



Phase 3 Re-mobilisation Plan (RMP3)

1st April 2021 to 31st March 2022

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 and 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 social care, which help to address health inequalities 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 frontline health and care¹, NES directly funds and manages learners who comprise a significant element of the NHS Scotland patient-facing workforce².



Figure: NES Strategy 2019-2024

1.2 In response to COVID 19 NES has focused on supporting frontline services through educational materials, mental health resources, support for learners and trainees, redeployment of students, trainees and our staff and a wide range of digital support. While doing this we have engaged with learners and our staff to help understand where we should focus our recovery efforts while establishing new ways of delivering education and training and managing disruption to training pathways and learners. In addition, last year we delivered phase one and two Re-mobilisation Plans to support the Scottish Government's Re-mobilise, Recover, Re-design: The Framework for NHS Scotland (the SG Framework)³. This phase three Re-mobilisation Plan (RMP3) provides an update to

¹ NHS Education for Scotland Strategy 2019-2024

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

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

RMP2, summarising our one-year outcomes while recovering core services and maintaining contingency plans for further disruption.

1.3 Over the next year NES will continue to operate in very challenging circumstances as Scotland strives to recover from COVID 19 and cope with new strains of the virus. While this RMP3 describes recovery planning for the next year, we anticipate that the period to end September 2021 will focus on maintaining essential services, followed by a period of stabilisation to end March 2022 to provide a solid foundation for renewal in the longer term. Therefore, over the next year, we anticipate that education and trainee progression will continue to be impacted by COVID 19 and it is important to acknowledge the continuing uncertainty that lies ahead and how that may affect delivery of this RMP3. It is also likely that recovery of the full range of our business will continue to be impacted by the extent to which new activities to support national recovery are required, and for how long. While this RMP3 focuses on the year ahead, where possible we will highlight longer-term activities beyond March 2022.

1.4 Over the next year NES will focus on maintaining essential core services such as annual student and trainee recruitment and educational programmes, training progression and support for Scottish Government priorities (vaccination programmes, COVID 19 suppression, essential services and public health guidance). We will play our part in supporting these priorities while recovering the recruitment, education, and training and workforce supply pipelines which provide a trained health and care workforce. Alongside this, we will continue to provide national digital services, develop Technology Enhanced Learning (TEL), make the best use of data and intelligence, improve the employment experience and provide support for COVID 19 recovery.

1.5 This RMP3 represents collaborative work across NES and with the wide range of partners we work with across health and social care. Many of our education and training programmes use workplace learning in partnership with NHS Boards, and their recovery will continue to be affected by COVID 19 and its impact on clinical capacity, waiting time back-logs and new models of care. It is therefore worth noting the significant risk to workforce supply if our education and training activity and recruitment into training programmes were to be paused again. Other key dependencies 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 also continues to be affected by COVID 19 disruption.

1.6 This RMP3 plays an important role 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. In summary, this RMP3 describes NES's contribution to the SG Framework, and its successful delivery is dependent on Scottish Government confirmation of budgets and commissioned activity.

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 in resetting the design and delivery of health and care services in response to COVID 19. This RMP3 contributes to the national Boards collaborative in response to the unprecedented changes brought about by COVID 19, many of which will need to be sustained and will require education and training support.

2.2 Each of the national NHS Boards has specific contributions to make to COVID 19 recovery and the national NHS Boards have identified priority themes around enabling digital access to primary care and addressing public health inequalities through shared data and improved intelligence. In addition, COVID 19 provides an opportunity to improve the application of 'Smarter' working practices and policies across the national Boards to achieve financial efficiency by sharing and redesigning facilities, collaborative working and better communication, greater use of flexible working policies and more carbon efficient and sustainable workplaces/working practices

3 Strategic Context

3.1 This RMP3 will be delivered in partnership with NHS Boards, key social care and third sector organisations and UK regulatory bodies with a focus on developing the workforce, driving forward digital innovation and improving the use of data and intelligence. Recent strategic developments include the Scottish Government's Independent Review of Adult Social Care⁴ (published 03/02/21), the inclusion of international human rights instruments in Scots law and the new Centre for Sustainable Delivery. NES will review these developments to understand the implications for our work. In terms of the Independent Review there may be opportunities to strengthen our role in supporting workforce planning and management and

⁴ Independent Review of Adult Social Care in Scotland

workforce development within social care. There may also be opportunities to support the development of digital technology and to function as a facilitator and enabler for organisations in the voluntary and third sectors. The NES Strategy 2019-24⁵ identifies five key areas of focus which are as important for recovery and renewal as they were prior to COVID 19. These provide the headings for our corporate planning framework under which we describe our recovery activities in this RMP3.

- 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)

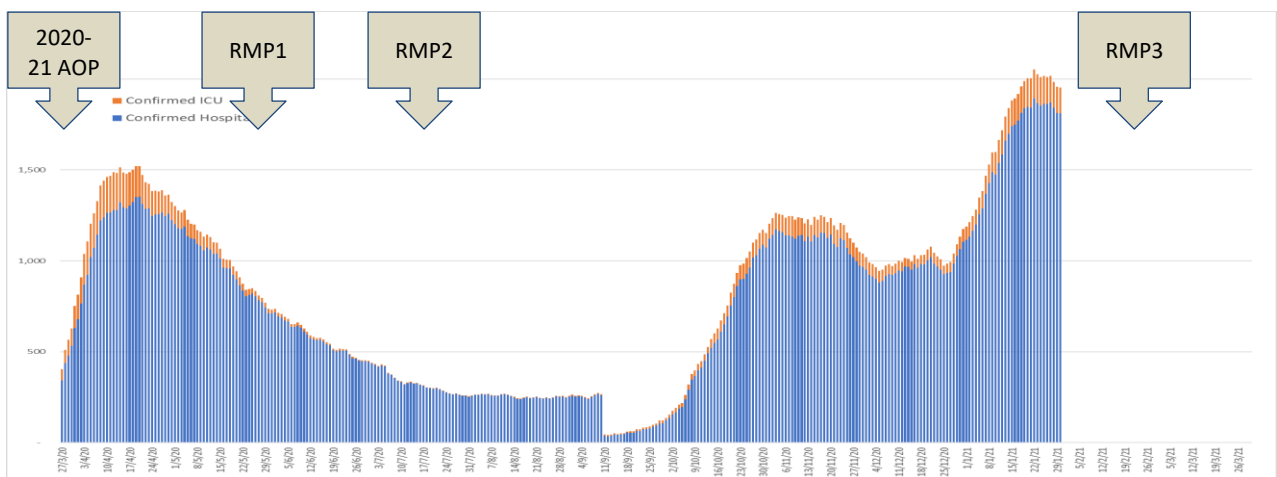


Figure: NHS Scotland Hospital and ICU Bed Occupancy by Covid-19
Data from Scottish Government

3.2 While the NES RMP2 concentrated on restarting business critical activities, RMP3 builds on this through recovery and renewal phases which focus on maintaining and developing our core workforce and digital services over the next six months followed by an anticipated six months of greater stability to create the foundations for different, new ways of working and an adapted business model for the longer term. In addition, much of the training and workforce development described in this RMP3 supports new models of primary, community and social care which will help to ensure people experience services closer to home. Much of this workforce development is multi-professional and multi-agency in support of Scottish Government policy commitments to reforming health and social care, shifting the balance of care and public health and prevention. A key NES priority for the next year will be the recovery of workforce supply pipelines to mitigate the long-term workforce risks from COVID

⁵ NES Strategy 2019-24

19. In many areas face-to-face training will remain challenging and we will continue to adapt our delivery models to take account of the constraints of COVID 19 on clinical services and the impact on the lives of learners. This will involve working with our networks to make sure we understand changing needs, developing podcasts, webinars, virtual supervision, eLearning and regular communication to ensure trainees and learners progress as normally as possible. Similarly, workforce supply pipelines will require new entrants into undergraduate and postgraduate training, and we will provide adapted recruitment processes which operate as effectively as possible in the current circumstances.

3.3 Most clinical education and training pathways are subject to statutory (UK) regulation and we anticipate that COVID 19 will lead to new models of care which will require re-designed training pathways and programmes. This will result in a workforce with new or different skills which will require curricular change and new approaches to training and continuing professional development (CPD). We will continue to drive these transformational changes to ensure our core services are maintained while minimising the impact on learners in a future where education and training will involve blended learning, pre-course work, pre- and post-session activities and online resources.

3.4 Over the next year NES will continue to work with the NHS Golden Jubilee to establish the NHS Scotland Academy, a joint venture to provide an ambitious programme of accelerated clinical skills training in a state-of-the-art centre of excellence. Critical to this objective over the next year will be the business case (see Appendix 1) for core infrastructure across both organisations and the funding mechanisms for course delivery. The NHS Scotland Academy will support workforce transformation and sustainability through accelerated learning for key roles. This aligns with NHS Scotland re-mobilisation plans in terms of role development and to maximise our ability to attract, train and develop people from different backgrounds who may not have considered a career in health and social care prior to COVID 19. NES and the NHS Golden Jubilee will aim to launch the NHS Scotland Academy in 2021 using the experience, expertise and reputation of both organisations to create a centre of excellence for clinical skills teaching and education, working with the well-established Clinical Skills Managed Education Network and to increase at pace, the scale of innovation in health and social care provision throughout Scotland. NES will also work with the Centre for Sustainable Delivery (CfSD) to ensure that any service redesign and transformation across health and social care is supported by a workforce with the right skills in the right place at the right time.

