



Phase 2 Re-mobilisation Plan

1st August 2020 to 31st March 2021

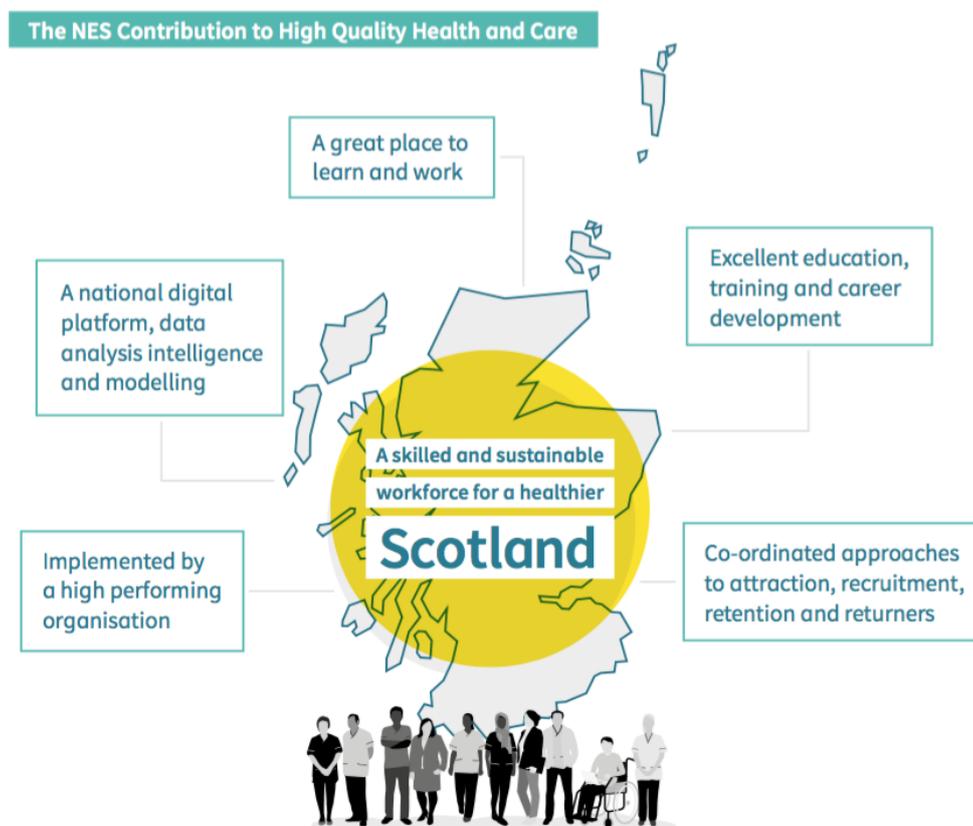
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1. Introduction

1.1 NHS Education for Scotland (NES) is the national NHS Board with responsibility for education, training, workforce development. Having the right numbers of skilled, trained and supported staff, in the right place, at the right time and in the right roles is essential to providing high quality health and care services, which address health inequalities and encourage and support people to take more responsibility for their own health and wellbeing. In addition to providing national workforce and digital services which play a key role in supporting those who deliver frontline health and care¹, NES directly funds and manages learners who comprise a significant element of the NHS Scotland patient-facing workforce².



1.2 Over the first four months of COVID 19, much routine NES business was suspended, in part reflecting the changed clinical activity upon which it depends, and in part to support the service response to the pandemic. Following on from the **first phase mobilisation plan** submitted at the end of May for the period to end July 2020, this **second phase Re-mobilisation Plan (RMP)** - to the end of March 2021 - provides a high-level summary of the services we will recover, modified for the current

¹ NHS Education for Scotland Strategy 2019-2024

² Over 40% of Doctors in the HCHS sector are doctors in training managed by NES.

restrictions, over the next eight months whilst also considering contingency plans for future waves of COVID 19.

- 1.3 This RMP supports the Scottish Government's Re-mobilise, Recover, Re-design: The Framework for NHS Scotland (the SG Framework)³, published on 31 May 2020 and describes our priority targets for recovery up to 31st March 2021 in support of the NHS Scotland Mobilisation Programme with our focus on a skilled and sustainable workforce supported by digital innovation and high-quality data.
- 1.4 Although substantial work has been undertaken to mitigate the impact of COVID 19, disruption to education and training and workforce supply is anticipated as we recover our workforce and digital services. Many of our education and training programmes are based on **workplace learning**, and their full recovery will depend on the impact of the pandemic on clinical capacity, waiting time back-logs and new models of care as we continue to live with COVID 19. Other key dependencies which will affect recovery include the commissioned activity of higher and further education and decisions taken by UK professional bodies and regulators. In addition, longer term workforce supply depends on undergraduate activity in the education sector which has also been subject to disruption. The extent of much of this disruption remains unclear at this time.
- 1.5 This RMP summarises our contribution to the SG Framework, based on a review of our detailed operational and financial plan in response to COVID 19 which, when complete, will hold more detailed information on outcomes, targets, timelines, risks and budgets. Successful delivery of this RMP is dependent on Scottish Government confirmation of budgets and commissioned activity (e.g. for the national digital platform), within a revised financial plan which takes account of COVID 19.

2. National Boards Collaborative

- 2.1 NES is part of a collaborative of eight national NHS Boards providing services where improved quality, value and efficiency is best achieved through a national approach. The national NHS Boards have a key role to play in resetting the design and delivery of health and social care services in response to COVID 19 and this RMP contributes to the national NHS Boards collaborative, building on recent submissions to the

³ Re-mobilise, Recover, Re-design: the framework for NHS Scotland

Scottish Government. These submissions start to identify priority areas of collaboration, with a focus on ensuring a strong and connected approach from recovery through to renewal in response to the unprecedented service changes brought about by COVID 19, many of which will need to be sustained and will require new education and training support.

- 2.2 Each of the national NHS Boards has specific contributions to make to the recovery phase and there are areas of common interest where a co-ordinated and collaborative approach will add value. As part of re-mobilisation the national NHS Boards are identifying priority themes for collaborative work with an initial focus on enabling digital access to primary care and addressing public health inequalities through shared data and improved intelligence.
- 2.3 In general terms NES also has an important contribution to make across the collaborative in relation to **community based and primary care, mental health and data and intelligence**. This will involve consideration of the curricular changes required to support new ways of working, training and continuing professional development (CPD) and support for service re-design through new training pathways and programmes. In **mental health**, our pre and post registration programmes and multi-disciplinary mental health education, including those in primary care, social care and the third sector, have an important contribution to make. In **primary care**, new ways of working will guide how we adapt educational delivery and support new services and training delivery models for community-based and primary care practitioners. In addition, we will work with national NHS Board partners to improve access to **data and intelligence** for workforce planning and we will restart development of the TURAS workforce platform and the national digital platform subject to funding and Scottish Government agreement on commissioned work.

3. Strategic Context

- 3.1 It is important to note that NES's re-mobilisation will be impacted by a continuing requirement to live and work with COVID 19 and the constraints and dependencies outlined throughout this plan. However, placing a focus on a skilled and sustainable workforce is an important element of COVID 19 recovery and renewal and involves continued support for employee wellbeing and for more flexible careers. In addition, understanding the supply routes into health and social care, allied to improved career entry and progression, awareness of career opportunities and role development will

be crucial to ensuring we have the right numbers of trained staff, in the right place at the right time as we continue to live – and to deliver health and care services with COVID 19.

