Delivering Positive Change
Corporate Plan 2013-14
Introduction

2013-14 represents the final year of our strategic framework *Quality Education for a Healthier Scotland* as we prepare to support the 20:20 Vision of integrated health and social care services. After over a decade delivering training, education and workforce development, we have expanded our core business from individual professional groups, to the whole healthcare workforce and this final year of our current strategy will include a strong focus on change programmes designed to make our services more efficient, streamlined and consistent. This will put NES in a good position to not only support safe, effective and patient-centred care through well trained staff, but also to provide a significant contribution to the systematic and co-ordinated approach to workforce development across our public sector called for by the Christie Commission.

This corporate plan represents our emerging response to public service reform and describes the detailed education and training activities that we provide to support care provided to the highest standards of quality and safety by well trained staff, who are in the right place at the right time. This is our core business which fundamentally underpins the three quality ambitions of safe, effective and person-centred care.

*Lindsay Burley*  
Chair

*Malcolm Wright*  
Chief Executive
Our Response to the 20:20 Workforce Vision

<table>
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<tr>
<th>Our vision:</th>
<th>Quality Education for a Healthier Scotland</th>
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<td>Our mission:</td>
<td>to provide educational solutions that support excellence in healthcare for the people of Scotland</td>
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We are the special health board responsible for education, training and workforce development across NHSScotland. Our core business of recruiting, funding and training key healthcare staff is crucial to ensuring that the NHSScotland Quality Strategy and the 20:20 Workforce Vision are delivered by a competent and engaged workforce, with the right leadership skills to provide new models of care which cross professional and organisational boundaries. Of particular importance is our work on quality improvement and health improvement, supporting national policy priorities through education and training developed in partnership with Healthcare Improvement Scotland (HIS) and NHS Health Scotland. In this section we will highlight the key strategic challenges we have identified through our engagement and intelligence gathering with NHS Boards, professional and regulatory bodies, the Scottish Government, the education and social care sectors and other Government agencies key to education.

- **Quality Strategy**
  We currently provide the QI Hub and the Leading for Quality Network as well as established patient safety, clinical skills, healthcare associated infection (HAI) and person-centred education programmes. Looking ahead, we will continue to play a pivotal role in the Scottish Patient Safety Programme (SPSP) and the development of quality improvement capability and capacity across the system. In partnership with the Chief Scientist’s Office and the Scottish Funding Council we will establish a QI research and development programme. We will also lead the education, training and workforce development plan for Person-centred Care in close collaboration with the third sector.

- **Leadership and Management**
  Leadership and cultural change are widely acknowledged to be central to the Quality Strategy and the 20:20 Workforce Vision, both within the NHS, across health and social care, and in the context of public service reform. Management development is also crucial to developing an effective workforce able to respond to the challenge of health and social care integration. We will continue to work in this important area with a focus on continuing professional development, electronic resources, development networks, and graduate training schemes. In addition we are prepared to work in partnership to develop public service leadership across Scotland and we will support public service workforce development through the Scottish Leaders Forum.

- **Healthcare Professions**
  Our core business recruiting and training key healthcare professionals remains a priority, in particular support for workforce planning, workforce modernisation and service redesign. For example we note the General Medical Council’s recent announcement around accreditation of trainers, together with the implementation of revalidation, including remediation of both trainees and career grade staff.

- **Health and Social Care Integration**
  Health and social care integration is a key theme which will require further work with our stakeholders to identify the detailed education, training and workforce development needs for the future. To date we have developed strong partnerships with social care to support key policy initiatives such as, reshaping care for older people, dementia, early years and the carers’ strategy.
Our intelligence gathering during 2012 highlighted these areas and, in addition to the general theme around health and social care, there is an emerging emphasis on workforce planning, e-learning, service redesign, reshaping the workforce, older people, dementia services, rural hospitals and leadership. Our Board has formally endorsed the key themes outlined through our stakeholder engagement and will consider how our future plans are aligned with priority areas. In addition we will build a close working relationship with Health Education England and consider our role with key partners such as NHS Health Scotland and Healthcare Improvement Scotland. You will see a number of these areas reflected in our 2013-14 plans under six strategic themes:

- education to create an excellent workforce
- improving quality
- reshaping the NHS workforce
- responding to new patient pathways
- developing innovative educational infrastructure
- delivering our aims through a connected organisation

Both this corporate business plan and our strategy can be found at: http://www.nes.scot.nhs.uk/about-us/planning-and-corporate-governance.aspx
Theme 1

Education to Create an Excellent Workforce
Theme 1: Education to Create an Excellent Workforce

Principal Quality Outcomes:
- Healthcare is safe for every person, every time
- Everyone has a positive experience of healthcare

Strategic Objectives:
- We will deliver consistent evidence-based excellence in education for improved care
- We will ensure best use of the Additional Costs of Teaching (ACT) funding
- We will continue to build co-ordinated joint working and engagement with our partners

Core to our business is the recruitment and training of key healthcare staff which meets regulatory standards and supports safe, effective and person-centred care. We work in partnership with our stakeholders through educational networks embedded within NHS Boards, education institutions and professional and regulatory bodies. This is supported by an integrated engagement process to deliver education and training for doctors, dentists, pharmacists, nurses, midwives, allied health professionals, clinical psychologists, healthcare scientists, optometrists, healthcare chaplains, clinical healthcare support workers and administrative, clerical and support staff.
Recruiting and Training Key Healthcare Staff

Well-trained healthcare staff are fundamental to the future of the health service and contribute across a whole range of quality outcomes. We are responsible for training healthcare professionals across NHS Scotland in line with the requirements of the UK professional regulatory bodies we work with. We also provide educational resources for staff in administrative and non-clinical support services.

- **MEDICAL TRAINING GRADES**
  During 2013-14 we will: (1) recruit to and deliver 54 foundation programmes and 175 approved specialty training programmes; (2) fully implement our PINNACLEv3 trainee management database supported by consistent business processes, accurate data and wider access for external stakeholders by the end of October 2013 and; (3) integrate the Scottish Medical Training (SCOTMT) website with PINNACLEv3.

- **MEDICAL GP SPECIALTY TRAINING**
  We will deliver general practice specialty training (GPST) to General Medical Council (GMC) standards to ensure GPs are fully trained and able to work independently in community practice. During 2013-14 we will: (1) recruit to all 18 GPST programmes offered in Scotland (up to 292 posts); (2) reduce the number of trainees requiring additional training and support to below 30 (around 10% of the total) and; (3) present our work at national conferences.

- **DENTAL VOCATIONAL TRAINING (VT)**
  We will deliver VT for dental and dental hygiene-therapy graduates to ensure they are trained and able to work safely and effectively in the general dental service (GDS). In 2013-14 we will: (1) provide up to 173 dental VT places; (2) ensure that 100% of dental VDPs undergo assessment and; (3) provide up to 15 dental hygiene-therapy VT places.

- **DENTAL ORTHODONTIC THERAPY**
  We will provide orthodontic therapy education to increase the number of qualified orthodontic therapists. During 2013-14 we will provide up to eight places on an orthodontic therapy programme.

- **HOSPITAL DENTAL SERVICE**
  We will provide senior house officer/dental foundation (SHO/DF2) and specialist registrar (StR) training to General Dental Council (GDC) standards for specialist oral healthcare provided by the hospital dental service (HDS). During 2013-14 we will provide up to 77 SHO/DF2 and 41 StR training places.

- **SALARIED DENTAL SERVICE**
  We will provide postgraduate training places and continuing professional development for the salaried dental service (SDS). During 2013-14 we will provide: (1) up to 42 DF2 and 27 DF training places within the SDS and; (2) develop an adults with incapacity programme to meet legislative requirements and the needs of the service.

- **POST-QUALIFICATION DENTAL NURSE TRAINING**
  We will provide post-registration training for dental nurses to achieve enhanced skills beyond the minimum regulatory requirements. During 2013-14 we will provide up to 100 qualified dental nurses with enhanced skills training.

- **NURSING AND MIDWIFERY ONE YEAR JOB GUARANTEE SCHEME**
  We will lead delivery of the Scottish Government one year job guarantee scheme for newly qualified nurses and midwives through fixed term and part-time placements and rotational internship opportunities. During 2013-14 we will provide: (1) an online application and placement system; (2) data to support monitoring, delivery and decision making regarding sustainable provision and; (3) a stakeholder network to facilitate placements across NHS Boards.
• **CLINICAL PSYCHOLOGY TRAINING**
  We will work with higher education institutions (HEIs) and NHS Boards to provide a qualified psychology workforce eligible to register with the Health and Care Professions Council (HCPC) and in line with the requirements of the British Psychological Society (BPS). During 2013-14 we will provide a programme for approximately 210 postgraduate clinical trainees.

• **CHILD PSYCHOTHERAPY**
  We will work with education and NHS partners to provide a high standard of academic and clinical practice education for child psychotherapy trainees. During 2013-14 we will ensure that six trainees complete a doctoral programme and a new cohort of four trainees enters training.

• **NEUROPSYCHOLOGY**
  We will work with partners to deliver neuropsychology education to support development of knowledge and skills in psychology services and multi-professional continuing professional development (CPD). During 2013-14 we will deliver an MSc neuropsychology programme to approximately 30 staff suitable for CPD entry and extension of current qualification levels.