3.5 Throughout the next year NES will maintain a COVID 19 Contingency Plan (CCP), working on the principle that we remain ready to support frontline services in the event of further

disruption. However, we are mindful that the education and training is critical to the future supply of trained staff and there are significant risks associated with pausing education and training, recruitment into training programmes and educational quality management. When this happened in 2020 a significant backlog built up and any further disruption to our core services is likely to impact negatively on future workforce supply. In the event of activating our CCP, we will therefore seek to sustain education and training to the maximum extent possible while releasing staff to support frontline services, delivering training with limited frontline capacity, developing new education and training resources and providing digital services to support the COVID 19 response and vaccination programmes.

3.6 This RMP3 also seeks to maintain our alignment to Scotland's National Performance Framework⁶, the strategic outcomes set through the NES Strategy 2019-24 and our operational and financial planning framework; all of which place a focus on the role we play in shaping a skilled and sustainable workforce for the new models of care which will be required post COVID 19. This RMP3 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 Risk Management

4.1 This RMP3 supports NES's business continuity and resilience arrangements to support COVID 19 recovery. During the first wave of COVID 19, much routine business was paused in response to changed clinical activity and to release our staff, learners and other resources to support frontline services. In addition, we activated our Business Continuity Plan (BCP) and COVID 19 Contingency Plan (CCP) to move the organisation to remote working and delivery, enabled by already well-established 'Smarter' working practices and cloud-based digital technology. Over the next year we will remain focused on the recovery of our core business to re-establish the workforce supply pipelines which are crucial to mitigating the risks associated with future workforce shortfalls. As we continue to live with COVID 19, we have updated our CCP to provide a corporate framework for responding to situations which result in the emergency governance arrangements and to deal with the current disruption to our core business. The NES CCP includes provision to implement Executive Team 'Gold Command' with delegated strategic authority and primacy for real time decisions.

⁶ Scotland's National Performance Framework

4.2 Prior to COVID 19 NES identified strategic risks to workforce supply evidenced by increasing turnover and vacancy rates. Over the next year we will review the main organisational risks and put in place mitigating controls and actions. These reviews will include identification of new risks and re-scoring, where appropriate, existing risks to reflect the impact of COVID 19. The risk register will remain a standing item at NES Board and Executive Team meetings.

4.3 Throughout the next year NES risk management will be dominated by reduced capacity and delayed progression within the clinical learning environment. While our focus remains on COVID 19 recovery, we are mindful of the many risks that the service continues to face as we deal with new strains of the virus. These include a continuing reduction in clinical capacity, a backlog of urgent and scheduled care, new ways of delivering care and the new skills that we will be asked to support. In addition, there is a short- and medium-term risk to workforce supply if our education and training activity and recruitment into training programmes were to be paused again. Over the next year it will be important to maintain these activities and our quality assurance systems, many of which have patient safety implications. In order to mitigate the risks presented by exam cancellations and delays to training we will consider measures such as training extensions, support for alternative examination methods, early engagement with stakeholders, new online resources, other alternatives to study, adjusted individual training plans and delayed start dates. We will ensure that key Scottish Government stakeholders are kept informed of any risks about to be realised along with proposed mitigations and potential financial implications.

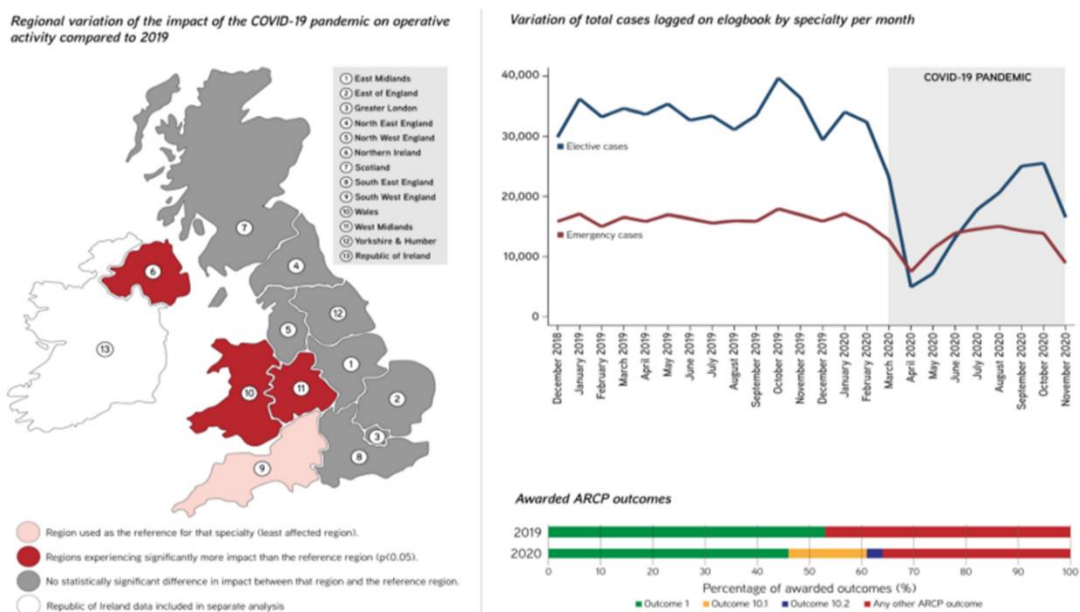


Figure: The impact of Covid-19 on Clinical Experience & Training Progression in General Surgery Data from JCST

4.4 In terms of ongoing risk NES also remains affected by an increasing reliance on non-recurrent funding allied to funding for new activities and the various cost and system pressures associated with these initiatives. The complexity of our budget results in year-end underspends which do not reflect our longer-term requirements and our risk register acknowledges that additional funding may be required for new work to support COVID 19 recovery, potential double-running costs across professional groups, the impact of paused training programmes and exam deferrals. In addition, policy decisions as a result of COVID 19 may present both risks and opportunities for attraction, recruitment and retention, workforce supply and training progression. Much of the COVID 19 related financial risks are mitigated by additional funding from the Scottish Government and risk scores have been increased to reflect the cumulative level of uncertainty across all the health and social care professional groups we support.

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. NES will also continue to review the risks associated with Brexit in terms of the potential impact on our supply chain and any changes to immigration which might affect training programme fill rates. A key mitigating action has been added in relation to work underway to assess the impact of the new points-based UK immigration system. In terms of our core workforce, it is not likely that there will be an impact over the next year, 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. We are also actively involved in national trainee surveys to gain accurate data and the numbers applying for healthcare careers remains stable.

4.6 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 future, increasing the supply routes into health and social care and improving retention will be essential to minimising workforce gaps as will action to build capacity through workforce development and digital innovation. 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 workforce development, digital innovation and access to data and intelligence. These actions, allied to the recovery of workplace learning and national initiatives to increase workforce supply and

introduce new technology, will help ensure that the financial planning which underpins this RMP3 enables us to achieve the outcome of a skilled and sustainable workforce.

5 High Quality Learning and Employment

5.1 Towards the end of 2020, NES restarted educational quality management (QM) 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. Subject to service pressures, RMP3 will continue the recovery of our educational governance activities and the deployment of educational infrastructure and employment initiatives to maintain high-quality learning and employment in line with regulatory standards.

a. Lead Employer and National Employment Policies

5.2 Over the next year we will continue to expand the single employer model from medical to dental trainees, allowing the same improvements in the employment experience through streamlined pre-employment checks and links to payroll. In addition, we will review standard operating procedures (SOPs) to establish a 'Once for Scotland' approach across the four lead employers for trainees. We will also help further develop a national workforce policies digital solution and support the development of national policies and related guidance across NHS Boards.

b. Quality Management and Educational Governance

5.3 Over the next year NES will continue to improve quality across a range of learning environments, training experiences and evaluation processes to ensure training meets regulatory standards. Over the next year we will adapt our quality management (QM) activities using technology and improved processes to deliver a programme of QM visits, end of placement reviews, annual reviews with employers and education providers and feedback from trainees and service users.

5.4 In medicine and dentistry specialty training boards will continue to operate online. In medicine, we will use technology to complete priority Quality Review Panel (QRP) visits, and we will publish visit reports and an annual quality report. This will include fulfilling General Medical Council's (GMC) quality assurance requirements through a quarterly GMC report and annual self-assessment questionnaire while ensuring GMC participation in QM visits. In dentistry we will implement a QM framework to ensure that undergraduate and postgraduate programmes comply with General Dental Council (GDC) requirements.

5.5 In psychology NES will coordinate, and quality assure clinical placements, including support for supervisors and trainees, liaising with local tutors in NHS Boards. This will include site visits, end of placement reviews, annual reviews with employers and education providers and supervisor training programmes. These activities are subject to revised arrangements to help trainees obtain the required experience during COVID 19, including remote working and digital delivery along with new formats for trainee placement visits and assessment.

