



NHS Education for Scotland

Strategy Annual Progress Report 2020-21

November 2021

1. Introduction

1.1 The NHS Education for Scotland Strategy 2019-2024 focussed on five strategic themes:

- 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, Information and Modelling and
- A High-Performing Organisation (NES).

1.2 These five key areas of focus are underpinned by six cross-cutting principles that we use when we develop our plans:

- Promoting equality and diversity, and tackling health inequalities;
- Working in partnership with stakeholders and demonstrating leadership;
- Enhancing digital access to learning, services and information;
- Systematically planning our activities, measuring their impact and learning from insights;
- Continuously improving quality, and leading and harnessing innovation;
- Clear accountability for our decisions, rooted in effective governance.

1.3 This is the second year of our new strategy. As with previous strategic frameworks, this year we set detailed targets and deliverables and reported our progress against these to the NES Board each quarter. A summary of our performance is published in our Annual Report and Accounts.

1.4 This second annual report on our strategic outcomes for 2019-24 provides a summary and review of our progress towards achieving these outcomes. It includes information about data sources, lessons learned and implications for the future. Case studies give a flavour of what we have accomplished.

1.5 In response to the COVID-19 pandemic, in March 2020 the Scottish Government requested that NES conduct a review of all our programmes of work. As a result, and in the face of the pressure on frontline services, during 2020-21 we suspended some of our education and training activity prior to changing the mode of delivery and access, which enabled much of our business to continue. We also embarked upon new areas of business.

2. Strategic Outcome 1: A High-Quality Learning and Employment Environment

2.1 What this area of focus means

- 2.1.1 Much of the education and training in health and care takes place in the workplace. The quality of the learning and employment experience impacts on our ability to recruit and retain the people we need and has clear links with clinical outcomes and patient experience. The environment where people work and learn therefore needs to be of the highest quality.

2.2 Where do we want to be by 2024 and how will progress be measured?

- 2.2.1 By 2024 we want the learning and employment experience of people working in NHS Scotland to be consistently high quality, supporting people in their personal and professional development. Progress will be measured by responses to iMatter and responses from organisations which use NES infrastructure and services.

2.3 Examples of good practice and where progress has been made

2.3.1 Managing the learning environment

Supporting the quality of the learning and employment environment is a key NES priority, which is reflected in our significant investment in quality management. The good practice examples below illustrate some of the ways in which we have responded to educational needs to create or enhance the conditions under which health and care staff have developed skills, knowledge and experience.

2.3.2 Quality management of postgraduate medical training

- 2.3.2.1 After a reduction in external Quality Management activities from March 2020 until September 2020 the Quality Workstream has restarted its work and recommenced the quality cycle, particularly regarding patient safety matters and concerns around trainee dignity. Areas prioritised were Enhanced Monitoring (EM) and at-risk sites where known or persistent issues needed to be addressed.

- 2.3.2.2 The workstream completed the 2020 round of Quality Review Panel (QRP) meetings for all specialties. Using Scottish Training Survey data and local information, the expert QRPs have assessed quality standards across each of the Deanery's eight specialty groupings and the output and direction from each QRPs were used to inform the forward work programme for each specialty area, based on risk and the greatest need for intervention. In conjunction with Health Board Directors of Medical Education, sensitively taking account of local circumstances and needs, we restarted our visit programme virtually. The new way of

working has proven to be very effective allowing us to expedite improvements and increase trainee and trainer engagement through greater attendance and participation.

2.3.2.3 The resumption of activity will underpin ongoing Scotland Deanery accountability for the quality of medical education and training in Scotland to the NHS Education for Scotland Board and to the General Medical Council (GMC). A full presentation and assessment of the COVID-19 arrangements will be made available in the 2021 Quality Annual Report.

2.3.3 **Enhancing Dental Vocational Training**

2.3.3.1 In preparation for the new cohort of Dental Vocational Trainees commencing 1 September 2020, NES Dental purchased 167 phantom head units and sets of plastic teeth, one for each trainee to have on hand in their training practice to assist with clinical skills development in the absence of sufficient hands-on patient experience due to the COVID-19 pandemic. In addition, suture kits were also provided to again enhance the opportunities for practice. The START Train the trainer programme was quickly moved to an on-line delivery model and was successfully delivered.

2.3.4 **Healthcare Scientist training**

2.3.4.1 NES Healthcare Science monitors workplace training via departmental self-assessment, training group reviews and monitoring the progress of individual healthcare scientist trainees. Our approach is designed to foster partnership and improvement. The assurance process is based on HCPC standards of education and training as a benchmark for all aspects of healthcare science training. For trainee clinical scientists, other postgraduate level trainees and practitioner staff, the principles of good practice are the same and help cement the identity of our scientific workforce. As of 16 April 2021, 51 training centres from 12 health boards have successfully completed self-assessment. Comparisons with the 2016 round reveal changes in HCS training provision, with newly recognised training centres, changes to the declared scope of centres' training, and the amalgamation of other centres.

2.3.4.2 Our QA Monitoring processes advocate that all trainees who have been in post for one year or longer are required to submit an Annual Review of Competency Progression (ARCP). In total 194 requests for ARCP reports were submitted. A response rate of 89.7% was achieved including submissions, and non-submissions with acceptable reasoning. Only 20 did not respond, of which 10 were Clinical Physiologists. All ARCP responses have been updated on the Turas Training Programme Management system.

2.3.5 NMAHP Practice Placement Provision

2.3.5.1 We have been supporting Health Boards in complying with Nursing and Midwifery Council regulatory requirements for practice placements through the establishment of a new co-ordinating group. The Rapid Action Placement Overview Group (RAPOG), which has met on six occasions since September 2020, has enabled engagement with the 16 NHS Boards, 11 universities, College Development Network and third sector organisations.

2.3.5.2 Our NMAHP directorate produced a Scottish Government commissioned report on provision of NMAHP placements in the 20/21 academic session. Ten workshops were held to engage Practice Educators about the challenges of re-starting placements, with a further five workshops about peer enhanced e-placements (PEEP). We delivered six national webinars accessed by Boards and universities to share good practice on delivery of a range of student placement models. The NMAHP directorate published a new COVID-19 placement recovery webpage to enable all stakeholders to access resources, reports and guidance about placement models to support AHP placement recovery across Scotland. We also developed online versions of Peer Assisted Learning workshop and resources, AHP Practice Educator preparation resources and student essential learning, which are available on Turas. AHP Placement Agreements amended and signed for Paramedics across 14 Boards.

2.3.6 Pharmacy continuing professional development resources

2.3.6.1 Our Pharmacy team developed and deployed a flexible CPD Programme, including live online events and self-study learning resources (e.g. e-learning, videos, distance learning packs), for all pharmacists and pharmacy technicians registered with the General Pharmaceutical Council (GPhC) in Scotland. Live events included at least 4 national webinars and at least 2 regional events per region. Numbers of attendees on all events, and learners completing e-learning resources, were reported quarterly up to March 2021.

2.3.6.2 In 2020-21 NES Pharmacy relied on online delivery of education for pharmacy education programmes and CPD. The provision of education was adapted to ensure we delivered accessible quality education to the whole pharmacy workforce (~5000 pharmacists and ~2500 Pharmacy Technicians) including those in remote and rural settings. While adapting live face to face events to either webinar or Teams meetings, we also maintained our production of e-learning modules as a priority. At the end of 2020-21 we reported 15,473 e-learning module completions, with an average feedback approval rating of 4.5 out of 5, which highlights the volume and quality of education provided in this format.

2.3.7 Dental CPD

2.3.7.1 During 2020-21, the Dental CPD workstream organised over 120 online CPD events in the form of webinars, in which over 25,000 dentists and dental care professionals participated. Over 280 hours of verifiable CPD was provided. Events ranged from just 10 attendees to over 1300 attendees. Running these events online has enabled a larger number of people to attend key topics, from across Scotland. For example, it has enabled 2700 to attend training on child and adult support and protection; 1700 to be updated on Oral Cancer and over 6000 to have their knowledge refreshed on managing medical emergencies and basic life support. More recently, we have developed a process to allow access to recordings of some of the live webinars, to allow those unable to attend originally to watch these, and to gain verifiable CPD. It also allows those who attended the live event, to check on a particular point or to re-watch the whole recording. There are now have 13 titles in Portal TV with more being added on a regular basis.