- 3.2 This RMP reflects the aims and principles of the SG Framework and our workforce and digital support for the objectives of that framework. In terms of resilience, the NES response to future waves of COVID 19 will be to review how areas of our normal business could be adapted to support frontline services and provide targeted support through; educational materials; changed arrangements for learners and trainees; staff redeployment; digital resources for the health and social care workforce and national approaches to digital innovation and development. However, while we will continue to consider contingency plans for future waves of COVID 19, it is important to be aware that any further ‘suspension’ of undergraduate and postgraduate training would have a negative impact on learners and future workforce supply.
- 3.3 NES also has an important role to play in the SG Framework objectives related to **staff health and wellbeing** through educational infrastructure and workforce resources for recovery, mental health and wellbeing. In addition, we have a key role as digital leaders to support the objective related to ‘innovations and digital approaches’, through; the **national digital platform**; the **TURAS workforce platform** and better access to workforce data and intelligence.
- 3.4 This RMP seeks to re-establish our alignment, as far as possible within the current restrictions, to Scotland’s National Performance Framework⁴, the strategic outcomes set through the NES Strategy 2019-24⁵ and our operational and financial planning framework; all of which place a focus on the role NES must play in shaping a skilled and sustainable workforce for the new models of care which will be required in response to COVID 19. This RMP aims to recover, as far as possible, the NES activities around workforce recruitment, retention, planning and careers and mitigate the impact of COVID 19 on future workforce supply, as we work towards achieving the right numbers of trained staff in the right place at the right time.

⁴ Scotland’s National Performance Framework

⁵ NES Strategy 2019-24



3.5 Throughout the pandemic NES has been configured to operate as effectively as possible while Scotland learns to live with COVID 19. We are deploying a **phased approach to recovery and renewal** as follows.

- **Mission Critical** - business critical activities to return in the short term.
- **Recovery** - remediate the COVID 19 impact in the medium term.
- **Renewal** - establish different, more efficient and effective ways of working and an adapted business model in the longer term.

3.6 This RMP to the end of March 2021 focuses on the Mission Critical and Recovery phases with a focus on **‘Once for Scotland’ workforce and digital services** to help create more time for care. In addition, much of the training and workforce development described in this RMP supports **new models of primary, community and social care** which help ensure people receive services closer to home. Much of this workforce development is **multi-professional and multi-agency** in support of policy commitments to reforming health and social care, shifting the balance of care and public health and prevention.

3.7 In Scotland, the experience of COVID 19 has also highlighted the need for **nationally available digital systems, data and standards**, which can be used flexibly as circumstances change. A priority for COVID 19 recovery and renewal will be digitally enabled models of care which use data and intelligence for service and workforce planning and provide access to services with less need to travel. **The NES Strategy 2019-24** identifies key areas of focus which are as important for recovery and renewal as they were prior to the pandemic. These provide the headings for our

corporate planning framework under which we describe our recovery activities in this RMP.

- a high-quality learning and employment environment
- national infrastructure to improve attraction, recruitment, training and retention
- education and training for a skilled, adaptable and compassionate workforce
- a national digital platform, analysis, intelligence and modelling
- a high performing organisation (NES)

3.8 The activities described in this RMP are planned and delivered in partnership with NHS Boards, key social care and third sector organisations and UK regulatory bodies with a focus on developing the workforce, providing national digital services and improving the use of data and intelligence. These activities reflect a **whole systems approach**, working with service delivery partners HEIs and professional bodies to provide educational and digital support for the new models of care which will be designed in response to COVID 19.

4. Risk Management

4.1 Managing risks as we re-mobilise will be impacted by uncertainty around the ability of the clinical environment to support learning as frontline services deal with COVID 19 back-logs and reduced capacity. Prior to COVID 19 our plans had identified strategic risks to workforce supply which were evidenced by increasing turnover and vacancy rates across the system. In future, increasing the supply routes into health and social care and improving retention will be essential to minimising workforce gaps in future as will action to restart core NES activities and develop capacity through workforce development and digital innovation as far as practicably possible in the current circumstances.

4.2 Over the last four months, the NES corporate risk register was reviewed to reflect the impact of COVID 19 on existing risks and to identify new risks to education and training and workforce supply. In broad terms our areas of ongoing risk include an **increasing reliance on non-recurrent funding allied to funding for new activities** and the various cost and system pressures associated with 'Once for Scotland' initiatives. Our corporate risk register has been adjusted to acknowledge that additional funding may be required for new work such the COVID 19 Accelerated Recruitment Portal (CARP), potential double-running costs across

professional groups, the impact of pausing training programmes and exam deferrals. In addition, policy decisions as a result of COVID 19 may present both risks to and opportunities for attraction, recruitment and retention initiatives, future workforce supply and training progression. The residual risk scores have been increased to reflect the cumulative level of uncertainty across all the health and social care professional groups we support.

- 4.3 In addition to these ongoing corporate risks, a new COVID 19 strategic risk register has been developed to include both organisational and directorate risks that have been categorised and scored in line with our risk management strategy. Most of these risks are being mitigated but an **element of new risk relates to the impact of the pandemic on clinical capacity, waiting time back-logs and new models of care which may affect the re-mobilisation of workplace-based learning** as we continue to live with COVID 19. In addition, there is a new short-term risk relating to the CARP portal. The scale and pace of CARP development, combined with the large volume of stakeholders involved, means that successful delivery has not been completely within our control. The current situation is developing and changing at such pace that risk evaluations will continue to evolve, and the COVID 19 risks are being regularly reviewed. Both the corporate risk register and the COVID 19 strategic risk register will be reported to the NES Board at each meeting.
- 4.4 If these corporate and COVID 19 specific risks are not managed, service capacity and capability could be further impacted by high vacancy rates and skills deficits within the health and care workforce. Potentially, this may also lead to difficulties in delivering national digital initiatives, impacting the service's ability to create more time for frontline care and develop greater resilience in response to future pandemics. NES will mitigate these risks through strong stakeholder engagement and partnership working with Scottish Government, health and social care partners, the education sector and UK regulatory bodies to confirm resourcing and be clear on expectations and deliverables for key areas of our re-mobilisation activity and national work on digital innovation and access to data and intelligence. These actions, allied to the re-mobilisation of workplace-based learning and the development of national initiatives to increase workforce supply and introduce new technology, will help to ensure that the financial planning which underpins this RMP enables us to achieve the outcome of a skilled and sustainable workforce.

4.5 In response to the UK's exit from the European Union (Brexit), NES has increased the staffing risk rating to reflect on-going concerns about the availability of the clinical workforce for education and training. In terms of the NES workforce, it is not considered likely that there will be an immediate impact, however for healthcare staff in training there is wider work being undertaken around the workforce supply challenges that already exist and could be exacerbated by Brexit. NES is also actively involved in supporting national trainee surveys to gain accurate data and to date applicant numbers to healthcare careers appear stable. In addition, the UK government's plans for immigration after Brexit are likely to have implications for recruitment to careers in healthcare and we will review the further details relating to the UK's Points-based Immigration System⁶ published in July 2020 in order to identify what these are likely to be.

5. High Quality Learning and Employment

5.1 A key aspect of NES's re-mobilisation is our educational governance and quality management activities and the deployment of educational infrastructure and employment initiatives to maintain high-quality learning and employment in line with regulatory standards. This involves restarting at a reduced level, NES quality management and employment activities for the trainee medical, dental, psychology, pharmacy and healthcare science workforce and performance management of pre-registration nursing, midwifery and allied health professional (NMAHP) programmes.

a. Lead Employer and National Employment Policies

5.2 From August 2020, NES will continue implementation of flexible employment models to enhance the attractiveness of Scotland as a place to work and train. Subject to funding, we will continue to lead implementation of the DDiT lead employer programme and workplan. We will agree new timescales for developing TURAS People and TURAS Learn to support the lead employer model for doctors and dentists in training and ensure statutory and mandatory training compliance. Subject to funding, we will also restart work and agree new timescales to extend the lead employer model to dental trainees, further improving the employment experience through streamlined pre-employment checks and links to payroll.

