

2016  
**ANNUAL REVIEW** **VIEW**

SELF ASSESSMENT DOCUMENT

SEPTEMBER 2016



# Self Assessment Document 2015-16

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## 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 2015-16 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 2015-16 we supported 5,819 trainee doctors in approximately 300 programmes. We implemented a range of new developments which enable delivery of services nationally, including the introduction of an extended *Tier 2* visa sponsorship service; an on-line process for study leave through our digital platform *Turas*; a new specialty-based quality management system; 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.
- 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 support training programme management (accessible by all NHS boards), and to record and evidence individual learning.
- 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 through two national *HAI* awareness events for 750 delegates and a resource pack for use locally; *HAI* resources to support viruses, immunisation and incident management; an introductory *human factors* digital resource for health and care professionals; *human factors* training for remote and rural practitioners; and a national survey of *human factors* related to hand hygiene in medical students.
- To embed values and professionalism and enhance access to education for new models of care, we undertook a range of initiatives to enhance person-centred care including educational resources which support the needs of those with impaired speech, educational packages to enhance care for the bereaved; resources to support embedding of *Values Based Reflective Practice* in health and social care; and delivery of 11 master classes on feedback, comments, concerns and complaints.

- To improve access to learning, qualifications and education for healthcare support workers (HCSW), we continued to develop educational provision for the HCSW workforce including an *Education and Career Pathway* for access to learning and resources for business and administration staff; funding of 15 projects enabling over 140 staff to undertake a range of qualifications; a set of new guidance resources; and a healthcare support worker national learning and development event attended by over 140 delegates.
- In support of the *Everyone Matters: 2020 Workforce Vision* we delivered 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, the Scottish Council for Voluntary Organisations and other cross-sector bodies. Our *Leading for the Future* programme was attended by 133 participants and we launched a new programme *Leadership for Integration* to support health and social care integration.
- To help develop a health and social care workforce which is competent, confident and engaged in improving services through quality improvement (QI) capacity and capability, we implemented a revised *Quality Improvement Education Framework*, a digital *Quality Improvement Workforce Development Tool* for individual, team and organisation self-assessment, a suite of Quality Improvement learning opportunities at foundation, practitioner and lead levels, and a *Scottish Improvement Leader Programme* targeted at those in the Scottish public services with a role in leading improvement work.

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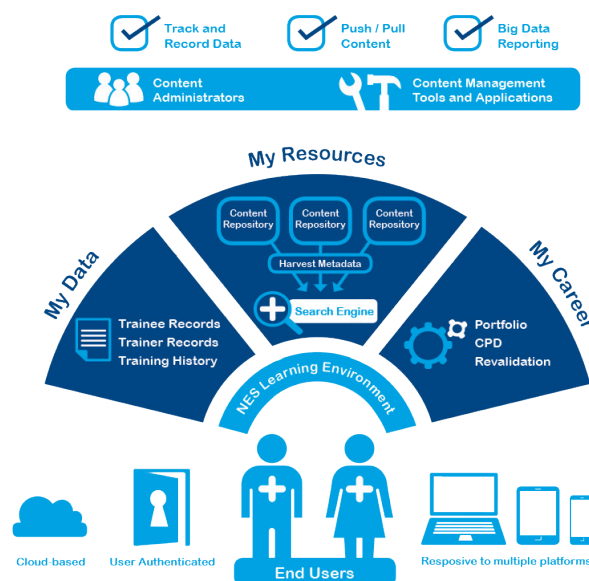
## Introduction

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 2016 Annual Review and illustrates a selection of our key achievements during 2015-16 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 2015-16*, *Digital Strategy*, and *People and Organisational Development Strategy 2014-17*.

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 Vision<sup>1</sup>. As well as our focus on the *Everyone Matters: 2020 Workforce Vision*, on the National Clinical Strategy<sup>2</sup>, and Realistic Medicine<sup>3</sup>, our stakeholder priorities in 2015-16 included: recruitment and retention; Scotland-wide solutions, workforce planning; digital solutions; health and social care integration; and leadership and management.

Our *Local Delivery Plan* for 2015-16 set out our work under key themes supported by strategic outcomes, linked to our strategic framework 2014-19, 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 through our *Engagement and Intelligence Gathering* process, 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.



<sup>1</sup> The *Everyone Matters: 2020 Workforce Vision* has five priority areas: Healthy Organisational Culture; Sustainable Workforce; Capable Workforce; Integrated Workforce; and Effective Leadership and Management

<sup>2</sup> The National Clinical Strategy for Scotland (Scottish Government, February 2016)

<sup>3</sup> Realistic Medicine: Chief Officer's Annual Report 2014-15 (Scottish Government, January 2016)

During 2015-16 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 Training Programme Management* can now be accessed by all NHS boards; and by trainee doctors, dentists and healthcare scientists, with plans in place to migrate clinical psychologists and pharmacists onto the platform. *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.

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*, refreshed in 2014, 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 Workforce Vision* through ten strategic objectives aligned to the five long-term priorities for action in the *Everyone Matters: 2020 Workforce 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 2015-16, we supported 5,819 trainee doctors in approximately 300 programmes. We delivered an expansion of foundation recruitment to 849 posts from 844, and successfully progressed 816 Foundation Year 1 doctors through full registration into their second year. (At the end of Foundation Year 1 some trainees move overseas or to other parts of UK and some require additional training or more time due to ill-health before progressing to Year 2). We funded 125 *Scottish Clinical Research Excellence Development Scheme* (SCREDS) posts for academic training in Scotland and recruited 984 trainees to postgraduate training, an increase of 90 from the previous year. We also provided a shadowing programme for graduates entering foundation year, as a core component of foundation recruitment. In addition, we recruited 11 participants onto our GP Returner and Retainer programmes, and identified and signposted those already suitably qualified to roles in NHSScotland.

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 specialities, including recruitment, inter-regional transfers, trainee management and trainee progression through training.

We continued to develop the *Training Programme Management* application for clinical groups within Turas, and delivered increased functionality during 2015-16. The system was rolled out to training programme directors, access was implemented for NHS boards, and an extensive training programme delivered including training provided to universities for *Recognition of Trainers*. This work achieved significant measurable improvements in underlying business processes including increased efficiency and user satisfaction. As well as trainee doctors, other clinical groups on the system include dentists and healthcare scientists with plans to migrate clinical psychologists and pharmacists.