2.3.8 Enhancing the employment experience

2.3.8.1 Despite the challenges of the COVID-19 pandemic, we have been able to make improvements in the ways in which we support and enhance the NHS Scotland employment experience. Our Workforce Directorate introduced digital networks to support our national Employability & Apprenticeships programme. We created a space to share good practice and bring together key stakeholders including Scottish Government, Skills Development Scotland, Developing the Young Workforce and Dept of Work & Pensions.

2.3.8.2 This created a single source of support and advice for all Health Boards, focusing on local and national employability actions in reaction to the pandemic. We also introduced digital networks to support our national Learning & Development Network, allowing us to continue our national collaboration on induction, essential learning, retention and management development. This space provided targeted support for the rapid transfer of learning onto a digitally enabled model, supported by an emerging Create and Curate Hub.

2.4 Learning from challenges

2.4.1 The multiple challenges to health and care staff associated with the COVID-19 pandemic are well-documented. Ensuring that high quality services are maintained, while providing a positive learning environment in which trainees and other learners can make progress in their careers has presented significant complexities. Our professional directorates have responded positively to these challenges and have used digital and other solutions to support learners during this difficult period. The examples below illustrate how NES has

responded rapidly to the changing needs of learners, ensuring that learning environments were not compromised.

2.4.2 Dental CAREER project

2.4.2.1 The **CAREER** research project is being undertaken by our Dental Clinical Effectiveness team in partnership with colleagues from the University of Dundee and the University of St Andrews. It aims to understand how the COVID-19 pandemic is affecting the anxieties, feelings of uncertainty and preparedness for practice of early career dental health professionals and dental health professionals working in a primary care setting in Scotland.

2.4.2.2 The project was initiated in 2020 following a series of group sessions with dental health care professionals where views about training preparedness, trauma, depressive symptoms, and emotional exhaustion were raised and discussed. These sessions highlighted the impact of the pandemic and the importance of gaining a greater understanding of these issues to better support and prepare dental professionals during and following the pandemic.

2.4.2.3 CAREER adopted a multi-method approach comprising survey, focus groups and longitudinal diaries. Three hundred and twenty-nine dental health care professionals, including trainees, have taken part. Findings so far have been shared within NES and key stakeholders in education and policy to inform the future provision of educational support and training in dentistry.

2.4.3 Enhancing the quality management of postgraduate medical training

Our Medical Deanery Data Team meets regularly throughout the year to review and improve the use of data from various sources. This training quality data is used for a range of stakeholder groups including our Specialty Training Boards, Specialty Quality Management Groups, Training Programme Directors, Directors of Medical Education and Sharing Intelligence for Health and Care Group (SIHCG).

2.4.3.1 The Data Team's focus will concentrate on making the most of the data we have available, ensuring our questionnaires, data outputs and reports are user friendly, introducing greater quality control to encourage consistent decisions across the specialty groups and the alignment of processes for the analysis of the Scottish Training Survey (STS) data with that of the GMC National Training Survey (NTS) data.

2.4.3.2 In response to a request by Directors of Education the Data Team will shortly introduce a first version of a Scottish Training Survey (STS) dashboard that includes longitudinal data. The team will also launch a new format for QRPs that is much more user-friendly and easier to interpret.

2.4.3.3 Despite limitations due to COVID-19 our Development Team plans to take forward an ambitious programme of support and development for workstream staff and associates. Using standard meeting platforms, the team will continue to recruit and host several development events to uphold training and ensure consistency of approach across our work.

2.4.3.4 Likewise, our Improvements Team will continue to make improvement to our processes and operating procedures. Last year saw the team develop new web pages to help explain what happens during a Deanery visit, particularly from a trainee perspective. The team also produced new question sets for visits to incorporate information obtained from the pre-visit questionnaires where available and to improve the quality of questioning in certain areas, particularly around educational governance and patient safety. We shall evaluate their use over the 2021/22 quality management cycle. A new bank of requirements to improve consistency when writing visit reports was introduced along with a new question set designed specifically for programme visits, both of which will be evaluated in the 2021/22 quality cycle.

2.4.3.5 A raft of new improvements is now being considered and worked upon including a new programme visits 'bundle' and finalisation of a standard operating procedure for virtual visits. The Improvement Team are also piloting a GP specific bank of requirements to achieve better consistency in our GP reports. Innovative ideas such as self-assessment and pre-visits trainer questionnaires will be taken forward.

2.5 Case Study: Developing pharmacist prescribers earlier in careers to bridge the transition to educational reforms in 2026

2.5.1 Pharmacist Independent Prescribers (PIPs) are key to delivery of the ambitions for Pharmacy services across all sectors in Scotland as part of the development of the health and social care workforce. Plans have been put in place to ensure that newly qualified pharmacists are not disadvantaged by the changes in the initial education and training of pharmacists. Receiving the education and training they require to develop the skills and behaviours to become a confident, competent and compassionate prescriber earlier in their career. These plans include a new NES Post-Registration Foundation Programme aligned to

the new Royal Pharmaceutical Society (RPS) Post registration Foundation curriculum for recently qualified pharmacists.

2.5.2 This will include the PIP qualification delivered by the two Schools of Pharmacy. This new programme will be open to newly qualified pharmacists across all sectors of pharmacy in Scotland and individuals completing this will be credentialed by the RPS. The NES Pharmacy team have been leading engagement with stakeholders including potential and past trainees, NHS Managed Service, Community Pharmacy and Schools of Pharmacy. This has been achieved via several groups that have worked to tight project plans, which were expertly supported by the NES Organisational Development team. This co-production has ensured the programme being created is innovative through use of technology such as remote supervision and simulation training, achievable as we enter our COVID-19 Recovery phase and fit for purpose. The programme will be launched in October 2021.

3. Area of Focus 2: National Infrastructure to Improve Attraction, Recruitment, Training and Retention

3.1 What this area of focus means

Key to a sustainable workforce is being able to attract, recruit and retain staff, supporting them, and employers, to develop their skills. A national infrastructure will improve the entire employment cycle for employees and employers alike.

3.2 Where do we want to be by 2024 and how will progress be measured?

By 2024 a national infrastructure will be in place, making it easier for NHS Scotland to manage the employment cycle, increasing the sustainability of the workforce. Progress will be measured using employment statistics.

3.3 Examples of good practice and where progress has been made

3.3.1 Postgraduate Medical Education and Training

3.3.1.1 During 2020/2021 the Medical Deanery's training management team implemented new ways of working in the light of the pandemic.

3.3.1.2 In March 2020 we expected to consolidate national processes, further adapting to the specialty grouping of our work. This involved working with colleagues from quality and professional development workstreams to support the Lead Deans/Directors (LDDs) in taking forward the specialty group agendas.

3.3.1.3 COVID-19 meant that the new structure was tested in a different way. The fact that existing and established teams were working together to manage their specialty groups of programmes across Scotland with a single LDD and Associate Postgraduate Dean team helped in supporting doctors in training during the pandemic.

3.3.1.4 We worked closely with the regulator and other UK deaneries to agree new processes and protocols to allow us to support the redeployment of doctors in training, manage and support derogation in ARCP processes and recruitment. The revised arrangements enabled us to play a significant role, through the Scottish Foundation School, in the onboarding of foundation doctors after their early graduation from medical schools. As FY1 doctors these students contributed to the increase in medical capacity in the NHS at the time of the first wave but who needed to be given clear induction, training and support to take up their roles at this very first stage of their medical careers.

3.3.1.5 Work was done nationally in Scotland and across the four nations to ensure minimal disruption and virtual working for

- ARCPs (Annual Review of Competence Progression),
- ARCP Appeals,
- LTFT (Less Than Full Time) applications,
- IDT/IRT (Inter-deanery transfers/Inter-regional transfers),
- OOP (Out of Programme) applications,
- Study Leave

3.3.1.6 One of our priorities was to minimise the impact of the pandemic on training where possible. This meant monitoring redeployment and the return from OOP earlier than expected and ensuring that where possible trainees were in placements where training could continue and count towards their Certificate of Completion of Training. We also ensured trainees were given up to date and accurate advice on evidence requirements for progression and equitable application of the new ARCP outcomes relating to training affected by COVID-19.

3.3.1.7 Study leave was much affected, and efforts were made to ensure teaching and virtual courses continued. A range of virtual courses were approved, and we supported the transition to virtual and online training by using unspent study leave funds on supporting equipment purchase and online training where possible. We also increased the capacity of our Professional Support Unit to support our doctors in training during the unprecedented demands being made of the NHS during the pandemic.