⁶ The UK's points-based immigration system: policy statement

5.3 We will also deploy phase one of a workforce policies national digital solution and, subject to funding and reviewed timescales, develop TURAS to enable trainees to apply for less than full time training, out of programme experience, and study leave. Subject to resources, over the next eight months, we will design and deploy phase two of 'Once for Scotland' workforce policies which involves providing content and user experience expertise and website infrastructure. In accordance with national implementation, we will set out a local implementation plan.

b. Quality Management and Educational Governance

5.4 Over the next eight months NES will re-mobilise quality management (QM) activities at a slightly reduced level such as QM visits, end of placement reviews, annual reviews with employers and education providers and feedback mechanisms from both trainees and service users.

5.5 In medicine and dentistry specialty training boards will be reinstated in August 2020, some with revised terms of reference. Moving forward, meetings will be held virtually, be time limited and will follow a more structured agenda. We will also restart our quality management systems and site visits with increased use of digital technology. Implementation of the General Medical Council's (GMC) new quality assurance process will continue in consultation with NHS Board Directors of Medical Education. From August 2020 we will test virtual quality management visits and a new training package. We will also consider the use of webinar polls for trainees at the end of virtual visits. In dentistry no quality management visits have yet been scheduled and the situation is being monitored with trainees given access to online resources and online events planned for the new training year.

5.6 In psychology we will adjust arrangements for clinical placements to help trainees obtain the required experience during COVID 19, including remote working and digital delivery. Routine trainee placement visits and assessment have been reduced or had their format revised. We will also provide additional supervisor training and support as required. We have increased the number of placements and associated reviews/visits due to an increase in trainee intake numbers for doctorate programmes commencing in Sept/Oct 2020. In addition, the psychology trainee survey timelines are shifting.

5.7 Effective educational commissioning is crucial to ensuring high-quality education and training. To support this, we will recommence work with higher and further education

to consolidate a new education commissioning model which was recently used for operating department practitioner (ODP), integrated community nursing and paramedic programmes. This approach will ensure the outcome of good educational governance, quality control and improvement with the essential first step of data collation, to enable a better understanding of workforce supply.

c. Medical Appraisal

5.8 NES has the ‘**statutory responsible officer**’⁷ for all doctors in training and in supporting training for and auditing medical appraisal across Scotland. We provide revalidation, career conversations and appraisal resources to help develop practice, drive improvements in clinical governance and give patients confidence that their treatment is up to date. Appraisal will restart in October 2020 and NES medical appraisal courses will recommence in early 2021 based on advice from our lead appraiser meetings which have now reconvened. The courses will be reviewed to improve accessibility using remote learning and online applications within the Scottish Online Appraisal Resource (SOAR).

d. Faculty Development and Accreditation

5.9 Methods of course delivery for faculty development have been reviewed and adapted to the current COVID 19 situation. Further discussions and review will follow, and NES will restart activities designed to deliver and enhance training for staff providing educational supervision and practice education to improve the quality of the learning and employment environment where we recruit, manage and quality assure education and training. ‘Train the Trainer’ educational programmes will restart, revised to be delivered at distance where possible. In medicine plans to develop and pilot a formal evaluation for the new Recognition of Trainer (ROT) process will be conducted between July and December 2020. In dentistry, we will provide access and support to training and continuing professional development (CPD), for all dental and dental care professional (DCP) trainers and tutors to ensure that they maintain accreditation as trainers, assessors and verifiers.

e. Educational Support Roles and Networks

5.10 From August 2020 NES will start to re-mobilise clinically qualified educational support staff who work on a full time or sessional basis across NHS Boards and in care homes. Formal teaching and training will resume in August 2020 subject to local

⁷ The Medical Profession (Responsible Officers) Regulations 2010

capacity with staff asked to consider online education. These staff will support the recommencement of training programmes, facilitate placements, support practice education and provide the infrastructure to ensure training meets regulatory requirements. In addition, recruitment to clinical fellow programmes will recommence at a lower level than originally planned. Remote and rural educational programmes will be reviewed and reinstated to ensure delivery as planned pre COVID 19 with a strong focus on virtual delivery using webinars and local/regional live events which should enhance our reach to learners.

- 5.11 The NES nursing, midwifery and the allied health professions (NMAHP) team will re-mobilise our practice education networks which are fundamental to supporting students and mentors in practice settings. As well as ongoing engagement, we will develop resources and deliver training in relation to clinical supervision and develop a strategy for the provision of practice-based learning experiences for AHPs. Work will continue to ensure Scotland's compliance with the Nursing and Midwifery Council's (NMC) Future nurse: Standards of proficiency for registered nurses⁸ by developing an online learning resource for the preparation of practice supervisors and practice assessors, and further enhancing the quality management of the practice learning environment to support implementation of the new NMC educational framework.
- 5.12 In many areas face to face training delivery will remain paused over the next eight months and there is ongoing work to improve and adjust training to take account of the constraints of the pandemic on clinical service and the impact on the lives of learners. In psychology for example this involves liaising closely with our networks to make sure we understand the changing needs, developing podcasts, webinars, protocols for virtual supervision, eLearning modules and regular newsletters.
- 5.13 Over the next eight months, NES will re-mobilise our work to support key recommendations from the UK Shape of Training Review⁹ to reform the structure of postgraduate medical training across the UK. This will involve full participation in Scottish and UK-level meetings on curricula redesign and credentialing of medical skills, supporting priorities for Scotland such as surgical training and internal medical training, and developing a credential in remote and rural practice. We will also

⁸ NMC Future nurse: Standards of proficiency for registered nurses

⁹ GMC Shape of Training Review

continue to work with key partners to improve junior doctors' working lives by contributing to expert working groups supporting the wellbeing of staff, and the redesign of rotas.

6. Attraction, Recruitment, Training and Retention

6.1 Crucial to addressing the current demands on health and care and with a focus on the longer-term, NES will restart work on careers in healthcare, helping to equip young people for jobs and improve access to learning for healthcare support workers. In response to COVID 19, it will be increasingly important to improve the attractiveness of NHS Scotland as an employer, with a focus on widening access and developing careers

a. Recruitment, Careers Promotion and Youth Employment

6.2 Until the end of September 2020 NES will manage processing of expressions of interest through the **COVID 19 Accelerated Recruitment Portal (CARP)**, under the direction of Scottish Government. This will require continued redeployment of a significant number of NES staff from their substantive roles. In terms of further developing options for HR shared services, we will recommence work with the East Region Recruitment Transformation group, to progress the business case for an east region recruitment service across six NHS Boards. In addition, to support the resumption of workplace based postgraduate training and trainee rotations, NES will provide recruitment services, working to Scottish Government target numbers for postgraduate and pre-registration training to achieve the outcome of a supply of well-trained staff to meet demand. We will restart a range of activities to promote awareness of healthcare careers, including career promotion events, support to relevant recruitment campaigns and the NHS Careers Scotland website.

6.3 Over the next eight months NES will support workforce sustainability through promotion of NHS Scotland career opportunities in accordance with national priorities and plans, working in partnership with internal and external partners including NHS Boards and Scottish Government. We will provide advice and guidance to NHS Boards through employability and apprenticeship networks and influence the development and range of appropriate apprenticeship frameworks in conjunction with Scottish Government, Skills Development Scotland, the College Development Network and NHS Boards. In addition, we will support online and physical promotion of careers in health and care, including provision of resources and advice for NHS

Scotland strategies on youth employment. Finally, to support our new role in data and analytics for workforce planning, we will restart work to develop national learning resources to increase workforce planning capability across health and social care in conjunction with key stakeholders and representatives of appropriate regional and national planning networks and bodies.

b. Undergraduate and Pre-registration Education

6.4 Over the coming months NES will complete our annual performance management process for **undergraduate nursing and midwifery** education provision across Scotland. In addition, significant work will be undertaken with partners to support the re-mobilisation of NMAHP and paramedic students into appropriate placements to ensure a continued pipeline of newly qualified staff into the workforce. Working in partnership, we will ensure that the newly developed **paramedic education programme** is supported by a quality assurance and performance monitoring process and achieves Health and Care Professions Council (HCPC) approval for the first cohort of students commencing in September 2020.