We continued to reorganise and realign 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 also established a new specialty-based quality management system ensuring equity of quality monitoring and data collection, enabling consistency across review processes.

We successfully delivered innovative targeted social media campaigns to raise the profile and attractiveness of Scotland as a place to train. In November 2015 we delivered a digital campaign aimed at Foundation Year 2 eligible to apply for GP ST1 posts which generated significant interest. A subsequent campaign, *Welcome Home*, targeted UK trained GPs in countries such as Australia, New Zealand and Canada. The campaign reached 20,261 people with 790 new users accessing the landing page and also featured on the Australian doctors' twitter account with 12,000 followers. Additional targeted recruitment activities included an enhanced website to promote the Scotland GP and Enhanced Induction Programmes supplemented by bespoke advice and guidance.

In September 2015 we delivered our second Scottish medical training recruitment event, the Scottish Medical Training Careers Fair, which attracted an increased uptake of around 700 attendees including 300 school pupils from across the country with a career interest or intention in medicine. Our participation in the BMJ (British Medical Journal) Careers Fair in October 2015 to promote working in the NHS in Scotland also generated positive interest. In addition, we now have 145 doctors-in-training as Training Ambassadors to act as peers to help respond to the perceptions and challenges of recruitment in Scotland.

In conjunction with Skills Development Scotland we developed a national NHS careers website which promotes the wide range of careers available in NHSScotland with a focus on supporting young people and returners. The site offers information about modern apprenticeships, job profiles, video clips of NHSScotland staff and links to current vacancies. The new website was successfully launched at an event in March 2016 attended by 144 delegates with an interest in recruiting, developing and supporting the young workforce.

We collaborated with universities and health board representatives to review values based student selection for undergraduate nursing to support improvements to recruitment and selection processes. We also established a three-year Return to Practice Scheme to encourage former nurses and midwives back into the professions. The scheme aims each year to enable around 100 former nurses and midwives to enrol on a recognised programme to support their re-entry to employment in NHSScotland. In 2015-16 we exceeded the target and funded 145 returners through the Scheme.

A total of 155 dental vocational training posts were provided and filled in 2015-16, with all students from dental schools in Scotland who wished to undertake training in Scotland securing places. We also provided 40 Core Training Stage 1 places across the hospital and public dental service and 50 Stage 2 posts within regional surgery units and dental hospitals. In addition, we provided 41 speciality training posts in eight of the thirteen dental specialities.

We delivered support for improved retention of the dental workforce through the *Keeping in Touch* and *Return to Work* schemes. We also trained additional mentors to provide support for the *TRAMS* (Training Remediation and Mentoring Support) programme for dentists in difficulty. In addition, we provided post-registration training to over 120 dental nurses to achieve enhanced skills beyond the minimum regulatory requirements.

Within the Scottish Pharmacy Vocational Training Scheme, we provided training and assessment for 120 Scottish hospital pharmacist VTS (vocational training scheme) trainees supported by a network of tutors. We also developed and launched specialist training for Stage 3 clinical specialities in the Pharmaceutical Care of Older People, and Infection and Antimicrobial Stewardship, and we continued to work with specialist pharmacist groups across NHSScotland to develop Stage 3 training.

We commissioned and recruited to programmes for 53 clinical psychology trainees in October 2015; and 21 MSc trainees in psychological therapies in primary care and 17 MSc trainees in applied psychology for children and young people in January/February 2016. Doctoral level pre-registration training was successfully completed by 50 clinical psychology trainees, with 19 MSc trainees in psychological therapies in primary care and 15 MSc trainees in applied psychology for children and young people. We also supported 11 trainee health psychologists with six trainees completing in 2015-16 and five trainees completing year two of a four-year doctoral programme in child and adolescent psychotherapy.

During 2015-16 we supported a total of 16 optometrists to undertake the MSc in Primary Care Ophthalmology with 80% of the first cohort progressing on to year two of the course. We also funded the training of 36 pre-registration optometrists on a one-day training course at Glasgow Caledonian University.

In collaboration with Queen Margaret University we launched a Podiatric Surgical Training Programme and the first trainee was enrolled onto the programme. The programme was developed following extensive consultation with key stakeholders in Scotland and the rest of the UK, including Royal Colleges and professional bodies. The programme will train podiatrists already working at advance level practice to perform forefoot surgery as part of multidisciplinary orthopaedic surgical teams, and will support an integrated and cost effective service model and reduced waiting time for patients who require this treatment.

## 1.2 UNDERGRADUATE AND PRE-REGISTRATION EDUCATION

During 2015-16 pre-registration dental nurse training was successfully completed by 160 candidates ensuring a supply of fully qualified dental nurses eligible for GDC (General Dental Council) registration. We also provided 7 dental hygiene therapy vocational training places and 48 first year dental hygiene therapy student places.

We worked with NHS boards and pharmacy professional organisations to recruit and train 170 funded PRPS (*Pre-Registration Pharmacy Scheme*) trainees. Our national training and quality management system for these trainees delivered a pass rate of 96% in the registration exam.

We recruited 18 pre-registration clinical scientists and supported a further 49 to undertake postgraduate-level development through competitive bursary awards. At practitioner level we offered service support for a single cohort of nine NHS clinical technologist trainees to work in medical physics services and 12 pre-registration clinical physiologists.

As a key part of our role in the performance management of undergraduate nursing and midwifery programmes in Scotland, we completed a comprehensive annual analysis of undergraduate nursing and midwifery recruitment, progression and completion data, including individual cohort demographics, variation between institutional performance and evidence of trends across all providers. The data from the reports and supplementary analysis contributes to Scottish Government workforce planning decisions, and in particular the student nurse and midwife intake planning model.

We continued to support the undergraduate medical education delivered by the five Scottish medical schools through the distribution and performance management of the *Additional Costs of Teaching* (ACT) fund which covers the additional costs of teaching medical and dental undergraduate students within the NHS. We worked closely with the medical schools in Scotland to ensure an integrated approach between those responsible for undergraduate and postgraduate medical education, and continued to develop and enhance our teaching activity data which is used to determine the distribution of ACT funds to NHS boards.