• **SCOTTISH HOSPITAL PHARMACIST VOCATIONAL TRAINING SCHEME (SHPVTS)**
  We will deliver the SHPVTS to provide a trained general hospital pharmacist workforce ready for further specialist study and career progression. During 2013-14 we will: (1) provide training and assessment for 110 SHPVTS stage 2 trainees supported by a network of tutors; (2) deliver a management course for up to 30 delegates and leadership programme for up to 15 delegates for senior hospital pharmacists at SHPVTS stage 4 and; (3) develop and pilot additional specialist modules in Older People and Cancer for hospital pharmacists at SHPVTS stage 3.

• **HEALTHCARE SCIENCE (HCS) POSTGRADUATE SUPPORT**
  We will provide HCPC registered clinical scientists and higher specialist practitioners progressing as postgraduate scientists with shared common core attributes. During 2013-14 we will: (1) co-fund recruitment for approximately 15-20 trainees on a national postgraduate training scheme and; (2) support 35 practitioners to develop specialist skills as postgraduate science trainees.
Undergraduate and Pre-registration Education

We play an important role in supporting students and NHS employees at the undergraduate and pre-registration stages of their careers. We provide undergraduate teaching funds for Scottish medical and dental schools and we enable a broad range of undergraduate students and pre-registration professionals to learn in a supervised clinical environment. We also provide pre-registration training schemes and practice placements and we work with higher and further education to ensure that educational programmes meet quality standards. Finally we lead a number of initiatives to strengthen the recruitment, selection and retention of student nurses and midwives.

- **MEDICAL ADDITIONAL COSTS OF TEACHING (ACT) AND UNDERGRADUATE SUPPORT**
  We will continue to implement three strands of performance management for medical ACT funding: faculty development, quality management, and measurement of teaching. By the end of March 2014 we will ensure that ACT funding in each NHS Board is linked to time in consultant job plans to support GMC requirements for the recognition and approval of trainers.

- **DENTAL ADDITIONAL COSTS OF TEACHING (ACT) AND UNDERGRADUATE SUPPORT**
  We will deliver systems that allocate and monitor dental undergraduate teaching funds. During 2013-14 we will: (1) produce an annual report and complete six monthly reviews for Dundee and Glasgow dental schools detailing activity and spend of ACT funds by NHS Tayside and NHS Greater Glasgow and Clyde; (2) allocate and monitor funding to support Aberdeen dental school and complete quarterly reviews detailing activity and spend by NHS Grampian and; (3) provide a *Business Support Module* for BDS students to support CV building and interview skills.

- **DENTAL TECHNICIANS**
  We will provide dental technology training to ensure a supply of qualified technicians able to register with the GDC. By the end of May 2013, a distance learning technician training course based at Aberdeen dental school will have commenced, offering a maximum of eight places in the first year.

- **DENTAL HYGIENE-THERAPY UNDERGRADUATE EDUCATION**
  We will provide an undergraduate primary level qualification in dental hygiene-therapy to support role development and team working for a changing dental workforce. During 2013-14 we will ensure there are up to 130 hygiene-therapists in higher education across Scotland to meet a target of 40 qualified professionals per annum.

- **PRE-REGISTRATION DENTAL NURSE TRAINING**
  We will provide pre-registration dental nurse training to ensure there is a supply of fully qualified dental nurses eligible for GDC registration. During 2013-14 we will complete the transition from diploma course to SVQ for general, hospital and salaried dental nurses.

- **NURSING AND MIDWIFERY UNDERGRADUATE EDUCATION**
  We will work with the Scottish Government, universities and NHSScotland to provide performance management for undergraduate nursing and midwifery programmes and to enhance recruitment, selection and retention. During 2013-14 we will: (1) deliver a performance management process for six Scottish Government commissioned undergraduate programmes; (2) support the *Recruitment and Retention Delivery Group* (RRDG) to deliver best practice in recruitment, selection and retention; (3) continue to support universities to implement the revised *National Framework for Pre-Registration Mental Health Nursing* in Scotland; (4) work with universities, NHSScotland and wider partners to develop a national sustainable model for pre-registration learning disability nursing education and; (5) support the implementation and governance of the recommendations from the Chief Nursing Officer (CNO) review of pre-registration education.
PRE-REGISTRATION CLINICAL AND APPLIED PSYCHOLOGY TRAINEES
We work with higher education and NHS Boards to ensure a high standard of academic and clinical practice education for pre-registration clinical psychology trainees. During 2013-14 we will ensure: (1) 70 clinical psychology students complete pre-registration training by the end of September 2014; (2) 17 MSc trainees complete training in applied psychology for children and young people (APCYP) by the end of February 2014 and; (3) 21 MSc students complete training in psychological therapies in primary care (PTPC) by the end of January 2014.

PRE-REGISTRATION PHARMACIST SCHEME
We will work with NHS Boards and pharmacy professional bodies to deliver the pre-registration pharmacist scheme (PRPS). By the end of March 2014 we will: (1) recruit and train 170 PRPS trainees supported by a network of tutors; (2) provide additional support for poorly performing trainees; (3) establish a co-ordinated engagement process which informs planning and delivery of a consistent PRPS programme; (4) support PRPS trainees to achieve a pass rate of over 90% in the General Pharmaceutical Council (GPhC) registration exam and; (5) deliver a quality management programme and monitoring system for the PRPS learning environment.

HEALTHCARE SCIENCE PRE-REGISTRATION CLINICAL PHYSIOLOGY TRAINING
We will provide national training schemes for pre-registration postgraduate clinical physiologists to maintain the output of Health and Care Professions Council (HCPC) registered staff. During 2013-14 we will provide 12-15 training places for a Scottish programme.

PRE-REGISTRATION OPTOMETRISTS
We will help to improve the standard of optometrists entering the profession in Scotland through support for newly qualified pre-registration optometrists. During 2013-14 we will increase trainee attendance at the Objective Structured Clinical Examination (OSCE) preparation course by 10%, to ensure trainees are better prepared for their OSCE exam.
At the core of our educational support infrastructure are networks of experienced healthcare professionals who support postgraduate training and practice education in the clinical learning environment. This provides a model of educational support which is crucial to sustaining and improving care.

**MEDICAL TRAINEE SUPPORT AND STUDY LEAVE**

We will provide educational infrastructure to support doctors in training to ensure a high quality medical workforce through a network of foundation and specialty training programme directors, educational / clinical supervisors, training quality leads and general practice associate advisers. During 2013-14 we will:
1. achieve 90% utilisation of funded study leave to ensure all mandatory training and education courses are completed;
2. use a single database to record and track GP trainee study leave and ensure GP trainees participate in mandatory courses and undergo appraisal and revalidation;
3. support 30 paediatric trainees to complete the University of Glasgow Paediatric MSc certificate course;
4. ensure the provision of endoscopy study leave courses so that gastroenterology and general surgery trainees are appropriately trained and;
5. redesign our educational infrastructure in line with the medical directorate’s new vision.

**DENTAL TRAINEE SUPPORT AND STUDY LEAVE**

We will provide educational infrastructure to support dentists in training to ensure that all trainees have a dedicated trainer or educational supervisor. During 2013-14 we will:
1. provide a network of VT trainers and hospital dental service educational supervisors and;
2. ensure that dental trainees based in the hospital and salaried services have access to study leave.

**NMAHP PRACTICE EDUCATION NETWORKS**

We will continue to strengthen the NMAHP practice education infrastructure across the NHS and care homes to support experienced and newly qualified practitioners, undergraduate students, and to facilitate access for all to a high quality practice learning environment. During 2013-14 we will provide:
1. 100 WTE nursing and midwifery Practice Education Facilitators (PEFs);
2. 11.1 WTE AHP Practice Education Leads (PELs);
3. 14 WTE Care Home Education Facilitators (CHEFs);
4. six monthly monitoring as well as annual activity and outcome reports for these networks;
5. a national development programme for PEFs and CHEFs;
6. ongoing stakeholder consultation on the practice education infrastructure for health and social care and;
7. a test implementation site for a national database to support quality management of the learning environment.

**PSYCHOLOGY NETWORKS**

We will provide local tutor networks and a programme of educational support to ensure that the educational governance of clinical training is compliant with the requirements of the Health and Care Professions Council (HCPC) and British Psychological Society (BPS). During 2013-14 we will provide the infrastructure to support approximately 220 clinical trainees, 36 masters trainees and six health psychologists in training.

**PSYCHOLOGICAL INTERVENTIONS TEAM**

We will provide a psychological interventions team to deliver educational programmes for staff working across alcohol misuse, trauma, forensic and older people’s services. By the end of March 2014 we will:
1. develop educational resources and deliver training to 300 multi-disciplinary staff on how to deliver a range of evidence-based psychological interventions;
2. work with stakeholders to develop the workforce in evidence-based psychological therapies and;
3. provide a national network of Psychological Therapies Training Coordinators across 14 NHS Boards and train 100 staff to deliver evidence-based interventions.
PHARMACY PRACTICE EDUCATION NETWORKS
We will provide a network of pharmacy Practice Education Coordinators (PECs) and Practice Education Facilitators (PEFs) to support our practice based learning programmes. During 2013-14 we will further develop our PEC and PEF networks to support practice education in relation to pre-registration pharmacists, hospital vocational training, pharmacist prescribers and pharmacy support staff.