6.5 In **dentistry** we will support current dental nurse students and pre-registration trainees for whom programmes have been delayed or extended due to the COVID 19 towards successful completion, using technology enabled learning. We will also provide dental nurse induction and pre-registration training places across all NES sites.

6.6 NES will restart work on our joint action plan with the **Scottish Funding Council** (SFC). In **medicine** this includes achieving the outcomes of widening access, increasing the pool of applicants who stay in Scotland and enabling students to gain more experience in primary care. We will also collect and analyse recruitment and retention data to inform commissioning and we will work with Scotland's colleges to strengthen access to pre-registration programmes.

c. Additional Cost of Teaching (ACT)

6.7 Additional Cost of Teaching (ACT) governance groups for **undergraduate medicine, dentistry and pharmacy**, have continued to meet online throughout COVID 19. Some reporting has been delayed but NES will continue ACT monitoring work with NHS Boards and universities to ensure the needs of the NHS are fully met. In medicine, we are creating a new monitoring framework and providing funding for 'widening access' initiatives. We will also support the recommendations made by the

Increasing Undergraduate Education in Primary Care Review Group¹⁰ to ensure GP practices are properly supported for teaching medical students. In **pharmacy** we are re-planning the experiential learning options for students taking into consideration the impact of COVID 19 on student placements and we developed a range of virtual/remote options. Working in partnership with the two schools of pharmacy this re-mobilisation is ready to implement in August 2020. In **dentistry**, we will work with key stakeholders to monitor the use of funding for dental outreach centres providing clinical placements for final year students.

d. Postgraduate Training Grades

6.8 Many of the ongoing recruitment and assessment processes across postgraduate training in a range of professional groups have continued throughout COVID 19, reviewed and adapted (e.g. increasing use of technology for recruitment and assessment), on a four UK nation basis to take account of the pandemic. From August 2020 workplace based postgraduate training and trainee rotations will resume, including work-based assessments, subject to capacity limitations within the clinical environment. In medicine this will involve re-mobilisation of doctors in training to agreed Scottish Government target numbers, including work to expand the general practice workforce, supply to remote and rural areas and the numbers of medical foundation trainees, particularly in mental health and general practice. In dentistry, national vocational training, core, specialty and post Certificate of Completion of Specialist Training (CCST) and therapist vocational training (TVT) will recommence to agreed target numbers with some delayed recruitment and programme starts due to local processes, uncertainty regarding aerosol generating procedures and to allow general dental practices to resume normal working. Like many other professions, dental teaching materials will be delivered online and we are working collaboratively with external education providers to develop new online educational resources which can be used across all dental schemes.

6.9 NES will also progress recruitment to target numbers for healthcare science and applied psychology and psychotherapy training and we will recommence the national pre-registration pharmacist (PRPS) scheme. In healthcare science we will continue discussions with the Scottish Government on new initiatives to develop roles and improve workforce supply and retention. In pharmacy, PRPS recruitment has been reworked to focus on remote 'Situational Judgement' tests agreed at UK level with a

¹⁰ Undergraduate medical education in Scotland: Enabling more general practice-based teaching.

new virtual delivery model, a provisional register to deal with delayed registration and additional support for new online assessments. In psychology, revised recruitment for doctoral programmes took place in May and all trainees are due to commence in October 2020 as planned. Revised recruitment plans for other trainees due to start in early 2021 are in the planning phase. Clinical placements for all trainees have been adjusted to support remote and digital delivery of supervised clinical practice to meet regulatory and professional standards. It is anticipated that trainees will complete as planned with minimum impact.

- 6.10 To support these programmes, we will review development of the training programme management (TURAS TPM) system to enable more professional groups to use it and to improve areas such as trainee study leave monitoring and reporting, and development of an online study leave process. While development of new TURAS functionality has been paused due to COVID 19, we will review our focus on this area as part of business recovery over the next few months.

e. Post-registration Education

- 6.11 NES re-mobilisation will include commissioning NMAHP education programmes in line with the transforming roles agenda and to support ministerial commitments. This covers education for advanced nursing practice, district nursing, integrated community nursing and staff working within care homes, as well as education for assistant practitioner radiographers, non-medical prescribing, general practice nursing and nurse endoscopy. Activity will be continued to support development of the peri-operative workforce along with the Scottish Access Collaborative/Elective Care Centres. We will also restart commissioning for school nursing, and we will support nurses through postgraduate diplomas as part of the Scottish Government's commitment to additional advanced nurse practitioners and school nurses in training.
- 6.12 A series of webinars for AHPs will be delivered in direct response to the emerging needs of the workforce. As a result of COVID 19, there is increasing demand for such provision and themes of webinar topics are emerging. Simulation sessions for AHPs will also be delivered to support the UK four nations rehabilitation statement and skills for COVID 19 deployment. In addition, the AHP careers fellowship scheme will continue to support work-based change and improvement projects which contribute to local and national priorities and which provide career development.

6.13 To support post qualification training for dental care professionals we will provide post registration training places using technology enabled learning. In addition, we will support students whose post-registration training has been delayed or extended towards successful completion, using a technology enabled learning. This includes orthodontic therapy trainees, practice managers, medical and dental receptionists and dental care professionals. We will prepare to recruit experienced dental nurses wishing to upskill as orthodontic therapists, practice managers and receptionists in preparation for commencing a training programme in 2021.

f. Career Support Programmes and Resources for Returners

6.14 NES will re-mobilise return to work programmes accompanied by careers advice and enhanced induction for practitioners. In medicine we will restart GP returner and enhanced induction programmes, along with mentoring and coaching and a staying in practice scheme (SIPS). In dentistry we will recommence returning to practice initiatives and support for returning to work. We will also deliver a programme of remediation and support for dental registrants, including mandatory training. We will design and develop nationally consistent guidance to support AHP returners to practice and provide nursing and midwifery return to practice programmes within two Universities.

7. A Skilled, Adaptable and Compassionate Workforce

7.1 Crucial to dealing with the impact of COVID 19 on waiting times and health and social care integration will be **new models of community-based and primary care** supported by NES continuing professional development (CPD) programmes and a range of education and role development. In addition, throughout the COVID 19 pandemic the NES TURAS Learn platform has continued to provide health and social care staff with access to learning, knowledge, evidence and subscription content. Over the next eight months we will continue to migrate NHS Boards and local authorities to TURAS Learn and provide organisations with the functionality to develop eLearning content in a way that reduces the cost of migrating from current systems.

a. Continuing Professional Development

7.2 NES has restarted continuing professional development (CPD) programmes focused on **primary care practitioners and teams** supported by our **CPD Connect**¹¹ and **TURAS Learn**¹² platforms. These programmes have been reviewed and revised to maximise attendance rates based on new online delivery models. This covers programmes for general medical and dental practice, general practice nursing, GP practice pharmacists and pharmacy technicians, community pharmacists and optometrists.

7.3 In **primary care** we will restart programmes for **GP practices** to provide clinical leadership and supervision to multi-disciplinary teams. We will restart vocational training for practice managers in January 2021 and recommence GP nursing programmes in November 2020. In **optometry**, CPD is being provided remotely and we are working with our partners to restart ‘teach and treat’ clinics, develop digital learning resources for mandatory training and ocular hypertension and glaucoma and we are assessing how we can support pre-registration optometry trainees who are delayed in starting the College of Optometrists scheme for registration. We will also restart the commissioning of education for **district nurses, community children’s nurses and looked after children’s nurses**. In **pharmacy**, CPD programmes have fully recommenced with a focus on more regional events and online delivery. **Dental** CPD is unlikely to provide the number of events originally planned for 2020/21 but the significant and rapid move to online delivery of webinars, with large numbers of attendees will help to ensure access to high quality, relevant CPD and mandatory training.

b. Role Development and Frameworks for Practice

7.4 NES will restart role development covering forensics, post/peri CCT training, Specialist and Associate Specialist (SAS) doctors and dentists and clinicians delivering healthcare in psychiatry. We have received confirmation of funding for a national accredited Introduction to Forensic Medicine Examination course for nurses and doctors working in custody environments. By September 2020 we will restart training for sexual offences examiners and nurses, and we are encouraging online delivery where possible for our SAS development programme. For clinicians delivering healthcare in psychiatry, new online resources are being developed and

¹¹ <https://www.cpdconnect.nhs.scot/>

¹² <https://learn.nes.nhs.scot/>

the pilot of simulation-based training for years 1-3 of core psychiatry training will be restarted towards the end of 2020. In optometry, optical assistant role development has moved to remote delivery and we are examining the most appropriate options for placement of those undertaking our glaucoma qualification.

