams to ensure greater efficiencies as well as improving quality and consistency of process.

The key benefits of moving to national workstreams will be to:

- a. Ensure that the knowledge and skills of all staff are optimised.
- b. Support flexibility across the Directorate.
- c. Ensure that consistent business processes are applied across the Directorate, with improved consistency of decision making.
- d. Maximise the ability to manage and improve processes.
- e. Facilitate the development of quality management of education and training.



- f. Place the Directorate in the best position to respond to the key challenges.

## Workstreams

These will be nationally and strategically managed as follows:

<b>Workstream</b>	<b>Co-ordinating Centre</b>	<b>National Lead</b>
Clinical Audit Activity	Edinburgh	Tony Anderson Director of Postgraduate General Dental Practice Education (South East)
Continuing Professional Development	Edinburgh	Tony Anderson Director of Postgraduate General Dental Practice Education (South East)
Core and Specialty Training (formerly Hospital Training)	Edinburgh/Dundee	Ann Shearer Associate Postgraduate Dental Dean
Dental Care Professional Education	Aberdeen	Graham Orr Director of Postgraduate General Dental Practice Education (East/North East)
Vocational Training	Glasgow	Alan Walker Director of Postgraduate General Dental Practice Education (West)
Training, Revision, Assessment, Mentoring and Support	Inverness	Ken Scoular Director of Postgraduate General Dental Practice Education (North)
Vulnerable Groups	Glasgow	Janette Logan Associate Director (PDS)

## **Workstream Development Updates**

### **Clinical Audit Activity**

Clinical audit and associated activities are quality improvement tools that can support the provision of safe, effective and high quality dental care. This national workstream provides support to all dentists working within primary dental care, both in the General Dental Service (GDS) and the Public Dental Service (PDS). It aims to provide an effective and efficient administration process for the approval and certification of clinical audit activity, undertaken by dentists as part of their terms and conditions of service. In addition, it will provide accurate data to Health Boards on the audit activity recorded by NES.

The change plan includes a review of existing processes and central coordination of the administrative process.

The main advantages will be:

- A standardised, consistent and clearly understood process for GDS and PDS Dentists.
- A standardised, consistent and streamlined administrative process for NES.
- Reduced cost and time for processing applications.
- Accurate reporting of activity to dentists and Health Boards.
- Electronic claiming of Clinical Audit Allowance by GDS dentists.

## Continuing Professional Development

The Continuing Professional Development (CPD) workstream will facilitate access for all members of the dental team to high quality CPD to enable them to keep up to date, maintain their registration and to ensure they provide and support safe, effective and high quality dental care.

This workstream supports the CPD needs of all dentists and dental care professionals in Scotland, but in particular, those in the General Dental Service. This amounts to approximately 3300 dentists and 6000 DCPs.

The overall aim is to ensure that CPD is managed on a strategic and coordinated basis, providing a consistent approach, reducing duplication and allowing fair and equitable access for all.

The change plan includes:

- Review of topics to be provided in 2014-2015.
- Reduction in volume of traditional CPD provided.
- Use of budget saved to commission technology enabled core CPD and research into the outcome of CPD.
- Support and promote Personal Development Plans (PDP) and clinical audit activity.
- Liaison with key stakeholders to identify and support priority areas.
- Co-ordination and facilitation of access to a range of certificate, diploma, and masters level programmes, building on existing HEI programmes.
- Support for Managed Clinical Networks.
- Supporting the output of the Scottish Dental Clinical Effectiveness Programme (SDCEP) <sup>7</sup> with appropriate CPD.

The main advantages will be:

- Wider access to appropriate CPD.
- Standardised and consistent administrative processes.
- Clearer support for identified priority areas.
- Potential for reduced costs.

## **Core and Specialty Training**

This workstream is responsible for approximately 100 core trainees and 40 specialty registrars.

