



LOCAL DELIVERY PLAN (LDP) 2011-2012

Introduction

The NHS Education for Scotland (NES) 2011-12 Local Delivery Plan (LDP) sets out the specific activities and performance targets which align with 2011-12 HEAT targets, national clinical priorities and the *NHSScotland Quality Strategy* (the Quality Strategy). Last year was a year of transition for NES as we completed a high level strategic review and in January 2011 we launched our new strategic framework for 2011-14 '*Quality Education for a Healthier Scotland*'. This year represents the first year of transformation as we align our activities to our new strategy and this LDP provides information on our priority improvement activities, outcomes, benefits and performance targets.

We believe that healthcare education is a powerful force for developing our communities, making a positive impact on the lives of people through better patient safety and healthcare outcomes. Our LDP contributes to Scottish Government national objectives and outcomes as well as HEAT targets and health policy, to help ensure we become a better educated, healthier and fairer society. While our core business covers undergraduate, postgraduate and continuing professional development for the healthcare professions, we have extended our role to cover leadership and management development and education for administrative, clerical and support staff. We also provide knowledge services, e-learning and online resources which support all HEAT targets and we are developing our role across the health and social care workforce and within the wider public sector.

The healthcare professions are dependent on each other to deliver safe and effective care. Wherever possible we will integrate education and training to achieve positive change, best value and consistency while acknowledging that there are still traditional differences between the professions in terms of career structures, available resources and regulation. This LDP emphasises our continued commitment to the Quality Strategy in developing mutually beneficial partnerships, eliminate avoidable harm and provide the most appropriate, consistent and safe services which are closer to people's homes and involve patients and carers in decisions. It describes how we will support frontline services by ensuring education and training promotes the right values and embeds the knowledge and skills to improve health and social care at a time when services will have to be delivered more cost effectively.

NATIONAL STRATEGIC OBJECTIVES WE SUPPORT

Wealthier and Fairer

Smarter

Healthier

NATIONAL OUTCOMES WE SUPPORT

<p>Full economic potential</p> <p>Education for careers in healthcare at all levels</p> <p>THEME LINK</p> <p>1 3</p>	<p>Strong, fair and inclusive</p> <p>Equality and diversity education</p> <p>THEME LINK</p> <p>2 5</p>	<p>High quality public services</p> <p>Practice education and support for new patient pathways</p> <p>THEME LINK</p> <p>1 4</p>	<p>Better educated</p> <p>Flexible role development for workforce modernisation</p> <p>THEME LINK</p> <p>1 3 4</p>	<p>Longer, healthier lives</p> <p>Education to improve safety and experience of services</p> <p>THEME LINK</p> <p>1 2</p>	<p>Giving children the best start</p> <p>Maternity services education and 'getting it right for every child'</p> <p>THEME LINK</p> <p>1 3</p>	<p>Tackling inequalities</p> <p>Education for staff who work with people at risk</p> <p>THEME LINK</p> <p>1 4 5</p>	<p>Improving life chances</p> <p>Developing staff who work with children and young people</p> <p>THEME LINK</p> <p>3 4 5</p>
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VISION
MISSION

'Quality education for a healthier Scotland'

'to provide educational solutions that support excellence in healthcare for the people of Scotland'

STRATEGIC THEMES

1. Education to create an excellent workforce	2. Improving Quality	3. Reshaping the NHS workforce	4. Responding to new patient pathways	5. Developing innovative educational infrastructure	6. Delivering our aims through a connected organisation
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STRATEGIC OBJECTIVES

BUSINESS OUTCOMES

SO1 Delivering evidence based excellence in education for improved care.	Consistent education which meets regulatory standards and supports revalidation.
SO2 Ensuring best use of the Additional Costs of Teaching (ACT) funding.	Effective performance management of undergraduate medical and dental education..
SO3 Building co-ordinated joint working and engagement with our partners.	Consistent recruitment, selection, assessment and supervision for clinical training.
SO4 Providing education in quality improvement for enhanced safety.	Quality improvement education supported by quality leads and practitioners.
SO5 Developing our support for workforce redesign.	Integrated education for role development and support for workforce planning.
SO6 Providing education for care which is closer to people in their communities.	Education for practitioners and teams who deliver care in the community.
SO7 Supporting education that maximises shared knowledge and understanding.	A 'common core' of education for a range of staff which supports independent learning.
SO8 Developing flexible, connected and responsive educational infrastructure.	Integrated e-learning resources supported by a consistent approach to learner support.
SO9 Establishing systems which connect individual performance to our objectives.	Personal objectives which align with strategy supported by personal development.
SO10 Improving the sharing of knowledge across our organisation.	New systems and structures which embed integrated working and knowledge sharing.



Educational Governance

Corporate Governance

Staff Governance



NES LOCAL DELIVERY PLAN 2011-2012

This Local Delivery Plan (LDP) focuses on the work we have planned which supports 2011-12 HEAT targets, national priorities and the Quality Strategy. In addition to these activities, our core business of education and training for doctors, dentists, pharmacists, nurses, midwives, allied health professionals, clinical psychologists, healthcare scientists and optometrists supports all HEAT targets at a number of levels. Our support for these professional groups meets regulatory standards and produces high quality clinical staff delivering safe and effective care.

H - Health Improvement for the people of Scotland - improving life expectancy and healthy life expectancy

E - Efficiency and Governance Improvements - continually improve the efficiency and effectiveness of the NHS

A - Access to Services - recognising patients' need for quicker and easier use of NHS services

T - Treatment Appropriate to Individuals - ensure patients receive high quality services that meet their needs