TEACH AND TREAT CENTRES
We will support a network of community based Teach and Treat and clinical skills training centres. During 2013-14 we will: (1) support outreach teaching for student dentists and therapists in a supervised clinical environment through 17 centres providing clinical training which results in approximately 34,000 free patient treatments per year and; (2) maintain five regionally based optometry centres in Elgin, Aberdeen, Dundee, Edinburgh and Glasgow, providing approximately 3,400 free patient treatments per year and training for optometrists to improve community eye care and reduce the number of non sight-threatening eye conditions being referred on.

TRAINING MATERIALS AND TRAIN THE TRAINER RESOURCES
We will provide resources, including a Train the Trainer module, to support delivery of generic courses in a standardised and structured way across all our work. By the end of March 2014 we will develop and pilot three courses, including a Train the Trainer course, which provides a best practice approach to needs analysis, training methods and materials, briefs/de-briefs and learning and training evaluation.

TRAIN THE TRAINER PROGRAMMES
We will provide Train the Trainer programmes to equip healthcare professionals with the key skills for clinical and educational supervision. During 2013-14 we will: (1) provide an extended and updated programme of medical courses (SCOTS) with a target of 500 new attendees; (2) recruit and train up to 30 new medical GP trainers and provide a programme of courses for established trainers through the GP National Training Development Group (NTDG); (3) meet the demands of the general, hospital and salaried dental services to enable them to fulfil the role of trainer or supervisor and provide training on request for outreach supervisors; (4) deliver 3-5 cohorts of 16 trainees on a healthcare science Train the Trainer course; (5) deliver a national tutor training programme for 170 tutors involved in the Pre-registration Pharmacist Scheme (PRPS) and up to 110 tutors in the Scottish Hospital Pharmacist Vocational Training Scheme (SHPVTS) and; (6) deliver training for 90 psychology clinical practice supervisors.

Developing the Learning Environment
We ensure the quality of the clinical learning environment through our educational governance framework as well as formal training programmes and appraisal systems which support high quality supervision and practice education in a clinical setting. We provide support to help improve the learning environment for all staff involved in the delivery of high-quality health services.
• **EDUCATIONAL ONE-STOP SHOP**
  We will provide an online educational resource which provides access to information, advice and good-practice guidance on a range of educational issues, including recognition of prior learning (RPL), assessment and accreditation of learning and access to vocational qualifications. By the end of March 2014 we will launch an online one-stop shop and evidence steady increase in usage of this service.

• **MODERN APPRENTICESHIPS (MAs)**
  We will develop a national modern apprenticeship service for NHSS to provide NHS Boards with a consistent and efficient approach to providing MAs. By the end of March 2014 we will; (1) ensure at least four NHS Boards are making use of, and have positively evaluated, our service and; (2) explore opportunities for NES work placements and MAs supported by a fully trained infrastructure.

• **BLENDED LEARNING SUPPORT**
  We will develop the blended learning environment through training in practical skills to improve the 1:1 learner experience. During 2013-14 we will pilot two courses that take a blended learning approach to their design and development.

• **PUBLIC SECTOR COLLABORATIVE LEARNING**
  We will work with public sector bodies to develop a more collaborative way of supporting the learning environment to help ensure that public sector organisations have greater access to learning resources and infrastructure. During 2013-14 we will develop a governance structure and a strategy to support public sector collaborative learning.

• **SPECIALTY TRAINING BOARDS IN MEDICINE**
  We will align our Specialty Training Boards (STBs) with the new work streams outlined within our medical directorate’s new vision and we will shift the focus to quality rather than recruitment. By the end of March 2014 we will revise the remit of STBs to deliver specific outcomes relating to quality, workforce planning and reconfiguration of training programmes.

• **QUALITY MANAGEMENT IN MEDICINE**
  We will ensure that medical training is delivered to GMC standards through redesigning our training programme management to ensure that data systems support quality control and that revalidation processes are monitored. During 2013-14 we will: (1) redesign our quality management (QM) infrastructure in line with our medical directorate’s new vision to ensure there are consistent processes and improved data to support performance management and monitoring and; (2) address quality issues and educational impact through a review of trainer and trainee survey data.

• **MEDICAL GENERIC COURSES (LaMP)**
  We will work to improve our deanery based generic course design, delivery and development continuously to achieve consistency and improved use of resources on a national basis. During 2013-14 we will provide a national programme of leadership and management training (LaMP) courses across our deaneries which: (1) are better integrated on a national basis and; (2) include newly developed e-learning resources to support our blended approach to delivery.

• **MEDICAL APPRAISAL**
  We will co-ordinate medical appraisal through national systems and development activities for staff involved in the process. During 2013-14 we will: (1) ensure that at least 90% of all doctors in Scotland utilise the Scottish Online Appraisal Resource (SOAR) for their appraisal; (2) ensure that SOAR is being used to make revalidation recommendations for the majority of doctors using the system; (3) provide training for up to 192 experienced appraisers and 108 new appraisers (including 24 new GP appraisers), to ensure there are approximately 700 trained secondary care and 180 primary care appraisers to support both appraisal and revalidation; (4) deliver a national conference by the end of October 2013 and; (5) run a programme of appraisal lead and national administrator meetings and joint events with GP network colleagues.
• **DENTISTS IN DIFFICULTY**
  We will provide a scheme offering training, revision, assessment, mentoring and support (TRAMS) to dentists in difficulty. During 2013-14 we will provide the TRAMS scheme and following completion, referring bodies can make an informed decision as to whether the dentist remains in the workforce in Scotland.

• **AHP PRACTICE EDUCATION**
  We will ensure education is shared by AHPs across Scotland through conferences, online resources, and practice education networks, and we will support AHPs to work across agencies. During 2013-14 we will: (1) create a range of specialist knowledge podcasts; (2) develop our practice and career fellow networks to promote and share resources; (3) support the **Personal Foot Care Steering Group** to share educational resources; (4) deliver a conference on modernising practice placements; (5) use the **quality standards for practice placements (QSPP)** to audit the quality of the learning environment; (6) promote and support resources to develop the supervisory skills of practitioners and practice educators; (7) promote **Physical Activity Guidelines** and e-learning modules through our AHP educational infrastructure; (8) support care home placements for AHP students; (9) support the implementation of the educational recommendations in the **Right to Speak** report supporting multi agency partnerships for augmentative and alternative communication (AAC) needs; (10) explore funding for a **Practice Education Lead** to work in the voluntary sector and; (11) develop partnerships with AHP consultants appointed to work in the third sector.

• **HEALTHCARE SCIENCE (HCS) NATIONAL EVENTS**
  We will lead national HCS events through an ongoing programme to enhance HCS identity, showcase networks and good practice and engage with key policy and strategic themes emerging for HCS education and training. During 2013-14 we will deliver 2-3 national events covering postgraduate trainees, HCS modernisation and our annual showcase event to enhance HCS identity and share developments across the service.
Theme 2

Improving Quality
Theme 2: Improving Quality

Principal Quality Outcomes:
- Healthcare is safe for every person, every time
- Everyone has a positive experience of healthcare

Strategic Objectives:
- We will provide education in quality improvement for enhanced patient safety and people’s experience of services

Supporting the Quality Strategy remains a strong focus for our work and we work in partnership with Healthcare Improvement Scotland (HIS) to provide quality improvement (QI) resources which develop capacity and capability. We also provide extensive support for the Scottish Patient Safety Programme (SPSP), clinical skills development, healthcare associated infection (HAI) and health protection. Looking ahead we will take a lead role in the workforce development plan for Person-centred Care in close collaboration with the third sector and we will support the 20:20 Workforce Vision through leadership development, both within the NHS, across health and social care, and within the context of public service reform.
Quality Improvement Education

We provide a QI education programme and curriculum supported by a national network of leads and practitioners and Communities of Practice to share QI tools, techniques and expertise.

• QUALITY IMPROVEMENT EDUCATION, TRAINING AND RESEARCH
  We will provide quality improvement (QI) resources that contribute towards improvements in processes, procedures, attitudes and behaviours. During 2013-14 we will: (1) evaluate our existing QI education framework, prioritise a list of resources for development and deliver against the top five of these; (2) provide a training programme in QI methodologies and measurement tools; (3) embed QI e-learning in our patient safety (PS) online resources; (4) promote the pharmacy profession to the QI Hub and develop a multi-professional e-learning resource for Adverse Drug Reactions (ADR); (5) in partnership with the Chief Scientist’s Office and the Scottish Funding Council, establish a QI research and development programme and; (6) establish a new funding initiative for AHPs to increase AHP capacity and capability in leadership and QI.

• QUALITY STRATEGY
  We will support delivery of the Quality Strategy (QS) ambitions through an action plan and programme of taught courses. During 2013-14 we will: (1) sign off the QS action plan by the end of June 2013 with measurable outcomes agreed and aligned with our developing corporate strategy and; (2) transfer the programme of taught QI courses currently delivered by HIS and put in place the required infrastructure for their delivery by the end of December 2013.