The change plan for this workstream aims to:

- Deliver consistent Annual Review of Competence Progression (ARCP) processes for all specialty trainees by moving from four regional administrators in three centres to a central administrator in Edinburgh.
- Deliver consistent support for the Specialty Training Committees by moving this process from four regional administrators in three centres to a central administrator in Edinburgh.
- Improve support for core trainees throughout Scotland by appointing a core training adviser in Aberdeen (with administrative support) and by rationalising support in Dundee, Edinburgh and Glasgow.
- Change the title of the hospital/foundation tutors to core training adviser to more accurately reflect the role.
- Centralise the management of study leave.
- Improve liaison with training providers and develop a consistent approach to educational supervision through the development of service level agreements.

This will ensure consistent delivery of high quality training programmes across Scotland.

## Dental Care Professional Education

By offering an integrated programme of pre-registration and post-registration opportunities, the Directorate is contributing to an increase in knowledge and skills in the DCP workforce which will improve the care available to the population and lead to an overall improvement in oral health.

There are approximately 6000 registered DCPs working in Scotland. NES is currently committed to providing up to 200 places per year for pre-registration training in several registrant categories. Post qualification opportunities are offered to up to 100 DCPs each year.

The DCP workstream will commission or deliver:

- Pre-registration training of dental nurses and dental technicians.
- Post-registration development opportunities for dental nurses in line with GDC's *Scope of Practice*<sup>8</sup> including Higher National (HN) Units that can lead to a Higher National Diploma in Dental Nursing.
- Courses for other registrant groups including clinical dental technicians and orthodontic therapists.
- Development of non-registrant groups – practice managers and dental administrators and receptionists.

The change plan aims to:

### 1. Increase equality of opportunity:

- NES now offers a single pre-registration Dental Nurse qualification (Scottish Vocational Qualification (SVQ) in Dental Nursing).
- Delivery of HN Units is co-ordinated to ensure that opportunities are available to DCPs wishing to improve their knowledge and skills.

### 2. Improve quality:

- Moving to a single qualification presents the opportunity to review the knowledge and skills of the DN Tutor cohort and provide staff training opportunities to ensure that all centres are able to offer the highest quality training to student Dental Nurses.
- Adopting single administrative processes will ensure delivery of high quality education.
- Reviewing learning resources to ensure appropriateness.

- Introducing minimum entry requirements for the SVQ course ensures that participants can take full advantage of the learning opportunities to improve care and service to patients.
- Supporting the development of additional HN Units.

## **Vocational Training**

This workstream is responsible for the training of approximately 180 recent graduates annually - the number varies according to the output of Scottish dental schools. Dental Vocational Training (DVT), Longitudinal Dental Vocational Training (LDFT) and Hygiene-Therapy Vocational Training (HTVT) programmes culminate in a summative assessment and the associated award of Satisfactory Completion, where appropriate.

The change plan aims to:

- Create a co-ordinating centre for the purposes of a single administrative process, information management, educational development and line management.
- Provide a central point of communication for internal and external stakeholders.
- Create a single data entry and exit point on Portal for use by internal stakeholders.
- Streamline and simplify trainer recruitment and selection process.
- Rationalise and reduce the 'Train the Trainers' (START) course in both duration and cost.
- Create potential for shared knowledge and resource plus standardised training through enhanced integration.
- Ensure consistent delivery of vocational training across Scotland.



## **Training, Revision, Assessment, Mentoring and Support**

The Training, Revision, Assessment, Mentoring and Support (TRAMS) process will increase and enhance the registrants' knowledge, skills and attitudes thus positively impacting by improving patient safety, clinical governance and patient care.

Since April 2013 a review of the remediation process for dental registrants in Scotland has been implemented, with the aim of developing and quality improving the TRAMS programme.

The review was to make the processes more appropriate, efficient and consistent and included:

- Liaison with key stakeholders including the General Dental Council, Defence Unions, Clinical Leads, the Dental Practice Board and Dental Practice Advisers.
- Alignment of processes with other national bodies and organisations.
- Mapping of process, procedure and reporting.
- Development of an educational package for new entrants to the NHSScotland dental workforce.

## Vulnerable groups

The Directorate determined, as part of the Change Management process, the need for a new, national work stream to support the cross-directorate Health and Social care integration agenda and also the training needs of practitioners caring for the vulnerable in society.