H/E/A/T	REF NO	ACTIVITY	SPECIFIC 2011-12 'SMART' TARGET(s)	LEAD DIRECTOR	LINK TO NATIONAL HEAT TARGETS FOR 2011-12
H	1	Providing a psychological interventions team.	We will train 200 staff to deliver psychology education programmes which cover alcohol interventions.	JT	HEAT- H Alcohol brief interventions
H	2	Providing postgraduate training and continuing professional development (CPD) for general medical practitioners and their teams delivering the 'Keep Well' programme of targeted health checks.	We will provide 1065 general practice specialty training (GPST) places and 4 regionally based CPD programmes for the GP team.	MW	All HEAT targets, principally enhancing community based care. Plus HEAT - H Alcohol brief interventions & Targeted Health Checks & HEAT-T Emergency bed days for over 75s Reduce A&E attendances
H	3	Providing a qualified clinical psychology workforce and academic and clinical practice education for psychology trainees.	We will provide; 1) 65 clinical psychologists completing training in September 2011. 2) 22 clinical associates for psychological therapies in primary care. 3) 17 clinical associates qualified in early interventions for children and young people.	JT	All HEAT targets. Plus HEAT-H Suicide reduction & HEAT-A Drug & Alcohol misuse treatment Faster access to mental health services
H	4	Developing the workforce to provide psychological therapies and 'Integrated Care Pathways' for people with complex and enduring mental health problems.	We will maintain a national network of 7 WTE 'Psychological Therapies Training Coordinators' who will train 100 staff to deliver evidence based psychological therapies for complex and enduring mental health problems.	JT	HEAT-H Suicide reduction Plus HEAT-A Drug & Alcohol misuse treatment Faster access to mental health services

H	5	Working with NHS Health to develop educational resources for improved maternal and infant nutrition to support <i>'Improving Maternal and Infant Nutrition: A Framework for Action'</i> .	We will develop a national training resource on maternal and infant nutrition in partnership with NHS Health.	SL	The Quality Strategy the national framework for maternal and infant nutrition Plus HEAT- H Child healthy weight interventions
H	6	Working with NHS Health to provide specialist postgraduate training in health inequalities.	We will provide 3 health inequality fellowships.	MW	HEAT-H Child healthy weight interventions
H	7	Providing stage 2 of the British Psychological Societies health psychology training in support of key targets for health inequalities.	We will provide 6 health psychology trainees to work at the frontline on specific health inequality initiatives which include child healthy weigh and the <i>'Keep Well'</i> programme.	JT	HEAT- H Child healthy weight interventions
H	8	Providing e-learning resources to support the development of community based smoking cessation services and to offer advice for people who wish to stop smoking	We will deliver 2 new modules for smoking cessation; (1) <i>'Raising the Issue of Smoking'</i> ; (2) <i>'Smoke Free Me, Smoke Free You: the Pharmacy Model'</i> .	RMP	HEAT-H SIMD Smoking cessation
H	9	Training dental health support workers and extended duty dental nurses to improve the oral health of children.	We will ensure that all staff undergoing the national <i>'Childsmile'</i> training programme receives an intensive 6 day training course covering 14 key topics.	JR	HEAT-H SIMD Child Fluoride Varnishing
E	10	Operating within our agreed revenue and capital resource limits and meeting our cash requirement.	We will achieve breakeven or under spend in line with our financial plan.	CSL	HEAT-E Financial balance
E	11	Meeting our cash efficiency target.	We will achieve a 3% efficiency saving.	CSL	HEAT-E Efficiency savings
A	12	Delivering medical workforce trainee numbers in line with SGHD requirements and the regulatory standards of the GMC and developing the <i>'Scottish Medical Training'</i> system towards a UK recruitment process which is consistent, transparent and maximises candidate preferences.	We will recruit to and deliver; 1) 54 foundation programmes with 800 trainees in each year of training. 2) 175 specialty training programmes providing around 409 core training and ACCS posts and 2,683 Hospital Specialty posts All supported by a network of educational supervision. We will also; 3) Trial a new job offers system at UK level. 4) Develop a post database to support workforce planning with access for all stakeholders. 5) Work with regional workforce planning groups to negotiate post number reductions.	MW	All HEAT targets, principally HEAT-A. Plus Supporting the Quality Strategy through high quality doctors delivering excellence in person centred effective and safe care.

A	13	Delivering postgraduate dental training and development for the dental team.	We will provide; 1) 171 dental VT and 10 therapist VT places. 2) 77 SHO/DF2 and 41 SpR training places. 3) 56 salaried dental service training places. 4) 45 qualified dental hygiene therapists. 5) 250 dental nurse training places. 6) 9 qualified dental technicians completing training.	JR	National policy to improve access to oral health services. Plus HEAT- H SIMD Child Fluoride Varnishing Plus HEAT-T Reduce A&E attendances
A	14	Supporting a network of dental 'Teach and Treat' centres to provide teaching for students and clinical skills development in a supervised environment which is close to people in their communities	We will support 18 dental 'Teach and Treat' centres providing undergraduate dentists and therapists with training which will result in over 28,000 free patient treatment sessions per year.	JR	All HEAT targets and principally HEAT-A Plus HEAT-T Reduce A&E attendances
A	15	Supporting medical and dental student teaching by the distribution and performance management of medical and dental ACT funds for clinical teaching.	We will; 1) Implement 3 strands of medical ACT performance management - faculty development, quality management, and measurement of teaching. 2) Produce an annual report for each dental school detailing activity and spend against ACT funds and detailed records on the use of uplift funds.	MW/JR	All HEAT targets and principally HEAT-A , Plus Supporting the Quality Strategy through well trained doctors and dentists delivering excellence in person centred effective and safe frontline care.
A	16	Supporting nursing and midwifery student teaching through review of the higher education institutions (HEIs) delivering pre-registration nursing and midwifery education.	We will provide evidence on recruitment, retention and fitness for purpose through 6 HEI annual review meetings and 4 short life working group meetings. We will also create and implement 3 new student surveys.	CF	All HEAT targets and principally HEAT-A , Plus the Quality Strategy through well trained nurses and midwives delivering person centred, effective and safe care.
A	17	Developing the nursing and midwifery clinical learning environment through a national network of 'Practice Education Facilitators' (PEFs) and practice educators bringing learning resources closer to where nurses and midwives work.	We will; 1) Review the PEF model and engage with stakeholders in the development of new service level agreements (SLAs). 2) Put in place new practice educators and agree work plans to deliver education for nurses and midwives, primarily at 'Agenda for Change' (AfC) bands 5 and 6. 3) Maintain nursing and midwifery PEF numbers and provide activity reports.	CF	All HEAT targets and principally HEAT- A