- 7.5 Throughout COVID 19 demand for independent prescribing (IP) training has increased and over the next eight months we will commission IP training from both Schools of Pharmacy at the University of Strathclyde and Robert Gordon University using a remote teaching solution. In optometry, COVID 19 has also highlighted the valued role that independent prescribers have in the community, as a result we have increased the number of funded places offered and worked with the Glasgow Caledonian University to offer a fast track option. These cohorts are now being delivered and assessed remotely.
- 7.6 In dentistry our role development work to support priority vulnerable groups is restarting with a blended learning approach wherever possible. Over the coming months we will convert learning materials for digital delivery and assessment whilst delaying the practical elements until the fourth quarter of the year. This will still result in a reduction in completed training in some areas because of the limitations on how much practical training can be delivered. These programmes support national oral health initiatives and we are working closely with our partners and stakeholders on recovery plans which will include additional education and training to support new ways of working with COVID 19 a continuing risk factor. Guidance on mouth care during the COVID 19 crisis has been produced for the hospital patient, care home and care at home services with supporting 'Open Badges' (digital records of achievement from assessment of online learning) suitable for health, social care and third sector. These will form the foundation for an educational framework to support national oral health initiatives and others who are involved with improving oral health and reducing health inequalities for priority groups.

c. Mental Health

- 7.7 Throughout the pandemic there has been a continued focus on mental health and wellbeing as the impact of COVID 19 on society has become apparent. NES has provided a range of **mental health and wellbeing educational resources** over the last four months and over the next eight months will re-mobilise support in these areas:

- pre and post registration education of mental health disciplines (mental health nursing, psychiatry, clinical psychology)
- mental health education for pre and post registration healthcare disciplines including those in primary care settings (general medical practitioners, practice nurses, allied health professionals, health visitors, school nurses)
- mental health education for multidisciplinary staff, social care and third sector staff (care home, residential care and care at home staff)

7.8 NES is restarting mental health education for practitioners across health and social care in child and adolescent mental health services (CAHMS), psychological interventions for dementia, psychological wellbeing in adults with learning disabilities, mental health improvement and the suicide prevention. In most of these areas training has been adjusted for remote delivery and training numbers are slightly reduced over the next eight months.

7.9 We will continue to support education for Scotland’s Dementia Strategy including provision of learning network events for dementia specialist improvement leads and training for frontline health and social care staff in palliative care and end of life for people with dementia. In addition, our psychology and NMAHP teams will commence the development of a repository of resources across all levels of the knowledge and skills framework for mental health improvement and suicide prevention.

d. Maternal and Child Health

7.10 NES’s training programmes aimed at strengthening attachment, parenting and family relationships, and supporting children's developmental competence have been adjusted and training numbers reduced across four programmes delivered by our psychology team. New work supporting implementation of the ‘Solihill Approach’ online resource is being delivered in partnership with Scottish Government. In addition, our child health programmes building psychological capacity and capability and meeting training requirements in psychosocial care have seen a planned reduction in training numbers and have been redesigned for remote delivery.

7.11 We will deliver a range of training courses primarily for maternity care professionals through the **Scottish Multi-professional Maternity Development Programme (SMMDP)**, including neonatal resuscitation, obstetric emergency, and other CPD provision. These courses will also support NHS Boards with core mandatory training

requirements and the continuity of care model outlined in Best Start. The Family Nurse Partnership (FNP) programme will continue to provide core learning, supervisor learning and CPD for family nurses and supervisors. We will also commission a new education programme for school nursing to commence in the forthcoming academic year.

- 7.12 The NES NMAHP and psychology teams will develop and pilot training and learning resources designed to ensure that women using maternity services in Scotland receive a ‘trauma informed’ approach throughout their maternity journey, that identifies their needs and mitigates the potential adverse impact of trauma on pregnancy and birth. In addition, we will deliver training to AHPs in effective decision making (EDM) which will further develop the practice of staff currently using the EDM reasoning framework.

e. Person-centred Education and Training

- 7.13 NES educational resources for health and social care professionals in death, dying and bereavement are being enhanced with a suite of COVID 19 resources including monthly webinars, new online educational content and film resources. Planning for a virtual NES conference in this area is now underway alongside a first national ‘Bereavement Charter’.

- 7.14 The NES spiritual care and chaplaincy team will continue to deliver Values Based Reflective Practice (VBRP®), support for the Patient Reported Outcome Measure (PROM) and Community Chaplaincy Listening to create more time for care. We will also work with the Scottish Social Services Council (SSSC) to support the carers strategy.

f. Equality and Diversity

- 7.15 In August 2020 NES will recommence a review of our equality outcomes and strategy to ensure that they are aligned and responsive to the emerging priorities of the COVID 19 remobilisation. We will implement **equality and diversity networks**, in alignment with the direction laid out by Scottish Government. Subject to resources, we will provide subject specialist advice, and discovery support, for the NES Data Group to develop workforce equality statistics which better meet stakeholder needs for workforce equalities intelligence and to support statutory reporting. To improve access to reasonable adjustments, we will review timescales and restart work to introduce ‘passporting’ arrangements for doctors and dentists in training. NES will

continue to promote fairness for all trainees, and we will continue to work with regulators to tackle **differential attainment** rates between demographic groups. We will continue to evaluate information about learners' performance, progression and outcomes so we can monitor the impact of the action plan we have in place.

g. Healthcare Support Workers (HCSW)

7.16 Over the next eight months NES will aim to maintain current levels of traffic to the estates and facilities, and business and administration, hubs on TURAS Learn and we will restart development of new learning resources and a communications strategy for promotion of the hubs. We will undertake a review of regional learning events to inform future provision as part of continuing to support improved, widened, access to learning and development for a comprehensive range of non-clinical healthcare support workers. We will also contribute to the development of infrastructure for clear education and career pathways and, subject to resourcing, continue support for Recognition of Prior Learning (RPL).

7.17 For clinical HCSWs we will continue to build an evidence base for associate practice educator roles and will, using appropriate technologies, deliver masterclasses and workshops with NHS Boards to support the ongoing development of roles and career pathways for the HCSW workforce.

h. Organisational, Leadership and Management Development

7.18 Over the next eight months NES will continue to work with the Scottish Government to implement **Project Lift**¹³ leadership development, talent management and appraisal. This will include providing early careers programmes and supporting leadership communities in integration settings, including delivery of two cohorts of the Leadership Cubed programme and Career Conversations for high potential individuals.