• QUALITY IMPROVEMENT (QI) HUB
  We will provide QI education and learning, a national support network and an online QI Hub www.qihub.scot.nhs.uk. During 2013-14 we will develop and implement a QI Hub work plan focused on integrating training, embedding the QI curriculum, evaluating e-learning modules and growing QI networks. By the end of March 2014 we will: (1) provide a suite of educational resources that support measurement for improvement; (2) develop an educational evidence base for spread and sustainability; (3) provide a monthly analysis of QI Hub usage and a 15% increase compared with the previous year; (4) embed knowledge services in our QI training programme by the end of October 2013; (5) ensure at least three leading quality communities are using the QI Hub and; (6) evaluate the report on the QI / Knowledge into Action practicum education.

• QUALITY STRATEGY: KNOWLEDGE NETWORK SERVICES
  We will deliver knowledge services to support the quality strategy through our online Knowledge Network providing decision support and easier access to guidelines and evidence at the point of care, and developing capacity and capability in NHS Boards. During 2013-14 we will: (1) define the governance, quality assurance and editorial process for decision support tools by the end of July 2013; (2) pilot and evaluate online decision support resources with NHS Tayside; (3) pilot and evaluate a Clinical Pathway Toolkit in NHS Tayside and evaluate use of the toolkit in at least three additional NHS Boards; (4) ensure at least five NHS Boards have Knowledge into Action improvements underway, embedded in local quality hubs or similar networks; (5) increase use of Knowledge Network services, including point of care knowledge, by 15%; (6) report the impact of training on practice through patient safety fellows and improvement advisers and; (7) report the impact of QI support packages from ten QI networks.
Safe and Effective Care

We support Scottish Patient Safety Programmes (SPSPs), other national patient safety developments and wider international efforts to make care safer through our Patient Safety Multi-disciplinary Group. We also bring together a range of clinical skills educational facilities and we provide educational infrastructure for Healthcare Associated Infections (HAI) supported by learning for infection control teams and the wider healthcare workforce. Finally we work closely with Health Protection Scotland (HPS) on workforce development needs in this area.

• PATIENT SAFETY
  We will provide access to patient safety (PS) learning resources and enable their use across the service, supporting delivery of SPSPs national patient safety developments and wider international efforts to make care safer. During 2013-14 we will: (1) enhance access to PS learning resources by embedding PS e-learning in other educational resources; (2) deliver human factors training; (3) implement our communications strategy; (4) develop and scope human factors learning resources, including online through the QI Hub; (5) improve learning from PDSA (Plan, Do, Study, Act) cycles, significant event analysis and involving patients and; (6) enhance access to other learning resources, including QI methods, HAI, team learning, decision making and clinical skills development.

• CLINICAL SKILLS
  We will support the development, delivery and governance of clinical skills training across Scotland through the national clinical skills strategy. During 2013-14 we will: (1) provide a clinical skills Managed Educational Network (MEN) to co-ordinate resources and faculty in partnership with key stakeholders; (2) support BASICS (British Association for Immediate Care Scotland) emergency care courses in remote and rural areas to help ensure practitioners have the skills to care for injured and seriously ill patients; (3) work with NHS Forth Valley on the sustainable development and delivery of multi-disciplinary simulation training at the Scottish Simulation Centre (SCSC); (4) support the Cuschieri clinical skills centre in Dundee to deliver surgical and clinical skills courses; (5) provide a course programme from our mobile clinical skills unit bringing clinical skills simulation and video based feedback to staff in remote and rural settings and; (6) develop and deliver a programme of three consultation skills, three core clinical assessment skills and four advanced clinical assessment skills courses for pharmacists.

• SCOTTISH MULTI-PROFESSIONAL MATERNITY DEVELOPMENT PROGRAMME (SMMDP)
  We will provide local post-registration clinical skills learning resources, teaching materials and courses to all professionals in the maternity service team through a network of local trainers. During 2013-14 we will: (1) deliver 60 courses training approximately 800 candidates; (2) provide NHS Boards with access to approximately ten additional courses training 150 candidates and; (3) identify whether gaming is a useful skills maintenance tool through evaluation of a neonatal resuscitation game.

We will work in partnership to develop education for the multi-professional maternity and early years team to improve the advice and guidance given to women and families about reducing the risks of stillbirth and cot death.
HEALTHCARE ASSOCIATED INFECTION (HAI)
We will review, evaluate and further develop our HAI educational resources for the prevention and control of infection, decontamination and antimicrobial stewardship through the provision of education for health and social care staff. During 2013-14 we will: (1) consult with our stakeholders on the future direction of our Cleanliness Champions Programme: http://www.nes.scot.nhs.uk/education-and-training/by-theme-initiative/healthcare-associated-infections/educational-programmes/cleanliness-champions.aspx and explore options for further development and sustainability of the programme; (2) review and develop education for cleaning and decontamination, delivering at least two programmes which reflect current guidance and legislation; (3) deliver a minimum of 12 education resources for the NHS and non-NHS workforce; (4) evaluate the impact of at least two HAI education resources; (5) develop up to three new educational resources in emerging topics e.g. wound care and aseptic technique; (6) provide targeted support for NHS Boards aiming to respond to requests within seven working days; (7) provide two training packages to all dental practices in Scotland to train staff in decontamination and HAI and; (8) provide education to support the Scottish Antimicrobial Prescribing Group (SAPG) action plan.

HEALTH PROTECTION
We will work with the Scottish Government, Health Protection Scotland (HPS) and other partners to further progress an integrated approach to workforce education development in health protection. During 2013-14 we will: (1) work with the Scottish Immunisation Programme Workforce Education and Development Advisory Group to provide educational resources to support national immunisation programmes; (2) work with the Health Protection Network to provide two educational resources to support implementation of their evidence based guidance; (3) support the development of educational resources relating to incident management including the further development of the personal folder of evidence for those undertaking unsupervised health protection on-call duties; (4) help facilitate training events for health protection epidemiology and; (5) support as required, and with the guidance of the national Health Protection Education Advisory Group, the implementation of the Scottish Government health protection stock take recommendations.

SEXUAL HEALTH AND BLOOD BORNE VIRUSES (BBV)
We will work with our stakeholders on an integrated approach to education in support of the Scottish Government’s Sexual Health and Blood Borne Virus Framework. During 2013-14 we will: (1) consult with stakeholders and finalise the draft national framework for workforce education development for BBV; (2) support stakeholders in the consolidation and implementation of NES educational resources relating to HIV and Hepatitis C; (3) provide an evaluation report relating to the NES/RCGP pilots of training courses relating to the detection, diagnosis and management of Hepatitis B and C; (4) further develop educational resources to support the implementation of the injecting equipment provision guidelines; (5) deliver a national event to support integration of workforce education and; (6) develop sexual health learning resources for the primary care and community workforce.

REDUCING STILLBIRTHS AND NEONATAL DEATHS
We will work in partnership to develop education for the multi-professional maternity and early years team to improve the advice and guidance given to women and families about reducing the risks of stillbirth and cot death. During 2013-14 we will strengthen guidance for women on foetal movement awareness and the risk factors for cot death.

DENTAL CLINICAL EFFECTIVENESS AND AUDIT
We will provide best practice clinical guidance to dental and other professionals and we will support the dental clinical audit process designed to improve practice. During 2013-14 we will: (1) complete a practice support manual; (2) publish part three of the Management Into Decontamination guidance; (3) scope new topic(s) for guidelines; (4) consult on the Management of Periodontal Disease guidance; (5) review the Caries guidance for a possible update and; (6) provide reports of audit and Significant Event Analysis (SEA) activity to support the requirement for each dental practitioner to complete 15 hours of audit in a three year cycle.
Person-centred Care

We are developing a range of support for the National Person-centred Health and Care Programme, working with the third sector and other key partners to deliver the Quality Strategy person-centred ambition through education, training and workforce development designed to improve the care experience by placing people at the heart of services and fully involving them in their own care.

- **EMBEDDING AND SUPPORTING PERSON-CENTRED CARE**
  
  We will embed person-centred care into existing educational programmes and develop new resources where required to support the National Person-centred Health and Care Programme. By the end of March 2014 we will:
  
  1. develop educational programmes to ensure a shared narrative across our products and services which outlines the values and principles for delivery of person-centred care;
  2. provide resources to support sexual health, general practice and maternity professionals provide person-centred sensitive care for women survivors of sexual abuse, particularly in relation to gynaecology, cervical screening, sexual health and maternity care;
  3. develop education to support the health and work agenda which can be integrated into existing programmes and;
  4. enable staff to share and make use of available resources in the prevention and management of falls.

- **SELF MANAGEMENT**
  
  We will improve the capacity and capability of healthcare staff to support people in managing their own care. During 2013-14 we will:
  
  1. work with the Thistle Foundation to develop a skills based education resource for health and social care staff;
  2. establish an education network and hold three shared learning events for health, social care and third sector staff to support best practice and learning in self management and;
  3. work with health, social care and the third sector partners to develop and promote the key messages that underpin self management.
VALUES BASED REFLECTIVE PRACTICE
We will work in partnership across health and social care to explore how care can be improved by (re)connecting professionals with what inspires them and gives meaning and purpose at work. By the end of March 2014 we will develop e-learning resources to promote reflection on values based practice.

DEVELOPING COMMUNITY RESILIENCE
We will capture stories which help to improve our understanding of how individuals influence their communities, highlighting the reasons for community fragmentation and how this might be addressed. During 2013-14 we will use these stories to inform educational programmes for a range of health and social care professionals as well as the private and voluntary sectors.