A	18	Developing the AHP clinical learning environment through a national network of <i>'Practice Education Facilitators'</i> (PEFs), linking AHPs with patients, carers and health and social care providers to develop the learning environment and increased the quality of practice placements.	We will; <ol style="list-style-type: none"> 1) Maintain AHP PEF numbers and provide quarterly and annual activity reports. 2) Develop our PEFs through a national networking event and a series of regional events plus update the online resources in <i>'The Knowledge Network'</i>. 3) Complete 2 audits of pre-registration and other practice placements. 	SL	All HEAT targets and principally HEAT- A
A	19	Supporting the National Delivery Plan for Children and Young People (CYP) Specialist Services and the Early Years Framework.	We will; <ol style="list-style-type: none"> 1) Refresh the CYP <i>'Core Skills Maintenance Package'</i> to align it with new clinical developments and patient safety guidelines. 2) Support CYP <i>'Managed Clinical Networks'</i> through learning needs analysis tool and provide a <i>'Managed Knowledge Network'</i>. 3) Review, further develop and roll out educational resources for staff working with adolescents. 4) Adapt already available education to support the development of AHPs working with CYP. 5) Incorporate evaluation outcomes into paediatric advanced practice education and deliver masters level education to 30 practitioners. 6) Maintain a national network and provide educational support for students undertaking the <i>'Paediatric Advanced Practice Succession Planning Development Pathway'</i>. 7) Advise on education at SCQF levels 7 and 8 for the CYP workforce across health and social care. 	RP/SL	National policy for CYP Specialist Services and the Early Years Framework and HEAT- A
A	20	Supporting the national <i>'Sexual Health and Blood Borne Virus Framework'</i> .	We will scope current educational resources and develop an educational framework to support the action plan.	RP	The national framework for sexual health and blood borne viruses and HEAT- A
A	21	Supporting sustainable Maternity and Neonatal Services.	We will; <ol style="list-style-type: none"> 1) Develop education for practitioners in pregnancy and newborn screening. 2) Provide QI resources for the maternity services framework and pre-conception antenatal care, labour, birth and postnatal care. 3) Identify the support requirements for Maternity Care Support Workers. 4) Provide the <i>'Scottish Multi-professional Maternity Development Programme'</i>. 5) Respond to the maternal and infant nutrition action plan. 	RP	The Quality Strategy and the national priority of building capacity and capability in the maternity workforce Plus HEAT- A and HEAT-T

A	22	Reviewing our existing education programmes for lymphoedema.	We will complete a needs assessment and develop proposals for new and revised lymphoedema education and continuing professional development.	CF	HEAT-A 62-day & 31-day Cancer Waiting Times
A	23	Supporting nurse endoscopists and gastro-intestinal nurses to increase the capacity and capability of the non-medical endoscopy workforce.	We will support 6 endoscopy skills courses and 6 train the trainer courses.	SL	HEAT-A 18 weeks referral to treatment
A	24	Supporting physician assistants – anaesthesia (PA-As) to increase the capacity of PA-As and provide a more efficient and effective skill mix.	We will ensure 7 participants complete cohort 4 of the PA-A programme by January 2012.	MW	HEAT-A 18 weeks referral to treatment
A	25	Completing our work to increase the number of trained audiologists and improve access to audiology service.	We will meet the target of an additional 80 audiologists qualified through a BSc degree.	RF	HEAT-A 18 weeks referral to treatment
A	26	Developing a national approach to healthcare scientist (HCS) training schemes to maintain the output of registered staff across a range of healthcare science specialties.	We will provide; 1) 10-15 clinical scientists moving from supernumerary training posts to NHS Boards. 2) 10-12 clinical physiology trainees to work in NHS Boards. 3) 40 HCS practitioners working towards a specialist qualification. 4) HCS educational development leads and 1 clinical technologist training co-ordinator. 5) Biomedical scientist trainers and assessors to support HCS trainees in the workplace. 6) A national career framework and associated job descriptors for life sciences support workers.	RF	All HEAT targets and principally HEAT-A 18 weeks referral to treatment
A	27	Supporting the development of postgraduate training for podiatric surgeons (podiatrists who go on to learn surgical techniques to operate on feet and ankles).	We will provide a curriculum, standards for training and a delivery model for podiatric surgery.	SL	HEAT-A 18 weeks referral to treatment

A	28	Supporting Healthcare Support Worker (HCSW) development to provide NHS Boards with access to current information and learning resources, including induction standards and codes to support patient safety.	We will support the operational implementation of the national HCSW framework and we will help NHS Boards to identify and maximise existing local infrastructure.	CF/BD	HEAT-A 18 weeks referral to treatment
A	29	Working with the Scottish Recovery Network to provide regional learning networks for recovery focused mental health services.	We will deliver 12 regional learning network meetings involving 80 participants.	RP	HEAT-A Drug & Alcohol misuse treatment
A	30	Providing trainer networks to support the application of the 'Adults with Incapacity Act' to promote patients rights and equality and diversity	We will deliver quarterly meetings of trainers' networks to support dissemination of learning.	RP	HEAT-A Drug & Alcohol misuse treatment Faster access to mental health services Plus HEAT-H Suicide reduction
A	31	Providing multi-disciplinary training in psychological approaches to adjustment and adherence in physical healthcare for children and young people and for staff to improve their knowledge and skills for CAMHS delivery.	We will design and deliver 'Train the Trainer' and direct learning modules we will finalise a 'Parenting' workforce development plan by the end of December 2011.	JT	HEAT-A Faster access to mental health services Drug & Alcohol misuse treatment Plus HEAT-H Suicide reduction
A	32	Working with the Scottish Institute of Human Relations (SIHR) to deliver a doctoral course in child and adolescent psychodynamic psychotherapy.	We will deliver the 2nd year of this doctoral course producing 6 qualified staff in 2012 to the Association of Child Psychotherapists (ACP) standards.	JT	HEAT-A Faster access to mental health services
A	33	Developing the infrastructure for child and adolescent mental health services (CAMHS) to develop the skills and workforce capacity for multi-professional groups.	We will provide; 1) 'Essential CAMHS' learning materials. 2) 'Enhanced CAMHS' learning materials. 3) Leadership development for CAMHS leads. 4) Increase CAMHS nursing opportunities.	JT/RP	HEAT-A Faster access to mental health services