7.19 NES will manage the **Coaching for Wellbeing** service currently supporting the health and social care workforce. This service, accelerated in response to COVID 19, is on track to exceed the original coaching target agreed with Scottish Government who have asked for costings for continuation of the service for the rest of this year and potentially beyond. In addition, we will continue to deliver national programmes completing active cohorts for **Leading for the Future, Scottish**

¹³ <https://projectlift.scot/>

Coaching and Leading for Improvement and Human Factors. These support collaborative and compassionate leadership and management, contributing to the growth of Project Lift leadership communities across health and care. We will also continue to deliver established early careers programmes e.g. Scottish Clinical Leadership Fellowships, Graduate Management Training Scheme, New Horizons for Peer Thinking. Subject to funding and the availability of NHS Board resource, we will also recommence discovery workshops for an **NHS Scotland Finance Academy**. In medicine we will restart delivery of the LaMP programme for doctors and dentists in 2021 and commence development of a multi-disciplinary programme.

i. Quality Improvement (QI) Education

7.20 The **Scottish Quality and Safety Fellowship** will not run for 2020/2021 but QI training for Non-Executive Board Members will be available along with the **Scottish Coaching and Leading for Improvement** and **Scottish Improvement Foundation Skills** programmes, now using virtual delivery where appropriate. We will continue work with two NHS Boards to develop an education plan and training materials for clinical teams to use QI approaches to achieve waiting times, whilst enabling skill capacity building as part of the **Access QI** programme. We will also develop a 'Train the Trainer' value management improvement coach programme and educational materials for NHS Boards, deliver quality improvement coaching to NES organisational improvement projects and provide the **Scottish Improvement Leader Programme** across the public sector, now also being delivered virtually. New **primary care** QI educational resources for GP specialty training will also be developed through our patient safety team and we have provided online facilitation skills for QI training and development throughout COVID 19.

7.21 Dental clinical effectiveness activities will continue to develop resources to support the Scottish Government's dental response to COVID 19 as NHS dental teams resume care. These include guides for acute dental problems management and associated drug prescribing, a practice closure checklist, a dental practice recovery toolkit and a review of evidence on aerosol generating procedures. In addition, we will evaluate the impact of COVID 19 on the dental workforces' education, training, career progression, working environment and health and well-being through surveys, interviews and focus groups, in partnership with external stakeholders as appropriate.

j. **Patient Safety, Clinical Skills and Public Health**

- 7.22 Clinical skills and simulation training at the main Clinical Skill Managed Educational Network (CSMEN)¹⁴ delivery units are being reconfigured for social distancing and online resources will be developed and updated for COVID 19. In addition, patient safety QI education for health and care staff will now be delivered remotely.
- 7.23 In pharmacy NES will deliver clinical skills training in line with original plans with some adjustments to modes of delivery and to ensure national guidance on social distancing is followed. We are engaging in joint review of the Louisa Jordan Hospital as a clinical skills host location and by September 2020 we expect to be using a blend of online and face to face clinical skills training. In psychology we have re-mobilised theory-based health behavioural assessment and training materials for projects including patient safety and staff well-being and there is ongoing work to adjust training delivery to take account of the constraints of COVID 19 on the clinical service and the impact on the lives of learners.
- 7.24 To support the **public health and health protection** priority during COVID 19 we will develop a range of multi-professional public health CPD and educational resources as well as providing educational opportunities for the public health workforce through virtual events and webinars. We will refresh the promoting effective immunisation practice eLearning modules alongside work to expand the existing flu programme and provide support for Scottish Health Protection Network activities. In addition, work will commence to support the education requirements associated with the Scottish Centre for Reducing Infection in the Healthcare Built Environment.

8. **Digital Platform, Analysis, Intelligence and Modelling**

- 8.1 The experience of COVID 19 has highlighted the need to increase the pace of digital innovation and provide better access to nationally available data and standards, which can be used flexibly as circumstances change without the need for complex integrations. Our work to establish the **national digital platform** and provide **national workforce systems** has the potential to better support national and local service needs in future.

¹⁴ <https://www.csmen.scot.nhs.uk/>

8.2 Throughout the early stages of COVID 19 several digital initiatives were rapidly developed and deployed across health and care. For NES this included the **COVID 19 Case Assessment Application**, the **COVID 19 Accelerated Recruitment Portal (CARP)**, the **NHSS COVID 19 Learn Website**, an **SMS shielding service** and support for Scottish Government in areas such as MS Teams. Across the wider system there has been a transformational change in the use of digital technology as evidenced by the rapid uptake of remote consultations using NHS Near Me and in remote working using MS Teams and Office 365. Other developments have been new and responsive to policy or service needs.

8.3 We acknowledge the role we have as digital leaders through development of the **national digital platform** and through **TURAS, our workforce platform**. Better use of digital and data will help the health and care system recover from and live with COVID 19 to achieve the best outcomes for people. This section of the RMP describes how NES will re-mobilise key areas of work in support of the national Digital Health and Care Strategy¹⁵.

a. The National Digital Platform

8.4 During COVID 19 the NES Digital Service (NDS) maintained progress on priority areas of work, with adjustments to accommodate COVID 19 activities. Over the last four months we have been providing a COVID 19 SMS shielding service integrated with local authority support hubs, the main supermarkets and NSS. This holds a significant national data set for research and analytics and from 1st August, when shielding ends, we have been asked to maintain the SMS service to provide ongoing contact and to advise those previously shielding of changes to local circumstances. In addition, we will continue to support COVID 19 data flow integrations between national and local systems – these are:

- COVID 19 Result
- COVID 19 Triage
- COVID 19 Assessment Report

8.5 Over the next few months we will deliver an anticipatory care web form to support end of life care conversations to be piloted in NHS Lanarkshire. In addition, the **Recommended Summary Plan for Emergency Care and Treatment (ReSPECT)** anticipatory care planning process developed with the Resuscitation Council went

¹⁵ Digital Health and Care Strategy

live in NHS Forth Valley in March 2020. We are working with NHS Borders to pilot it and develop a second version which will be available in both NHS Forth Valley and NHS Borders during the autumn.

- 8.6 NES will continue work on **cancer treatment summaries** in support of the Scottish Government's 2016 Beating Cancer Strategy from 2016. Treatment summaries synthesize key information about an individual's treatment in secondary care which is shared with primary care and the individual to support understanding of historic treatment and ongoing management. Like the ReSPECT work, this will make actionable 'need to know' information available across care and geographic boundaries, in read form within legacy systems and in read/write form directly on the platform.
- 8.7 Data integration work will be ongoing throughout 2020, with the first deliverable expected in the first half of 2021. The first two specialities and NHS Boards being targeted are head and neck in NHS Lothian and urology in NHS Greater Glasgow and Clyde. Both these NHS Boards are partners in this work along with the Innovative Healthcare Delivery Programme.
- 8.8 The Scottish Government's national **ophthalmology** workstream has identified an urgent need for an **electronic patient record (oEPR)** to help reform eyecare services and replace paper-based records. The electronic capture of clinical, audit and follow-up data are vital to eliminate irreparable sight-loss from patients on waiting lists, and to facilitate greater shared care across the primary and secondary eyecare interface. In addition, by March 2021, we will work with NHS Grampian and other partners to deploy and implement OpenEyes to support glaucoma care, with work to follow on cataract and medical retina, as well as to implement the approach across all other NHS Boards. A version of OpenEyes has been deployed to support emergency eyecare treatment centres in NHS Forth Valley and NHS Grampian.
- 8.9 We will re-mobilise work with the Scottish Government and NHS Tayside to manage the transition of the SCI-Diabetes work from NHS Tayside to NES by the end of 2020. In addition, digital innovation projects developed or implemented in NHS Greater Glasgow and Clyde, some of which are now deployed in NHS Grampian and NHS Forth Valley, have an ongoing dependency on integrations between local systems and national or external third-party systems. These integrations include:
- Virtual Dermatology Appointments (StormID)

- COPD (StormID)
- Trauma (Day Six)
- Blood Glucose Monitoring (MDU)
- Cancer PROMs (MyClinicalOutcomes)

8.10 Over the next eight months, NES will establish the **AWS cloud environment**, together with next versions of the clinical data repository, access control and authentication functionality to make the national digital platform available to NHS Scotland and partner organisations. This will include development of a media store and any work that arises from the discussions about the future of SCI-store. This platform work will directly support the programmes of work set out above to ensure that they are scalable and that the work undertaken gives reusable parts and the availability of reusable data.