CHAPLAINCY AND SPIRITUAL CARE
We will support the changing needs of the healthcare chaplaincy workforce to deliver spiritual person-centred care. During 2013-14 we will: (1) develop community based spiritual care listening services designed to help improve patient outcomes and reduce referrals and prescription rates, through pilot projects in a range of health and social care settings e.g. care homes, psychiatric outpatients and other healthcare institutions; (2) provide a chaplaincy study programme aimed at those who facilitate group reflective practice in NHS Boards; (3) review chaplaincy and spiritual care education and disseminate review findings to identify educational solutions to improve practice; (4) develop a tool to measure the effect of chaplaincy services on patient wellbeing which will be piloted in a variety of health and social care settings and; (5) produce an evaluation report on the impact of chaplaincy services on patient wellbeing.

MAKING COMMUNICATION BETTER
We will work with service users and carers to develop education that supports inclusive communication. During 2013-14 we will: (1) further develop the Making Communication Even Better online resource; (2) increase AHP practice placements in service users' and carers' homes; (3) support the delivery of the augmentative and assisted communication (AAC) Right to Speak report recommendations for people with communication support needs and; (4) work with service, education and third sector colleagues to provide education and training for facilitators designed to enhance the capability of healthcare professionals to communicate using person-centred approaches.

THE KNOWLEDGE NETWORK: PERSON-CENTRED CARE
Our knowledge services team will work with our education leads to support person-centred care. During 2013-14 we will: (1) define a health literacy education programme and implement phase 1; (2) provide guidance and a range of scenarios on the generic capabilities for healthcare quality; (3) increase workforce capability in health literacy and; (4) feedback from the medical, dental and NMAHP directorates on usage of knowledge services resources.
Leadership and Management

Leadership and management development is central to our QI work through the development of healthcare professionals and managers who can deliver positive change. Our National Leadership Unit (NLU) provides programmes, advice, expertise and consultancy and, under the direction of the national leadership board, helps to ensure that our activities align with national strategy: www.healthmanagementonline.scot.nhs.uk.

- **SUPPORTING NATIONAL POLICY**
  We will provide advice on leadership development and ensure alignment with national policy and in particular the Quality Strategy, providing the strategic direction for leadership and management development in NHSScotland. During 2013-14 we will: (1) report progress through our Board and the National Leadership Board on implementation of the three year Leadership Development Strategy; (2) complete the review of leadership development as part of the 20:20 Workforce Vision; (3) support the QS Person-Centeredness Collaborative and implementation of the leadership work stream; (4) work with key stakeholders to transfer the Boards on Boards development programme to NLU and complete a review of its structure and content; (5) host the Leading Quality Network and develop and implement an evaluation framework to evidence its impact; (6) develop a national quality improvement register of staff who have developed leadership and/or quality improvement skills and; (7) work with the Royal College of General Practitioners (RCGP) on the leadership in primary care project to jointly deliver an educational framework that helps to support leadership within the primary care workforce.

- **DELIVERING AND LEADING FOR THE FUTURE**
  We will provide leadership programmes for clinical leaders and senior managers. During 2013-14 we will: (1) ensure the current cohort of 24 strategic clinical leaders completes our Delivering the Future programme and conduct a review to identify next steps; (2) deliver our Leading for the Future programme for a 4th cohort of approximately 100 senior managers across health and social care and; (3) test the application of adaptive leadership principles.

- **NHS BOARD CHAIR AND CHIEF EXECUTIVE DEVELOPMENT**
  We will provide NHS Board chair and chief executive development that enables sharing of learning and experiences and identifies development needs. During 2013-14 we will: (1) focus on Chairs who are new in post to identify development needs, adopting an individualised approach including 360 degree feedback, mentoring, executive coaching, online resources and master class events and; (2) ensure that all newly appointed chief executives have the opportunity for coaching and access to a mentor.

- **NHS BOARD EXECUTIVE DEVELOPMENT**
  We will provide leadership development to support executive directors and senior managers. During 2013-14 we will: (1) deliver two Dialogue Practice Groups and associated practitioner support; (2) provide three Playing to Your Strengths programmes for 90 executive and senior leaders to shape a personal development plan to support the objectives set out in their annual performance review and; (3) refresh the Raising Your Game format of coaching and topical master classes.

- **FRONTLINE LEADERSHIP AND MANAGEMENT**
  We will provide national leadership and management development which establishes an alumni of frontline leaders across NHS Boards who have a recognised academic qualification. By the end of March 2014 we will: (1) continue to support a cohort of students to complete the Postgraduate Certificate in Frontline Leadership and Management; (2) complete a review of the development needs of frontline managers to support a multi route framework which draws on local and national development, and technical, vocational and professional learning and; (3) work with organisational development (OD) colleagues to explore the impact of a range of resources aimed at frontline managers including, online resources, events, action learning, master classes and coaching.
○ GRADUATE MANAGEMENT TRAINING SCHEME (MTS)
We will deliver the national MTS incorporating both general and financial management roles, to nurture the supply of future leaders. During 2013-14 we will: (1) recruit and deploy up to eight graduates to commence this national scheme for both general and finance management roles in summer 2013 and; (2) review the MTS development programme to explore options for extending the reach of trainees into broader corporate roles.

○ PROGRAMME EVALUATION
We will develop our approach to evaluation to ensure that the impact of our leadership development programmes is demonstrable. During 2013-14 we will ensure an evaluation strategy is identified at planning stage and carried out for each area of NLU work with a minimum of three programmes to be Return on Investment (ROI) evaluated.

○ FINANCE TRAINING SUPPORT UNIT (FTSU)
We will provide finance training and support to develop an engaged and confident finance community supporting the delivery of healthcare through improved financial governance and decision making. During 2013-14 we will provide support for delivery of the national shared services strategy through the Area Development Managers Network and the Knowledge Services Finance Network.

○ MANAGERS DEVELOPMENT NETWORK (MDN)
We will provide a multi-disciplinary network to connect managers across NHSScotland and provide access to development. By the end of March 2014 we will: (1) deliver two short programmes with mix of workshops and self directed work in at least three locations which offer variety of resources for managers to access and; (2) use technology to support access to MDN events e.g. podcasting, WebEx and video conferencing.

○ 360 DEGREE FEEDBACK
We will ensure that the national 360 degree leadership behaviours feedback tool is updated, aligned and managed in response to feedback from users. During 2013-14 we will work with partners to ensure that the Leadership Qualities Framework and the 360 degree feedback tool are accessible and utilised to support delivery of high quality services and cultural change.

○ COLLABORATIVE LEADERSHIP DEVELOPMENT
We will participate in the Collaborative Leadership Development Board to build capacity across public services with a focus on coaching, mentoring, building OD capacity and talent management. During 2013-14 we will: (1) rebrand the national executive coaching service and reporting arrangements; (2) provide a national mentoring service for leadership development across sectors; (3) deliver a programme to build OD capacity and capability with partners and; (4) help to shape the anticipated Public Services Learning Scotland Board and contribute to the delivery of key results.

○ ORGANISATIONAL DEVELOPMENT (OD) LEADS NETWORK
We will provide a forum to develop ideas, share resources and align national and local delivery of leadership development for an OD community working differently and across boundaries to support service redesign and improvement. During 2013-14 we will: (1) further develop and review the OD leads network, seeking creative ways to ensure all NHS Boards are represented and: (2) identify priorities for shared learning and delivery, including holding network events and providing opportunities to deliver joint initiatives.

○ SCOTTISH CLINICAL LEADERS NETWORK (SCLN)
We will deliver a network which provides support and development for strategic clinical leaders across Scotland. During 2013-14 we will provide a menu of opportunities, local engagement, QI hub online resources and communities of practice.
• **ONLINE LEADERSHIP RESOURCES**
  We will provide online leadership resources for leaders and managers to support their ongoing development and our programme delivery. During 2013-14 we will work with our knowledge services colleagues to develop a leadership and management portal.

• **BUILDING SCOPE AND REPUTATION**
  We will build scope and reputation across the UK through leadership and management programmes that support the NHSScotland Leadership Development Strategy. During 2013-14 we will: (1) continue to improve quality of our service by ensuring team roles support the work that requires to be delivered and; (2) update knowledge, carrying out small tests of change and publicising findings with a focus on social media, increasing access and use of psychometrics.

• **MEDICAL LEADERSHIP AND MANAGEMENT TRAINING PROGRAMME (LaMP)**
  We will support the national Leadership and Management Training Programme (LaMP) for all medical trainees. During 2013-14 we will contribute to the LaMP steering and faculty groups and ensure LaMP alignment with the leadership and management portal.

• **NURSING EARLY CLINICAL CAREER FELLOWS**
  We will develop the leadership potential of newly qualified nurses as Early Clinical Career Fellows (ECCFs) to undertake masters level education which gives protected learning time, mentoring and career advice to the developing clinical leaders of the future. During 2013-14 we will: (1) increase the number completing ECCF; (2) monitor completion and attrition rates and establish a qualitative evaluation and; (3) showcase achievements and develop case studies for a celebration of success event to be held by the end of December 2014.