This work stream aims to develop the 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.

A scoping exercise has commenced to determine needs, which will result in a detailed operational plan.

Work to date includes:

- Development, with stakeholders, of the 'Caring for Smiles' programme to improve carers' skills in Nursing Homes. The roll out to territorial Health Board trainers is based on the successful methodology developed in the Childsmile programme.
- Expansion of the role of the Public Dental Service (PDS) advisers to include the development of CPD relating to the care of vulnerable groups within society.
- Developing and piloting training for dentists working with Adults with Incapacity (AWI). This simplifies the patient journey whilst ensuring consistency of standards.
- Cross-directorate and territorial Health Board collaboration relating to:
  - Dementia care<sup>9</sup>
  - Care in custodial environments
  - Care for homeless people
  - Early Years Collaborative

## **E-learning and technology within Change Management**

NES is currently developing a digital strategy and this will influence and inform how the Directorate delivers its vision and objectives.

### **Business Support**

The Directorate ABC review carried out in 2011 across all administrative staff recognised that the current delivery of business support was ripe for quality improvement. Key business support processes have been reviewed and are being redesigned.

These processes are being implemented nationally, in line with the Directorate change programme and will allow professional leads to concentrate on strategic development and educational delivery.

The proposed move to national workstreams presents an opportunity to review staffing structures, roles, responsibilities and job titles, moving to the alignment of job descriptions for the majority of administrative roles in the Directorate. Each workstream has an identified cohort of business support posts which will be subject to review over the next three years as national workstreams become embedded and further potential for efficiencies become apparent. In addition there are several posts with responsibility to support the infrastructure of the Directorate, where changes within the wider organisation will undoubtedly impact, thus requiring regular review.

Since 2012, three Regional Business Manager posts have been disestablished, with the subsequent merger of the East and North East region supported by one Business Manager.

A senior tier of business managers will see the general management function for the Directorate (including Optometry and Healthcare Science) led by a General Manager, supported by two Business Managers. They will have responsibility for leadership and management of the regional administrative teams and facilities, in addition to business support for all national workstreams. A Business Support Officer will provide key administration management of business central to the whole Directorate.

It is acknowledged that the finance transformation project will impact on several roles within the business support staffing group, particularly the more senior level posts. As such it is expected that an interim position will be required until the impact of this is known.

More generally, job descriptions will be developed for the majority of those in administration A4C2-5 posts, working closely with HR.

## **Benefits Realisation and Efficiencies to Date**

The Dental Directorate considers that there are a number of ways in which significant benefits to the Directorate and NES will flow from the implementation of these change processes through quality improvement, cash releasing savings and productive gains.

While the directorate budget is substantial - £45.4m in 2013-2014, it is important to remember that the great majority of this is tied up in salaries and Dental ACT.

Trainee salary and trainer grant monies in 2013-2014 totalled £14.7m or 32% of the budget. Dental ACT accounted for £14.0m or 31% of the budget. A significant proportion of the remaining budget is passed to territorial boards to support activities such as student outreach, Dental Therapist training and a contribution to salaries for dentists undertaking a remote and rural MSc.

The recurrent efficiency target for 2014/15 is £121,821 and these efficiencies have been identified.

## **Improving Processes**

The Dental Directorate has been participating in a LEAN and performance improvement programme since 2010 and as a Directorate can demonstrate a continuum of quality improvement aligned to NES' corporate themes and outcomes in the Strategic Framework.<sup>7</sup> Appendix 2.

Process improvements include:

- Development of national workstreams will ensure greater efficiencies, heightened quality, standardisation, consistency of process and production of valid performance data.
- Review of staffing structures, roles and responsibilities and job descriptions in the Directorate to align with the national workstreams.
- Improving the equality of opportunity in education.
- Further developments to support the needs of the dental team.

## **Performance Improvement**

The Dental Directorate has undergone an ABC exercise and has engaged in LEAN improvements. Training has been delivered to staff in the Directorate resulting in a cohort of LEAN practitioners.