### 1.3 THE WORKPLACE LEARNING ENVIRONMENT

We delivered training and updates for appraisers to ensure that Scotland has a sustainable system for doctors to review and manage performance, and to meet GMC (General Medical Council) requirements for revalidation. We also provided support and training for the network of Responsible Officers in Scotland, and successfully managed the online system for Scotland to minimise paperwork and time required for doctors on this task.

We implemented the new Scotland Deanery Quality Management and Quality Improvement Framework; and reporting to, and in dialogue with, the General Medical Council we introduced a range of enhanced monitoring arrangements. The new framework has delivered an increased number of quality management visits and will contribute to improving the delivery of postgraduate medical education and training

We supported NHS boards to prepare the nursing and midwifery workforce for revalidation. Seven regional events were hosted for health and social care staff who reported improved knowledge and confidence following attendance. A revalidation community of practice was also established. Our ePortfolio system has been recognised as the primary tool for revalidation purposes and the number of nursing and midwifery users has risen from 3,500 in September 2014 to 20,000 in April 2016.

We continued to progress the introduction of the national nursing and midwifery *Quality Management of the Practice Learning Environment* (QMPLE) database to enable gathering and reporting of student feedback and education audits, as one of the measures that contributes to assessing quality in clinical practice. We completed an early pilot of the online system; the development of a national student practice learning experience feedback tool; and a stepped implementation plan to recruit five universities and their associated health board and care home partners by 2016, rolling out to the remainder by 2017.

We continued to commission and monitor health visitor programmes of education and continuing professional development (CPD) provision across Scotland. We delivered a range of activities comprising: master classes to ensure education for student health visitors meets the key requirements of the Universal Health Visiting Pathway, the refocused role for health visitors and the requirement of the Named Person as defined in the Children and Young People (Scotland) Act (2014); performance review was completed at all five universities; the content of all health visiting courses was refocused to better address key requirements; and a programme of CPD for health visitors was rolled out across Scotland.

In 2015-16 we began preparing for and implementing quality monitoring of postgraduate scientist training in Scotland following the introduction of the postgraduate-level clinical scientist training programme (STP) across the UK. We worked closely with the Academy for Healthcare science and commenced quality monitoring in October 2016. The standards we are promoting will help to harmonise the quality of postgraduate supervision and support across Scotland.

We ensured a high quality workplace learning environment during 2015-16 for psychology trainees, undertaking 447 placement visits and 409 end of placement reviews. We provided cognitive behavioural therapy (CBT) supervision skills training for 32 new supervisors and refresher training for 52 experienced supervisors. We completed 152 annual learning reviews for applied psychology trainees and delivered supervised clinical practice for 11 stage 2 health psychology trainees. Pilots were successfully progressed for: ePortfolio; a trainee survey for applied psychology trainees; and a system for shared placement and supervision information across uni-professional delivery.



## 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 educational 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 PERSON-CENTRED CARE

The principles of person-centred care are embedded throughout all undergraduate, postgraduate and CPD activities. During 2015-16 we provided a range of education, training and workforce development to support and enhance delivery of person-centred care.

Our *Supporting Scottish Grief and Bereavement Care* workstream launched a suite of educational resources including animated films and a dedicated website to support bereavement care.

During 2015-16 work commenced on development of a draft undergraduate curriculum in spiritual care in collaboration with Edinburgh Napier University. A curriculum outline was developed to inform the next stage of exploratory and consultative work aimed at establishing a formal vocational educational programme for health and social care chaplains.

There continued to be growing interest in *Values Based Reflective Practice* (VBRP) and its potential application. We supported a network of VBRP trainers and facilitators across NHS boards and delivered a range of activities focusing on embedding VBRP in health and social care (including the third sector). This included the VBRP two-day *Essential Toolkits* training provided to around 127 staff and the two-day *Dynamics and Processes* training for 32 participants.

We commissioned a digital resource, *Promoting Inclusion and Participation*, for health and care staff and the voluntary sector, designed to help professionals take a holistic and values-based approach to supporting young people who use alternative and augmentative communication (AAC). The new resource, which includes a learner's workbook, will equip practitioners to work with children and families to focus on what is important to them using a reflective practice model.

In partnership with the Scottish Public Services Ombudsman, NHS Health Scotland, the Scottish Human Rights Commission and NHS boards, we delivered eleven master classes on feedback, comments, concerns and complaints across Scotland including three remote and rural health boards using a blend of digital and face-to-face formats. The events also offered opportunities for shared learning and networking, and received positive feedback from participants.

We provided *Developing Practice* (DP) training for 70 multi-professional staff and delivered workshops on Implementation Science for 20 psychology trainers, while over 800 users completed the *Emotion Matters* digital learning module.

A Practice Based Small Group Learning (PBSGL) module on *Medically Unexplained Symptoms* (MUS) was evaluated and a digital toolkit, for primary care staff working with those who have MUS, was successfully promoted.

In March 2016 we launched a healthcare app which targets people with multiple medical conditions, a key priority area in the 2020 Vision Routemap for NHSScotland. The mobile app supports all clinicians carrying out comprehensive face-to-face medication reviews with patients and carers. We worked with pharmacist, clinicians and researchers from across Scotland to convert guidance into a web-based resource and downloadable mobile app, providing a unique practical tool to help practitioners put evidence into action for safe, effective and person-centred care.

## 2.2 SAFE AND EFFECTIVE CARE

We introduced *human factors* skills training for remote and rural practitioners and an introductory level *human factors* digital learning resource for health and care professionals.

We delivered two national *Strengthening our Defences* Healthcare Associated Infection (HAI) awareness events for acute and non-acute staff providing basic understanding and knowledge of infection prevention and control in frontline service delivery. Over 750 delegates attended the events and a resource pack for use locally was launched at the NHSScotland conference by the Cabinet Secretary for Health, Wellbeing and Sport. The event was showcased at the Infection Prevention Society conference and a poster accepted and presented at the International Forum on Quality and Safety in Sweden.

In conjunction with Health Protection Scotland we developed a range of healthcare associated infection (HAI) resources on blood borne viruses, immunisation, and incident management and delivered education for the multi-professional workforce through workshops, face to face training, pod-casts and webinars.

We provided in-practice infection control training for dental teams across Scotland, with 318 sessions delivered in dental practices. In total, 2,767 dental practitioners and dental care professionals attended this training during 2015-16.