• **MATERNITY AND EARLY YEARS LEADERSHIP DEVELOPMENT**
  We will provide leadership development for midwives to ensure a cohort of confident midwifery leaders who have planned, implemented and evaluated a full quality improvement project. During 2013-14 we will provide a structured leadership programme for a cohort of 30-50 midwives from across Scotland.

• **HEALTHCARE SCIENCE LEADERSHIP DEVELOPMENT**
  We will provide a healthcare science leadership and management training programme designed to increase individual and team performance and efficiency. During 2013-14 we will deliver 2-3 cohorts of 22-25 trainees on the Refreshing Leadership and Early Careers programmes.

During 2013-14 we will work with partners to ensure that the Leadership Qualities Framework and the 360 degree feedback tool are accessible and utilised to support delivery of high quality services and cultural change.
Equality, Diversity and Patient Focus, Public Involvement (PFPI)

We have a strategic action plan that identifies our equality and diversity priorities for 2013-17. Looking ahead we are mainstreaming equality outcomes into our activities and we will implement a PFPI improvement plan to help increase public involvement wherever possible.

- **EQUALITY AND DIVERSITY (E&D)**
  
  Our Equality and Diversity Strategic Action Plan (2013-17) sets out six equality priorities and the outcomes we will deliver over the next four years. During 2013-14 we will: (1) facilitate access to guidance and information to support the modern apprenticeship service for NHSScotland; (2) support NHS Boards to use our infrastructure and resources to enhance access to education and learning for a range of staff groups; (3) complete a review of the development needs of frontline managers and emerging leaders; (3) deliver education for the health and social care workforce to provide better care for targeted populations; (4) produce a summative report on factors influencing the effectiveness of equality and diversity training; (5) in partnership with NHS Health Scotland, support development of a community of equality and diversity trainers in NHSScotland; (6) achieve the Mental Health and Wellbeing Commendation Award; (7) carry out equality impact assessments of organisational change proposals; (8) integrate equality and diversity into the review of our corporate strategic framework; (9) advance equality of opportunity through our procurement activities and; (10) agree a set of principles to foster best quality and diversity practice in our research and knowledge translation.

- **CORPORATE SOCIAL RESPONSIBILITY**
  
  We will improve the public accountability for our work to evidence our commitment to improving the patient experience. During 2013-14 we will: (1) achieve Investors in Volunteers re-accreditation by the end of July 2013; (2) improve the outcome from our Participation Standard assessment and; (3) demonstrate improvements in volunteer satisfaction.

- **INCLUSIVE EDUCATION**
  
  We will improve inclusion in education and training through an online resource providing guidance, information and advice for dealing with literacy. By the end of August 2013 we will: (1) include guidance in our Train the Trainer products; (2) provide an inclusive education page on our Knowledge Network to further enhance links to online resources; (3) improve the accessibility of e-learning resources by embedding use of our Digital Resource Accessibility Guide; (4) signpost and advise on existing sources of support that enhance learning for people with additional literacy needs and; (5) review and update our Inclusive Education and Learning Policy.

- **PATIENT RIGHTS (SCOTLAND) ACT 2011**
  
  Integrated within our Person-centred Care work programme we will provide resources to support the handling of feedback, comments, concerns and complaints and to increase volunteering, stakeholder involvement and engagement in our work. During 2013-14 we will: (1) develop eight e-learning modules to support staff in how to respond to feedback, comments, concerns and complaints and; (2) implement our Improvement and Support Plan across directorates designed to increase patient, public and volunteer involvement in our work and provide evidence through the Participation Standard return.
Theme 3

Reshaping the NHS Workforce
Theme 3: Reshaping the NHS Workforce

Principal Quality Outcomes:

- Staff feel supported and engaged
- The best use is made of available resources

Strategic Objective:

- We will develop our support for workforce redesign

Workforce modernisation remains a strong focus for our work and we will continue to support the changing shape of the healthcare workforce as more staff work in multi-professional teams and take on enhanced roles. There are significant workforce challenges facing us as we deal with changing demographics, higher public expectations, technological advancement and new ways of delivering care. Meeting these challenges will require more collaborative approaches to how we develop and plan the workforce and we will use our knowledge of training and labour markets to support change in this area.
Modernising Careers and Data Analysis

The shape and size of the NHS workforce is always changing and we continue to support workforce modernisation through education, training and workforce data. Our Analysis, Intelligence and Modelling (AIM) for workforce programme will continue to provide expertise and analysis covering workforce data, training, labour markets and trends in access to health and social care.

- **UNDERGRADUATE NURSING AND MIDWIFERY CAREERS**
  We will provide an online resource hosted by our Knowledge Services team to support higher education and careers staff working with prospective nursing and midwifery students. Our Extraordinary Everyday online repository will provide new digital materials to inform career choices for prospective nurses and midwives. During 2013-14 we will: (1) achieve the transition to hosting the website by our Knowledge Services team and; (2) commission ten new digital photographs, three new video interviews and associated text files reflecting a wide range of nursing and midwifery career pathways.

- **MODERNISING COMMUNITY, PUBLIC HEALTH AND LEARNING DISABILITY NURSING**
  We will support the modernisation agenda for nursing. During 2013-14 we will: (1) update and embed the Modernising Nursing in the Community online resource www.mnic.nes.scot.nhs.uk and provide a completed evaluation; (2) update the education for future district nursing and public health nursing and; (3) take forward a programme of education to support Modernising Learning Disability Nursing.

- **MODERNISING HEALTHCARE SCIENCE (HCS) CAREERS**
  We will work with stakeholders in Scotland and across the UK to ensure that Scottish HCS training programmes for all grades align with arrangements in other parts of the UK. In 2013-14 we will work with the Academy for Healthcare Science to support Scottish training programmes applying for equivalence of their trainees.

- **ANALYSIS, INTELLIGENCE AND MODELLING (AIM) FOR WORKFORCE**
  We will provide expertise and ongoing analysis covering workforce data, training and labour markets and trends in access to health and social care through our AIM for Workforce programme. During 2013-14 we will: (1) work in partnership with National Services Scotland (NSS) to provide an analysis of dental workforce data; (2) report on the exit survey for the pre-registration pharmacist scheme (PRPS) and hospital pharmacy vacancy analysis; (3) link to the existing psychology workforce and trainee data projects covering quarterly workforce reports for psychology services, child and adolescent mental health services and an assessment of pilot psychological therapies workforce capacity data to support HEAT access targets and; (4) publicise the AHP AIM workforce data reports for speech and language therapy and occupational therapy.

- **UNDERGRADUATE NURSING AND MIDWIFERY WORKFORCE DATA**
  We will develop more accurate analysis, interpretation and dissemination of undergraduate nursing and midwifery data and improve linkage with Higher Education Statistics Agency (HESA) and access to other national data sets. During 2013-14 we will: (1) run four meetings of a Data Enhancement Group; (2) analyse and develop a HESA/NES dataset with links to our AIM programme and wider labour market intelligence; (3) provide recruitment and retention data for the commissioned pre-registration programmes at six universities for their annual performance review; (4) further develop performance management data analysis and opportunities for better comparison between universities and; (5) enhance the availability of data to support national workforce planning and providing responses to parliamentary questions.
Role Development

We deliver a range of role development support for non-medical practitioners to help reshape the workforce and develop careers. We also work in partnership with NHS Boards to ensure practitioners have the skills they need to operate effectively in hospitals out of normal hours and in a community setting so that they provide a safe and efficient service.

- **LEADING BETTER CARE (LBC)**
  We will support the national LBC programme by reviewing education provision to support role development for senior charge nurses and by providing guidance and support for the commissioning and delivery of LBC evaluation. During 2013-14 we will work with key stakeholders to review the education priorities and learning support needs for LBC and support the national evaluation.

- **NON-MEDICAL ENDOSCOPY**
  We will provide education and training for the non-medical endoscopy workforce by delivering gastro-intestinal nursing courses to each endoscopy unit in Scotland. By the end of March 2014 we will deliver gastro-intestinal non-medical Train the Trainer programmes and support additional non-medical endoscopy staff to access appropriate education and training, including skills courses.

- **NON-MEDICAL PRESCRIBING**
  We will work with NHS Boards, SGHD, professional bodies and education providers to provide training in independent prescribing (IP). During 2013-14 we will: (1) provide two websites to support non-medical prescribing and patient group directions, reviewing their content and providing reports in August 2013 and February 2014; (2) develop the role of community optometrists by offering up to 53 places on the IP course at Glasgow Caledonian University, providing dedicated CPD courses to those with the IP qualification and providing clinical placements at Teach and Treat centres for those undertaking the IP qualification; (3) commission 40 pharmacists on IP courses; (4) develop a practice network of peer coaches to support pharmacist IP training and; (5) pilot an IP clinic for training and research by the end of June 2013, to support pharmacist prescribers in the service.

- **ADVANCED PRACTICE: CHILDREN AND YOUNG PEOPLE (CYP)**
  We will support paediatric advanced practice by maintaining and developing a national paediatric network and disseminating improvements to stakeholder groups to ensure best practice. During 2013-14 we will: (1) agree a three year commissioning plan with Scottish Government; (2) design an MSc in paediatric / neonatal advanced practice at Scottish Credit and Qualifications Framework (SCQF) level 11; (3) develop core modules for the wider CYP workforce with discipline specific pathways to include neonates and acute paediatrics; (4) develop new model(s) of education with core and specific speciality pathways; (5) deliver two cohorts (up to 40 places) of generic MSc modules at SCQF Level 11; (6) deliver an educational impact assessment; (7) support the Scottish Paediatric Advanced Practice Network and an annual meeting in June 2013 and; (8) maintain the national Sustainability of Speciality Education Action Steering Group to oversee developments.