A	34	Building on our 2 day training programme and our psychosocial educational resources to create greater flexibility and improve access to multi-professional education for staff working with children and young people.	We will support the effective use of psychosocial approaches to help ensure that children and young people are at the centre of care, that care is collaborative and that communication is clear. During 2011-12 we will develop an online interactive resource to support our training programme.	JT	HEAT-A Faster access to mental health services
A	35	Providing 'Essential Shared Capabilities' (ESCs) learning for mental health that supports the patients' rights agenda and the person centred ambition.	We will develop a further 2 out of 10 ESCs for inclusion across a range of undergraduate and postgraduate nursing programmes.	RP	HEAT-A Faster access to mental health services
T	36	Supporting NMAHP workforce modernisation and career development.	<p>We will;</p> <ol style="list-style-type: none"> 1) Provide a network of 'Advanced Practice Educational Coordinators' for role development. 2) Implement 'The Effective Practitioner', an educational framework for practitioners at levels 5 and 6 of the career framework 3) Develop online career guidance for post registration nurses and midwives. 4) Develop a 'Modernising Nursing in the Community Toolkit', to support NHS Boards and a core career framework for all nurses in the community. 5) Provide guidance on education and career opportunities for AHPs. 6) Provide a core curriculum for musculoskeletal (MSK) advanced practice and map 25% of the MSK workforce against the curriculum. 7) Embed the AHP 'Skills Maximisation Toolkit' and develop additional workbooks to support skill mix. 8) Provide 40 'Early Clinical Career Fellows' – (ECCFs) for newly qualified nurses. 9) Provide 15 'AHP Fellowships' providing learning which supports career and role development. 10) Deliver QI education for community, neonatal and midwifery services, and senior charge nurses to support 'Releasing Time to Care' and 'Leading Better Care'. 	CF/SL	The Quality Strategy and all HEAT targets with a focus on; HEAT-T Plus HEAT-A 18 weeks referral to treatment

T	37	Working with the Quality Strategy Education and Workforce Action Group and the Infrastructure Delivery Group to provide quality improvement (QI) education to support a national network of QI leads and practitioners.	We will; <ol style="list-style-type: none"> 1) Deliver a multi-disciplinary QI core curriculum. 2) Deliver a range of OI educational resources to embed QI within programmes for senior management and Board executives. 3) Complete the 1st phase of an implementation plan for the 'Evidence into Practice' portal. 	BD	The Quality Strategy
T	38	Working with the Quality Strategy Education and Workforce Action Group and the Infrastructure Delivery Group to deliver the Scottish clinical skills strategy through clinical skills and patient safety resources.	We will; <ol style="list-style-type: none"> 1) Establish an operational clinical skills group. 2) Support the emergency care courses delivered by BASICS, the clinical skills training delivered at the Stirling simulation centre and the 'Cuschieri' centre in Dundee. 3) Provide a mobile clinical skills training unit. 	MW/PC	The Quality Strategy
T	39	Working in partnership with the Scottish Social Services Council (SSSC) on health and social care workforce development to support the national dementia strategy.	We will provide a range of education to support delivery of the dementia strategy and we will complete an evaluation of the impact of education on early interventions in dementia.	RP	The national Dementia strategy Plus HEAT-T Emergency bed days for over 75s Reduce A&E attendances
T	40	Providing evidence, information, e-learning and community tools through 'The Knowledge Network'. Example resources include; <ul style="list-style-type: none"> • <i>Social Services Knowledge Scotland'</i> (SSKS); • <i>Evidence into Practice</i> – for quality improvement; • <i>Health Management Online</i>; • <i>The Children and Young People's Services Managed Knowledge Network'</i> (MKN); • <i>Clinical Enquiry and Response Service</i> (CLEAR); • <i>NHS ELITE'</i> – online introductory IT skills. 	We will; <ol style="list-style-type: none"> 1) Deliver savings of £750k per annum to NHS Boards through extending the range of resources available on 'The Knowledge Network' and removing the requirement for local purchasing. 2) Put in place infrastructure for online learning and develop services for QI and health inequalities. 3) Provide knowledge support for health and social care covering support workers, care at home staff, dementia, addictions, and criminal justice. 4) Develop a new strategy for IT architecture to give users simple and direct access to knowledge. 5) Deliver training in finding, sharing and using knowledge to a minimum of 3,000 staff. 6) Update the authentication systems so that there is an up to date user register with secure access. 7) Maintain online systems which give access to evidence, best practice, and learning resources. 8) Maintain the quality of content by ensuring 90% compliance with content updating schedules. 9) Support and train online community administrators to ensure they have the skills and tools to maintain community websites. 	BD	The Quality Strategy and all HEAT targets, enhancing community based care, supporting national clinical priorities and delivering resources for workforce excellence. Plus HEAT-T Emergency bed days for over 75s Reduce A&E attendances

T	41	Developing and delivering education to support health and social care professionals working with older people	We will; 1) Hold 3 regional events to promote health and social care education. 2) Embed action learning leadership training within 10 community health and care partnerships (CHCPs). 3) Develop health and social care online resources.	RP	Supporting services older people Plus HEAT-T Emergency bed days for over 75s Reduce A&E attendances
T	42	Supporting the implementation of self management and self assessment online educational resources.	We will demonstrate usage of online educational resources for self management and self assessment e.g. www.mydiabetesmyway.scot.nhs.uk which offers people access to their patient record to support self management and the ALISS project www.aliss.scot.nhs.uk which links together local and national information – including ideas from people living with long term conditions.	SL	HEAT-T Emergency bed days for over 75s Reduce A&E attendances
T	43	Working with health and social care managers to agree and develop a guide to educational resources which will develop the roles and skills of health and social care workers	We will; 1) Hold 3 staff engagement events with SSSC and 3 regional workforce engagement events. 2) Produce a guide, which will include the identification of learning resources for health and social care support workers.	RP	HEAT-T Emergency bed days for over 75s Reduce A&E attendances
T	44	Supporting the design and delivery of an accredited abdominal aortic aneurysm (AAA) screening programme.	We will work with higher education to provide an accredited education programme in AAA screening.	SL	HEAT-T Stroke services
T	45	Delivering the 'Cleanliness Champions Programme', an inclusive healthcare associated infection (HAI) e-learning and paper based resource which has a consistent approach to learner support.	We will complete a content review of the learning material and update 10 modules. The review will aim to improve; uptake and completion rates, sustainability, compliance with Sharable Content Object Reference Model (SCORM) standards, version control and local ownership.	RP	The Quality Strategy and HEAT-T Healthcare associated infection
T	46	Providing an online programme of HAI e-learning short courses, accessible by all healthcare professionals.	We will deliver a range of at least 20 e-learning short courses and will maintain demand by measuring usage, withdrawing products that are not being used.	RP	The Quality Strategy and HEAT-T Healthcare associated infection
T	47	Ensuring the quality of our HAI e-learning short courses.	We will ensure 'Product Guardians' are in place for each course and that each is evaluated using level 2 of the 'Kirkpatrick' model based on student feedback.	RP	The Quality Strategy and HEAT-T Healthcare associated infection