3.3.1.8 This year we participated fully in UK recruitment, working with lead recruiting bodies across the UK to appoint selection panels and in support the management of applications. NES provides the recruitment infrastructure in Scotland and, despite the pandemic, we were able to protect the supply of doctors in training. In 2020 we advertised 848 Foundation year one places and filled 842 (99%) and advertised 345 core and 743 specialty posts and filled 338 (98%) and 705 (95%) respectively.

3.3.1.9 Our priority is the assurance that our trainees are progressing as expected and continue to train and work safely for themselves and most importantly for patients. Of the 5990 ARCP outcomes recorded, 5670 (95%) were positive or neutral outcomes. 300 (5%) were outcomes that indicated further activity was needed to reach the required standard. Of these, 6¹ were released from training. Excluding 443 neutral outcomes, 5227 (87%) of all outcomes

¹ This may not translate to 6 doctors but 6 outcomes, which may include dual training

were positive. New ARCP outcomes relating to the impact of COVID-19 have been agreed to allow trainees to record delays and missed training opportunities recorded without detriment. 86 trainees with a COVID-19 'no fault' outcome were given an extension to training to enable them to achieve the relevant/mandatory competencies before progressing.

3.4 Dental training and career support

3.4.1 Despite the limitations resulting from the COVID-19 pandemic, our Dental Directorate has maintained Vocational and Core Dental training and provided development opportunities for other Dental professionals. Some examples include:

- Eight experienced dental nurses wishing to upskill as Orthodontic Therapists completed the training programme with all 8 course participants finishing the programme online and sitting virtual exams in November 2020, which were all successfully awarded.
- 151 training posts were matched and appointed to [Dental Vocational Training](#) (DVT) to commence 01 September 2020.
- 14 Dental Therapist Vocational Training places were taken up starting on 1 September 2020.
- 88 pre-registration Dental Nurses commenced a training programme under the Modern Apprenticeship Scheme during 2020-2121.
- NES Dental runs an induction course on behalf of Scottish Government for dentists new to Scotland or returning to work after a career break or working elsewhere in the UK or abroad. This was converted to an online format in May 2020 to ensure that attendees could continue to meet the requirements to be listed to work in either the General or Public Dental Service. The Mandatory Training course runs four times per year, with 25-30 attendees on each cohort. Using a variety of online platforms we have successfully delivered the three days of training and remote invigilation has allowed the final Test of Knowledge assessment to be undertaken.
- 90 [Dental Core Training](#) posts were filled in 2020-21.

3.5 Pre-Registration Pharmacist Scheme

3.5.1 In response to the COVID-19 pandemic, our Pharmacy team redesigned their national Pre-Registration Pharmacist Scheme (PRPS) training programme from a predominantly 'face to face' tutorial-based programme, supported by eLearning resources, to a fully virtual programme. This eliminated the need for travel to a regional location ensuring training continued to be accessible for all. Microsoft Teams and webinar formats were used to deliver a range of learning opportunities to 214 trainees based throughout Scotland. From 2021

onwards the programme is renamed the Pharmacy Foundation Training Year (FTY) following changes to the GPhC standards.

- 3.5.2 MS Teams proved effective for small group peer learning events. This was enabled through the provision of additional training in online facilitation skills to 32 established facilitators. Keeping the trainees and their facilitator together for the full year, provided a safe, support network during a challenging period. During 20-21 the Pharmacy team delivered 127 small group learning events, 32 NES Pharmacy team led support webinars and 4 specialist pharmacist led national webinars. Feedback gathered at the end of each training block showed that consistently between 90-95% of trainees felt that the delivery of training and resources provided met the learning objectives.
- 3.5.3 In response to the Pharmacy regulator's decision to offer an online Registration Assessment, NES Pharmacy adapted their current mock assessment and offered this in an online format, with follow-up support sessions. Ultimately 206 provisionally registered pharmacists and trainee pharmacists sat this online assessment.
- 3.5.4 In recognition of the challenges and demands that COVID-19 has brought to the workplace, and associated increased levels of anxiety reported, NES pharmacy in collaboration with the charity Pharmacist Support delivered 13 online 'Stress management and Building Resilience' workshops to trainee pharmacists, provisional registrants and tutors. Feedback gathered has been used to develop resilience training for the 21-22 cohort.
- 3.5.5 Due to the impact on planned face to face recruitment we worked collaboratively with HEE and HEIW to address and manage the risk for remote recruitment processes 2020. We undertook remote Situational Judgement Tests along with Numeracy Testing. We saw an increase in applicant number for Scotland to 350 (increase of 40%). We will continue this approach (with HEE and HEIW) during 2021 recruitment.

3.6 Experiential learning for undergraduate pharmacists

- 3.6.1 In 2020/21 our Pharmacy team successfully coordinated a national process for all of Robert Gordon University's experiential learning (EL) and some of the University of Strathclyde's EL. We completed further review and preparatory work to facilitate the implementation of full national coordination of all EL placements across community, hospital and GP practice for all student pharmacists from both Scottish Schools of Pharmacy during 2021/22. This included increasing EL from 4 to approximately 6 weeks for student pharmacists. This national co-ordination role by NES was requested by NHS Health Boards and Community Pharmacy

contractors. To further support and embed the process, a short life working group with representation across all areas of pharmacy practice was established to develop data collection processes, associated timelines and a supporting communication strategy.

3.7 Paramedic Education

- 3.7.1 We continued to work in partnership with Scottish Ambulance Service (SAS) and contracted higher education institutions (HEIs) throughout 2020/21 via the Scottish Collaboration of Paramedic Education (SCOPE) which NES coordinates and chairs. We funded 58 additional sessions for AHP Practice Education Leads proportionately across NHS boards to provide placement support to identify settings and practice educators for first year paramedic students across non-SAS placements. Practice Based Learning agreements have also been set up between each HEI and SAS and each health board setting out the quality and governance arrangements.

3.8 Midwifery Workforce & Education Review

- 3.8.1 NES was commissioned by the Chief Nursing Officer Directorate in July 2020 to review the current and future national midwifery workforce and pre-registration education requirements. Due to known midwifery workforce demographics, including an ageing workforce and anticipated retiral rate, undergraduate student intakes have increased for nine successive years. Nevertheless, some NHS Boards report emerging workforce issues, difficulty in recruitment and fluctuating vacancy rates, with particular challenges in, but not limited to, remote and rural areas. This indicated the need to review midwifery workforce requirements and the provision of pre-registration midwifery education across Scotland to ensure that Scotland has the right midwifery workforce, in the right place and with the right skills and competencies.
- 3.8.2 Amongst other recommendations, the review (completed in February 2021) determined a current and projected shortfall of Whole Time Equivalent (WTEs) in the midwifery workforce until 2023, when the effect of the increased graduate outflow will begin to address the balance. It also highlighted the need to review education provision to ensure delivery supports equitable recruitment across Scotland, noting that while there is not a need to increase the number of commissioned midwifery education providers, there is a need to offer more flexible provision in response to the particular workforce challenges in the North region of Scotland.

3.9 Education to Support COVID-19 Response

- 3.9.1 Education resources were developed by the end of April 2020 to support the upskilling of the NMAHP workforce during the COVID-19 pandemic (including health care support workers, those caring for the deteriorating person/unwell child, bespoke resources for staff in community and social services (with SSSC) and accessible learning on health protection and infection prevention and control). These are available on TURAS Learn and have been regularly reviewed and updated in line with new information and policy directives.
- 3.9.2 An induction package was developed by the end of April 2020 and is available on TURAS Learn for NMAHP returners to practice during the COVID-19 pandemic.

3.10 Nursing & Midwifery Return to Practice

- 3.10.1 Following successful commissioning of the Nursing & Midwifery Return to Practice courses with Robert Gordon University and Glasgow Caledonian University, 86 returners have matriculated, exceeding the target minimum of 60.

3.11 Allied Health Professions Return to Practice

- 3.11.1 A mapping has been carried out to review the current process for AHPs to return to practice. Following the publication of the HCPC research into Return to Practice, subsequent consultation to which NMAHP contributed, and in-depth interviews with some NHS staff national guidance has been produced and is available on TURAS Learn. This will be kept under review to develop further versions of the guidance to support returners to AHP practice in health and care in Scotland.