- **NEONATAL NURSE EDUCATION**
  We will support role development for the neonatal nursing workforce and ensure provision of neonatal education at SCQF levels 10 and 11. During 2013-14 we will: (1) develop a neonatal advanced practice programme at SCQF Level 11; (2) deliver one cohort (20 places) qualified at speciality SCQF level 10 and; (3) analyse and disseminate an impact evaluation of SCQF level 10 education.
• **NMAHP CLINICAL ACADEMIC ROLE DEVELOPMENT**
We will continue to strengthen research roles in the NMAHP workforce to help embed research knowledge into practice by supporting NHS Lothian and their higher education partners’ implementation site for clinical academic research careers. During 2013-14 we will: (1) provide an annual progress report from the clinical academic research implementation site by the end of September 2013 and; (2) report on a phase 1 evaluation by the end of February 2014.

• **AHP ROLE DEVELOPMENT**
We will support NHS Boards to use recently developed educational resources, guidance, frameworks and funding opportunities that support the learning and development needs of AHPs at each level of the career framework. During 2013-14 we will: (1) provide a minimum of 45 AHP fellowships; (2) support a podiatric trainee to commence the *Scottish Training Programme for Podiatric Surgery*; (3) provide at least one careers workshop in each NHS Board; (4) provide *Festivals of Learning* in higher education and further education; (5) maintain online resources for each level of the AHP career framework and continued development of learning activities; (6) develop educational support for AHPs in leadership and quality improvement; (7) participate in the NMAHP strategic review of careers work and how best to embed resources and; (8) extend the *NES into the Boards* approach and other approaches such as roadshows and workshops to a further four NHS Boards.
• **GENERAL PRACTITIONER ROLE DEVELOPMENT**
  We will develop specialist roles for general medical and dental practitioners. During 2013-14 we will: (1) provide four GP academic fellowships to Scottish university GP departments to support academic careers; (2) provide four 0.5 WTE educational fellowships to obtain a postgraduate qualification in medical education; (3) increase the number of GPs with paediatric expertise through 20 GP paediatric scholarships; (4) support the development of acute care competencies for GPs delivering care in remote and rural acute settings through the provision of two acute care GP fellowships; (5) provide eight GP rural fellowships to address recruitment and retention issues in remote and rural practice; (6) provide ten dental rural and one urban fellowship to help build capacity and enhanced skills in remote and rural and urban community based settings and; (7) work in partnership with universities and NHS boards to develop a modular educational programme to support role development around the skills, knowledge and attitudes of clinical dental staff.

• **CERTIFICATION OF DEATH (SCOTLAND) ACT 2011**
  We will provide education for medical and other staff to support a single system of independent scrutiny for deaths that do not require a procurator fiscal investigation. This will help to improve the clinical accuracy of death certificates, strengthen clinical governance and provide improved public health information. During 2013-14 we will appoint a clinical advisory group to advise on initial design, content, interoperability, and accessibility for the learning materials.

• **SPECIALTY AND ASSOCIATE SPECIALIST (SAS) GRADES**
  We will improve access for doctors and dentists to advanced clinical management training and support for service improvement projects. During 2013-14 we will: (1) recruit SAS educational advisors in each NHS Board for a managed educational network and; (2) allocate and monitor Scottish Government funding for approved projects.

• **RECRUITMENT AND RETENTION IN MEDICINE AND DENTISTRY**
  We will improve recruitment and retention rates within medical training and provide career break schemes for doctors and dentists to maintain clinical skills and knowledge. During 2013-14 we will: (1) through the Strategy for Attracting and Retaining Trainees (START) Alliance, develop a marketing plan and improved medical recruitment website by the end of September 2013; (2) provide dental Keeping in Touch (KITS) and Return to Work (RTW) schemes and; (3) continue to provide GP returner and retainer schemes to support doctors returning to work.

• **OFFENDER HEALTH ROLE DEVELOPMENT**
  We will provide role development to support practitioners working in offender healthcare covering prison healthcare, custody services and forensic roles to provide appropriate care and improved outcomes for vulnerable patients within the justice system. During 2013-14 we will: (1) provide training to 70 staff across NHS Boards to deliver the additional role of medical care providers within prison and forensic services and; (2) work with key stakeholders to develop a range of educational solutions to support the offender health workforce.

• **KNOWLEDGE BROKER ROLE DEVELOPMENT**
  We will support NHS Boards to develop librarians and other staff as knowledge brokers through learning programmes and engagement with senior managers and supervisors. During 2013-14 we will ensure that at least six NHS Boards map capabilities and 75% of librarians attend at least one training session with a minimum of 20% non-librarians attending.
Healthcare Support Workers (HCSW)

We will provide education for all groups of HCSWs, improving access and support for workplace learning and the capability to deliver safe, effective and person-centred care. Our partnership with the Scottish Social Services Council (SSSC) also supports the joint development of Health and Social Care Support Workers.

- **HEALTHCARE SUPPORT WORKERS (HCSW)**
  We will provide education for clinical HCSWs, improving access and support for workplace learning and the capability to deliver safe, effective and person-centred care. During 2013-14 we will: (1) develop new online resources for clinical HCSWs; (2) support access to two e-learning modules to enhance IT skills for HCSWs; (3) test a support infrastructure model in three locations and; (4) complete a strategic review of HCSW education.

- **HCSW: CHILDREN AND YOUNG PEOPLE**
  We will work with partner organisations to support the delivery of education for HCSWs working with children and young people (CYP) in maternity services, public health and community services. During 2013-14 we will: (1) design HCSW education at SCQF levels 7 and 8; (2) develop core modules applicable to the wider CYP workforce with specific pathways to include neonates, early years and acute paediatrics; (3) deliver core and specialist education to 40 senior support workers and assistant practitioners at SCQF levels 7 and 8; (4) continue an early years integrated education steering group and; (5) provide impact assessment of the education.

- **MATERNITY CARE SUPPORT WORKERS**
  We will embed the role of the maternity care support worker with the appropriate knowledge and skills to improve care for women and their families. During 2013-14 we will review current maternity care support worker programmes across Scotland and develop revised education to reflect current policy.

- **PHARMACY SUPPORT WORKERS**
  We will provide an educational programme and support qualifications to meet the needs of pharmacy technicians. During 2013-14 we will: (1) review, develop and deliver a programme of continuing professional development using direct, distance and e-learning to support CPD for 2000 pharmacy technicians; (2) support and co-ordinate implementation of the Professional Development Award qualification for 40 pharmacy technicians and; (3) develop a funding process (up to £200K) for the newly developed Pharmacy Assistant distance learning package and evaluate the course learning outcomes for pharmacy support staff.

- **HEALTHCARE SCIENCE (HCS) SUPPORT WORKERS**
  We will work with NHS Boards and other stakeholders to provide HCS support worker and assistant practitioner development which improves the career pathway for this grade of HCS staff. By the end of March 2014 we will engage with HCS across NHSScotland to put in place an action plan for the development of HCS support workers and assistant practitioners.
OPTOMETRY SUPPORT WORKERS
We will provide an education programme for optical/optometric assistants to improve eye care within community optometric practice and help develop a career ladder for the optical/optometric workforce. During 2013-14 we will: (1) provide training for up to 33 optical/optometric assistants at SCQF level 5 and; (2) support an educational programme for dispensing opticians through the Association of British Dispensing Opticians.

ADMINISTRATIVE, CLERICAL AND SUPPORT SERVICES (ACS)
We will work with colleagues across NHSScotland to maximise the use of learning resources available for staff in administrative and non-clinical support services. During 2013-14 we will: (1) achieve a 10% increase in staff using ACS development resources and; (2) provide consultant services to NHS Boards to help maximise the use of ACS resources for workforce development and establish implementation and support plans with five NHS Boards.

The shape and size of the NHS workforce is always changing and we continue to support workforce modernisation through education, training and workforce data.
Theme 4

Responding to New Patient Pathways
**Theme 4: Responding to New Patient Pathways**

**Principal Quality Outcomes:**
- Everyone gets the best start in life, and is able to live a longer, healthier life
- People are able to live at home or in the community

**Strategic Objective:**
- We will provide integrated education to support models of care which are closer to people in their communities

Education, training and workforce development across health and social care is a key theme which will involve significant development of staff in a co-ordinated way to support the **20:20 Vision** of more integrated services. We also recognise the importance of primary care education and training for community based medical, dental, pharmacy and optometry practitioners as well as providing resources for health improvement, health inequalities, community hospitals and the remote and rural workforce. All of these initiatives are designed to support community based staff build a safety culture and improve person-centred care.
Health and Social Care

In response to the Scottish Government plans to integrate health and social care we continue to enhance our strong partnerships, in particular with the Scottish Social Services Council (SSSC), and the Institute for Research and Innovation in Social Services (IRISS), to support workforce development for key policy initiatives such as, Reshaping Care for Older People, the Early Years Framework and the Carers and Young Carers Strategy.