In conjunction with the Yellow Card Scheme Scotland (Centre for Adverse Drug Reactions) we reviewed and updated six e-learning modules. All employed pharmacists, technicians and locums are required to complete the training in response to the requirement for greater participation from community pharmacy in the reporting of adverse drug events, to support an improvement in the safety climate.

Projects were successfully progressed to identify behaviour change techniques to promote human factors in four areas (Medically Unexplained Symptoms, BASICS training, Infection prevention, Mental Health). The results of a national survey of *human factors* related to hand hygiene were disseminated and the survey extended. Training on *Behavioural Change Techniques* (BCT) was provided to improve infection prevention in renal care while training on a debrief tool for restraint in mental health patient safety received ethical approval to be piloted with the critical care group.

Our *Dental Clinical Effectiveness Programme* (SDCEP) achieved accreditation by NICE (The National Institute for Health and Care Excellence) for the process used for development of clinical guidance for dental healthcare. The development process is undertaken by SDCEP working in partnership with the TRiADS (Translation Research in a Dental Setting) team. NICE accredited guidance is promoted and available worldwide through the NICE Evidence Search portal.

### 2.3 QUALITY IMPROVEMENT (QI) EDUCATION

During 2015-16 we delivered a revised *Quality Improvement Education Framework* and led on the development of a digital *Quality Improvement Workforce Development tool* on behalf of QI Hub Partners. This tool allows individuals, team 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.

We provided a suite of quality improvement learning opportunities at foundation, practitioner and lead levels including digital learning materials, *Scottish Improvement Skills* programmes, and the *Scottish Quality and Safety Fellowship*. We also led the development of a new programme, *Scottish Improvement Leader* (SCL), on behalf of Scotland's improvement partners. During 2015-16 there were on average 1,180 unique user visits per month to the Education and Learning section of the QI Hub website which provides information and access to our quality improvement learning resources. This represents an increase of 3% compared with 2014-15.

During 2015-16 our *Scottish Dental Clinical Effectiveness Programme* (SDCEP) continued to provide user-friendly, evidence-based guidance on topics identified as priorities for dentistry in Scotland. In September 2015 SDCEP launched new clinical guidance to help professionals treat patients taking anticoagulants or antiplatelet drugs. The development of the guidance was supported by a large multi-disciplinary group including dental, medical, pharmacy and patient representatives.

A third edition of the popular *Drug Prescribing for Dentistry* was launched by SDCEP in March 2016. The guidance brings together the latest information most relevant to dentists and presents it in a readily accessible, problem-oriented style to aid prescribing for adults and children in primary care. It is also available as an app for tablets and smart phones.

Each guidance document is subject to wide consultation for quality assurance purposes and applicability of the guidance for primary care. We distributed copies to dental schools and dental professionals across Scotland and supported implementation of the guidance by delivery of CPD events.

We also undertook a key partner role along with the University of Strathclyde in evaluation of the SPSP (Scottish Patient Safety Programme) *Pharmacy in Primary Care* initiative with Health Foundation funding.

## 2.4 LEADERSHIP AND MANAGEMENT

During 2015-16 we continued to contribute to the implementation of the *Everyone Matters: 2020 Workforce Vision* and provide support for the NHSScotland Leadership Strategy and national policy initiatives including the Quality Strategy.

A focus was maintained on cross-public service work through the *Enabling Collaborative Leadership Pioneer Programme* with 70 participants taking up leadership exchanges; a *Dialogue Community of Practice* demonstrating positive impact; and an expanded *Scottish Coaching Collaborative*. A new programme *Leadership for Integration*, developed in partnership with RCGP (Royal College of General Practitioners) and SSSC (Scottish Social Services Council), was successfully launched and generated significant interest.

During 2015-16, a suite of programmes was provided to public sector leaders and managers including *Raising Your Game* (coaching support for 19 executive level leaders); *Playing to Your Strengths* (three Board level programmes and two national programmes); *Delivering the Future* (cohort 10 complete and cohort 11 in progress); and *Leading for the Future* (133 participants). We also contributed to sharing leadership and management best practice with specific examples including supporting NHS boards through the OD Leads' Network; the Managers' Development Network; and a digital self-managed mentoring platform with 64 trained mentors across 17 organisations.

With our continued focus on development interventions for individuals, teams, and systems, we provided support which included senior executive level coaching and 360 feedback, mentoring, and Board member development. In addition, we worked in partnership with NHS boards and Scottish Government to implement a refreshed Board diagnostic tool which was completed by nine Boards.

We also recruited five new trainees who commenced an NHSScotland graduate management training scheme in September 2015, while a further five trainees were recruited for September 2016.

We piloted LaMP (Leadership and Management Programme) for Optometry with ten optometrists and delivered the training to a further 12 practitioners. This programme will now be provided on a regular basis across Scotland.

We successfully piloted and evaluated a refreshed model of national support for the *Leading Better Care* programme with around 131 participants. The revised approach demonstrated positive impact and has been consolidated through the inclusion of a webinar series and a dedicated website incorporating digital learning and use of social media to build community and share best practice.

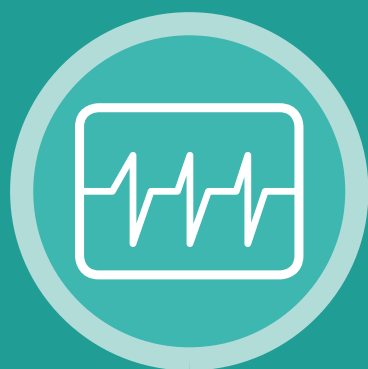
We delivered a programme of leadership training during 2015-16 comprising an introductory leadership course for early careers pharmacists, advanced leadership, and an inter-professional programme of joint leadership training for pharmacists and GPs to promote learning about leading teams together.

Our healthcare science face-to-face programmes of CPD were offered across Scotland to approximately 120 staff in early career development or as trainers of the scientific workforce. These programmes were well-received by the scientific workforce and encouraged local networking.

We delivered the AHP (Allied Health Professions) *Leadership for Improvement Programme* which included a focus on leading complex system change, and involved a peer learning network led by AHPs. Each team delivered an integrated care project identified in their locality strategic integration plans.