Recently the Directorate has engaged in a pilot scheme initiated through the OPIP team to look at benefits and efficiency reporting. The results of this work will inform

future reporting for all areas of NES and support a consistent approach across the organisation.

## **Efficiency Gain**

The opportunity to restructure the staffing of the Directorate in line with the proposed move to national workstreams will allow the release of capacity in some areas to accommodate new activity whilst minimising the need for additional resource.

Improvement programmes in other areas of the organisation are expected to have a similar effect in releasing capacity to greater or lesser extents e.g. procurement and finance transformations.

In addition, there has been increased engagement with the UK Committee of Postgraduate Dental Deans and Directors (COPDEND) to share best practice including:

- Requirement for information for numerous reports such as VT trainee outcomes, CPD processes and numbers.
- Participation in UK process of annual review of competence progression.
- Patient safety reporting and other issues related to decontamination.
- Collaboration in developing effective processes to deal with registrants undergoing remediation.

## **Quality Improvement**

The Directorate ethos and a key strand of the Vision are to deliver high quality across all activities. This is part of the Directorate's culture and will filter through to the reviewing and mapping processes in all workstreams.

## **Cash Releasing Benefits**

In July 2010, the WTE of the Dental Directorate, (excluding Healthcare Science and Optometry), was a maximum establishment of 124.95. This contrasts with the current establishment at November 2013 of 104.9 WTE. These figures include six posts transferred to other Directorates (Finance, E-Portfolio and four positions in IM&T) and equates to a Directorate reduction of 11.2%. A further reduction is anticipated following completion of the current round of voluntary severance (VS), now confirmed as 3.6 WTE for 2013-14, increasing the Directorate staffing reduction to 14.13%. The overall budget has reduced by £4.6m, including a pay budget reduction of £158k. This will reduce by a further £134K following the 2013-14 VS scheme. The voluntary severance/early retirement schemes are not the only contributory factors. All vacant posts are scrutinised and, where appropriate, have

been recruited to on a contingent basis, building an increased element of flexibility into the current staffing structure.

The Directorate is committed to ongoing review of the staffing establishment once the workstreams are established from 1 August 2014. The Directorate expects to identify potential savings as a result of restructuring and is aware that redeployment or disestablishment of posts may occur.

The Dental Directorate values the people currently working within the Directorate and would prefer, as much as practicable, to absorb any organisational change within the Directorate whilst acknowledging that re-deployment may be required for a limited number of staff. Once the detail of the workstream re-alignment occurs, there is potential for a limited number of staff to be placed on the redeployment register.

It is the intention to manage this change transitionally and incrementally using staff turnover and/or a limited period of dual running with temporary assignments to minimise the need for re-deployment. A clear aim of the restructuring is to ensure that the appropriate organisational expertise remains in order to continue to deliver on strategic and operational objectives.

The proposed future structure is detailed in Appendix 3.

## Implications for other Directorates

There will be an increase in the workload of the Human Resources and Organisational Development Directorate during the latter part of the transitional phase.

The Directorate will require assistance and advice from colleagues in Finance on realignment of budgets and operational plans.

Implications for IT including Portal are also anticipated. The proposed changes may require review of the prioritisation of Portal developments across NES.

## Timescales

The proposed timescale for implementation is from February 2014 until August 2014. The Directorate will then move into a phase of review and continuous improvement. The implementation of the vision has been project managed in phases and support was provided until May 2013 by Penna Consulting:

- Phase 1 - initial scoping exercise of the change management process and articulation of the collective Directorate vision.
- Phase 2 - development of the strategy for national workstreams and allocation of workstream leadership.
- Phase 3 - mapping of activities in the Directorate and allocation to workstreams.
- Phase 4 - merger of East and North East regions.
- Phase 5 - mapping and redesign of processes and identification of efficiencies within the proposed new structure. This will be completed by 1 August 2014.
- Phase 6 - allocation of staff into workstreams, review of job descriptions and key tasks. This will commence after Board approval and is due to be complete by July 2014.
- Phase 7 - review of individual staff groups affected by another transformation (e.g. Finance) or where there is a recognition that further redesign may be required. This is expected to be complete by December 2014 at the earliest.
- Phase 8 - the Directorate will then move into a phase of review and continuous improvement from August 2014.