T	48	Developing education to support Infection Prevention Society (IPS) competencies in the workforce.	We will develop IPS education to support quality healthcare professionals delivering excellence in infection prevention and control.	RP	The Quality Strategy and HEAT-T Healthcare associated infection
T	49	Developing a common core of education for HAI mandatory and refresher training that can be delivered flexibly across a range of staff and supports independent and blended learning while meeting the recommendations of the Healthcare Environment Inspectorate.	We will develop the HAI induction programme to meet the recommendations set out by the SGHD HAI task force action plan.	RP	The Quality Strategy and HEAT-T Healthcare associated infection
T	50	Providing e-learning resources for antimicrobial prescribing in support of the ' <i>Scottish Management of Antimicrobial Resistance Action Plan</i> '.	We will monitor the uptake of e-learning and we will embed short courses and resources to improve antimicrobial prescribing.	RP	The Quality Strategy and HEAT-T Healthcare associated infection
T	51	Providing a decontamination education programme for primary-care staff, endoscopy staff and staff working in peri-operative care.	We will review existing decontamination training and further develop our programme based on early indicators which prioritise training for; (1) endoscopy; (2) central decontamination units.	RP	The Quality Strategy and HEAT-T Healthcare associated infection
T	52	Providing in-practice decontamination training to general dental practices in hand hygiene, cleaning dental instruments, cleaning the clinical environment, and operating and testing decontamination equipment.	We will provide 2 training packages to all general dental practices in Scotland.	JR	The Quality Strategy and HEAT-T Healthcare associated infection
T	53	Developing a joint action plan to support the escalation process for responding to HAI and health protection incidents and outbreaks.	We will develop a rapid (5 business days) educational response to support escalated incidents and provide an evidence based resource to support the guidelines on managing health protection incidents.	RP	The Quality Strategy and HEAT-T Healthcare associated infection
T	54	Evaluating the impact of education on the HAI agenda	We will develop and maintain a national stakeholder network who will contribute to an impact evaluation.	RP	The Quality Strategy and HEAT-T Healthcare associated infection

T	55	Providing remote and rural training for general medical and dental practice to help build capacity and specialist skills for improved primary care in remote and rural communities	We will provide 10 ' <i>Remote and Rural</i> ' training places for general medical practice and 12 for general dental practice.	MW/JR	HEAT-T Reduce A&E attendances
T	56	Increasing access to education for the remote and rural workforce to help ensure that people living in remote and rural areas have access to high quality care delivered close to home.	We will adapt 4 existing education programmes to ensure they are accessible and appropriate to needs of the remote and rural workforce.	MW	HEAT-T Reduce A&E attendances
T	57	Developing an educational framework to support the ' <i>Scottish Diabetes Action Plan 2010</i> '.	We will work with diabetes Managed Clinical Networks to implement existing educational frameworks and to develop and publish a new educational framework for diabetes. For example; 1) Reviewing structured education for people with type 2 diabetes and completing a national framework for the education of people with type 1 diabetes. 2) Identifying and promoting effective educational tools, programmes and modules.	SL	HEAT-T Reduce A&E attendances
T	58	Providing postgraduate training and continuing professional development (CPD) for pharmacists and their teams.	We will provide; 1) 170 training places for the pre-registration pharmacist scheme (PRPS) supported by a network of tutors. 2) 95 training places for the Scottish hospital pharmacist vocational training scheme (SHPVTS) supported by a network of tutors. 3) 3 ' <i>Practice Education Coordinators</i> ' (PECs) and 12 ' <i>Practice Education Facilitators</i> ' (PEFs) to deliver education for PRPS trainees and their tutors, pharmacists prescribers and the SHPVTS 4) CPD for the pharmacy team and a professional development award (PDA) for extended roles. 5) Clinical skills training for pharmacists in consultation and clinical assessment. 6) Patient safety practice research to QI education and develop practitioners for advanced pharmaceutical care.	RMP	All HEAT targets and the Quality Strategy principally enhancing community based care Plus HEAT-T Reduce A&E attendances & Emergency bed days for over 75s & HEAT - H Targeted Health Checks

T	59	Providing education and training for community optometrists who provide NHS care under the General Ophthalmic Services (GOS) contract.	<p>We will provide;</p> <ol style="list-style-type: none"> 1) Resources through the Directorate of Optometric Continuing Education and Training (DOCET) for UK wide training programmes. 2) 4 regionally based <i>'Teach and Treat'</i> centres with tutors providing clinical skills training to improve community based eye care and reduce the number of conditions being referred on. 3) A programme of courses, workshops and training opportunities to support the GOS contract and develop the roles of community based practitioners and optometric support staff. 	DC/JP	<p>All HEAT targets and the Quality Strategy principally enhancing community based care</p> <p>Plus HEAT-T Reduce A&E attendances & Emergency bed days for over 75s</p> <p>& HEAT - H Targeted Health Checks</p>
T	60	Supporting non-medical practitioners to train and to develop their role as prescribers to improve care in the community and hospital, supporting safe and effective medicines management for individual patients, with the potential to positively impact on provision of care in home settings.	We will provide learning resources and support for enrolment on prescribing courses and continuing professional development upon qualification; to develop the role of NMAHP practitioners as supplementary and independent prescribers working in hospital and the community.	RMP/CF	<p>HEAT-T Reduce A&E attendances & Emergency bed days for over 75s</p>
T	61	Developing education for staff to provide emotional and psychological support for people with long term conditions	We will review the outcome of the SGHD and <i>'Long Term Conditions Alliance'</i> scoping and consultation work to identify educational solutions.	SL	<p>HEAT-T Reduce A&E attendances & Emergency bed days for over 75s</p>
T	62	Reviewing the learning needs and current education provision for staff dealing with chronic pain to identify gaps and areas of priority.	We will provide a learning needs analysis and a report on current education provision for chronic pain.	SL	<p>HEAT-T Reduce A&E attendances & Emergency bed days for over 75s</p>