Since the launch of the *eHealth Leadership Programme* in 2014, five cohorts (71 practitioners) have been recruited and 38 have completed the programme. Findings from the programme evaluation indicate a positive impact on participants' knowledge, competence, and confidence in using technology in healthcare settings, leading change, and improving outcomes for service users.

We also continued to support the *Scottish Clinical Leadership Fellowship (SCLF)*, building on the first year success that has included a full cohort of 12 fellows in post.



## 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 provided a *Practice Based Small Group Learning* (PBSGL) programme with at least 2,000 active members, constituting a 10% increase in total membership, and comprising at least 10% multi-professional membership.

In May 2015 we jointly delivered a national conference with the Royal Pharmaceutical Society in Scotland on implementation of *Prescription for Excellence* by NHS boards. The forum included representation from all NHS boards in Scotland and focused on facilitating cross-fertilisation of developments across Scotland and sharing information on progress.

We delivered a programme of open and direct learning for pharmacists and pharmacy technicians to meet regulatory CPD requirements and support community pharmacy contractual needs and the Scottish Government Strategy *Prescription for Excellence*. We also developed a national learning framework for pharmacists appointed into GP Practices across Scotland, and open learning resources to enable pharmacists across NHS boards to support Out-of-Hours Primary Care.

We developed a resource on *Common Clinical Conditions and Minor Ailments* to support the Out-of-Hours agenda in NHSScotland. The resource provides information and advice to enable community pharmacists and their teams to respond to patients both in the out-of-hours setting and during normal working conditions. Copies of the resource were provided to all community pharmacies in Scotland in February 2016 and a digital version was made available on our website. This initiative contributes to reducing service delivery demands on GPs and out-of-hours services.

In response to implementation of Patient Group Directions (PGDs) across Community Pharmacy in Scotland, we commissioned the development of a digital learning module on Urinary Tract Infections (UTIs) for community pharmacists. The module content includes assessment, diagnosis and clinical management of UTIs, and NHS boards are using the module as core learning material for any pharmacist who will be involved in providing this service.

We provided CPD sessions to over 450 individual optometrists and dispensing opticians throughout 2015-16. We also funded 70 optometrists to undertake a therapeutics course at Glasgow Caledonian University, the first step to becoming a qualified independent prescribing optometrist. In addition, a dedicated two-day training course on clinical skills was provided for 14 orthoptists across Scotland.

Our national optometry conference was attended by 149 optometrists, and over 100 dispensing opticians attended our face to face training events across Scotland commissioned from the Association of British Dispensing Opticians. This training supports the high level of care provided in community optometric practices.

The first returning to work course for optometrists was held in May 2015 and received excellent feedback. We expanded our delivery of learning through digital channels by deploying webinar technology to deliver optometry lecture and workshop events, augmented by discussion boards to consolidate learning with evaluation follow-up to assess learning effectiveness.

We delivered nine Optometry evening webinars during 2015-16 with 441 attendances. Topics ranged from SIGN (Scottish Intercollegiate Guidelines Network) *Glaucoma Referral and Safe Discharge to Tropical Diseases and the Eye*. The webinar format allows us to provide teaching across Scotland. We also delivered a range of pharmacy digital educational solutions during 2015-16, with a programme of learning resources, virtual patients, webinars, and webcasts including joint sessions with other healthcare professionals.

In November 2015 we released a dental digital learning programme on Oral Cancer. The programme provides four main topics and learning which is tailored to the individual's role. The content benefits from leading world-class expertise and has been customised to include the latest Scottish incidence figures.

### 3.2 WORKFORCE DATA

During 2015-16 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 provided support for workforce modelling through the provision of timely and accurate data on vocational dental practitioners in post in Scotland for NHS NSS national statistics; support for the Dental Intake Reference Group; an annual pharmacy workforce report, and support for a community pharmacy workforce survey. In addition, we worked with Directors of Pharmacy and Scottish Government to undertake pharmacy workforce analysis to support workforce planning as part of Scottish Government Strategy *Prescription for Excellence*.

We also undertook work with partners to acquire, analyse, and report on a broad range of data in relation to education and training, professional registration, employment, clinical activity and access to healthcare services. Further activities included reporting to support workforce planning for healthcare support workers, and labour market data for a wide range of healthcare professionals and other NHSScotland staff.

Quarterly statistics were published for the CAMHS workforce and psychology services to inform psychology workforce planning and trainee commissioning, and a workforce data report on psychological therapies workforce capacity was produced, including qualifications and supervision.



A report on the capacity of clinical supervision was also provided and quarterly statistics were published on the *Psychology of Parenting* programme of delivery, reporting clinical outcomes and practitioners trained in delivery of the *Incredible Years* and *Triple P Parenting* programmes for children and families.

We continued to undertake activities to provide nursing and midwifery data to inform analysis of recruitment and retention across the universities. Our comprehensive data collection, analysis and reporting directly supports decision-making in relation to the performance management process and the nursing and midwifery workforce planning model.

### 3.3 SUPPORT WORKERS AND ROLE DEVELOPMENT

Work continued throughout 2015-16 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*. Demonstration projects were funded in 15 NHS boards for estates and facilities, and business and administration staff, enabling over 140 staff to undertake a range of qualifications. We continued to develop our range of resources and this now includes guidance for youth employment, modern apprenticeships and recognition of prior learning. We also completed evaluation of modern apprenticeship programmes in three NHS boards.

The *Education and Career Pathway* for business and administrative staff in NHS Scotland was launched at an event in July 2015 with over 80 attendees from a broad range of groups including health and social care, education, local government and strategic partners.

We established an advisory group of healthcare support workers to help shape our programme of work including advising on learning needs, reviewing resources and developments, cascading information to NHS boards, and representing views from the wider support workforce. In February 2016 we hosted the second national healthcare support worker learning and development event at the University of Stirling to raise awareness of learning and development opportunities and recognise the contribution healthcare support workers make to the delivery of safe, effective, person centred care. Over 140 staff and exhibitors attended the event. The feedback was very positive with a number of attendees having their first opportunity to attend such an event.

We supported pharmacy healthcare workers with provision of pharmacist assistant training packs, SVQ (Scottish Vocational Qualification) funding, and funding for a Professional Development Award (PDA) for Pharmacy technicians. During 2015-16 the PDA in dental and medical reception skills was completed by 42 dental and medical practice administrators while six dental practice managers completed the Practice Manager Vocational Training Scheme. We also trained 20 level 5 and eight 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.