b. The TURAS Digital Platform

8.11 Prior to COVID 19 NES had planned a broad range of work to further develop workforce resources, tools and systems within the TURAS workforce platform. In response to COVID 19, development work on TURAS applications was suspended and resources switched to new work such as the **COVID 19 Case Assessment Application**, the **COVID 19 Accelerated Recruitment Portal (CARP)** and the single **NHSS COVID 19 Learn Website**. Throughout COVID 19 we continued to provide TURAS for communication with trainees, learners and other key stakeholders and for education and training resources to the health and social care workforce. In August 2020, we will restart development work on the TURAS platform to help address the weaknesses in NHS national business and workforce systems which have been exposed by the pandemic exploring and to make further improvements in navigability and functionality to benefit learners. At the request of the Scottish Government we will complete a wide-ranging review of all TURAS development to take account of new and emerging priorities. This will include an evaluation of all current outcomes and a costed proposal on development of a new TURAS HR application as part of the modernisation of national business and workforce systems.

c. Data Analysis Intelligence and Modelling

8.12 Prior to COVID 19 the Scottish Government had placed a strong emphasis on improving workforce planning. Restarting TURAS development work in August 2020 includes the **TURAS Data Intelligence** platform and data analytics services to

support Scottish Government's aim to 'embed a workforce planning approach that promotes resilience and preparedness across our health and social care system'. In February 2020, a revised operating model was agreed with the Scottish Government workforce directorate and from August 2020, subject to resource allocation, we will focus on implementation of the model with initial discussion on immediate COVID 19 workforce planning requirements and fulfilment of our responsibilities for national workforce statistical analysis, reporting and publication. We will engage with workforce planners and social care partners to finalise the TURAS Data Intelligence dataset and we will seek accreditation as a national statistics provider. Data modelling on NHSS workforce 'near future' systems (HR/Rostering/Payroll) will commence in September 2020.

d. NHS Scotland (NHSS) Business Systems

8.13 Another priority for NES is to restart work from the NHSS Business Systems Programme Board focusing on working with NHS National Services Scotland (NSS) to complete procurement of a **national eRostering solution** to improve the deployment of staff, reduce reliance on agency and locum staff, give employees more flexibility, improve the quality of workforce data and create more time for care. This will involve supporting implementation of the solution, commencement of a payroll procurement programme and work with ATOS to complete the technical bridge from Allocate (Rostering) and the Scottish Single Timesheet System (SSTS).

8.14 In August 2020 the full eRostering business case will be completed, with the contract awarded and signed by September 2020. Implementation will commence in October 2020 led by NSS. Work to remove the requirement for re-keying data between existing eRostering systems and SSTS through the integration of Allocate/SSTS bridge software will be completed by November 2020. In addition, we will support the work of the NHSS Business Systems Programme Board, (restarted in July 2020), to develop an updated roadmap and project plan and ensure that we are able to manage contract extensions and development requirements for existing systems against the planned procurement and implementation of improved technologies.

e. Digital Skills Development

8.15 NES will restart inclusive learning for the health and care workforce in support of the Digital Health and Care Strategy (Domain D) including online resources, education standards and pathways, in partnership with Scottish Government, SSSC, Local Government Digital Office, SCVO and the Digital Health and Care Institute. We will

aim to secure the funding required to deliver digital capability priorities agreed with partner organisations, considering the learning from COVID 19, which has accelerated the use of digital technology by both staff and those they support across the sector. This includes, for example, digital literacy and participation, up-skilling and re-skilling of the workforce and attraction of future digital talent in support of digitally led service redesign.

9. A High Performing Organisation

9.1 COVID 19 has required NES to rapidly change the work we deliver and the way we deliver it, and this has had a significant impact on our staff. Our ability to respond to COVID 19 has been helped by our focus on people and work design, reflected in positive annual staff experience scores, the NES **Smarter Working Improvement Programme** (commenced August 2019), and our well-established use of cloud-based technology. These areas have established flexibility and choice in how NES employees balance work time between office and remote locations and enabled our smooth transition to remote working in the early stages of COVID 19.

9.2 Most NES employees have now been working remotely for a considerable time and we have reconfigured NES facilities to enable flexibility and choice, social distancing and hygiene, anticipating the requirement for a new balance of office and remote working for most of our staff when workplaces fully reopen. NES acknowledges that every member of our staff has a role to play in re-mobilising our services while maintaining a happy and healthy work culture supported by excellent governance and business support to ensure we are equipped to deliver in a world which has been changed by COVID 19.

a. Staff Governance, Health and Wellbeing

9.3 Over the next eight months NES will re-mobilise the work of our Healthy Working Lives Group supporting the development and implementation of the 2020/21 action plan, in a virtual capacity, using technology to assist with communication alongside actions from our Facilities Recovery Plan and the COVID 19 staff survey. We will complete formal assessment for retention of the gold award in October 2020.

9.4 NES will implement the First 90 Days Project designed to improve the transition from recruitment into employment, induction and embedding into new roles. This will consider the learning from remote working resulting from COVID 19 and will be

implemented by the end of November 2020, with an evaluation of the impact completed by the end of March 2021. Directorate management teams will be supported to use workforce data and develop approaches to improve their performance against staff governance standards and we will re-mobilise the personal review and planning process subject to partnership and national agreement and the support of the NES Staff Governance Committee.

b. Finance

9.5 The NES finance team have worked closely with our directorates to track the actual cost impacts of the activities undertaken to date across the organisation in response to the COVID 19 pandemic. We continue to evaluate the ongoing impact of activities currently underway, as outlined within this plan for the remainder of the year to 31st March 2021. The tables in **Annex 1** reflect our current planning assumptions and estimated costs from 1st April 2020 to 31st March 2021.

c. Properties and Facilities

9.6 Throughout the last four months most NES facilities have remained accessible to varying degrees with some key workers in regular attendance and most NES staff working remotely. NES's use of cloud-based digital technologies to deliver much of our core business facilitated a relatively smooth transition to remote working for much of our educational and digital business and for our staff. While social distancing continues to impact on the physical capacity of our facilities, we have reconfigured them for a new balance of remote and site-based working for our staff and for new ways of delivering of our educational and digital services in future.

9.7 Over the remainder of this financial year we will re-open our facilities, appropriately adapted to ensure compliance with COVID 19 guidance and social distancing. This facilities element of the RMP is an important aspect of a phased, and gradual return to the workplace with a significant 'lead time' in terms of preparation. It will be supported and led from all parts of the organisation, acknowledging that the 'new normal' will involve a more complex balance of office and remote working to allow us to respond to future waves of COVID 19. It will entail a **whole systems approach** involving workplace adjustments, staff governance, behavioural guidance, Smarter working principles and communications. These will be agreed in partnership with the health and wellbeing of our learners, staff and stakeholders at the core of our decision making.

9.8 In addition, our plans to lease and fit out a new property for the NES Digital Service (NDS) in Edinburgh by the end of March 2021, and to refurbish our offices at the Centre for Health Science (CfHS) during 2021, have been put on hold while we reassess our requirements and more fully understand the impact of new ways of working on the commercial property market and our own requirements. In terms of CfHS we propose to extend the existing (Phase 1) lease in 2021 on a short-term basis to bring it into line with expiry of our other (Phase 2) lease at CfHS in 2023. We will then consider one single new lease for our requirements at CfHS in Inverness.

d. Board Governance

9.9 At the NES Board meeting on 26th March 2020, temporary governance arrangements for NES Board business were agreed. These arrangements were designed to ‘stand up’ Executive Team ‘Gold Command’ with delegated strategic command and primacy for real time decisions and recording of those decisions in a rolling log. These temporary arrangements reduced the governance demands of the present system while maintaining essential scrutiny and assurance and were accommodated within the existing legislation and the NES Board Standing Orders. They entailed the NES Board, Audit Committee, Staff Governance Committee (and Remuneration Sub-committee), continuing to meet remotely while the other standing committees were temporarily suspended.