3.12 Learning from challenges: COVID-19 Accelerated Recruitment Portal

- 3.12.1 In March 2019, Scottish Government commissioned NES to develop and implement a new single web-based system (portal) to enable recruitment of health and social care staff to support the COVID-19 response.
- 3.12.2 We worked quickly and in collaboration with a range of partners across the health and social care sector to develop the new portal, called the COVID-19 Accelerated Recruitment Portal (CARP). The Portal was used to store applicant data including contact information, recent health and social care employment or education and Expression of Interest in roles. Processing of applications was supported by NES staff redeployed from roles across the organisation. This data was then processed for sharing with Boards and Social Care partners with individual Boards having responsibility for employment and payroll. The system

was also required to support NES employment administration, including automated contract generation, and deployment to placements.

3.12.3 The Recruitment Portal went live on the 29th March and was hosted on the NHS Scotland Careers website. Within 24 hours, 1,055 expressions of interest were received into the portal. Following the portal's release, professional leads, Board colleagues and Social Care representatives continued to identify and request further refinement of the Expression of Interest form, requiring ongoing development time throughout the portal's existence. We worked at pace in a responsive and flexible way to deliver a new digital system within a week. This work has led to a greater understanding of our NHS systems, processes and workforce needs in the future

3.13 Case study: Scottish Pharmacy Educational Reforms and support for new trainee pharmacists following GPhC launch of standards

3.13.1 Pharmacy services across all sectors have developed significantly over recent years to meet increasingly complex health and social care needs as an integral part of the multidisciplinary team. The value of the pharmacist contribution was seen during the COVID-19 pandemic. In January 2021, the pharmacy regulator, the General Pharmaceutical Council (GPhC) launched new standards for the Initial Education and Training (IET) of Pharmacists which integrate independent prescribing into the initial 5 years of training by 2026.

3.13.2 In response to the launch of these ambitious standards, NES collaborated with key stakeholders to co-produce and launch new Scottish Pharmacy Educational Reforms. This is a once in a generation change for pharmacy education and these national reforms will improve attraction, recruitment, training and retention by offering a defined training and career pathway for pharmacists in Scotland. A new education and training governance group structure has been created to support these reforms.

3.13.3 Part of these GPhC IET standards involved replacing the Pharmacy pre-registration year (previously known as PRPS) with a new Pharmacy Foundation Training Year (FTY) from 2021 and introducing interim learning outcomes which would replace the GPhC performance standards. NES worked quickly in partnership with stakeholders to develop new resources and online facilitated events to support trainee pharmacists and designated supervisors with these changes.

3.13.4 Our mapping of the new interim learning standards to the original performance standards was used by the GPhC as an example for other UK countries.

4. Area of Focus 3: Education and Training for a Skilled, Adaptable and Compassionate Workforce

4.1 What this area of focus means

- 4.1.1 NES has key responsibilities for equipping health and social care staff with the skills, knowledge and behaviours needed for effective and compassionate care. We will support the workforce by providing high quality development opportunities for all staff groups across a range of health and care settings and all locations in Scotland.

4.2 Where do we want to be by 2024 and how will progress be measured?

- 4.2.1 By 2024 NES's contribution to developing a skilled, adaptable and compassionate workforce will be widely recognised by staff and employers. We will measure the educational and performance impact of our work through systematic evaluation and dialogue with our stakeholders.

4.3 Examples of good practice and where progress has been made

4.3.1 Scottish Clinical Leadership Fellowship (SCLF)

- 4.3.1.1 We recruit to and employ up to 12 SCLFs; medical and dental specialty trainees that spend a year out of programme hosted in a variety of organisations including the Scottish Government, Royal Colleges, General Medical Council, and territorial and national Health Boards. SCLFs contribute to and lead strategic work in their host organisations. NES provides a bespoke leadership and development programme for the fellows together with Pharmacy leadership fellows in this well-evaluated and flagship leadership fellowship. Now in its tenth year, the SCLF scheme plays a major part in a shared ambition between the Government and the service to identify, develop and nurture a cadre of skilled future clinical leaders.

4.3.2 Supporting Nurse Development

- 4.3.2.1 We were able to support a large number of nurses from general practices, care homes and NHS Boards across Scotland, whose learning and role development was essential for the delivery of high-quality care in response to changing service needs.
- 4.3.2.2 196 nurses from care homes, prisons, general practice and community nursing commenced the new Integrated Community Nursing Graduate Diploma and we have supported the development of the district nursing workforce by funding 129 places on the Postgraduate Diploma in District Nursing and 103 places for District Nurses to complete Non-medical

Prescribing and Advanced Clinical Assessment modules. In addition, 333 nurses have completed the PGDip Advanced Nurse Practice (ANP).

4.3.2.3 We also funded 159 places for General Practice Nurses (GPNs) on university accredited modules including 10 modules commissioned specifically by NMAHP for GPN development in line with Transforming Roles. We have provided 47 training posts for newly qualified nurses in general practice and are already starting to see some of these becoming substantive posts. In addition, we have filled 46 places for student school nurses in September 2020 and January 2021 cohorts. This is inclusive of 30 full time students and 16 part time attending our three HEI partners, Robert Gordon University, Queen Margaret University and University of the West of Scotland.

4.3.3 COVID-19 Vaccination Preparation for the Workforce

4.3.3.1 We have produced learning resources to support new, returning, and experienced vaccinators for the COVID-19 Vaccination programme. This includes the existing core immunisation learning resource, Promoting Effective Immunisation Programme (PEIP) and the development of COVID-19 vaccine specific resources.

4.3.3.2 A programme of 11 webinars to support the programme and update colleagues on developments in the programme, along with webinars to support updates in guidance in relation to those vaccines received audiences of 11,300 people. Some of the webinars were repeated and delivered up to 3 times each. The webinar recordings were posted on TURAS following the events with the slides and resources for all practitioners to access.

4.3.3.3 NES also developed a blended education programme to support the new COVID-19 Healthcare Support Worker (HCSW) vaccinator role for those without 2 years' health and social care experience. This was commissioned by the Chief Nursing Officers Directorate and the Sustainable Workforce Group of Scottish Government.

4.3.4 Quality Improvement

4.3.4.1 As with other facets of NES work, COVID-19 had an impact on Quality Improvement work. However, much work continued and new initiatives were implemented. For example:

- A total of 105 participants completed Scottish Improvement Leader (ScIL) programme in 2020 from Scotland and Northern Ireland. 2020 saw the commencement of 2 cohorts in Scotland, and the first Welsh cohort commissioned by Public Health Wales.

- While only one cohort of Scottish Coaching and Leading for Improvement Programme was completed in 2020 as part of the NES internal QI capability and capacity building, to date 330 participants have completed the SCLIP programme. A key development for this programme has been its transfer to virtual delivery only.
- In 2020 82 staff from across the Public Sector completed the Scottish Improvement Foundation Skills Programme.
- In line with NES organisational priorities to increase its own workforce capability to use quality improvement as a method to implement change, a total of 29 staff have completed the programme over 2020.
- NES run a Primary Care focused version of its Scottish Improvement Foundation Skills (SIFS) programme. In 2020, 89 people completed the programme. This number includes 52 'First 5' GPs, 10 GPs, 6 Cluster Quality Leads, 8 Practice Quality Leads and 3 Primary Care staff.
- The QI Zone on Turas Learn has continued to be a hub of information for Quality Improvers with 187,272 views between January and December 2020. In addition to the tools and programme information on the site there are 5 introductory eLearning modules which follow the Scottish Improvement journey.
- Work on development of educational resources, provision of coaching and training for the Value Management (VM) Collaborative continues to progress with 18 teams across 6 Boards.
- The QI team responded to the needs of the system during the pandemic and provided 25 sessions on how to facilitate online learning between June and September 2020, providing training for up to 575 staff across NHS Scotland. Supporting videos and resources were added to the QI zone to support those that unable to access the live training events and have been accessed over 700 times.

4.3.5 Optometry

4.3.5.1 A mix of online learning and interaction, alongside a practical work-based placement, NES Glaucoma Award Training (NESGAT), a novel qualification aimed at community optometry practitioners, has survived the pandemic, albeit with significant effort to maintain clinical placements in hospital eye departments where possible. For some placement sessions, the pandemic has led to a rapid NESGAT redesign to maximise the benefits from optometrists starting to see shared care glaucoma patients – supported by digital, we have completely redesigned our online training logbook, allowing for remote supervision and sign off to be associated with patients being seen in the practitioners own practice. NESGAT will further

change how NES Optometry supports practitioners delivering high calibre patient care as we have secured funding to deliver a tailored mentoring scheme.