In 2015-16 we funded 147 learning and development activities through the *AHP Careers Fellowship*, including 55 from healthcare support workers and assistant practitioners, aimed at delivering a positive impact on patient care. Successful projects sponsored included partnership working with Chest Heart & Stroke Scotland to support volunteers, and third sector organisations to support more effective cross-sector working.

### 3.4 HEALTH AND SOCIAL CARE

We delivered a range of activities to support the development of an integrated workforce through partnerships with a range of organisations including Scottish Social Services Council, Health Scotland, Scottish Government, Joint Improvement Team, and the third sector.

In partnership with the Scottish Social Services Council we delivered 15 facilitated appreciative inquiry sessions for 50 staff in five health and social care partnerships. This involved working with groups of staff to develop plans and implement changes to service delivery and build capacity for people to adopt inquiry based approaches to improvement.

We launched a dementia training programme *Stress and Distress in Dementia* for health and social care staff working in general hospital settings. The resource has been developed to support delivery of Scotland's *National Dementia Strategy* and 10-point *Dementia Care Action Plan* as well as the implementation of the *Standards of Care for Dementia* within acute settings.

We commissioned training of a further cohort of 100 dementia champions. This was the sixth cohort to complete the programme and there are now over 600 health and social services staff who have been trained as acute care dementia champions as part of the pioneering *Dementia Champions Programme*. Participants for Cohort 7 of the programme were recruited and commenced in May 2016.

In partnership with Scottish Social Services Council, NHS Health Scotland and Alzheimer Scotland, we delivered a National Dementia Awards Ceremony event involving 200 participants. In addition, we provided a range of masterclasses, workshops and training programmes to help embed the expertise level of *Promoting Excellence in Dementia Care*. We also reviewed and re-designed a range of digital resources including *Dementia Care in Acute Settings*; *Informed about Dementia* DVD; and *Dementia Skilled: Improving Practice*, and continued to develop the Dementia Managed Knowledge Network (MKN) and Communities of Practice.

A range of modules was developed for Equal Partners in Care (EPiC) to support partnership working with carers. Health and social care organisations have embedded EPiC through a range of initiatives including EPiC incorporated into workforce induction; EPiC training completed by 145 health board staff; EPiC embedded in dementia ambassadors' training; and in addition, 92 health board staff became Carer Champions.

In conjunction with the Joint Improvement Team and the Scottish Social Services Council we collaborated on development of a digital learning resource which helps health and social care staff learn about the role of strategic commissioning and its importance in the context of health and social care integration in Scotland. The modular-based resource, launched in September 2015, will support practitioners and managers to understand the strategic commissioning cycle and process, according to their learning needs and responsibilities.

We continued to deliver coaching groups in *Psychological Interventions in Response to Stress and Distress* and training in *Cognitive Stimulation Therapy*. We also progressed development of educational resources for carers and health and social care professionals who support or work with people with fronto-temporal dementia.

We delivered five core training days for 100 staff in the *Incredible Years Pre-school Basic Parenting Programme* as well as 30 consultations (195 attendances) reaching 14 Community Planning Partnerships (CPP) areas. In addition, five core training days in the *Triple P level 4 Group* parenting programme were delivered for 88 staff across 14 CPP areas; and nine clinical support days attended by 114 staff across 9 CPP areas.

The full suite of training in the *Psychology of Parenting Programme* was provided for 714 staff across 14 CPPs while 52 staff received training in the *Connecting with Parents Train the Trainer* module across 10 CPP areas. A foundation level *Solihull Approach* train the trainer event was rolled out with 16 cascade training sessions and nine *Solihull Approach* awareness sessions attended by 90 managers. We also offered six workshops for existing *Solihull* Trainers.

### 3.5 IMPROVING HEALTH AND REDUCING HEALTH INEQUALITIES

We supported the policy framework set out in *Improving Scotland's Health, Tackling Health Inequalities* through education for healthier lifestyles and for staff who work with people who have complex needs, or who need extra support and protection. At our Board development day in October 2015 we focused on developing our role in reducing health inequalities. As a result, we developed guidance, incorporating this into our equality impact assessment toolkit, and increased our focus on health inequalities through a review of our equality outcomes. We also engaged with NHS Health Scotland to align our educational approaches and to support the development of a strategic vision for reducing health inequalities in Scotland.

In February 2016 we hosted a learning event *Differential Diagnosis and Co-Morbidity in ASD* (Autistic Spectrum Disorder) to contribute to improved access and quality of diagnosis for people with ASD. The event formed the basis of a digital learning resource, enabling attendees and the wider community of clinicians working in assessment and diagnosis of ASD to access learning materials. We delivered five training programmes to 408 multidisciplinary staff and refreshed our ASD digital resources, aligning with our ASD knowledge and skills framework.

We hosted a national educational event in February 2016 to support the implementation of *Mouth Matters*, an evidence-informed oral health promotion resource, in prisons across Scotland. This represents one of the target groups identified by Scottish Government for oral health improvement due to poor oral health. The event was attended by seventy delegates from NHS boards, the prison service and third sector organisations.

We launched a *Maternal Sepsis* digital learning resource to all NHS boards in June 2015, aimed at helping maternity care practitioners reduce morbidity and mortality rates. We also provided further high quality digital-based learning resources in iBook and interactive format for the *Neonatal Resuscitation* course and the *Scottish Emergency Maternity Care Course for Non-Maternity Professionals*.

During 2015-16 we delivered 80 clinical skills courses in the workplace related to the maternity and neonatal workforce which were attended by over 1000 clinicians across Scotland including remote and rural areas. We also provided training on perinatal mental health for 35 midwives and developed a digital learning resource on *Early Attachment and Infant Mental Health*.

We delivered a range of educational opportunities and resources to meet NMC (Nursing and Midwifery Council) requirements in pre-registration nursing and midwifery programmes in relation to learning disability knowledge and skills. We trained a further 30 trainers across health and social services in positive behavioural support for people with a learning disability whose behaviours are perceived as challenging. We also developed an education framework in Health Equalities and Human Rights to improve the knowledge and skills of health and social care staff supporting people with learning disabilities and their families.