ANNEX 1

Supporting the Scottish Government's Outcomes-based approach

An outcomes-based approach encourages us all to focus on the difference that we make to people using the service, their families, carers, staff and all who work with NHSScotland in delivering the vision of world-leading healthcare quality. It is about far more than just the inputs or processes over which we have control. Success is about **impact** and should be judged by tangible improvements in the things that matter to the people of Scotland. Our Health Board has been working in partnership across NHSScotland, with Community Planning Partners and with the Scottish Government to embed an outcomes-based approach by identifying key priority areas. This has enabled Health Boards to:

- i. Align activity to explicitly contribute to the Government's over-arching purpose of sustainable economic growth through the National Performance framework.
- ii. Better integrate activities with local government, with other Public Bodies, and in partnership with the Third and private sectors to address the Government's Purpose Targets and National Outcomes through Single Outcome Agreements (SOAs).
- iii. Focus activity and spend on achieving real and lasting benefits for people and as such minimise the time and expense on associated tasks which do not support the national outcomes and purpose.
- iv. Create the conditions to release innovation and creativity in delivering better outcomes.

In 2008, the Scottish Government introduced a National Performance Framework, which set out, for the first time, an ultimate purpose of Government, supported by 7 high-level targets, and 15 National Outcomes. Of these, 6 are particularly relevant to the work of the NHS:-

- We have tackled the significant inequalities in Scottish society
- Our children have the best start in life and are ready to succeed
- We have improved the life chances for children, young people and families at risk
- We live longer, healthier lives
- Our public services are high quality, continually improving, efficient and responsive to local people's needs
- We reduce the local and global environmental impact of our consumption and production

In 2010, the Healthcare Quality Strategy for NHSScotland set out the overarching aim of achieving world-leading quality healthcare services across Scotland, underpinned by the 3 **Healthcare Quality Ambitions**;

Healthcare Quality Ambitions

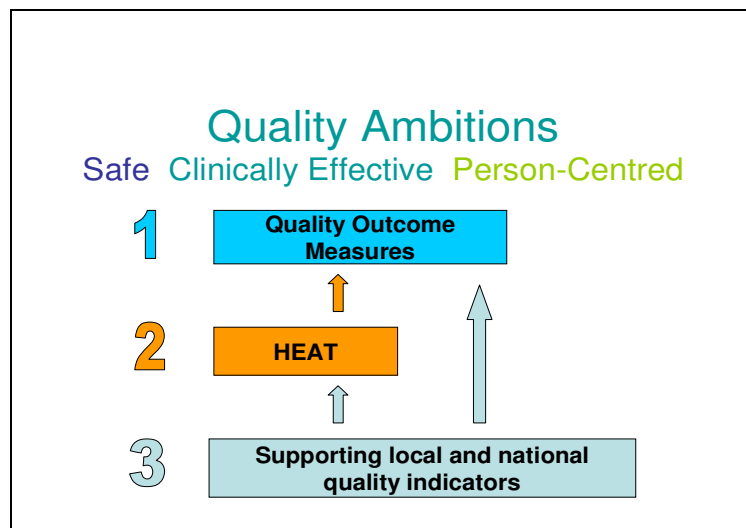
Person-centred - Mutually beneficial partnerships between patients, their families and those delivering healthcare services which respect individual needs and values and which demonstrate compassion, continuity, clear communication and shared decision-making.

Safe - There will be no avoidable injury or harm to people from healthcare they receive, and an appropriate, clean and safe environment will be provided for the delivery of healthcare services at all times.

Clinically Effective - The most appropriate treatments, interventions, support and services will be provided at the right time to everyone who will benefit, and wasteful or harmful variation will be eradicated.

The Quality Strategy included a commitment to develop a Quality Measurement Framework to support our shared vision of healthcare quality. It was proposed that progress towards the three Quality Ambitions would be assessed by reference to a number of Quality Outcome Measures, and that these measures would be based on a combination of patient and staff perspectives, alongside measures of safety and effectiveness. These measures would be used to assess direction of travel, and would not be set as targets.

As part of the proposal for the Quality Measurement Framework, the Quality Strategy made a commitment that the HEAT targets would be aligned to the Quality Ambitions. The HEAT targets would therefore reflect the agreed areas for specific accelerated improvement each year, contributing to progress towards the Quality Ambitions.



Our Board welcomes the recent discussion of the Quality Alliance Board (QAB) in relation to the proposals for the Quality Measurement Framework and for Quality Outcome Measures. Our Board is now working on the basis of the following:

- The QAB agreed the need for alignment within the Quality Measurement Framework, with HEAT targets demonstrating how they positively support the Quality Ambitions
- A small number of high-level Quality Outcomes (probably 5-6) will describe our priority objectives in language which is inclusive across NHSScotland and with our delivery partners. These will be based on the current provisional set;
 - People have a positive experience of healthcare
 - Staff feel supported and engaged
 - Healthcare is safe
 - People are supported to live well at home or in the community with access to appropriate treatment when they need it
 - People live longer healthier lives
 - *There is no inappropriate variation* (further work required to confirm this outcome, and related measures)
- A set of Quality Outcome Measures are being established which we will use as proxy measures to reflect the Quality Outcomes, and to track progress towards achieving our Quality Ambitions.
- As the Quality Outcomes/measures are further developed over the year ahead, we will work with SGHD and partners to ensure that the set of HEAT targets are aligned with and underpin progress towards our Quality Ambitions. In addition, we will work to ensure that all our measurement at local or national level, for improvement activity, monitoring or reporting purposes, becomes aligned with the Quality Ambitions, as envisaged in Level 3 of the Quality Measurement Framework.

Through our Local Delivery Plan, we set out how we will be judged in terms of performance on our operational targets, which have been agreed with Government and across NHSScotland to support delivery of the outcomes and Quality Ambitions.

Progress has been made in reviewing the HEAT targets so that they reflect the NHS contribution to the National Outcomes, and this process continues each year. In addition, we can demonstrate how the HEAT targets positively support the 3 Quality Ambitions.

The HEAT core set contains a number of nationally set targets, and the national pursuit of these across NHS Scotland, backed up with dedicated and focussed improvement support from the Government, has been demonstrated to support real progress — e.g. significant reductions in inpatient waiting times and reduced healthcare associated infections. Also, in line with the outcomes-based approach of

agreeing shared outcomes with other public sector delivery partners, HEAT has introduced a number of priorities where we set out, in this Local Delivery Plan, our local planned levels of performance — e.g. reductions in A&E attendances.