5.6 In pharmacy, we will roll out a training and QM programme for newly qualified pharmacists and pharmacy technicians. In healthcare science (HCS) we will implement quality monitoring against self-assessment standards using training centre evidence, trainee feedback, accreditation and training plans. In addition, all HCS training centres will be accredited.

5.7 For the Nursing Midwifery and Allied Health Profession (NMAHP) workforce we will quality assure practice learning using student feedback captured on the Quality Management of Practice Learning Environment (QMPLE) system to inform improvements to the practice learning environment using reporting and data sets within the Care Assurance and Improvement Resource (CAIR) dashboard. As the learning environment Excellence in Care data sets become available new data sharing agreements are being progressed as NES become joint data controllers. This will allow national, regional, and local visibility of data that relate to the Excellence in Care data sets for student safety, support and supervision, the learning environment culture and student belongingness. These will be available through both in QMPLE and the CAIR dashboards and reports on the overall student experience will form part of the revised performance enhancement process NES is commissioned to provide as part of pre-registration nursing and midwifery education performance management.

c. Medical Appraisal

5.8 Through NES's 'statutory responsible officer' role⁷ for doctors in training, we will provide revalidation, career conversations and appraisal resources to help develop practice, drive improvements in clinical governance and give patients confidence in their treatment. Over the next year we will recover new and refresher appraiser training courses and provide the Scottish Online Appraisal Resource (SOAR) to support the appraisal and revalidation process. We will also continue to improve accessibility through remote learning and online applications on SOAR and we will produce quality assurance annual reports.

⁷ The Medical Profession (Responsible Officers) Regulations 2010

d. Educational Support Roles and Networks

- 5.9 Last year NES remobilised clinically qualified educational support staff working within the learning and employment environment where we recruit, manage and quality assure education and training. Formal teaching and training has now resumed and over the next year we will maintain and stabilise training programmes, placements and practice education and provide the infrastructure to ensure training meets regulatory requirements. In addition, methods of course delivery for staff providing educational supervision and practice education have been revised in response to COVID 19 and 'Train the Trainer' programmes will be delivered at distance, re-introducing face-to-face elements only where and when appropriate.
- 5.10 In dentistry, we will ensure trainers have the skills to deliver learning activities and we will provide a 'Train the Trainer' programme (START). In addition, we will provide educational supervision for dental and dental care professional training and support supervisors through events, digital resources and a conference for supervisors (depending on circumstances). We will also provide national workshops to increase dental healthcare professionals' knowledge and skills in healthcare quality improvement and we will update and publish guidance on oral health assessment, prevention and treatment of periodontal diseases in primary care and drug prescribing. We will also provide access and support to training and CPD for all dental and dental care professional (DCP) trainers and tutors to ensure they maintain accreditation. In healthcare science (HCS) we will provide 'Train the Trainer' courses and national events for early career, mid-career leaders and training officers and the wider HCS workforce.
- 5.11 In medicine we will provide educational support networks across all specialties and support their development through 'Train the Trainer' and development programmes that have been reviewed and adapted for COVID 19. Over the next year we will develop evaluation for the new Recognition of Training (RoT) process and review and develop new/revised resources and delivery methods in response to COVID 19. In addition, we will provide clinical fellows across multiple specialties to support educational development for doctors and build specialist and leadership capacity. We will also take forward improvements to junior doctors working lives, contributing to expert working groups on wellbeing and rota design, and we will support key recommendations from the UK Shape of Training Review⁸ including the development of generalist roles, and of credentials, to reform the structure of postgraduate medical training in the UK.

⁸ GMC Shape of Training Review

5.12 The NES NMAHP team will continue to provide governance and professional leadership to practice education facilitators, care home education facilitators and AHP practice education leads to support students and mentors in practice settings. We will oversee the management of NMAHP student placements to ensure a consistent approach across Scotland as we work through COVID 19 recovery and renewal, engaging with placement providers and university partners to comply with regulatory standards. In addition, we will support the Scottish Future Nurse and Midwife (FNM) programme to maintain, and potentially increase, practice learning capacity and we will examine the feasibility of a national student placement allocations unit. We will develop resources to support a national preceptorship framework and we will explore the viability of national electronic practice assessment for nursing and midwifery students. We will also develop eLearning for practice educators, practice supervisors and practice assessors, to enable a national approach to addressing students' individual requirements in terms of underperformance and reasonable adjustments in a practice setting.

5.13 The Scottish Government's Nursing 2030 Vision⁹ includes a commitment to supervision in practice by 2030. In addition, Scotland's 2018 position statement on supervision for AHPs makes the same commitment. Throughout COVID 19 it has been clear that effective clinical supervision is critical as staff became displaced or took on new roles requiring additional support. As a result, supervision will be an NMAHP priority over the next three years with work to provide TURAS Learn resources, clinical supervision masterclasses/skills sessions, support for national working groups, clinical supervision training and a strategy for practice learning. Work will also continue to ensure compliance with the Nursing and Midwifery Council's (NMC) Future Nurse: Standards of Proficiency for Registered Nurses¹⁰ through online learning for practice supervisors and practice assessors, and QM of the practice learning environment to support the new NMC educational framework.

5.14 In psychology we will provide workforce development to support the Scottish Government expansion of perinatal and infant mental health services. This will include providing mother and baby unit (MBU) and community perinatal mental health teams (CPMHTs) with learning modules, training for health visitors to be cascaded in a 'Train the Trainer' model and case study training. We will also provide psychological therapies supervision training to increase trained supervisors and expand training for those delivering psychological skills and interventions in practice. This will involve generic supervision competencies (GSC) training and specialist supervision training for cognitive behavioural therapy (CBT) using blended

⁹ NURSING 2030 VISION: Scottish Government's strategy for nursing in Scotland

¹⁰ NMC Future Nurse: Standards of proficiency for registered nurses

learning. We will also develop guidance on training pathways and supervision for psychological therapies, support completion of eLearning on supervising psychological interventions and deliver masterclasses in psychological therapies to specialist and experienced supervisors.

e. Remote and Rural Educational Support

5.15 We will develop Technology Enhanced Learning (TEL) for CPD to support the remote and rural workforce. This will include webinars, new TEL approaches, rural community educational programmes, an advanced rural practitioner programme, resources to develop remote and rural inclusive education programmes, TEL learning and development and 'Train the Trainer' programmes and a credentialing system for rural general practice education.

6 Attraction, Recruitment, Training and Retention

6.1 Crucial to addressing workforce supply and sustainability challenges in health and care and with a focus on the longer-term, NES will support improvements in attraction and retention. This will include promoting careers, implementing a youth employment strategy, developing apprenticeship frameworks, and supporting strategic workforce planning. We will progress these initiatives with partners and Scottish Government through ongoing discussions and 2021-22 outcomes agreements (e.g. between NES and the Chief Nursing Officer).

a. Recruitment, Careers Promotion and Youth Employment

6.2 NES will continue to promote healthcare careers through events, campaigns and the NHS Scotland Careers website. Subject to additional funding, we will work with our digital team and external partners to promote the careers website and develop resources. We will also help develop education and career pathways within NES and implement a youth employment strategy to increase the number of apprentices we employ. In addition, we will support national apprenticeship frameworks and contribute to recruitment campaigns promoting careers in health and social care. We will also work with regional and national networks to create workforce planning educational resources.

6.3 Over the next year we will continue to support transition to a single recruitment service for postgraduate trainees, providing high-quality attraction, recruitment and on-boarding for applicants and candidates. We will develop a service level agreement for the East Region Recruitment Service across six NHS Boards and we will contribute to the development of shared services through the programme board and the 'Jobtrain' governance group. In addition, to support the recovery of workplace postgraduate training and trainee rotations, we will provide recruitment services working to Scottish Government target numbers for postgraduate and pre-registration training. In doing so, we will maintain contingency

arrangements for further COVID 19 disruption, making full use of online recruitment and ensuring processes are updated for legislative and policy changes. We will also work with stakeholders and national groups to ensure that information flows and systems deliver a positive employment experience for the doctors and dentists in training (DDiTs) we employ, reviewing the success of new intakes and implementing a reasonable adjustments passport.

b. Undergraduate and Pre-registration Education

6.4 Over the next year we will continue to support the work of the Scottish Government led Strategic Group for Health Students Placement Capacity to ensure that any undergraduate student placement capacity issues are identified and reported to Scottish Government. We will fully recover pre-registration NMAHP and paramedic education, prioritising final year students, and deliver quality assurance and performance monitoring for undergraduate nursing and midwifery and paramedic education. Subject to additional funding, we will support the quality improvement (QI) work of the Scottish Collaboration for the Enhancement of Pre-registration Nursing (SCEPRN) and the Maternity Education Group (MEGs) and continue to deliver existing QI initiatives for undergraduate education and new processes for commissioning professional programmes. We will also collect and analyse recruitment and retention data, work with the Scottish Funding Council to inform decisions on intake numbers and commissioning in controlled subjects and we will work with higher and further education partners to strengthen and widen access to pre-registration programmes.