Phases 1-4 are now complete.

## Risks and Mitigation

Significant Risk	Mitigation
1. Loss of corporate memory and skill sets.	Effective communication to retain key staff.
2. Lack of internal stakeholder engagement.	Effective communication and leadership.
3. HR & OD difficulties – employee relations issues, new job descriptions and person specifications, facilitating redeployment, preparing staff for change as required.	Robust project management.
4. Inflexibility in re-grading staff who will be asked to take on parts of the roles of those whose posts will be disestablished.	Effective communication and leadership.
5. Lack of digital capacity.	Robust project management.
6. Too much change occurring at the same time - external, within dental and across NES.	Adaptive leadership and robust project management both Corporate and Dental.
7. Migration of budgets to align with national workstreams.	Liaison with Finance and appropriate planning.



## **Governance**

This change is confined to the Dental Directorate and will be managed by the Postgraduate Dental Dean and his senior management team in partnership with staff-side.

## **Business Continuity**

Core business will be prioritised during the transition period to maintain an appropriate level of service. The dental change management team will monitor progress and respond appropriately.

## **Additional Resources**

1. Finance: - additional support from Finance will be required in realigning budgets and operational plans.
2. IT: - there will be increased V/C traffic over the transitional phase and support required for Alfresco.
3. HR and OD: - continued collaboration with Dental.

## **Identification of In-scope posts**

'In scope' posts will be identified from the comparison of the 'current state' staffing structures and posts and the 'future state' structures. However it is anticipated that the number of staff 'in scope' will be limited. Further work is needed in partnership with HR and staff-side in managing revision of job descriptions, re-allocation of duties, and the communication around this change.

## **Communication and Consultation**

1. Postgraduate Dental Dean to keep NES Executive informed of progress.
2. The Postgraduate Dental Dean and members of the Change Management team will undertake regional visits to discuss the proposals outlined in this document.
3. Documentation relating to the change process will be available through Tomorrow's NES.
4. A dental change email address has been set up to facilitate handling of enquiries and suggestions from staff.

5. Other Directorates to be informed by NES Executive Team meetings and the CMPB minutes.
6. External stakeholders will be informed by direct discussion and briefings.
7. Dental team members will be informed through a variety of routes including Portal, Dental Digest and the NES website.
8. Consultation will involve all Dental Directorate staff.

## **Measures of Success**

1. Reduction in number of regions - already achieved.
2. Transformation of working practices.
3. Improved consistency of process.
4. Improved governance - identifiable ownership and leadership for the national workstreams.
5. Capacity to respond to new areas of work.
6. Quality improvement of educational products and processes.
7. Retention of key staff and associated corporate memory.
8. Greater efficiencies.
9. Retention of the proactive “can do” culture of the Directorate.
10. Continued uptake of education offered by Directorate.
11. Improved and integrated financial reporting.
12. Achieve planned reduction in post numbers.

## **Equality and Impact Assessment**

The Equality Impact Assessment will be managed in accordance with the organisational change policy which has already been impact assessed. From an equality and diversity perspective, there will be monitoring of all individuals affected by the change for all protected characteristics (age, disability, gender re-assignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex, sexual orientation).

## **Conclusion**

The Change Management Project Board is invited to note the progress to date and endorse the proposal.