Achievement of HEAT targets will demonstrate progress and contribute towards delivery of the Scottish Government's national outcomes and the Quality Ambitions (see mapping of the 2010/11 targets on to the national outcomes and targets).

We have also made a range of contributions towards the delivery of the local single outcome agreement over and above the HEAT targets and these are set out in our Local Delivery Plan. This focuses on our Board's contributions to the 4 national priority areas:

- Health inequalities
- Early years
- Tackling poverty
- Economic recovery

These areas have been identified as requiring major contributions from a range of partners, but are also areas where there is the potential for significant collaborative gain.

An outcomes-based approach encourages us all to focus on the difference that we make, and not just the inputs or processes over which we

The diagrams set out on the following pages illustrate the relationship between HEAT targets, Scottish Government national outcomes and how NES LDP targets relate to these (Diagram 1) and HEAT targets contributing towards Scottish Government's NHS quality ambitions (Diagram 2).

Diagram 1

HEAT TARGETS CONTRIBUTING TOWARD SCOTTISH GOVERNMENT'S NATIONAL OUTCOMES	We have tackled the significant inequalities in Scottish society	Our children have the best start in life and are ready to succeed AND We have improved the life chances for children, young people and families at risk	We live longer, healthier lives	Our public services are high quality, continually improving, efficient and responsive to local people's needs	We reduce the local and global environmental impact of our consumption and production	We have strong, resilient and supportive communities where people take responsibility for their own actions and how they affect others.	Clear 'line of sight' to NES LDP REF NO
Alcohol brief interventions							1 & 2
Targeted Health Checks							2; 58 & 59
Suicide reduction							3 & 4; 30 & 31
Child healthy weight interventions							2; 12; 5 – 7
SIMD Smoking cessation							8
SIMD Child Fluoride Varnishing							9 & 14
Financial balance							10
Efficiency savings							11
Carbon Emissions & Energy Consumption							
62-day & 31-day Cancer Waiting Times							2; 12; 23 – 25
18 weeks referral to treatment							2; 12; 23 – 28; 36
Drug & Alcohol misuse treatment							2 – 4; 12; 29 – 31
Faster access to mental health services							2 – 4; 12; 30 – 35
Emergency bed days for over 75s							2; 12; 39 – 43; 58 – 62
Stroke services							2; 12; 44
Healthcare associated Infection							45 – 54
Reduce A&E attendances							2; 13; 39 – 43; 55 – 62




-  clear line of sight in supporting short term progress towards National Outcome or Purpose Target
-  indirect or longer term contribution to National Outcome or Purpose Target
-  NES LDP target supports HEAT target (with NES LDP reference number)

Diagram 2


Healthcare Quality Ambitions


Person-centred - Mutually beneficial partnerships between patients, their families and those delivering healthcare services which respect individual needs and values and which demonstrate compassion, continuity, clear communication and shared decision-making.

Safe - There will be no avoidable injury or harm to people from healthcare they receive, and an appropriate, clean and safe environment will be provided for the delivery of healthcare services at all times.

Clinically Effective - The most appropriate treatments, interventions, support and services will be provided at the right time to everyone who will benefit, and wasteful or harmful variation will be eradicated.

HEAT TARGETS CONTRIBUTING TOWARD SCOTTISH GOVERNMENT'S NHS QUALITY AMBITIONS	People live longer healthier lives	People supported to live at home / community with access to treatment	Healthcare is safe	People have a positive experience of healthcare	Staff feel supported and engaged	There is no inappropriate variation
Alcohol brief interventions						
Targeted Health Checks						
Suicide reduction						
Child healthy weight interventions						
SIMD Smoking cessation						
SIMD Child Fluoride Varnishing						
Financial balance						
Efficiency savings						
Carbon Emissions & Energy Consumption						
62-day & 31-day Cancer Waiting Times						
18 weeks referral to treatment						
Drug & Alcohol misuse treatment						
Faster access to mental health services						
Emergency bed days for over 75s						
Stroke services						
Healthcare associated Infection						
Reduce A&E attendances						

 clear line of sight in supporting short term progress towards National Outcome or Purpose Target

 indirect or longer term contribution to National Outcome or Purpose Target

ANNEX 2

LDP Risk Narrative

As a Special Health Board, NHS Education for Scotland is required to submit a LDP Risk Narrative against targets E5, E6 and E10. This is attached to this paper.

We are also taking this opportunity to highlight, as we have in the covering paper to our Financial Plan, that this LDP is being submitted based on our financial allocation as confirmed for 2011/12. Beyond 2011/12 we have no confirmation of the likely level of allocation and we have therefore worked on the basis of applying an assumption in line with the allocation for 2011/12. This has important implications for NES.

In 2011/12 NES will be operating on a Revenue Resource Limit which is 2% or £8million lower than in 2012/13. In setting its budget for 2011/12 the NES Board has taken the following approach:

We have recognised that NES has clear, patient-facing responsibilities through its payment of the salaries of around 6,500 trainees who provide direct services to patients. We have therefore protected this element of the budget. The implication for other areas of this protection is a budget reduction of 5%.

The Board has also recognised that the payment of Additional Cost of Teaching (ACT) monies represents an important source of revenue to NHS Boards which critically underpins the teaching infrastructure within NHS Boards and contributes towards ensuring that healthcare professionals receive quality training in an environment which is safe for them and for patients. We have therefore limited the saving applied to ACT funding to 2%.

The impact of these decisions has been to impose a savings requirement of just under 9% on all other areas of the NES budget. This is very challenging to deliver and will impact on our ability to invest in new educational projects.

We are confident that we can deliver the targets set out in our LDP within this reduced financial allocation for 2011/12. However, if we project similar budget reductions beyond 2011/12 and maintain our commitment to protect Training Grades it will have very significant implications for our ability to continue to deliver to the same level in the future.