4.3.6 NES Appraiser training courses

4.3.6.1 Prior to the pandemic, we had scheduled 12 New Appraiser and 11 Refresher courses.

However, with all appraisal and revalidation activities on hold nationally, a decision was made to postpone all Refresher training for the whole of 2020/2021 and 8 of the 12 New Appraiser events (up to end of 2020); shifting our attention to the revamping of the New Appraiser courses instead. The choice and usage of technology will also have a significant role to play as we all adjust to a new way of living and working.

4.3.6.2 We successfully ran two New Appraiser training courses remotely via MS Teams, with 15 new doctors recommended to take up the role of medical appraiser. Based on feedback received we made changes to the programme and format and, using existing dates scheduled prior to the pandemic, a further eight New Appraiser courses were scheduled for January to March 2021.

4.3.7 Healthcare Scientists

4.3.7.1 For the first time, a further cohort of 21 in-service trainees were supported with Scottish Government investment as higher specialist – consultant scientist trainees. These trainees are undertaking programmes of development that mirrors Higher Specialist Scientific Training. These competitive awards required a clear training plan from the individual and endorsement/support from the employing department.

4.3.7.2 Annually since 2013, NES supports bursary funding for in-service staff to follow postgraduate/post registration advance-practice development. In 2020 NES HCS supported 37 postgraduate bursary awards from 57 bids and currently we are tracking 46 individuals, mainly Biomedical Scientists looking for development towards more senior roles in Life Science disciplines.

4.3.8 Suicide Prevention

4.3.8.1 We have undertaken further work to embed and disseminate both informed and skilled level resources to support implementation of the Mental Health Improvement and Self Harm and Suicide prevention framework. A successful webinar to promote resources took place in January 2021 with over 600 participants. Data is encouraging in terms of uptake of Informed Level resources:

| | |
|--|--------|
| Ask Tell Save a Life | 18,700 |
| Ask Tell Have a Healthy Conversation | 10,600 |
| Ask Tell Look After Your Mental Health | 11,600 |

4.3.8.2 Activity is on track to develop a comprehensive Turas Learn repository of supporting resources across all levels of the NES/NHS Health Scotland Knowledge and Skills Framework for Mental Health Improvement and Suicide Prevention, which is on target for delivery in December 2022.

4.3.9 Pharmacy Technicians

4.3.9.1 A new General Practice Learning Pathway (GPLP) for Pharmacy Technicians was designed around Pharmacotherapy services as this was increasingly where pharmacy technicians working in primary care were utilised. Modules were designed to build up knowledge and skills.

4.3.9.2 Twenty-four pharmacy technicians completed the programme in 2020/21 with a further 56 commencing in March 2021. In addition, since moving to online learning there has been increased engagement from remote and rural Boards with NES Pharmacy now able to double capacity and offer more places on the GPLP.

4.3.10 Scottish Multiprofessional Maternity Development Programme

4.3.10.1 By end of March 2021, a total of 99 courses as part of the SMMDP were delivered despite the constraints due to COVID-19. This includes 81 face-to-face/blended learning courses and 18 online courses. Some face to face courses have also included a small number facilitated virtually alongside face to face training. SMMDP have exceeded participant numbers despite restrictions due to room sizes, with 900 attendees. Examination of the newborn courses have been provided for 21 undergraduate/ return to practice students by SMMDP to meet new NMC standards and to support Higher Education Institutions.

4.3.10.2 SMMDP has delivered 78 courses in the boards face to face to maintain essential maternity services education through core mandatory training. Whilst participants numbers have been reduced due to COVID-19 restrictions, we have exceeded the target reaching over 650 practitioners. We have also delivered essential update training by providing webinars to remote and rural practitioners.

4.4 Learning from challenges

- 4.4.1 While a small number of in-person learning opportunities were able to proceed under COVID-19, there was increased focus on online learning and study.
- 4.4.2 Changing from traditional face-to-face delivery of courses has been a significant challenge for staff; requiring a redesign of course content as well as the greater challenge of delivering this training in an online/virtual environment i.e. online modules and hosting learning events via a web-based platform.
- 4.4.3 However, this change to online delivery increased opportunities for content delivery within a range of settings wherever needed throughout Scotland and for regular engagement with colleagues working in different Health Boards across Scotland and the subsequent sharing of ideas and innovations.
- 4.4.4 The development of remotely accessed flexible training allows NES to offer training which covers most NHS staff, allowing the balance to be struck between a highly skilled workforce with minimal time out of the workplace.

4.5 Case study 1: Spiritual Care at NHS Louisa Jordan

- 4.5.1 The redeployment of the Head of Programme for Spiritual Care to NHS Louisa Jordan facilitated the scoping of the level of Spiritual Care support required and the models to be adopted. A team of 8 chaplains were recruited from recently retired colleagues, or colleagues who had recently moved from Chaplaincy back into Faith Community work. Supervision and support was set up for this team, engaging three qualified supervisors.
- 4.5.2 Further work involved the development of the NHS Louisa Jordan Care of the Dying protocol, which envisaged supporting relatives to be at the bedsides of patients who were dying, whenever possible, and the development of the NHS Louisa Jordan Bereavement Care protocol, including staff training in the new pathway for certification of death and arrangement of funeral.
- 4.5.3 Design work to support the 24/7 on-call service for Spiritual Care was carried out, and shared work with the NHS Lanarkshire Chaplains was brokered when lower bed occupancy was envisaged.

- 4.5.4 Learning modules were developed for use at NHS Louisa Jordan, one on spiritual care, and the other on breaking bad news over the telephone. These resources are now available on TURAS Learn.

4.6 Case Study 2: Caring for Smiles – Open badges

- 4.6.1 Caring for Smiles is the national oral health improvement initiative aimed at the dependent older population. The success of the programme has seen training in oral care delivered to staff in Care Homes in Scotland over the past 11 years and a very successful uptake of SQA accredited training. In person training had to be suspended because of COVID-19 restrictions which meant we had to look at alternative solutions for supporting care home staff. To complicate matters further, it was essential to update learning to reflect new guidance from the care inspectorate and support staff to ensure oral care was being delivered in a COVID-19 safe manner. We had already identified Open Badges as an area of real potential for oral health and were about to start work on development of these, having already worked with SSSC who agreed to host Open Badges in oral health on their website.
- 4.6.2 An Open Badge is a small chunk of digital learning, accessible to anyone, where assessment of reflection is used to award the badge. This seemed to be a solution to providing support to care homes and care at home services in such challenging times, so our first two Open Badges were developed and launched at pace, with input from the Caring for Smiles Strategy group, Health Board Oral Health Improvement teams, the Care Inspectorate and support from NES Digital.
- 4.6.3 Staff were directed to the Open Badges by their local health board staff and through the Care Inspectorate communication channels.
- 4.6.4 We have now had a total of 81 learners submit evidence towards one or other of these Open Badges, with 60 individuals having already been awarded their badge.
- 4.6.5 Looking to the future, we intend to build on this success and are in the process of developing a suite of Open Badges in Oral Health aimed at those working in health, social care and third sector. Examples include 'Toothbrushing for Oral Health', 'Eating for Oral Health' and 'Working with the Community to improve Oral Health'.

4.7 Case study 3: Scottish Trauma Informed Leaders Training (STILT)

- 4.7.1 NES Psychology National Trauma Training Programme has a leadership role in supporting the joint ambition of Scottish Government and Local Government of delivering a ‘trauma informed and responsive workforce’ <https://transformingpsychologicaltrauma.scot/>. This work, already a Scottish Government priority within the previous three Programmes for Government, has been further highlighted as we better understand and respond to some of the challenges of the pandemic. As part of the development of a sustainable and systemic approach to this project, we recognise the importance of 5 key drivers: quality, evidence based education and training; central role of people with lived experience; workforce wellbeing; learning from data and evaluation; and leadership.
- 4.7.2 In relation to the leadership driver, we have developed the Scottish Trauma Informed Leaders Training (STILT) reflecting the key role that leaders have to play. Over the past 3 years this intervention has been delivered to 552 senior leaders across Scotland, with the training being adapted for digital delivery over the past 18 months.
- 4.7.3 The summary finding of a recent independent evaluation of the training stated: *The STILT training was viewed by all who took part in the review as being of immense value, both professionally and personally. All had reflected on their learning since taking part, and many had retained key messages which they were employing in their strategic thinking and operational practices, albeit to varying degrees. While most recognised that there was still much work to be done, both strategically and at the ground level, all were able to evidence starting to create a shift towards trauma informed practice and processes within their organisations.*

5. Area of Focus 4: A National Digital Platform, Analysis, Information and Modelling

5.1 What this area of focus means

5.1.1 The digital landscape across health and social care in Scotland is characterised by multiple systems which have developed over time. This has resulted in duplication and placed limitations on access to data and intelligence. A key to the future sustainability of effective patient care in Scotland is the ability of services to manage and use large volumes of digital information safely, securely and effectively. NES Digital has had an important role in developing and implementing the infrastructure, products and services to support better health and care. This work has significantly developed across NES Digital's multi-disciplinary teams.