6.5 In dentistry, we will support dental hygiene/therapist student places for a BSc in oral health science and provide dental nurse induction using blended learning. In pharmacy, we will deliver a recruitment, training, and QM programme for the pre-registration pharmacist scheme (PRPS) and we will promote PRPS training across the UK to achieve a target number of trainees. We will also monitor trainee progress to ensure UK registration requirements are achieved in a system that has been affected by delays due to COVID 19. PRPS training and quality management will be adapted for online delivery.

c. Additional Cost of Teaching (ACT)

6.6 NES will provide and monitor Additional Cost of Teaching (ACT) funding for undergraduate medicine, dentistry and pharmacy, working with higher education institutions and NHS Boards through a funding allocation model and performance management systems designed to ensure the needs of the NHS in supporting undergraduate education are fully met. In medicine, ACT funding will be prioritised for widening access to medical school and we will implement a new framework to monitor progress in this area. Other priorities include ensuring GP practices are supported for teaching (Note: although not part of ACT funding

this principle extends to the NMAHP community working in GP practices), along with initiatives to encourage Scottish graduate entry medicine (ScotGEM) MBChB students to stay and work in Scotland. In dentistry, subject to COVID 19 restrictions on clinical activity and disruption to undergraduate programmes, we will support the network of outreach centres providing education for undergraduate students and dental services to the public, reporting on the academic and financial performance of the centres for student placements. We will also work with the Scottish Government to consider how the Dental Undergraduate Bursary Scheme (DUBS) and the Dental Student Support Grant (DSSG) are monitored. For pharmacy students we will introduce COVID compliant experiential learning at quality assured approved sites supported by a Preparation for Experiential Learning (PFEL) training programme for facilitators.

d. Postgraduate Training Grades

6.7 Over the next year NES will manage postgraduate training grade recruitment and progression for a range of professional groups. We will keep track of issues that may affect training grade recruitment, trainees returning from redeployment and trainee completion or progression as we fully recover recruitment and assessment processes. In terms of recruitment, we will fill pre-set training establishments in medicine, dentistry, healthcare science, applied psychology, psychotherapy, and pharmacy against agreed national targets. We will also deliver workplace based postgraduate training and trainee rotations and assessment processes, subject to capacity limitations within the clinical environment and further COVID 19 disruption. Across the postgraduate training grade programmes many teaching materials will be delivered online, and we will use redesigned processes to include digital solutions for business-critical activities. Medical trainee recruitment is being closely monitored should changes be required to fully recruit to training posts between August 2021 and February 2022. Discussions between the four UK nations medical directors will enable flexibility at a local and UK level regarding extended timelines or re-advertising where there are excellent fill rates. There are also ongoing discussions around possible additional recruitment in the autumn of 2021 to ensure there are fewer vacancies as a result of trainees who need extensions. Current recruitment timelines are available on the specialty training website and any agreed changes to future recruitment will be reflected there. We are working closely with NHS Boards to ensure that they are aware of any changes to recruitment timelines and dates for receipt of trainee details.

6.8 In medicine, we will deliver postgraduate training and assessment systems supported by study leave funding and we will continue the expansion of postgraduate training grade posts across a range of medical specialties, as agreed with Scottish Government. This will include

growing the general practice (GP100) primary care workforce and the remote and rural workforce while also providing new foundation year one posts to accommodate increased numbers graduating and placements in primary care and mental health. In addition, we will complete an automated request, approval, and monitoring process for Less than Full Time (LTFT) and Out of Programme (OOP) training.

6.9 In dentistry, vocational training (DVT) will continue to be impacted by the closure of practices for everything except emergency care and the time it is taking to recover and develop new models of care. This has meant that DVT has not included the range or volume of clinical cases which would have been available in previous years. Over the next year we will aim to provide dental and therapist vocational training programmes, subject to uncertainty and disruption around the 2021 output of the Scottish dental schools. We will also ensure vocational dental and therapist practitioners are assessed for satisfactory completion and we will provide study leave funding to dental core and specialty trainees.

6.10 NES will also progress recruitment to target numbers for healthcare science and applied psychology and psychotherapy training and we will deliver 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, prioritising clinical technologists and higher specialist scientist trainees. In pharmacy, we will use new 'Situational Judgement' tests agreed at UK level for the PRPS programme within a new virtual delivery model. We will also provide support for a provisional register to deal with delayed registration, support new online assessments and implement a national training and QM programme for newly qualified pharmacists and pharmacy technicians. For applied psychology and psychotherapy training, recruitment plans are in place for the forthcoming year and clinical placements will include digital delivery of supervised clinical practice to meet regulatory and professional standards.

6.11 To support these programmes, we will review our training programme management (TURAS TPM) system to enable more professional groups to use it and improve study leave monitoring and reporting through a new online process. While much of the work to develop new TURAS functionality has been delayed by COVID 19, we will review our focus on this area as part of business recovery over the coming year.

e. Post-registration Education

6.12 NES will continue to work with the Scottish Government primary care directorate to recruit, retain and develop the primary care workforce. This will involve post-registration COVID 19

educational resources and commissioned post-registration education for advanced nursing practice, district nursing, integrated community nursing and staff working within care homes. We will also provide education for assistant practitioner radiographers, independent prescribing, general practice nursing and nurse endoscopy. In terms of assistant practitioner radiographers, there is ongoing work around the education required to enable practitioners to authorise requests under strict guidelines and to discharge in-patients back to ward.

6.13 Over the next year we will embed and evaluate an NMAHP practice development framework, provide educational support for the peri-operative workforce, and develop options for endoscopy basic skills and 'Train the Trainer' education. We will ensure robust governance of national operating department practitioner education with participating NHS Boards and the University of the West of Scotland and we will scope the service and education needs for ophthalmic practitioner training. For the multi-professional trauma workforce, we will scope existing education, undertake a gap analysis, and establish online national resources. Subject to in-year/non-recurrent funding, we will develop our Flying Start programme for newly qualified NMAHP practitioners to include online learning for quality assurance and ePortfolios as well as an evaluation and impact framework.

6.14 To support the Scottish Government's commitment to district nursing, school nursing and GP nursing, we will commission a target number of postgraduate diploma (district nursing) places and support integrated community nursing teams and school nurses through commissioned programmes. In general practice nursing, we will extend the evaluation of education and we will support a target number of general practice nurses to complete their final year in training. Subject to additional funding, we will provide online courses, problem-based small group learning, places on university accredited modules and clinical career fellowships. We will also develop online resources for prison healthcare and care home nursing and provide resources for district nurses, general practice nurses, care home and prison health care nurses. We will continue to progress these initiatives as we work through the detail with Scottish Government as part of discussions linked to the 2021-22 outcomes agreement between NES and the Chief Nursing Officer.

6.15 To support NMAHP advanced practice, subject to additional funding, we will support a target number of nurses to undertake independent prescribing (IP) education and we will develop career and educational pathways and other educational resources for assistant practitioner radiographers. In addition, we will work with the Scottish Social Services Council to support educational recommendations from the national Transforming Nursing Roles in Care Homes programme, and we will review and update the advanced practice toolkit on

TURAS Learn. We will also continue to develop the community pathway to specialist and advanced levels, and we will commission an evaluation of the graduate diploma in integrated community nursing. To support the Scottish Government commitment to increasing the numbers of advanced nursing practitioners and with additional Scottish Government funding to cover fees for extensions to study, we will work with higher education institutions and NHS Boards to ensure students whose studies were paused or delayed due to COVID 19 to complete their postgraduate diploma.

6.16 For the AHP workforce we will provide a target number of career fellowships and deliver learning through webinars and digital workshops. Subject to additional funding, we will develop a digital capability self-assessment tool and support the development and implementation of Technology Enhanced Learning (TEL). In terms of clinical skills for AHPs, we will focus on COVID 19 related redeployment and the framework for recovery and rehabilitation through eLearning resources, recruitment of clinical skills simulation faculty and delivery of simulation sessions and webinars. We will also provide TEL opportunities to address the key learning needs identified by our AHP listening exercise and we will develop career and educational pathways and resources for consultant, advanced and senior AHP practitioners in priority areas. For AHPs undertaking new roles in primary care and for the AHP public health framework, we will progress a learning needs analysis and develop business cases to support these learning needs. We will progress these initiatives with Scottish Government as part of discussions linked to 2021-22 outcomes agreements.

6.17 In dentistry we will develop post registration Technology Enabled Learning (TEL) and support students whose training has been disrupted by COVID 19. This will include blended learning programmes for formal qualifications, opportunities for dental care professionals (DCPs) wishing to upskill as orthodontic therapists and modules in decontamination. For dental practice managers and receptionists, we will provide blended learning programmes to undertake SQA professional development awards.

f. Career Support Programmes and Resources for Returners

6.18 NES will recover the full range of our return-to-work programmes accompanied by careers advice and enhanced induction for practitioners. In medicine, we will complete a review of our professional support, careers and less than full time training (LTFT) to ensure trainee support is optimised, appropriately integrated, and further that we can monitor and evaluate its impact and value. This developmental work will continue throughout 2021 and will include a review of our return to clinical practice guidance, prioritising support for shielding trainees who have had their training disrupted. We are also developing careers advice for foundation

doctors which will be in place by August 2021 supported by webinars on specialty applications and selection processes timed to align with key points in the recruitment process. The pandemic has seen unprecedented interest in the GP returner and enhanced induction programmes and we will also deliver the GP Stay in Practice Scheme (SIPs) to support mid-career GPs and those nearing retirement to reduce workload and administration tasks while maintaining a clinical input. Our GP coaching programme will continue to provide places focussed on wellbeing and resilience and we will also provide a Professional Support Unit (PSU) for careers and Less Than Full Time (LTFT) training and develop wider policies for supporting doctors at key stages of their careers and during life events. 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. In nursing and midwifery, subject to additional funding, we will commission a return to practice programme and for AHPs we will publish return to practice guidance, design eLearning for practice placements and develop a business case for a national approach to AHP returners to practice. Detailed numbers and milestones on any of these initiatives can be provided on request by the relevant NES directorate.