E5: NHS Boards to operate within their agreed revenue resource; operate within their capital resource limit; meet their cash requirement

NHS BOARD LEAD:	Caroline Lamb
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Delivery

Risk	Management of Risk
Target may not be delivered due to unforeseen cost pressures.	All known cost pressures have been identified and built into plan, there remain risks around double running as quantified in the financial plan.
Target may not be delivered due to underspend resulting from new allocations.	All anticipated allocations are built into the financial plan. Any new allocations will not be accepted without assurance on rate of spend.
Target may not be delivered due to change in policy, and subsequent alteration to budgets, following May 2011 elections.	Anticipated that any change in administration will not immediately impact on 2011/12 budget, therefore allowing NES to better understand, and plan for, the direction of travel for NHSS following the May elections.
Budget for 2011/12 is balanced through the utilisation of non recurrent carry forward which will not be available in 2012/13.	Full budget review underway to identify additional recurrent savings to support planned expenditure into 2012/13.

Workforce

Risk	Management of Risk
Savings plans for 2011/12 include reductions in staffing establishment. These may not be achieved if turnover does not increase.	Proposals for a voluntary release scheme being developed in partnership.

Finance

Risk	Management of Risk
Finances not anticipated to be adversely affected if NES operates within 2011/12 allocation, however, non-recurrent resource issue identified above requires to be addressed.	Lean projects, and other initiatives for improving resource usage and identifying further savings already underway across NES.

Improvement

Risk	Management of Risk
Focus may switch to maintaining business as	LEAN projects, and other initiatives for improving resource usage already underway

usual rather than encouraging innovation, however, a tighter financial climate may lead to an opportunity to improve working practices and resource utilisation.	across NES.
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Equalities

Risk	Management of Risk
No risks identified.	

E6: NHS Boards to maximise cash efficiencies to invest in frontline services.

NHS BOARD LEAD:	Caroline Lamb
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Delivery

Risk	Management of Risk
Savings have all been identified to enable budget to be balanced. An element of those savings have been devolved out to Directorates with plans being developed and savings being deducted from budgets – there is a risk that savings are not realised and budgets overspent as a result.	Careful monitoring of budgets and efficiencies throughout the year to ensure budget holders are on track to realise efficiencies plans.

Workforce

Risk	Management of Risk
Disinvestment in projects may displace staff. Savings plans assume reductions in staffing establishment.	Redeployment Register being maintained and managed, supporting re-training and movement of staff to new areas. Staff working across multiple projects and tasks, easing movement away from disinvested strands of work and into funded work streams. Voluntary release scheme being developed.

Finance

Risk	Management of Risk
Risk of overspending should efficiency plans	Careful monitoring of budgets and efficiencies throughout the year to ensure budget

not be realised.	holders are on track to realise efficiencies plans.
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Improvement

Risk	Management of Risk
Focus may switch to maintaining business as usual rather than encouraging innovation.	Innovation through sharing of resources across the organisation to be encouraged.

Equalities

Risk	Management of Risk
Inequitable outcomes for patients resulting from financial decisions, particularly from efficiency savings. The Equality and Human Rights Commission is closely scrutinising the equality impact of financial decisions.	An equality impact assessment of the NES budget for 2011/12, inclusive of savings plans, has been completed.

ANNEX 3

SUMMARY OF MAIN WORKFORCE ISSUES FACING NHS EDUCATION FOR SCOTLAND

Skills mix - information on significant changes in skill mix and the plans to take this forward.

- NHS Education for Scotland recognises that a quality workforce is based on skills, competency and capability. NES has been preparing a people management strategy that will be launched this year to take into account the skills mix that NHS Education requires.
- Predicting skill requirement is at the heart of workforce planning, and the co-ordination and commissioning of internal and external training and education will continue to be an integral aspect of Workforce Planning & Development.
- NHS Education will actively define the training and development needs of its workforce from current KSF outlines to deliver support to the workforce and develop skills and competencies required to maximise the organisational skills and achieve the objectives identified within the NHS Education Strategic Framework 2011 ([put the link here](#)).
- Understanding what core skills and competencies are required across the organisation is a key objective to complement the direction of travel defined within the Strategic Framework professional groups focussing on flexibility and transferability.
- NES is carrying out an activity based costing exercise to further support the analysis of roles and workforce requirements. This is being taken forward on a Directorate by Directorate basis. This is complementing our work in the application of the LEAN methodology to identify and implement efficient service improvement.
- New ways of working and service redesign will be our main focus during the next three years.
- A multi-professional approach to develop the workforce plan using 6 steps methodology has been implemented to support the development of the 2011/12 workforce plan.
- Given the complexity, we are working across systems to ensure we develop a flexible, affordable and sustainable workforce for the future. Key to this is to ensure that our ICT infrastructure is 'fit for purpose.'

Workforce pressures and solutions - existing and planned new service areas with particular workforce pressures and possible solutions.

- There is a significant development requirement for the workforce which creates pressure in balancing operational needs with the need to release staff for appropriate learning and development.
- The effective use of the Knowledge and Skills Framework (KSF) will help to determine both the appropriate workforce groups and the required level of learning.
- The issues associated with releasing individuals from service provision is being tackled by using creative ways of providing learning including on-line modules and self directed learning.
- The implementation and use of web based learning will support the effective management of training administration. Mandatory and statutory training with regard to Equality and Diversity and Health and Safety will continue to be delivered via online solutions.
- NHS Education for Scotland is currently analysing the findings from the Staff Survey to ensure that any workforce pressures identified are addressed.
- Continuous Service Improvement and lean methodology will continue to be promoted to create opportunities for staff to work more efficiently focussing on the provision of quality services.
- NES continues to develop relationships with all our partners, including working more closely with other boards, other agencies e.g. social care, voluntary services and education to improve joint working and synergies to enhance service delivery and provide more effective joined up services.

Other significant workforce issues - issues that the Scottish Government should be aware of that may require a national focus.

- Similar to all the Boards in Scotland the overall challenge is to achieve a financial balance whilst ensuring there is a competent workforce available to provide a sustainable service.
- NHS Education for Scotland's current financial position will place increasing pressures on workforce resources, therefore we need to ensure that we are working effectively and efficiently whilst ensuring we have a valued, safe and affordable workforce. Turnover is just over 1% and therefore achieving efficiencies from human resources using natural wastage will be limited.
- In light of the current financial climate the ability to fill existing vacancies and recruit to new posts is becoming limited and is likely to contract. There is a vacancy control procedure in place to ensure that a needs assessment has been undertaken as soon as any

vacancy or potential new post arises. This process is to ensure a balance between sustainable operational service delivery and affordability.

- A Change Management Group has been set up to review in partnership staff policies and to review organisational change proposals. This ensures a consistency of approach across NES.