5.2 Where do we want to be by 2024 and how will progress be measured?

5.2.1 By 2024, patients and health and care staff will be routinely using NES developed systems and products to access and manage health and care services. Uptake and use of digital services developed by NES and in partnership across the Scottish digital health and care system will be reviewed frequently and managed using data analysis tools.

5.3 Examples of good practice and where progress has been made

- 5.3.1 Scotland's National Digital Platform, as proposed in the [Digital Health and Care Strategy 2018](#), due for refresh in late 2021, has begun replacing the current model of multiple systems across the care sector to allow us to safely and securely deliver data to better support care, help research and facilitate innovation. Its core components include:
- a clinical data repository to hold data in a cloud-based system.
 - enabling NHS and wider staff as well as the general public to access and use health care data and services.
 - an electronic master patient index (EMPI) to facilitate sorting and storing data linked to individuals, all located in one place.
 - creating standards for holding and moving data.
- 5.3.2 Taking a partnership approach, we are working with eHealth leads, NHS Chief Executives, the Digital Health and Care governance groups at the Scottish Government, and professional and clinical groups to standardise the digital architecture required for the platform without risking service delivery, safety or public confidence.
- 5.3.3 During the year, NES Digital has continued to develop products in services in support of key Scottish Government specified programmes and commissions. These have included:

- Continued work on ReSPECT (Recommended Summary Plan for Emergency Care and Treatment). ReSPECT seeks to enhance anticipatory care by providing professionals from both primary and secondary care, and in community services with digital access to patients' wishes regarding future management. We worked with NHS Forth Valley to support the implementation and further development of ReSPECT, including putting in place the processes required to make the product available to other boards;
- Development of cancer treatment summaries in support of the Scottish Government's cancer strategy;
- Delivery of an eyecare solution to support hospital ophthalmology and community optometry services.

5.3.4 During the pandemic period, the need for accelerated delivery of key enabling digital services became increasingly vital. This saw NES Digital teams focus on the delivery of digital solutions to support:

- Care home staff to record in one place information including COVID-19 infection rates, demand on services and staff testing (see case study, below);
- Those clinically vulnerable to COVID-19 with delivery of food, medicines, and access to supermarket priority slots; and
- The total population COVID-19 vaccination programme, delivering solutions in partnership across the Scottish digital health and care ecosystem to support the end-to-end process for vaccinations data (see case study, below).

5.3.5 We continued our responsibility for publishing [national workforce statistics](#). We are also working towards accreditation as a national statistics provider.

5.3.6 During 2020, we produced workforce data publications for NHSScotland as a whole and for medical and dental professions, nursing and midwifery and AHPs.

5.3.7 The [TURAS Data Intelligence](#) platform now provides data analytics services for workforce planning in order to better predict the impact of changes in policy, training capacity and supply on workforce availability.

5.4 Learning from challenges

5.4.1 Whilst NES leads on the Scottish National Digital Platform, maximisation of its potential relies on our being able to successfully work with others to harness the capability of eHealth departments and clinical communities. There have been very positive examples of

collaboration across the system in the delivery of key products and services. This momentum should be maintained as we remobilise strategic services in the post-pandemic period.

5.4.2 We must ensure that data can be stored safely, indexed logically, with access for users (staff and the public) strictly controlled and based on role requirements. By making sure that permissions are managed correctly, we can control access to various elements of the platform based on the roles people are in, whether staff or citizen, and enable citizens to engage directly with their own healthcare in a way that doesn't jeopardise the privacy of their data. The next year will see key infrastructure components delivered by the Scottish Government to support digital online identity for citizen access to health and care data. NES Digital will take a leading role in implementing this to support improved outcomes for citizens.

5.5 Case study 1: Care Home Safety Huddle

5.5.1 The Turas Care Management tool provides the Safety Huddle and Staff Screening in an online format. The tool was developed in collaboration with Care Home Managers, Group Care Home Managers, the Scottish Government, NHS Education for Scotland's Digital Team and other stakeholders.

5.5.2 The aim of the Turas Care Management tool is to:

- Enable a consistent approach to data collection to make reporting easier
- Support staffing decisions
- Provide early warning, escalation and timely intervention
- Provide the right visibility and access to data as required by the Cabinet Secretary letter of 17 May 2020

5.5.3 Care homes enter data once a day where it can be used by care home providers and relevant reporting groups such as the Oversight Group, Care Inspectorate and Scottish Government.

5.5.4 There has been a 100% uptake in registration and daily use of the tool across adults and older people's care homes in Scotland. The project is now moving into phase 3 which will focus on support over and above the immediate COVID-19 response to look at enhanced data collection to support winter planning and readiness across the sector. Longer term goals will focus on staffing and quality data collection and reporting.

5.6 Case study 2: National Vaccination Service

- 5.6.1 In Autumn/Winter 2020, NES was commissioned by the Scottish Government to deliver 2 key pieces of architecture in the NHSS systems' landscape to support the national vaccination programme. These were capturing vaccination data at the point of care and storing the data in a way that made it accessible to other NHS Scotland systems for the purposes of clinical safety and decision making, reporting and surveillance.

- 5.6.2 The Turas Vaccination Management Tool (VMT) was rapidly developed and rolled out in December 2020, followed by the National Clinical Data Store (NCDS) in January 2021 to support the COVID-19 vaccination programme after a successful pilot in NHS Greater Glasgow & Clyde for flu vaccinations. Since then the VMT and NCDS have been used to record over 10 million vaccination events and make them available to downstream national systems.

- 5.6.3 Development of the VMT and NCDS is continuing to support seasonal flu and COVID-19 booster vaccinations along with a series of other enhancements with a major release at the end of August 2021.

6. Area of Focus 5: A High-Performing Organisation (NES)

6.1 What this area of focus means

- 6.1.1 This area focuses on continuous improvement to ensure we continue to put staff first, support staff health, well-being and development, and continually build agile and inclusive workplace environments.

6.2 Where do we want to be by 2024 and how will progress be measured?

- 6.2.1 By 2024, we will be an organisation where leadership and meaningful appraisal continually improve the performance of our organisation. We will gauge staff engagement through iMatter scores and appraisal completion targets. Our digital transformation is allowing us to use technology to help deliver our strategy which will require developing our staff to embrace and adapt to digital ways of working. We will put in place measurement processes to monitor the digital capability of our staff.

6.3 Examples of good practice and where progress has been made

- 6.3.1 The impact of the pandemic on our staff; where they work, the way they work, the interaction between work life and personal life has been significant and has fundamentally changed the way we think about and carry out the important work of NES.
- 6.3.2 NES, as an organisation was well placed to successfully pivot from mainly office-based working to overwhelmingly home-based working as the initial lockdown was initiated. High levels of digital literacy, an advanced degree of remote working capability, a positive approach to smarter working and flexible working allowed for a managed transition to home working in March / April 2020.
- 6.3.3 However, this positive response, which allowed NES to continue to discharge key responsibilities, does not mean that both the organisation and our staff did not face many complex challenges.
- 6.3.4 The challenge of supporting our staff to live and work well under the conditions which the pandemic has forced upon us has been met by the establishment of a Recovery & Renewal Programme which holds a number of distinct but related working groups, some of which were already in existence, and some which were created as a direct response to the emerging and ongoing challenges presented by COVID-19.
- 6.3.5 Immediate challenges included supporting the Occupational Health Risk Assessment Process which would allow safe return to the office for staff in 2 criteria groups; 1) a

business-critical role which cannot be carried out at home 2) extenuating personal circumstances. This involved working closely with the Facilities Team and Communications. The complex challenge was to ensure that NES followed all Scottish Government guidance, while enabling staff who were required to come to the office to do so safely. This allowed the organisation to continue to function while ensuring we looked after the health & wellbeing of our staff.