7 A Skilled, Adaptable and Compassionate Workforce

7.1 Crucial to dealing with the impact of COVID 19 on waiting times are new models of community-based and primary care supported by CPD programmes and a range of education and role development. Over the next year NES will work with the Scottish Government Primary Care Directorate to recruit, retain, and develop the community-based and primary care workforce and provide access to learning, knowledge, evidence, and content through TURAS Learn.

a. Continuing Professional Development (CPD)

7.2 Over the next year NES will provide CPD programmes for primary care practitioners and teams supported by our CPD Connect¹¹ and TURAS Learn¹² digital platforms. As a result of COVID 19, these programmes have been reviewed and revised to maximise attendance based on new online delivery models covering general medical and dental practice, general practice nursing, GP practice pharmacists and pharmacy technicians, community pharmacists and optometrists.

7.3 In general practice we will increase participation in our Practice Based Small Group Learning (PBSGL) programme and introduce a blended learning approach to general practice nursing

¹¹ <https://www.cpdconnect.nhs.scot/>

¹² <https://learn.nes.nhs.scot/>

(GPN) CPD programmes. This will include targeted support for GPN educational advisors and supervisors and, subject to additional funding, support for GPN cervical screening education standards, national eLearning resources and learning for registered practitioners in cervical screening. We will also provide vocational training for practice managers.

7.4 In dentistry, as new models of care develop because of COVID 19 there will be new training and CPD requirements to mitigate the clinical risk of face-to-face training and the previous requirement for trainers and mentors to be present during clinical care. Over the next year we will provide a CPD programme for dentists and dental care professionals (DCPs) using enhanced eLearning. This will include training on inhalation and IV sedation, an adaptive programme for bespoke training and additional support (including mandatory training) and a system for quality improvement (QI) projects.

7.5 In optometry, we will provide mandatory training for optometrists/ophthalmic medical practitioners (OMPs) and develop digital learning resources. In addition, we will deliver a full CPD package supported by three 'Teach and Treat' centres which include independent prescribing (IP) training. We will also host a national event to support community eyecare and independent prescribing, deliver training for dispensing and provide CPD for the whole practice team covering the first port of call (FPOC) optometry service, capacity to consent, community eyecare for GPs and the framework for the specified practitioner ongoing training (SPOT) programme.

7.6 In pharmacy, we will provide a CPD programme for pharmacists and pharmacy technicians using Technology Enhanced Learning (TEL) through live online events and self-study learning resources (e.g., eLearning, videos, distance learning). We will also provide a leadership and management programme, recruit pharmacy leadership fellows and provide education to support the Quality Improvement Pharmacy Practice (QIPP) collaborative focussing on professionalism under pressure.

b. Role Development and Frameworks for Practice

7.7 Much of our role development supports Scottish Government priorities in relation to primary care transformation and community practitioners. In dentistry we will provide blended learning to develop enhanced practitioners providing domiciliary care in care homes. In pharmacy we will support the primary care workforce through a post-registration training pathway and competency framework for pharmacy technicians working in GP practices. In addition, we will deliver a learning pathway for advanced practice pharmacists and we will scope the education and training needs for assistant and support worker roles. In optometry,

we will provide community practitioners with a broad education in glaucoma management, developing roles to treat patients with suspect glaucoma, ocular hypertension and stable glaucoma. In addition, we will increase the scope of optometry practice in the community through ocular therapeutics courses, eLearning in diagnosing and managing medical retina conditions, accredited optical care education and training for optical assistants.

7.8 NES will provide role development covering forensics, post/peri CCT training, specialist and associate specialist (SAS) doctors and dentists and clinicians delivering healthcare in psychiatry. This will cover a national forensic medicine examination course, training for sexual offences examiners and nurses and an SAS development programme to prioritise enhanced or new service delivery and autonomous SAS clinical practice.

c. Mental Health

7.9 NES will continue to support mental health needs that have arisen as a result of COVID 19 lockdown as well as Scottish Government priorities around mental health improvement, self-harm and suicide prevention, perinatal and infant mental health, primary care and community mental health support, comorbidities, prison mental health, drug and alcohol misuse and psychological trauma. Our support will continue to focus on three main areas covering.

- 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)

7.10 Over the next year NES will support the Scottish Government's mental health strategy alongside the suicide prevention action plan and national recommendations for perinatal and children and young people's mental health services. In addition, the Scottish Government's Coronavirus (COVID-19): Mental Health - Transition and Recovery Plan¹³, addresses the impact of COVID 19 on the population's mental health. The Scottish Government has confirmed and extended these priorities along with a workforce that is better informed and responsive to psychological trauma. Staff health and wellbeing is also linked to the quality and safety of care and we recognise the important part we play in supporting resources such as online Psych First Aid training, the National Wellbeing Hub and the Workforce Wellbeing

¹³ Coronavirus (COVID-19): mental health - transition and recovery plan: 8 Oct 2020

Champion Network. We will also help monitor funding allocations to NHS Boards for psychological interventions (PIs) and therapies (PTs) training to support mental health and wellbeing. Over the next year we will continue to support a range of mental health and wellbeing educational resources and we will progress workforce development to improve access to psychological therapies and child and adolescent mental health services (CAMHS).

7.11 Over the next year NES will support workforce development for staff providing services to people living with dementia and their families and carers. In addition, we will increase the cross-sector reach of existing education and training in psychological interventions for dementia to help ensure timely and quality care. We will provide a Dementia Specialist Improvement Leads programme, training in palliative and end-of-life care for dementia and learning focussed on the needs of people at an advanced stage of dementia. We will also prioritise areas of new knowledge and skills identified during COVID 19 and we will publish a refreshed version of the Prompting Excellence in Dementia Knowledge and Skills Framework. For care at home, we will deliver the Essentials in Psychological Care dementia training programme, adapted for remote delivery and supported by 'Train the Trainer' programmes, and we will deliver the Psychological Interventions in Response to Stress and Distress in Dementia programme and cognitive stimulation therapy (CST) workshops. We will also build on the success of the fronto-temporal dementia (FTD) resource through workshops to support application in clinical practice and we will provide workshops in compassion focused therapy (CFT), stress and distress in dementia and support for cognitive rehabilitation in dementia.

7.12 To support mental health improvement and suicide prevention we will provide eLearning resources, a facilitators' guide for staff working with children and young people and a range of training to support the enhanced level framework for mental health improvement, self-harm and suicide prevention. This area of our work will be supported by quality assured TURAS Learn resources.

7.13 In terms of CAHMS, we will focus on knowledge and skills in evidence-based assessments and psychological interventions to help reduce mental illness and improve psychological health in vulnerable children and young people. Over the next year we will provide a learning co-ordinator network, backfill frontline staff undertaking long courses and continue to provide training at a range of levels in cognitive behavioural therapy (CBT), interpersonal psychotherapy (IPT) and family therapy. We will also deliver CAMHS supervisor and essential CAMHS training (adapted for COVID 19) and a newly developed forensic CAMHS

resource for clinicians who work with children and young people at risk of harming others. In addition, we will provide trauma training to children's services professionals, and we will work with NHS Boards on a multi-sector CAHMS workforce development plan.

7.14 To support child agencies, NES will support multi-professional staff to deliver psychological interventions to children and young people who may not otherwise be able to access support. This will involve maintaining a network of trainers in psychological interventions and therapies providing supervision, training and coaching. In addition, we will develop eLearning resources on TURAS Learn for anxiety management, behavioural activation and coaching.

7.15 Over the next year we will continue our education and training to improve responses to survivors of trauma, underpinned by the Transforming Psychological Trauma' Knowledge and Skills Framework and the National Trauma Training Programme (NTTP). Subject to additional funding, this will involve raising awareness of the NTTP, providing training at informed, skilled and specialist levels, delivering trauma informed leaders training adapted for remote delivery, building networks and an NTTP website and supporting the development of a trauma informed workforce in justice services.

7.16 Over the forthcoming year we will deliver education and training to improve health and wellbeing of adults with learning disabilities. This will involve a 'Train the Trainer' programme for psychological therapists and updating existing NES materials. In addition, we will provide adults with incapacity training to enable dentists to sign incapacity certificates for treatment to priority groups where consent is an issue.

d. Maternal and Child Health

7.17 We will continue to provide access to learning and development to support safe and effective care and contribute to service change and improvement for women, children, young people and families. Over the next year we will provide a CPD programme for school nurses, update our speech, language and communication resource, commission school nursing education and deliver the Family Nurse Partnership (FNP) programme supported by supervisor learning and mentoring and an evaluation report. In addition, we will adapt and recommence a CPD programme for family nurses and deliver the Scottish Multi-professional Maternity Development Programme (SMMDP) to maternity care and other professionals who provide care for pregnant women and their babies. We will also provide courses on continuity of care, support for postural care, online coaching for AHPs focused on remote consultations and neonatal resuscitation and obstetric emergency training for midwives and obstetricians. All these programmes will increase the use of blended learning in response to COVID 19.