We provided six learning disability fellowships across Scotland which meet the three aims of the Quality Strategy and the recommendations of *Strengthening the Commitment*. The impact on practice demonstrated by the fellowships included improvements in care planning resulting in a structured approach to supporting people with a learning disability in their journey through services; the introduction of psycho education programmes for people with a learning disability and epilepsy, enhancing the individual's ability to self-manage their epilepsy; and education in supporting families and carers during death of a person with a learning disability.

We continued to support 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 three *Caring for Smiles* roadshows for NHS and care home staff and robust quality assurance and assessment relating to the *Foundation Caring for Smiles* SCQF level 5 training award. We also delivered education for the Oral Health Improvement *Childsmile* Programme with development sessions and digital learning for 200 extended duty dental nurses and dental health support workers.

The *Adults with Incapacity* training course was successfully completed by 45 participants and an online community of practice and training was delivered to support the *Smile4life* oral health improvement project for the homeless.

Our role to support implementation of *Family Nurse Partnership* (FNP) in all NHS boards where the programme is viable, remained on target. At the beginning of 2015-16, NES and NHS Lothian celebrated five years of programme delivery. Edinburgh city and NHS Lothian are now able to offer a sustained concurrent service to all eligible teenage mothers in Edinburgh, the first city globally to achieve this coverage. It is anticipated that by 2018, an FNP place will be available to every eligible first time teenage mother in the country - Scotland would then be the first country to achieve full national coverage.

### **3.6 REMOTE AND RURAL HEALTHCARE**

Our Remote and Rural Education Alliance (RRHEAL) implemented a range of distance education tools and resources that increase access to high quality education and training for the remote, rural and island workforce. In total, 14 videoconference sessions were provided and a range of learning sessions were made available. Three new *technology enabled learning (TEL)* programmes were delivered, developed in partnership with the third sector, social care and frontline staff. Work was undertaken to establish the *Rural General Hospital Workforce and Education Network* and to scope the specific education needs across this workforce. In collaboration with education partners, work was also ongoing to increase access to healthcare qualifying routes for those who live and work within remote, rural and island areas.



## 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 learning, enabling increased digital delivery of education as part of our *Digital Transformation*.

## 4.1 EDUCATIONAL SUPPORT ROLES AND NETWORKS

A national AHP practice education programme review was undertaken with each of the 16 NHS Boards to identify if the programme continued to meet their practice education needs and those of their workforce. This review informed and enabled joint consensus of national and local practice education priorities for the practice education programme 2016-17 to support future healthcare delivery. The consultation exercise and the opportunity to shape the future programme was positively received by the NHS Boards, which has enhanced engagement and partnership working.

A national evaluation of the care home education facilitator role was carried out to determine the impact of the role in supporting nursing mentors in the care home sector. The outcomes from the evaluation demonstrated the integral role of the facilitator in supporting relationships and collaborative working across care homes, NHS boards and universities: care home managers reported that they helped to improve perceptions of the sector; mentors gained greater confidence in supporting student nurses during placement; and newly qualified nurses in care homes felt supported to engage with Flying Start NHS®. An evaluation framework was also developed and implemented to report the impact of the national nursing and midwifery practice education and care home education facilitator networks.

We provided regional educational networks through practice education co-ordinators to support key pharmacy workstreams including PRPS (*Pre-registration Pharmacy Scheme*), VT (vocational training), prescribing and pharmacy technicians and support staff.

Work was on-going to deliver innovative support to Specialty and Associate Specialty (SAS) grade doctors while also achieving increased efficiency in provision of the Advisor network. We successfully launched the *Faculty Development Alliance*; and the provision of a single trainer's list, as a result of our alliance with NHS boards and Scottish medical schools, means that Scotland will meet all GMC requirements in 2016 for recognition of trainers.

We undertook planning for the fifth Scottish medical education conference in 2016, also incorporating the annual practice managers' and medical appraisers' conferences, which took place over two days, creating an international event attracting world class speakers. The event was attended by over 840 delegates and a total of 25 workshops were delivered with positive feedback received.

We delivered a wide range of educational developments to support improved capacity in psychological interventions and psychological therapies. These included a new *Generic Supervision Competencies* module and training delivered to 107 staff; training in *psychological interventions and therapies* for 996 multi-disciplinary staff; *psychological awareness and intervention skills* training rolled out to 66 staff in voluntary organisations; and CBT (cognitive behavioural therapy) and specialist supervision training delivered to 56 staff.

During 2015-16 we fully established a single centre for the delivery of Dental Nursing Scottish Qualifications Authority (SQA) qualifications, bringing economies of scale and equity in accessing qualifications at pre-registration and career development stages. In collaboration with the SQA we developed a digital-based assessment for dental nurses undertaking the SVQ in Dental Nursing. This streamlines assessment of candidates' progress, providing earlier and more focused feedback. This collaborative project will benefit all dental nurse training providers who deliver the SVQ in dental nursing.

## 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.

We delivered enhanced functionality on our *Turas Training Programme Management* application to improve linkages with Oriol, the UK recruitment portal. We continued to develop 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 commenced work on the new version 3 of *ePortfolio* for Scottish foundation school and we continued to maintain existing systems, extending *SOAR* the online appraisal and revalidation system, to support the requirements to recognise medical trainers in 2016.

From April 2015 to March 2016, health and social care staff downloaded around 733,525 fulltext journal articles from the NES Knowledge Network and conducted 2,181,656 searches. Use of point of care resources almost doubled since 2014-15 to over 40,000 searches. Enhancements to the search engine and the national library management system in 2016-17 will deliver significant improvements for all users of these services. During 2015-16, we provided face-to-face and virtual training in use of The Knowledge Network and Social Services Knowledge Scotland to over 800 staff. Over 5,000 received our monthly newsletters highlighting useful subscription resources and forthcoming training opportunities. During 2016-17 we will commence the process of transitioning all these resources to the new Turas platform.

As a result of a strategic collaboration with the Scottish Higher Education Digital Library (SHEDL) we rolled out access to a number of resources which use robust evidence-based methodology to combine the latest research evidence, guidelines and expert opinion, presented in intuitive, accessible formats, through mobile and desktop devices. We also made these resources available to all students and staff in Scotland's higher education institutions. The overall aim of the collaboration is to create a seamless, equitable knowledge infrastructure which supports education, practice and research in health and social care across Scotland.