6.3.6 Throughout the pandemic NES has placed staff wellbeing at the heart of our leadership and management approach, and some key initiatives have been:

- Staff health & wellbeing action planning – working closely with our Healthy Working Lives Strategy Group. This is an active and dynamic programme which has initiated and run a range of high impact staff wellbeing focussed activities for staff and managers.
- The development of Focus Groups which allows us to understand and support staff groups who may face particular challenges. This has led to the development of vibrant staff networks (more details below)
- In January 2021 we initiated the NES Trickle Staff Engagement App which is available to all core NES staff and offers a range of interactive functionality to connect staff to the organisation and to each other. We have over 800 staff registered with the App
- Policy review, development and update to support new ways of working e.g. Homeworking Policy
- Scenario Planning to support effective response from NES and support staff through the ongoing pandemic
- Supporting staff and teams through our Smarter Working Initiative and New Ways of Working through the Working Styles programme, which is supporting teams, departments and directorates to identify more effective, wellbeing focussed ways of working both now and in the future.
- Our People Recovery programme will inform the design of our new ways of working, Throughout the year we carried out surveys of all staff and targeted focus groups of staff who are parents and/or carers, from Black, Asian and Minority Ethnic communities, or who are disabled or live with a long-term condition in order to gain insight into staff experiences and to gather feedback from staff to inform our policy development and scenario planning. We have established new staff networks to ensure effective employee voice for under-represented and minority groups and now have effective staff networks which represent parents and carers, Under-represented Minority Ethnic Staff, LGBTQ+ Staff and a Disability, Long-term Conditions,

Neurodiversity and Mental Health network. These networks, along with Trickle, a digital real-time staff engagement platform, which will support continuous feedback and information gathering, empower staff for collective identification and resolution of any challenges they are facing in work and further support our health and wellbeing strategy.

6.3.7 Line management is important at all times but especially so during extremely stressful times, such as during the pandemic. In 2020-21 we completed our research into the learning and development needs of NES's line management cohort, which allowed us to identify key actions that were progressed during the year under the banner of Year of the Manager. A highlight of the year was a series of live online webinars focusing on people management in virtual settings, attracting over 300 participants.

6.3.8 During 2020/21 employees across NES were deployed to different roles across the health and care sector to support the wider health and care sector during the COVID-19 pandemic. Some staff with clinical backgrounds were deployed to other Boards and others were deployed to support contact tracing. In addition, to support the delivery of the COVID-19 Accelerated Recruitment Portal commissioned by Scottish Government, staff from across NES were redeployed to the CARP programme in order to support the high volume of pre-employment checks required. This involved approximately 170 staff, averaging 100 WTE staff per week. The deployment of staff from across the organisation in response to the pandemic demonstrates agility, collaboration, relationship building and ability to develop new skills.

6.3.9 Due to the pandemic NES was in "adapted" COVID-19 Board governance for the majority of the 2020/21 financial year, as business as usual governance was not appropriate nor possible. This was implemented in three phases:

- Phase one: "Gold Command" and "Core Board Governance" 26 March 2020 – 27 August 2020
- Phase two: "Development of Board Governance: COVID-19 Lessons Learnt and Remobilisation" 27 August 2020 – 5 January 2021
- Phase three: "Governance Light" 5 January – 31 March 2021

During this entire period the emphasis was on effective, proportionate and robust governance and scrutiny.

6.4 Learning from challenges

6.4.1 The governance learning from this very challenging period has been that it has been possible for the Board, the Board Committees and the executive team to function effectively remotely using Microsoft TEAMS.

We have improved our approach to governance as follows:

- New Board Standing Orders
- Terms of Reference and schedules of business are now in place
- Jointly developed new governance processes for a joint endeavour with the NHS Golden Jubilee to govern the NHS Scotland Academy
- Processes for efficient meetings enabling prioritisation of items through prioritisation of agenda items, carefully considering the need for items in light of strategic context and taking only essential items of business. Non-essential items were deferred to another date, progressed by correspondence, or deleted from the schedule.
- A new shorter cover paper format using SBAR (**S**ituation/**P**urpose; **B**ackground; **A**ssessment/**K**ey Issues and **R**ecommendations) and author guidance was developed and implemented. When possible, supplementary material was confined to hyperlinks
- A tightening up on items for “noting” so that these items did not stray inappropriately into items for discussion.
- Timed agendas were developed to support the prioritisation of business.
- Briefing notes using a Board Standard template were developed for all Committee Chairs.

6.5 Case study

6.5.1 The NHS Scotland Sustainability Assessment Tool (NSAT) is a self-assessment tool which enables the assessment of the Holistic Sustainability Performance of Health Boards. It has links to the United Nations Sustainable Development Goals (SDGs).

6.5.2 The results of these assessments are used by Health Facilities Scotland and Scottish Government to target areas which require support.

6.5.3 Since our first participation in the reporting system in 2017, NES has continued to improve in its response and actions.

6.5.4 Our 2020-21 score of 250 gives us an overall score of 52%. Putting this into context, of the 10 Boards which underwent a full validation, the highest percentage was 57%. NES was third.

| NHS Education for Scotland | | Max score | Score awarded | % score awarded | Level |
|-----------------------------------|---------------------------|------------------|----------------------|------------------------|---------------|
| Governance & policy | | 85 | 59 | 69% | Silver |
| Our NHS | Transport | 50 | 23 | 46% | Bronze |
| | Greenspace | 0 | 0 | N/A | N/A |
| | Capital projects | 0 | 0 | N/A | N/A |
| | Nature & Biodiversity | 0 | 0 | N/A | N/A |
| | Active travel | 35 | 18 | 51% | Bronze |
| Our people | Sustainable care | 0 | 0 | N/A | N/A |
| | Ethics | 15 | 10 | 67% | Silver |
| | Welfare | 35 | 27 | 77% | Silver |
| | Communities | 40 | 18 | 45% | Bronze |
| | Awareness | 30 | 22 | 73% | Silver |
| Our planet | Procurement | 50 | 30 | 60% | Bronze |
| | Green House Gas Emissions | 40 | 18 | 45% | Bronze |
| | Adaptation | 35 | 9 | 26% | N/A |
| | Waste | 45 | 19 | 42% | Bronze |
| | Environmental management | 40 | 19 | 48% | Bronze |
| Total | | 500 | 272 | 54% | Bronze |

6.5.5 As every year, an action plan to address areas requiring improvement has been developed and is being implemented.

6.6 Cross-cutting principle 1: Promoting equality and diversity and tackling health inequalities.

- 6.6.1 The Refugee Doctors Project is unique in the UK in supporting medically trained and qualified refugees to achieve medical registration and contribute their skills to NHS Scotland, as well as offering a long-term package of support. The project is run by the Bridges refugee charity, NHS Education for Scotland, and Clyde College and the City of Glasgow College. The funding will help suitably qualified refugees access training, language support and professional mentoring to help them meet the standards for professional registration with the General Medical Council and practise medicine here in Scotland. To date, 69 doctors have registered on the programme. In slightly less than three years of delivery to date, 17 have attained GMC registration, 11 are working in NHSScotland and 1 in England, and numerous others have passed IELTS and PLAB exams as part of their qualification.

7. Cross-cutting principle 2: Working in partnership with stakeholders and demonstrating leadership.

7.1 Global Citizenship

- 7.1.1 Collaboration with the Scotland Malawi Mental Health Education Project continued in 2020. The QI team have been working with two mental health teams in Malawi and Zambia in the development of quality improvement skills and the mentorship of quality improvement projects related to inventory management, patient hygiene, laundry services and health education. Due to COVID-19 the face to face meeting was replaced with a virtual workshop with both teams in December 2020. Continued collaboration is planned for 2021.

7.2 SDCEP support of dental services during the COVID-19 pandemic

- 7.2.1 At the beginning of the COVID-19 pandemic, most dental practices had to cease seeing patients. To support them to provide remote care, The Dental Directorate's Scottish Dental Clinical Effectiveness Programme (SDCEP) very rapidly adapted its existing *Management of Acute Dental Problems* guidance and reconfigured its guidance on recommending and prescribing analgesics for pain and, when necessary, antibiotics for infection to provide much needed additional detail. Then, in anticipation of reopening, SDCEP created a *Practice Recovery Toolkit* that included a checklist that was adopted by Health Boards as a means of quality assuring practices before patients could attend. Based on website traffic, these early SDCEP resources were clearly in demand with around 320,000 page views in the first three months after lockdown, over 300% higher than the equivalent period in 2019.
- 7.2.2 Subsequently, to help address some of these uncertainties about the risk of SARS-CoV-2 infection associated with dental treatment, SDCEP convened a large, UK-wide, multidisciplinary expert group to conduct a rapid evidence review on the generation and mitigation of dental aerosol generating procedures. The rapid review was completed through many online meetings in just 14 weeks and resulted in a change in the UK's national infection prevention and control guidance that would enable practices to increase capacity for dental care.