7.18 A key outcome for NES is strengthening attachment, parenting and family relationships, and supporting children and young people's development and behavioural outcomes for children and young people. To support this outcome, we will provide a range of parenting education and 'Train the Trainer' support and we will continue implementation of the Psychology of Parenting Programme (PoPP). In addition, we will provide online training in infant mental health, support for infant mental health practitioners undertaking postgraduate education, an early intervention framework and an enhanced practitioner programme. Over the next year, we will also build psychological capacity and capability and meet specific training requirements in psychosocial care within paediatric healthcare through a range of training and online support.

e. Person-centred Education and Training

7.19 Over the next year NES will continue to work with a wide range of partners to support outcomes focused person-centred care to help deliver national health and wellbeing outcomes and national care standards. Subject to additional funding, we will review and refresh our person-centred online resources, including work around alternative augmentative communications (AAC) and workshops relating to openness and learning. In addition, we will establish a health and social care education collaborative group.

7.20 In spiritual care and chaplaincy education and subject to funding, we will continue to embed and evaluate a new academic pathway, including training for professional placement assessors, and delivery of the new curriculum for health and social care chaplaincy. In addition, we will deliver our Values Based Reflective Practice (VBRP), Community Chaplaincy Listening (CCL) and Research Methods programmes which have been adapted in response to COVID 19 restrictions.

7.21 In dentistry we will help to reduce health inequalities and improve oral health and access to oral care for priority groups (frail older people, the homeless and people with special care needs). Over the next year we will create an educational framework for those involved in the oral care of priority groups using 'Open Badges' (digital records of achievement from assessment of online learning). We will also provide the Childsmile programme with new blended learning modules hosted on TURAS Learn and relaunch the Caring for Smiles programme with options for remote assessment. We will also support the Open Wide training guide, develop a toolkit to help improve the oral health of prisoners, work with partners to improve the oral health of the homeless, realign educational materials for the supervised toothbrushing qualification and update oral health guidance and educational resources to

take account of COVID 19. In addition, we will provide adults with incapacity (AWI) training to enable dentists to sign incapacity certificates for treatment to priority groups where consent is an issue.

7.22 For death, dying and bereavement care we will continue development of educational resources for undergraduate and postgraduate curricula and health and social care professionals. We will also support national learning networks, newsletters, and social media communication.

f. Equality and Diversity

7.23 NES will publish new equality outcomes for the period 2021-25, where appropriate, informed by engagement with people affected by the inequalities we seek to address. We will report on progress against our equality outcomes and the impact of mainstreaming the equality duty in our work. In addition, we will publish an equal pay statement, an analysis of occupational segregation, a report on our gender pay gap and an analysis of our workforce equality data, including how that data is used to further the aims of the Equality Duty.

7.24 Over the next year, NES will ensure quality and diversity impact assessments (EQIAs) are completed for new programmes and services to support equality outcomes and priorities. We will also establish governance and implementation arrangements to deliver our human rights statutory duties and contribute to national policy development, learning and governance.

7.25 COVID 19 has accelerated our development of Technology Enhanced Learning (TEL) to increase access and inclusion for our learners. Over the next year we will update our inclusive education and learning policy, develop TEL resources on TURAS Learn, deliver a range of support on human rights, facilitate a community of practice with a TEL focus and improve equality and diversity data gathering across our programmes. We will also support implementation and evaluation of a reasonable adjustments' passport for doctors in training and contribute to development and implementation of fair training initiatives.

g. Healthcare Support Workers (HCSW)

7.26 NES will help improve access to learning, qualifications and education pathways and role development for support workers to help reshape the workforce and develop careers for new models of integrated care. Over the next year we will review existing learning resources, develop new resources, refine our masterclass model, provide online workshops/webinars, host an advisory group and education network, develop case studies/user stories and (subject to additional funding), report on the gaps in education for support workers within

specific allied health professions. In addition, we will establish baseline data metrics for our TURAS Learn integrated learning hub and increase traffic to it. We will also contribute to the development of education and career pathways for non-clinical healthcare support workers to help increase use of an eLearning portfolio to enable recognition of prior learning (RPL).

h. Organisational, Leadership and Management Development

7.27 NES will continue to work with the Scottish Government to implement, enhance and evolve Project Lift¹⁴. We will also work with the Scottish Government and partners across the sector on strategies and possible developments in relation to leadership and talent management. NES will contribute expert organisational and learning development advice, support, and resources to support collaboration across the health and social care system. This area of our work supports COVID 19 recovery and renewal, transformational change, service reform, harmonised workforce practices and the development of positive and inclusive workplaces.

7.28 Over the next year we will support the development of a community of change agents across health and social care and subject to additional funding, continue development of a model for collaborative leadership in integration settings. To support digitally delivered talent management, we will provide career conversations for aspiring directors, enhanced talent management for executive directors and support for succession planning. For leaders at all levels, we will provide targeted development, including an aspiring director programme (Leadership Cubed) and development packages for existing directors. To support engagement across health and care we will host community events and deliver Leadership Links seminars. We will also roll out of a newly refreshed, 360 feedback tool and, subject to additional funding, implement an online matching platform for the national coaching and mentoring collaborative. In addition, we will deliver GP coaching, a Coaching for Wellbeing programme and coaching for new chief executives and chairs.

7.29 NES will continue to support and deliver established early careers programmes such as the Scottish Clinical Leadership Fellowships, the Graduate Management Training Scheme (MTS) and New Horizons for Peer Thinking. In addition, we will complete the development phase for a foundation level leadership and management development resource, deliver the Leading for the Future programme and contribute to the Scottish Coaching and Leadership for Improvement and human factors workshops. In medicine and dentistry, we will deliver the LaMP programme and pilot and evaluate a multi-disciplinary programme.

¹⁴ <https://projectlift.scot/>

i. Quality Improvement (QI) Education

7.30 NES will contribute to safe, effective and person centred by building quality improvement (QI) capacity and capability. Over the next year we will provide the Scottish Quality and Safety Fellowship, QI training for non-executive board members and the Scottish Coaching and Leading for Improvement and Scottish Improvement Foundation Skills programmes. Subject to additional funding, we will develop a QI education plan and training materials for waiting times. We will also develop a 'Train the Trainer' value management improvement coach programme, deliver QI coaching to organisational improvement projects and provide the Scottish Improvement Leader Programme across the public sector.

7.31 In optometry we will maintain a peer assisted learning (PAL) network to support improvements in patient care and practitioner confidence and safety. We will also provide leadership and QI support through CPD events and webinars for revalidation and we will complete a progress report on the development of leadership and QI in the eyecare profession in Scotland. In dentistry, we will support infection control audit and QI projects, accept QI research projects for review, approval and certification and create QI/research educational opportunities for dental professionals.

j. Patient Safety, Clinical Skills and Public Health

7.32 In response to COVID 19 NES will support the development of a skilled public health workforce, including specialist practitioners and the wider health and care workforce, who contribute to key public health priorities, with a focus on addressing systemic health inequalities, health protection and infection prevention and control. Subject to additional funding, we will review existing resources and develop new resources covering antimicrobial resistance/stewardship, infection prevention and control, immunisation and contact tracing. We will also provide a rapid programme of education for the care home associate practitioner roles, scope the education needs of care home staff and build 'Train the Trainer' capacity.

7.33 In terms of clinical skills and simulation training we have reconfigured the Clinical Skill Managed Educational Network (CSMEN)¹⁵ COVID 19 modules. Over the next year we will develop and pilot new resources, update online resources and establish a blended approach to national faculty development for simulation-based educators. We will also establish a CPD skills record for simulation-based education for the workforce and evaluate the national skills education hub at NHS Louisa Jordan. In addition, we will provide enhanced simulation training to meet the requirements of the new IMT curriculum which replaced core medical

¹⁵ <https://www.csmen.scot.nhs.uk/>

training in 2019. This includes a three-day bootcamp for year one, skills days for year two and a two-day 'registrar ready' course in year three. This new IMT training package has been funded by the Scottish Government and regular updates are provided to the Shape of Training Implementation Group.

7.34 NES patient safety education will include development of a structured handover training package and an eLearning module as well as patient safety sessions aimed at increasing knowledge and confidence in applying the learning. In terms of human factors and ergonomics we will support academic training, publish 'open access' academic papers, develop a draft human factors national safety curriculum and learning pathway and provide a range of webinars for health and social care.