In November 2015 the first images of the work between the University of Glasgow and the Glasgow School of Art to build a 3D Definitive Human were released. This ground-breaking work builds on our three year funded collaboration to create a 3D anatomical head and neck model which received global recognition. In conjunction with the Scottish Funding Council, we continued to support the work to build the remainder of the 3D Definitive Human. The unique model will lead to a step change in medical and surgical teaching, education and training since it will be interactive in real time, supporting study, pre-operative planning and surgical simulation.

We worked with the dental schools and Scotland's colleges to provide a common curriculum of digital teaching materials, including the use of 3D teaching materials, which will be integrated into undergraduate education and available to all who deliver training to the dental team.

### 4.3 EDUCATIONAL AND RESEARCH GOVERNANCE

We continued to undertake a partner role in the *Consortium for Scottish Medical Research* (SMERC) to enhance links with universities and ensure evidence based education.

In line with our strategic outcome to provide a demonstrable impact of our work, we embedded an increased emphasis on *impact outcomes* within our educational governance and corporate planning processes supported by impact planning guidance, publications, case studies and workshops.

We made significant progress in developing and implementing a corporate framework to guide our impact work, based upon a four-level model which sets out the specific types of *impact outcomes* applicable to our work. Our corporate planning and performance management systems have been aligned with this model to ensure clear articulation of impact in our work and support progress tracking against targets.

A range of materials and guidance have been provided to support staff in planning and measuring impact including development workshops attended by over 60 staff, consultancy services, and corporate-wide publications and communications. Evaluation of several of our programmes has demonstrated positive improvements in service outcomes: the *Oral Health Improvement Programme* highlighted the positive effects of learning on the quality of referrals for dental treatment while the *Pharmacy Independent Prescribing Programme* enabled community pharmacists to improve access to medicines while reducing GP workloads.



## 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 2015-16 we continued to focus on improving our systems, processes, workforce plans and structures in order to become more effective and to deliver education in a more streamlined and consistent way. We delivered efficiency savings from activities that do not involve direct patient care and we progressed our human resources, organisational development, digital and property strategies to support new ways of working.

## 5.1 SUPPORTING AND DEVELOPING OUR STAFF

During 2015-16 we proceeded with our refreshed *People and Organisational Development Strategy 2014-17*, which facilitates the implementation 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*.

We continued delivery of the *Manager's Passport*, enabling managers to self-assess against agreed performance standards at core, intermediate and advanced level. As at March 2016, 75% of managers had completed a self-assessment with the *Passport*. We undertook an impact assessment of the *Passport* and the outputs informed streamlining of practice standards focused on people management. This enabled our Executive Team to begin the development of a Leadership Strategy for NES, which reflects the work at national level to develop clear and consistent approaches to leadership.

During 2015-16 we began the development of a *Potential and Career Development Strategy (2016-2020)* to set out the key principles, opportunities and priority actions for developing the potential of our workforce. This will be further developed in 2016-17.

In line with our commitment to optimising HR self-service capability we continued to work in partnership with Scottish Government and other NHS boards to achieve a single records management and digital recruitment system that is fit for purpose for 2020 and beyond.

As part of our statutory and mandatory training programme we introduced refreshed digital learning for corporate induction, equality and diversity, and safe information handling. We achieved a 22% reduction in cancellation of booked training course places through a combination of awareness training, identification of priority learning needs and monitoring demand. Our national leadership programme events were delivered to 100% capacity and we achieved SCQF level 8 credit rating for two of our workshops in the Manager's Passport 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.

We completed significant Finance and Dental programmes of organisational change and commenced an organisational change programme to enhance the organisational, leadership and workforce development support we deliver to our workforce and NHSScotland, by providing a *responsive single delivery model focused on impact*.

We continued to develop our national service delivery to provide a lead sponsor service to all *Tier 2* medical trainees who require sponsorship. During 2015-16, and following agreement with Disclosure Scotland, we put in place arrangements to provide a PVG (Protection of Vulnerable Groups) Scheme service on behalf of all NHS boards for all doctors in training. As the single service provider for NHSScotland, a cash saving of over £160,000 is forecast, with further administrative savings for NHS boards and a reduction in the administrative burden for trainee doctors.

### 5.3 EFFICIENT AND EFFECTIVE CORPORATE RESOURCES

In the course of 2015-16 we made significant progress with the implementation of our *Digital Strategy* together with an associated programme of organisational change. This built on the achievements under our *Digital Strategy* in 2014-15 to move to a single platform delivering an integrated, single point of entry system for users, transforming our approach to delivering technology solutions for NES and NHSScotland.

Our digital platform, *Turas*, provides a single user-centred environment for training programme management; recording and evidencing individual learning; and access to digital learning resources and applications for the health and care workforce. During 2015-16 *Turas Training Programme Management* was rolled out to all NHS boards. The implementation of *Turas Training Programme Management* has enabled cost savings to be achieved across our Medical Directorate, as well as capturing efficiency improvements in business processes and increased user satisfaction. Additional key initiatives in 2015-16 included a pilot to transfer existing digital content to *Turas* in advance of the full migration of all our digital resources in 2016-17.

We successfully undertook planning, development and delivery of a re-designed intranet optimising *Office 365* cloud capability, including applications which support collaborative working, email and document management. The migration of our systems to *Office 365* also served as a strategic pilot for NHSScotland sponsored by Scottish Government and eHealth Leads. The system was rolled out across the whole organisation whilst maintaining continuity of existing services. It underlines our commitment to new ways of working to improve accessibility, efficiency and delivery of a fully integrated digital service.

As a result of our implementation of Cloud and *Office 365* we have achieved significant operational cost reductions and enhanced our ability to support agile and collaborative working. The creation of a single NES Digital Group which brings together all our digital staff resources into a single management structure, providing a centre of excellence for technology and services, has enabled further cost and efficiency savings.

As part of our facilities management strategy to achieve consistent service standards across our accommodation, we progressed a review of the facilities management arrangements for each business unit in order to put in place a distinct plan for each site. In addition, we developed an options appraisal and business case for our Aberdeen accommodation to deliver the benefits we have achieved through our Westport office relocation in Edinburgh and the Glasgow accommodation rationalisation project, including financial savings, reduction of space and improvements to the working environment.



## Appendix

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



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