7.3 Scottish Qualification Authority (SQA) Activity within NES

- 7.3.1 NES is an SQA Approved Centre managed by the Dental Care Professional (DCP) workstream within the Dental Directorate. The directorate has over 15 years' experience in providing a range of SQA qualifications to support workforce development.

- 7.3.2 SQA centre activity is managed by the SQA Head of Centre, (DCP Workstream Lead). The delivery, assessment, and internal verification of all SQA programmes is undertaken by Educators, Assessors and Internal Verifiers, who are employed by NES.
- 7.3.3 Over the past 12 months SQA provision offered by NES has increased and the vision of a 'Once for NES' approach for all SQA activity within the organisation has been implemented by the DCP workstream. An internal network community with wide representation across NES directorates has also been established to support the implementation of this vision.
- 7.3.4 To summarise the current activities within the NES SQA Approved Centre:
- The Dental Directorate continues to deliver a wide range of SQA qualifications from SCQF Level 5 to Level 9 to support the development of a skilled, adaptable and sustainable workforce.
 - The Optometry Directorate created an SQA Customised Award in Glaucoma Management (SCQF Level 11) in 2019. The first cohort have achieved successful completion and a second cohort (45 candidates) has commenced.
 - The Psychology directorate recently created an SQA Customised Award in Enhanced Psychological Practice (SCQF Level 11) and will begin to deliver this award within the 'NES SQA Approved Centre' in Autumn 2021.
 - The NMAHP directorate are in the early stages of the process to create an SQA Customised Award for the existing Family Nurse Partnership Programme.
- 7.3.5 This collaborative '*Once for NES*' approach in SQA provision has already increased educational opportunities for the health and social care workforce in response to stakeholder needs. All programmes managed within the NES SQA Approved Centre follow high-quality standardised processes aligned to SQA Quality Assurance criteria, reducing duplication of effort.

8. Cross-cutting principle 3: Enhancing digital access to learning, services and information.

8.1 Training in Psychological Skills – Early Interventions for Children

- 8.1.1 [TIPS-EIC](#) applies implementation science principles to engage with a range of stakeholders to deliver early, evidence-based psychological interventions to children and young people, in school settings across Scotland. The 'Let's Introduce Anxiety Management' (LIAM) intervention has been well received and this has been implemented over 2020-21 to address low mood / depression. Specifically it has helped students to address Covid-19 related distress and is delivered via School Nurses and Pupil Support Officers. Coaching is provided by local NES-funded psychology staff. This ensures that clinical governance and care pathways are consistent with the CAMHS Service Specification and the Community Services Framework. TIPS-EIC trainers have delivered training to 1342 staff (school nurses, pupil support officers, pastoral care staff, third sector staff, social workers, and educational psychologists). To date, 1824 training places have been delivered in total.
- 8.1.2 At the start of the first Covid-19 lockdown, we translated all training materials to allow remote delivery. Our feedback data show that remote training is just as effective as face-to-face training at increasing the knowledge and confidence ratings of attendees and this offers exciting scope to reach colleagues in remote and rural areas. We have succeeded in engaging NHS Shetland, NHS Orkney and NHS Dumfries and Galloway since we changed to a remote training / coaching model. Staff rate the quality of the follow-up coaching delivered by NES-funded Clinical Psychology staff very highly. They say coaching translates the new skills into changed work practices, supports staff wellbeing, keeps the momentum of the implementation going and builds staff confidence.
- 8.1.3 Coaching also prevents therapeutic drift, improves consistency and ensures safe delivery of the intervention. NES has collected a sample of clinical outcome data from across Scotland for 435 children and young people who received the LIAM intervention. Analyses reveal highly statistically significant reductions in anxiety, low mood and distress and highly statistically significant progress towards the children's own therapy goals. Feedback comments include:
- *'Feeling more confident to speak out in class'*
 - *'Having less worries and fears and sleeping better'*
 - *'Worry less about exams,'*
 - *'Be kinder to myself'*

- *'Go on sleepovers'*
- *'Reduce anxiety about coming to school.'*

9. Cross-cutting principle 4: Systematically planning our activities, measuring their impact and learning from insights

9.1 Value Management Collaborative

- 9.1.1 NES have the lead role on development of educational resources, provision of coaching and training for the Value Management (VM) Collaborative. This is a partnership programme of work with Scottish Government (SG) and Healthcare Improvement Scotland (HIS) which focusses the use of quality improvement to improve performance, cost and capacity in microsystems.
- 9.1.2 The work continues to progress with 18 teams across 6 Boards. During 2020 all activity was postponed between March - August but outside of this period:
- 11 modules delivered (measurement, coaching, facilitation, VM methods, working with teams)
 - 24 board coaching calls held to support coaches in building capability
 - 142 attendees across the modules delivered
- 9.1.3 To assess the impact of the capacity and capability programme, changes were measured in coach's confidence in critical elements of value management implementation based on a rating of 0 - 4. The data represents average of scores submitted by the coaches in 2019 and then in 2020. Baseline average in 2019 was 2.6 and increased to an average score of 3.4 in 2020.

10. Cross-cutting principle 5: Continuously improving quality, and leading and harnessing innovation.

10.1 Dental Care Professional

- 10.1.1 The Dental Care Professional (DCP) workstream has responsibility for the delivery of pre-and post-registration education for DCPs. In addition, the workstream provides training programmes for Dental and Medical Receptionists and Dental Practice Managers to work towards achieving a formal qualification in their occupational field.
- 10.1.2 As a result of the pandemic and government restrictions the Dental Care Professional (DCP) workstream undertook a rapid digital transformation adapting approaches in educational delivery and assessment to maintain progression of workstream activities.
- 10.1.3 All educational programmes are now delivered as a blended learning approach, with education and training delivered via MS Teams or the GOTO Training platform. This has resulted in positive outcomes and improvements for the workstream and our learners. These new ways of working have significantly increased collaboration within the national workstream with Tutors across Scotland working together to plan and deliver training programmes and develop new asynchronous learning resources. Online delivery has improved accessibility for our learners as no travel is required to attend education centres, thus providing the workforce with increased opportunities to access education provision.
- 10.1.4 A variety of assessments methods are used within the programmes provided. Utilising the functionalities of the technologies available, the workstream have created a range of robust and innovative methods to conduct assessments. Examples include using live video stream to conduct workplace observation assessment for Dental Nurse Trainees and practice appraisal visits for prospective Orthodontic Therapy Trainees. These approaches have also made efficiencies in terms of staff travel time and costs. To date there is little evidence on remote workplace assessment. Therefore, the workstream are preparing to evaluate the effectiveness of using live stream video and evidence the findings of this new innovative approach in a paper.
- 10.1.5 The team have utilised the networking opportunities within the organisation as a valuable resource to explore possibilities, receive support and guidance in using technology to enhance education and training. In addition, the team have shared their

experiences, and innovative solutions through the organisation's valuable Technology Enhanced Learning (TEL) Knowledge Sharing Network.

10.1.6 Despite the challenges the pandemic has brought, positive outcomes have been achieved. The workstream are embracing the opportunities and support within the organisation to provide high quality education to support workforce development in a new virtual learning environment.

11. Cross-cutting principle 6: Clear accountability for our decisions, rooted in effective governance.

11.1 Board Development

- 11.1.1 This collaborative '*Once for NES*' approach in SQA provision has already increased educational opportunities for the health and social care workforce in response to stakeholder needs. All programmes managed within the NES SQA Approved Centre follow high-quality standardised processes aligned to SQA Quality Assurance criteria, reducing duplication of effort.
- 11.1.2 A dedicated Board Development learning platform on Turas Learn has been created, with sections including relevant education and support material on induction, integration, mentoring and coaching, committee information/skills and CPD. The site has had 6020 views in the past year (the NHS Board Non-executive cohort is approximately 330). In November 2020 two new eLearning Modules on Finance and Audit & Risk were created and launched on 30th November. They have been accessed 31 times.
- 11.1.3 The new induction approach combines local and national induction with new appraisal arrangements for Chairs and Non-executive Board Members. A Boardroom Mentoring programme provides cross Board mentoring for individual Non-executive Board members. 15 Mentors were recruited in September 2020 bringing the Mentor register to 24 with 16 active mentoring partnerships underway, one matching partnership in process and two mentor partnerships which have ended. Evaluations from those completing their mentoring partnerships illustrate the value of the mentoring experience as a mentee and mentor.