7.35 In dentistry we will seek to understanding the full impact of COVID 19 on the dental team and patients to support the recovery of services and provide support to dental practices. This will involve evaluating the impact of COVID 19 on training, careers, workplaces and health and wellbeing through surveys, interviews and focus groups. We will publish resources to support the response to COVID 19 and help dental teams resume care and we will provide a practice support manual for practice inspections. In pharmacy, we will deliver a programme of independent prescribing (IP) and clinical skills training (subject to additional funding) covering community pharmacy common clinical conditions to support the Pharmacy First Plus service. We will also report on the outcomes and numbers of pharmacists completing IP training, provide an evaluation of pharmacy 'Teach and Treat' services, commission clinical skills and IP training and develop simulation training faculty for undergraduate pharmacy students and postgraduate pharmacists. In psychology we will provide health behavioural assessment and training materials, including patient safety and staff wellbeing, and adjust training delivery to take account of COVID 19.

8 Digital Platform, Analysis, Intelligence and Modelling

8.1 COVID 19 has highlighted the need to maintain the pace of digital innovation and provide better access to nationally available data and standards. Throughout the early stages of COVID 19 NES rapidly developed and deployed several digital initiatives which contributed to transformational change in the use of digital technology, as evidenced by the uptake of remote consultations using NHS Near Me and in remote working using MS Teams and Office 365. This is helping to change the way we think about health technology while demonstrating that NHS Scotland can build strong capability to develop and run its own technology quickly and at quality. NES has a continuing strategic role in supporting the national Digital Health

and Care Strategy¹⁶ (currently under review), providing the information architecture to support national digital services and workforce data. This includes establishing a national digital platform and further developing our TURAS workforce platform through which data, information, tools, products and services are provided. This important digital component of our work has been impacted by our requirement to develop COVID 19 digital support and over the next year we are aiming to get these programmes back on track. As we strive to achieve this, we will continue to support COVID 19 recovery and over the next year we will progress a range of digital health and care commissions covering.

- COVID 19 vaccination data collection
- COVID 19 shielding data preparation and processing
- COVID 19 assessment tool
- cancer treatment summaries
- ReSPECT emergency anticipatory care planning application
- ophthalmology electronic patient record
- care home huddle tool

8.2 In terms of education and training delivery, COVID 19 continues to make face-to-face teaching extremely challenging. As we recover, we will develop a Technology Enhanced Learning (TEL) programme to help transform the way we deliver education and training. The programme includes a range of working groups covering technology and innovations, user design, trainers, evaluation, accessibility and inclusion, advanced technologies, and operational delivery.

a. The National Digital Platform

8.3 In 2018, Scottish Government set out its intention to deliver the Scottish health and care national digital platform with NES taking on key elements of this work. Since then, we have attracted and built a highly skilled team to develop national infrastructure, an important concept that is now being translated into action and is helping to change the way we think about health technology. Over the next year we will provide cloud-based infrastructure for the national digital platform to support health and social care services in Scotland. This will include a shared data store for unstructured information (such as image files or PDFs) and data assets to support COVID 19 vaccinations and the notification of test results.

8.4 The national digital platform supports high quality care for people through effective data integration and availability. SCI-Diabetes is a platform that integrates data from clinical systems and over the next year we will transfer it to the national digital platform. In addition,

¹⁶ Digital Health and Care Strategy

we will continue to support the delivery of the Recommended Summary Plan for Emergency Care and Treatment (ReSPECT), as well as work on cancer treatment summaries and a national ophthalmology electronic patient record (oEPR). We will also continue to provide digital infrastructure for vaccinations, the COVID 19 proximity app and the SMS service for vulnerable people.

b. The TURAS Digital Platform

8.5 The NES TURAS digital platform contains a wide range of workforce resources, tools and systems. In addition to supporting COVID 19 through resources such as the case assessment application, the accelerated recruitment portal (CARP) a TURAS Learn website and vaccination data collection, we will continue to develop TURAS as a constantly improving and secure platform for communication with trainees, learners and other key stakeholders and for education and training resources to the health and social care workforce. This will involve reviewing our training programme management security model to enable more groups in training to use it, developing a core data module to store information about NHS employees for tailored employment support and advice, refining the TURAS style guide to ensure consistency, ensuring new applications comply with accessibility legislation and improving the user experience through research and testing.

8.6 TURAS has potential for increasing collaboration between NHS Boards and across the care sector. Subject to additional funding we will support wider rollout and further development of the TURAS clinical assessment, vaccination management and Family Nurse Partnership tools across health and social care. We will also develop the TURAS care management solution, to build a better picture of the dependencies and complexity in care homes and help identify those requiring support. In addition, and subject to additional funding, we will improve the user experience for those joining, moving or leaving employment within the care sector through a solution that devolves the management of users to those responsible.

8.7 TURAS also has an important educational role in maintaining high quality learning content and providing educational quality assurance processes. Over the next year and subject to additional funding, we will extend TURAS Quality Management (QM) to all NES directorates to help reduce the time taken to complete activities (such as QM visits) by recording and tracking them and developing reporting on education providers. We will link TURAS Learn and TURAS Appraisal so that the learning record can be viewed and created as part of the personal development plan and we will improve access to appraiser training through remote learning and online applications. We will also continue to migrate NHS Boards and local authorities to TURAS Learn and provide organisations with the functionality to develop

eLearning in a way that reduces the cost of migrating from existing systems. In addition, we will facilitate a national TURAS Learn user group, improve the reporting functionality, extend the use of payments, and create the ability to directly manage curriculums, study leave, out of programme training and less than full time training.

8.8 In terms of our knowledge services, we will explore opportunities to integrate The Knowledge Network (TKN) into our TURAS platform. Through TKN we will provide a copyright advice service and improve educational resources working with the national Copyright Community of Practice. We will also work with our Technology Enhanced Learning (TEL) leads to support our developing TEL strategy and to ensure digital learning resources follow good instructional design and learning standards. Our knowledge services will include literature search and summary resources, a journal club, current awareness bulletins and literature search training. Subject to additional funding, we will also work with the care inspectorate to promote subscription content and information searching skills and share knowledge management techniques and the use of Open Badges for the care workforce.

c. Data Analysis Intelligence and Modelling

8.9 The Scottish Government continues to place a strong emphasis on improving workforce planning and although COVID 19 has delayed this work, over the next year we will ensure our TURAS Data Intelligence platform contains consistent and quality workforce supply data, enabling planning for the workforce now and into the future. We will engage with workforce planners and other potential users to identify and correct data inaccuracies to support the Scottish Government’s aim to ‘embed a workforce planning approach that promotes resilience and preparedness across our health and social care system’ and consolidate our position as a national centre for workforce data and intelligence.



Figure: TURAS Data Intelligence – NHSS Workforce Statistics Dashboard

8.10 Over the next year we will also deliver quarterly publications for psychology, CAMHS and core workforce and provide detailed supply-side analysis of the dental, medical, and nursing and midwifery workforce to support student and trainee intake planning. In addition, we will engage stakeholders, gather requirements, update data sets and build reports and scenario planning tools as part of work with the Scottish Government to agree the future direction of workforce planning data and intelligence. Potential areas for innovation include developing supply data to inform workforce planning and expanding data gathering to improve intelligence on service demand and the associated workforce planning implications. We will also provide data collection support and regular reporting on the Psychology of Parenting Programme (PoPP), increase the range of workforce data that we access and control, develop a unified data acquisition, storage, analytics and reporting solution and enhance existing workforce data with new and more accurate coding.

8.11 In pharmacy we will provide workforce dashboards and reports to inform workforce planning with data on undergraduates, PRPS exit, the managed service, community pharmacy and pharmacist prescribers. In medicine, we will audit specialty group programmes to ensure consistent data capture and accurate data to support reporting and monitoring of COVID 19 related training disruption. In psychology we will monitor and assess the impact of new funding on mental health services capacity and capability through quarterly official workforce reports. We will also provide workforce and educational planning reports on the output and employment destination from applied psychology training to help improve recruitment and retention and assess areas where training numbers could be increased. For the psychological therapies' workforce, we will provide data analysis and reporting and we will work with NHS Boards to enhance data quality.

d. Digital Skills Development

8.12 NES will work with partner organisations to increase the digital capacity of the health and care workforce in digital literacy and participation, up-skilling, and re-skilling the workforce and attracting future talent for a digitally led service. Over the next year we will continue to develop inclusive learning for the health and care workforce to improve digital skills, including online resources to help embed remote consulting and health monitoring services. Subject to additional funding, we will establish a nationally managed and locally oriented education support infrastructure to enable the prioritisation, adoption, spread and scale of digital capability. We will also support a digital leadership programme and learning resources.

9 A High Performing Organisation

9.1 As we continue to recover from COVID 19 while dealing with new strains of the virus, NES remains ready to change the services we deliver and the way we deliver them. Over much of the next year, access to our facilities is likely to remain controlled, our staff will continue to work flexibly, and we will develop and deliver education and training using a variety of methods in response to changed circumstances. These measures are in place to protect people and resources while ensuring that the health and wellbeing of our staff and the public remains our principal consideration.