9.10 The NES Board will determine a date when full governance arrangements are reinstated and Executive Team ‘Gold Command’ is ‘stood down’. At the time of writing, we anticipate that this will be during September. In addition, over the coming months we will conduct a review of our governance arrangements and the governance lessons learnt from our response to COVID 19 in line with implementation of the NHS Scotland Blueprint for Good Governance and NHS Board Standing Orders.

9.11 This RMP will be underpinned by a detailed operational and financial plan revised for COVID 19. This will include the full range and detail of our re-mobilisation activities, their desired outcomes, performance targets, risks and budgets up to the end of March 2021. In respect of the governance for delivery of the RMP, NES will apply our corporate performance management processes to the operational and financial plan (to be revised for COVID 19), and we will report progress to the NES Board for the last two quarters of the current financial year to the end of March 2021.

10. Conclusion

10.1 The NES Re-mobilisation Plan (RMP) to end March 2021 focuses on recovering the priority areas of core NES business which were suspended to create capacity for the development of COVID 19 educational resources, the re-deployment of staff and learners, and new programmes of COVID 19 related work. While recovering these services we will retain the successfully established new ways of working we have implemented in response to COVID 19. These include a new balance of remote and site-based working and a step-change in the use of digital technology for education, training and workforce development.

10.2 In doing this, we will support our staff and those learners for whom we are responsible to the maximum extent possible, working to secure continuing education and progression for learners, and undertaking recruitment for the start of the next academic year, to guarantee continuity of workforce supply.

10.3 While the focus of this RMP is on recovery, and the resumption of our educational core business, we are mindful of the many challenges that the service (and so the learning environment in which we work) continue to face. These include a reduction in clinical capacity, a large backlog of urgent and scheduled care, the new models of care that will be required, and the new skills that we will need to support. The COVID 19 pandemic is far from over and whilst there will be new challenges over the next eight months, we will seek to retain many of the positive and transformational changes that are now taking shape.

Annex 1 : Current planning assumptions and estimated costs from 1st April 2020 to 31st March 2021

a. Direct Trainee Related Assumptions

Direct Trainee Related costs/ Planning Assumptions	COSTS £000s	OFFSETS/ SAVINGS £000s	Net Impact £'000s
Extension to Training for Pre-Registration Pharmacy trainees due to Covid	156		
95 Medical Out Of Program trainees back into service for 6 months	1,651		
10 Medical Fellows back into service for 4 months	128		
Medical Pharmacy Fellows extension	56		
Extend WTE 71 Medical core Trainees by 6 months <i>if</i> exams cannot be completed sooner	926		
Increased level of Dental remedial training requirement	126		
10 HCS Trainees extended for 3 months	22		
Psychology Trainees Extension costs	30		
Pay costs for Extension to programmes	3,095		
Offset by:			
no fellowships planned in 20/21		-779	
Dental VTS-155 course start delayed by 1 month		-690	
Reduced pay costs due to Program delays and Fellowships postponed		-1,469	
Total	3,095	-1,469	1,626

The above reflects the anticipated cost impacts of extensions to training brought about by the disruption to education and training, and the redeployment of out of program trainees and fellows to service since the beginning of the financial year. NES will continue to work closely with regulatory bodies to ensure minimal disruption to trainee progression which has already reduced these costs significantly from the costs reported in May (£10,325k).

b. Indirect Trainee Related Assumptions

Indirect Trainee Impacts/ Planning Assumptions	COSTS £000s	OFFSETS/ SAVINGS £000s	Net Impact £'000s
1 Phantom Head per Dental training practice to support simulated clinical skills training whilst AGP are not possible.	113		
Other Digital Support to Trainees	95		
Digital Support to Trainees	208		
Offset by:			
Savings - Events/training activities/ Travel/Venue/Catering etc		-1,316	
Savings - delays and cancellations of Fellowships/TG/Cohorts		-947	
Savings - Anticipated level of Study leave provision which may not be able to be taken in 20/21. Of this £350k has been rescheduled for 21/22.		-657	
Cancellation of Training activities (including venue and travel costs)		-2,919	
Total	208	-2,919	-2,711

Given the current restrictions on gatherings, and the ability of boards to release staff to attend training, we are assuming that a significant number of face-to-face Education and Training Events will be cancelled.

c. COVID-19 Accelerated Recruitment Portal Assumptions

COVID-19 Accelerated Recruitment Portal Related Costs/ Planning Assumption	COSTS £000s	OFFSETS/ SAVINGS £000s	Net Impact £'000s
Employ 573 Final year Medical Students (3months)	5,781		
76 WTE Band 4 Student Nurses employed in non NHS settings	2,617		
108 WTE Band 3 Student Nurses employed in Non NHS settings			
Employment of Medical and Nursing & Midwifery Students	8,398		
Additional developer cost (after redeployment of existing resource until end of Sept) and extra licenses. Existing staff overtime.	899		
CARP System Development & Running costs	899		
Occupational Health staff to process applicants through Portal (assumed 6 months)	186		
Estimate of Temporary Staff (existing contracts extended) (after redeployment of NES staff) to process remaining applicants	293		
Overtime/additional hours primarily incurred from end of March until end of June across NES.	241		
Additional Staff costs to Process Portal applicants for all NHSScotland	719		
Total	10,016	0	10,016

- (i) The COVID 19 Accelerated Recruitment Portal (CARP) has been a major programme of work and a significant number of staff were redeployed to support pre-employment checks required. The costs of those NES staff are not included in any of the costs above.
- (ii) The above employment costs for students relate only to those employed by NES and based on assumed termination dates. Final costs will not be known until all periods of employment are concluded. The costs of students deployed to NHS Boards via the portal will be significantly higher.
- (iii) The internal costs for development of the portal and processing applicants assumes that all pre-employment checks for the existing cohort will be completed. The final actual costs are dependent on the level of engagement from those individuals, and the demand requirements from NHS Boards.

d. Other Activities

Other Activities Costs/Planning Assumptions	COSTS £000s	OFFSETS/ SAVINGS £000s	Net Impact £'000s
Digital Activities			
NDS – cost of SMS for Shielded patients	345		
NDS- use of Openeyes to support Eye Casualty service	65		
NES Digital Care Management and Clinical Assessment development in Q3	244		
Digital Support for Home working across NES	99		
Total Digital Activities	753		
Additional Training Costs			
Extension of the Solihull Programme across Scotland	240		
CPD/Training Activity from 19/20 to be delivered in 20/21	87		
Development of new Covid Learning Resource	61		
Well-being coaching provision requested by SG. £135k of additional funding already received. This represents the balance.	47		
Loss of income from training activity	575		
Offset by:			
Reduced Training Activity in Psychology		-240	
Additional Training Costs Total	1,010	-240	
Other:			
Louisa Jordan Staff - additional hours	19		
Cost of ensuring NES premises meet new PHS guidance for any planned return to work	152		
Total	1,934	-240	1,694

The above Digital Activities are based on the cessation of the SMS service to shielded patients at the end of July 2020, and anticipated costs for the development of the Care Management and Clinical Assessment from July 2020. Any further additional COVID 19 specific digital services commissions have not been included in these costs.

e. Total Anticipated Additional Costs

The above activities and assumptions have identified a net additional funding requirement of £10.6m to cover the financial year from 1st April 2020 to 31st March 2021, summarised below.

SUMMARY OF Costs/Planning Assumptions	COSTS £000s	OFFSETS/ SAVINGS £000s	Net Impact £'000s
Direct Trainee Related Impact	3,095	-1,469	1,626
Indirect Trainee Impacts	208	-2,919	-2,711
COVID-19 Accelerated Recruitment Portal Related	10,016	0	10,016
Other Activities	1,934	-240	1,694
TOTALS	15,254	-4,629	10,625

The full-year budget impact will be included in the submission of the Q1 COVID 19 return and Q1 NHS Board review templates, due on the 14th August 2020.

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