## References

1. "An Action Plan for Improving Oral Health and Modernising NHS Dental Services in Scotland." 17 March 2005  
<http://www.scotland.gov.uk/Publications/2005/03/20871/54813>
2. General Dental Council "Standards for the Dental Team" 30 September 2013  
<http://www.gdc-uk.org/dentalprofessionals/standards/pages/standards.aspx>
3. Quality Strategy <http://www.scotland.gov.uk/Topics/Health/Policy/Quality-Strategy>
4. Frances report  
<http://www.midstaffpublicinquiry.com/report>
5. Berwick report  
<https://www.gov.uk/government/publications/berwick-review-into-patient-safety>
6. 2020 Vision  
<http://www.scotland.gov.uk/Topics/Health/NHS-Workforce/Policy/2020-Vision>
7. Scottish Dental Clinical Effectiveness Programme (SDCEP)  
<http://www.sdcep.org.uk/>
8. General Dental Council "Scope of Practice" <http://www.gdc-uk.org/Newsandpublications/Publications/Publications/Scope%20of%20Practice%20September%202013.pdf>
9. Adults with Incapacity  
<http://www.scotland.gov.uk/Topics/Justice/law/awi>
10. NES Quality Education for a Healthier Scotland – Strategic Framework 2011-2014  
<http://www.nes.scot.nhs.uk/publications-and-resources/corporate-publications/nhs-education-for-scotland-strategic-framework-2011-2014.aspx>

## **Appendix 1 - Key Educational Activities**

The principal priority of the Dental Directorate is the education and training of the dental team at all stages of their careers.

Examples of educational programmes currently commissioned and delivered include:

- Pre-registration dental nurse.
- Post-registration dental nurse.
- Dental Technology.
- Clinical Dental Technology.
- Dental Administrator and Practice Manager.
- Undergraduate Dental Hygiene and Therapy.
- Orthodontic Therapy.
- Dental Vocational Training.
- Post-registration Dental Hygiene and Therapy.
- Core and Specialty training.
- Continuing Professional Development.
- Decontamination and infection control.
- Scottish Dental Clinical Effectiveness Programme.
- Scottish Dental Practice Based Research Network.
- Translational Research in a Dental Setting including Optometry and Pharmacy.
- TRAMS.
- Childsmile.
- Caring for Smiles.

## Appendix 2 - Integrated fit of Dental Directorate Workstreams into NES 2011 - 14 Strategic Framework Business and Strategic Objectives <sup>10</sup>

Strategic Objectives	Business Outcomes	Vocational Training	CPD Education	Core & Speciality Training	Dental Nurse Education	Outreach	Therapist & Hygienist Education	Orthodontic Therapist Education	Dental Technician Education	Practice Manager & Administrator Education	POS Education	Skill Enhancement R&R Fellows
S01: Delivering evidence based education for improved care	BO1 Consistent regulatory standards and supports revalidation											
S02: Ensure best use of the Additional Costs of Teaching (ACT) Funding	BO2 Effective performance management of undergraduate medical and dental education	Outreach	Dental ACT	ADS								
S03: Building coordinated joint working and engagement with our partners	BO3 Consistent recruitment, selection, assessment and supervision for clinical training	Equivalence	Outreach	Therapist & Hygienist Education								
S04: Providing education in quality improvement for enhanced safety	BO4 Quality improvement education supported by quality leads and practitioners	SDECP	TRAMS Remediation Education	KITS & Return to Work Schemes	Audit, SEA & Peer Review	HAI	Triads	Patient Safety				
S05: Developing our support for workforce re-design	BO5 Integrated education for role development and support for workforce planning	Workforce Analysis										
S06: Providing Education for care which is closer to people in their communities	BO6 Education for practitioners and teams who deliver care in the community	R&R Fellows	R&R Education	Childsmile	Vulnerable Groups							
S07: Supporting education that maximises shared knowledge and understanding	BO7 A 'common core' of education for a range of staff which supports independent learning	SDECP	SDPRN	Research	Decontamination							
S08: Developing flexible, connected and responsive educational systems	BO8 Integrated e-learning resources supported by a consistent approach to learner support	SDECP	SDPRN	Research	Decontamination	Portal	E-Portfolio	CLEO				DOS Project
S09: Establishing systems which connect individual performance and our objectives	BO9 Personal objectives which align with strategy supported by personal development	Educational Governance	Corporate Governance	Staff Governance								
S010: Improving the sharing of knowledge across our organisation	BO10 New systems and structures which embed integrated working and knowledge sharing	PM Education	IT & M efficiencies (e.g. VIC)	CLEO	DOS Project							Income Generation