9.2 Our response to COVID 19 has been helped by our focus on people and work design, reflected in positive annual staff experience scores, our Smarter Working Improvement Programme (commenced August 2019), and our established use of cloud-based technology. These areas have enabled flexibility and choice in how we deliver our services and in how our staff balance work time between office and remote locations. Over the next year our staff will retain the ability to work flexibly, and we have configured our facilities and services to enable social distancing and hygiene, anticipating the requirement for very different ways of working as a result of COVID 19. We acknowledge that every member of our staff has a role to play in this RMP3 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 changed beyond recognition.

a. Staff Governance, Health and Wellbeing

9.3 Supporting NES staff wellbeing will be critical over the next year and the welfare of our staff is a cornerstone of this RMP3. We recognise the importance of ongoing support for physical and psychological wellbeing and over the next year we will focus on our Healthy Working Lives Group and our People and Facilities Recovery Teams in the development and implementation of recovery plans. We will do this in partnership with staff side and using feedback from staff surveys and Trickle, our newly established online platform for day-by-day employee feedback. In addition, we will review reported levels of staff burnout and plan health and wellbeing interventions while also applying new Scottish Government guidance and policy to our processes, staff engagement channels and new ways of working. These actions will be supported by workforce analytics dashboards that provide data to generate insight and drive action. Over the next year, we will provide dashboards with agreed key performance indicators for the main areas of the employee lifecycle as identified in the current People and OD Strategy, these are: attraction, recruitment and selection, performance, development, succession and transition.

9.4 In terms of recruitment, we will seek to improve efficiency and speed by reviewing our recruitment processes and exploring, for example, how to run recruitment campaigns for multiple junior roles, attract a wider social diversity of employees by reviewing the need for qualifications, (particularly in entry level roles), continue initiatives to attract and recruit a wider diversity of employees and review the impact of the Values Based Recruitment process. We will use quarterly performance data and staff feedback to address the key attraction, recruitment and retention issues arising during COVID 19 recovery. We will also support line managers in new ways of HR delivery e.g. shared services and increased self-service. In addition, we will develop digital support for recruitment, on-boarding, and employment, including a solution for establishment control, an eESS to ePayroll interface and a portal for staff and managers. During 2021, we will transition our employee recruitment activity to the East Region Recruitment Model.

9.5 In terms of organisational development and learning we will support excellent culture, leadership and staff experience through our People and OD Strategy. This will include leadership consistent with the principles and values contained in 'Our Way' while maintaining our iMatter performance and using discussion forums and focus groups. We will also continue our STARS awards, support the implementation of Trickle (our staff feedback tool), provide funding for staff development, improve compliance in personal development planning and review and essential learning and provide workforce planning learning resources.

b. People and Facilities Recovery

9.6 NES COVID 19 recovery is being supported and led from all parts of the organisation, acknowledging that our future ways of working will be different and will involve workplace adjustments, new policies, behavioural guidance, and communications. These will be agreed in partnership with the health and wellbeing of our learners, staff, and stakeholders at the core of decision making. This work will focus on the Smarter Working Improvement Programme and will include new workstyles to achieve, safe return to the workplace, improved space utilisation through a new balance of site based/remote working, reduced travel and facilities costs and increased uptake of digital technologies and flexible working.

9.7 Throughout COVID 19 most NES facilities have remained accessible to varying degrees with some essential workers in regular attendance and most staff working remotely. Our use of cloud-based technologies for much of our core business facilitated a relatively smooth transition to remote working and while social distancing continues to impact the capacity of our sites, we will ensure they are configured for a blend of remote and site-based working and for new ways of delivering our services.

9.8 Over the next year we will remain prepared to fully re-open our facilities, adapted to ensure compliance with COVID 19 guidance and social distancing. This facilities element of the RMP3 is an important aspect of a phased, and gradual recovery and we will ensure all NES sites maintain 'COVID Secure' status. We will also review our facilities to identify where efficiencies can be made and implement a new 'minimum viable product' remote access facilities management platform to support safe COVID 19 practices and 'Smarter' working.

9.9 NES's plans to lease and fit out a new facility for our digital work in Edinburgh, and to lease and refurbish new office space in Inverness during 2021, will remain on hold while we reassess our requirements (as part of a national NHS Board joint approach), so that we fully understand the impact of COVID 19 on the commercial property market and our own requirements. In terms of Inverness, we will enter a short-term arrangement for the end of our phase 1 lease to align with the expiry of our phase 2 lease at the Centre for Health Science in 2023. This will enable us to consider one single new lease for our requirements in Inverness as part of a national NHS Board collaborative approach to property transactions. As a longer-term initiative, our dental directorate will also start to review the use of the NES dental education centres to maximise space utilisation.

c. Corporate Governance

9.10 Throughout the next year, NES will maintain an up-to-date COVID 19 Contingency Plan (CCP) to manage delivery of our core business during COVID 19 and prepare for situations which would require us to step up our 'Gold, Silver and Bronze' command in place of normal governance. We also remain prepared to deploy a 'governance light' approach which entails time limited meetings covering essential agenda items with shorter papers and more verbal updates, supported by increased frequency of Executive Team meetings. In addition, we will implement and consolidate new arrangements for whistleblowing based on the Scottish Public Service Ombudsman (SPSO) whistleblowing standards published in April 2021.

9.11 In digital we will continue to support the national adoption of O365, implement automated service desk, information security and event management solutions, complete information security training and review policies, replace Kenexa and ensure there is a replacement to support operational and financial planning. In finance and procurement, we will achieve our core performance targets while continuing to track the actual costs of COVID 19 and evaluating the financial impact of activities currently underway, as outlined within this RMP3.

10 Conclusion

10.1 This NES phase three Re-mobilisation Plan (RMP3) focuses on recovering the priority areas of our core business which have been disrupted by COVID 19. While this RMP3 is focused on recovery, and the resumption of our educational core business, we remain mindful of the many challenges that the service (and the workplace learning environment) continue to face. While recovering our services we will retain the successfully established new ways of working we have implemented, 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. In doing this, we will continue to support our staff and learners to the maximum extent possible, working to secure continuing education and progression for learners, and undertaking recruitment to guarantee continuity of workforce supply.

10.2 This RMP3 is underpinned by a detailed operational and financial plan which covers the full range of our activities, desired outcomes, performance targets, risks, and budgets. We acknowledge that our detailed plan was developed in a very different environment to the one in which we are now working and that continuing uncertainty and volatility because of COVID 19 is likely to impact delivery of this plan. Nevertheless, we will seek to report quarterly performance in respect of this RMP3 to accurately reflect and record the chaotic and rapidly changing circumstances that COVID 19 continues to bring to NHS Scotland.

Appendix 1 – The NHS Scotland Academy (NHSS Academy)

The NHSS Academy will offer accelerated training for a range of subjects and professions, aligned with and adding to existing clinical and simulation training across Scotland. The NHSS Academy fits with the NHS Education for Scotland (NES) vision of ‘a skilled and sustainable workforce for a healthier Scotland’ and mission of ‘enabling excellence in health and care through education, workforce development and support’. This also fits with the NHS Golden Jubilee (NHS GJ) vision of ‘delivering care and education through collaboration’ and the NHSS Academy ambition to provide ‘excellence in learning to enable the development of a highly skilled NHS Scotland workforce of the future’.

The NHSS Academy will build on the respective skills and facilities of both organisations, bringing together NES’s experience in workforce development and digital learning with NHS GJ’s clinical and patient experience outcomes as well as training and hotel facilities. The next steps will be for NES and NHS GJ to agree the business case and budget, establish a governance structure and implement performance reporting.

This appendix provides a high-level outline of early priorities for the NHSS Academy. During April 2021 a joint business case is being developed to provide more detail on the training and funding model. An initial estimate of the recurrent funding is shown below. These costs will be reviewed by the project team and aligned to the outline business case and they represent the initial areas of activity where the NHSS Academy can add value and pace to existing national provision. Further joint work will be undertaken to create a three-year financial plan, which would follow final agreement on the year one financials.

NHSS Academy - Estimated Initial Recurring Funding Requirement for 2021/22

Activity	Comments	Value
<ul style="list-style-type: none"> - Priority education for elective centre roles. - Specialty specific training for Band 5 scrub practitioners and recovery practitioners. - Education for Band 4 assistant scrub practitioners, physiotherapy/ occupational therapy/ generic AHP healthcare support workers, decontamination technicians and surgical and anaesthetic assistants. These roles will be delivered locally. 	Approved by the National Elective Centre Programme Board as training which could be commissioned from the NHSS Academy (Dec 20). Subsequent approval will be required from the Integrated Planned Care Board.	£250k - £350k
<ul style="list-style-type: none"> - Endoscopy training; (1) enhanced capacity for service delivery; (2) academy approaches to accelerate training. 	An SG bid will be submitted as part of the work on waiting list reduction. This service represents approx. 25% of the total backlog and will be subject to further analysis and dialogue.	£500k
<ul style="list-style-type: none"> - Built environment 	A range of training options to ensure staff have the skills to manage the engineering and mechanical elements of large capital projects and understand the assurance requirements.	£200k
<ul style="list-style-type: none"> - Non-pay 	To include items such as, set-up costs of theatres for training, additional equipment, and any associate non-pay costs.	£300k
<ul style="list-style-type: none"> - Core NHSS Academy staffing infrastructure 	The exact skills mix required has yet to be formally agreed - the current estimate represents a team of nine WTE's across both organisations for core infrastructure.	£750k
TOTAL		£2-2.1m

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