**HEALTH AND SOCIAL CARE INTEGRATION**

We will work in partnership to support the workforce in integrating health and social care. During 2013-14 we will: (1) deliver two facilitated events for higher education institutions and colleges to promote an integrated workforce; (2) host stakeholder partnership meetings to support collaborative working i.e. on reshaping care for older people; (3) commission an action learning programme through SSSC to develop collaborative leadership in Community Health Partnerships; (4) work in partnership with IRISS to produce an educational report to underpin evidence-based practice; (5) support a further five Change Fund Partnerships to use existing drama resources to improve outcome focussed health and social care; (6) produce an impact evaluation report on the methodology and resources being used to support outcome focussed approaches; (7) review, update and embed existing online learning resources for staff working with volunteers across health and social care; (8) work with established networks in NHS Boards to prepare staff for health and social care integration and; (9) identify profession specific educational requirements on the integration of health and social care.

**CARERS STRATEGY**

We will develop and deliver training and education to support the Care Together and Getting it Right for Young Carers strategies so that health and social care staff meet the needs of carers and young carers and engage them in the design and delivery of services. During 2013-14 we will: (1) further develop online resources including an interactive pdf for higher education institutions and colleges and an e-learning module for managers/employers; (2) develop a monitoring and evaluation methodology to measure progress using a mix of approaches to capture the short and long term impacts and; (3) develop a national network of ambassadors with a development package, including a workshop for potential ambassadors and follow-up training on the use of online resources, utilising WebEx and other distance learning tools.

**20:20 VISION: INTEGRATED KNOWLEDGE SERVICES** [www.ssk.org.uk](http://www.ssk.org.uk)

We will provide Social Services Knowledge Scotland (SSKS) portals, knowledge management training and helpdesk services designed to support integrated health and social care in line with the 20:20 Vision. By the end of January 2014 we will develop plans for the integration of health and social care knowledge services and a Public Services Learning Platform.
Primary Care

Key to our core business is postgraduate training and continuing professional development (CPD) for general medical practitioners (GPs), general dental practitioners (GDPs), community pharmacists and optometrists who work as independent practitioners in the community. We also provide a range of learning for practice staff and we are committed to aligning our educational support to help deliver the Scottish Government’s Delivering Quality in Primary Care national action plan.

- **GP CONTINUING PROFESSIONAL DEVELOPMENT (CPD)**
  
  We will provide four deanery-based primary care CPD programmes for GPs and practice staff to help meet the demands of revalidation and provide a better service to patients. During 2013-14 we will: (1) agree one national CPD course administration process as part of our Medical Vision to deliver single consistent processes for postgraduate medical education across Scotland; (2) review the quality and type of courses to ensure they reflect current hot topics and training needs; (3) provide a programme of practice based small group learning (PBSGL) for an increasing range of primary care and other staff and achieve a 10% increase in registered PBSGL members and; (4) quality assure our core CPD activity and support non-core initiatives delivered by partner organisations.

- **DENTAL CPD**
  
  We will provide continuing professional development (CPD) programmes for dentists, dental care professionals (DCPs) and practice teams to support lifelong learning and continued registration with the GDC. During 2013-14 we will provide: (1) five regionally based CPD course programmes accessed through our online Portal www.portal.scot.nhs.uk to provide practitioners with up to 200 courses delivered regionally across Scotland and; (2) up to 60 dental practice team development sessions, focussed on the identified needs of the practice, and delivered locally or at the workplace.

- **PHARMACY CPD**
  
  We will provide flexible CPD programmes for community pharmacy teams ranging from directly delivered courses to distance learning and e-learning packages to support the shift towards community based services for minor ailments, public health and acute and chronic medication. During 2013-14 we will: (1) provide flexible CPD resources for 4,500 pharmacists in Scotland to meet the General Pharmaceutical Council (GPhC) mandatory requirements and to support community based services and; (2) manage a postgraduate funding programme to ensure appropriate qualifications are undertaken to meet the needs of pharmacists.

- **OPTOMETRY CPD**
  
  We will provide a CPD programme for community optometry teams through our Portal online system to improve care in community practice and increase confidence to treat less serious ocular conditions. During 2013-14 we will: (1) achieve a target of 15% optometrists attending at least one of our CPD courses; (2) provide online training and e-learning resources to increase the uptake of training for optometrists, in particular for those who have difficulty accessing our courses; (3) improve the CPD provision for dispensing opticians; (4) deliver a national CPD conference and; (5) financially support the Directorate of Optometric Continuing Education and Training (DOCET) to develop UK wide optometry training programmes.

- **PRIMARY CARE PRACTICE STAFF DEVELOPMENT**
  
  We will deliver vocational training (VT) schemes for primary care practice managers, nurses and administrators supported by national learning networks. During 2013-14 we will: (1) provide VT training for 16 GP practice managers supported by 16 GP co-ordinators providing learning and development networks; (2) commence a vocational training scheme for 13 GP nurse trainees in September 2013; (3) provide VT training for up to five general dental practice managers and; (4) provide 15 training places on a course for dental administrators and open up the course to medical receptionists.
• COMMUNITY PHARMACY CONTRACT
We will develop training to support delivery of the community pharmacy contract and linked to the outcomes of the SGHD Pharmaceutical Care Review. By the end of March 2014 we will provide: (1) training to support delivery of the community pharmacy contract; (2) a range of virtual patients for use in online training packages on care planning to support the delivery of the community pharmacy contract (CMS) and; (3) specific online and open learning training materials in relation to new and high risk medicines in line with contractual policy.

• KNOWLEDGE INTO ACTION: PRIMARY CARE
We are implementing our Knowledge into Action review to establish a system for practitioners to apply knowledge in frontline practice. During 2013-14 we will: (1) evaluate Knowledge into Action pilots in community pharmacy, community hospitals, rural general hospitals and community health and social care partnerships and; (2) deliver continuing professional development (CPD) packages and a CPD model to support implementation of guidelines for safe and effective care.

Improving Health and Reducing Health Inequalities

We support the policy framework set out in Improving Scotland’s Health, Tackling Health Inequalities through education for staff involved in improving health and reducing health inequalities in partnership with NHS Health Scotland and health psychology professionals to provide support for healthier lifestyles, learning disabilities, and for staff who work with people who have complex needs or who need extra support and protection.

• GP HEALTH INEQUALITY FELLOWSHIPS
We will provide specialist postgraduate experience in health inequalities. During 2013-14 we will provide one WTE and two 0.5 WTE fellowships to complete a health inequality project.

• PSYCHOLOGY HEALTH IMPROVEMENT
We will work with NHS Boards and health psychology partners to enable trainees to undertake stage 2 of the British Psychological Societies (BPS) health psychology training in support of targets for health inequalities. During 2013-14 we will support: (1) one trainee continuing from cohort 3; (2) five trainees continuing from cohort 4 and; (3) a new cohort of four to enter training in October 2013.

• HEALTH BEHAVIOUR CHANGE
We will bring health psychology expertise and health improvement methodologies (particularly in health behaviour change) to a range of workstreams. We will develop psychological capacity in physical healthcare settings for multi-professional staff through a competence framework and training in adjustment, distress, health behaviour change, long term conditions and medically unexplained symptoms (MUS). During 2013-14 we will: (1) disseminate Stepped Care Model/Economic Benefits by the end of September 2013; (2) commission a competency framework; (3) train 20 trainers and provide direct training to 90 staff and; (4) evaluate the online training module.
• **ORAL HEALTH IMPROVEMENT (Childsmile)**

We will provide training for dental health support workers and extended duty dental nurses to enhance knowledge and practical skills to improve the oral health of children at key stages of pre-nursery, nursery and school. During 2013-14 we will ensure that all staff undergoing the Childsmile training programme attend an intensive six day course covering 14 key topics which is credit rated at SCQF level 7 for the theoretical elements and level 8 for the application of fluoride varnish.

• **MATERNITY CARE FRAMEWORK**

We will provide education to support the Refreshed Framework for Maternity Care in Scotland to help ensure that the maternity care workforce has a greater understanding of the impact of inequalities on clinical outcomes before, during and after pregnancy, and to improve the public health messages around cot death. During 2013-14 we will: (1) roll-out and evaluate a range of educational resources including two story-based learning resources and three scenarios delivered through a virtual learning environment and; (2) support the community nursing team in Glasgow to provide the education they have developed with the Scottish Cot Death Trust as nationally available online learning for multi-professional teams.

• **MIDWIFERY AND MATERNAL CARE**

We will ensure that midwifery and maternity services are supported through a range of educational resources to improve the quality of care in midwifery, reproductive health and maternity care. During 2013-14 we will: (1) formalise an interest group, devise proposals and develop an online resource to support care which takes into account the needs of sexually abused women and; (2) roll-out and evaluate an online course for maternity, primary care and public health staff on the prevalence, diagnosis and symptoms of fetal alcohol harm in pregnant women to aid prevention, detection and management.

• **FAMILY NURSE PARTNERSHIP (FNP)**

We will work in partnership with NHS Boards and the Scottish Government to implement, sustain and embed the licensed FNP programme of home visits by specially trained family nurses which aim to improve outcomes for young first time mothers and their children. During 2013-14 we will work closely with the Scottish Government FNP team to identify and share key learning and to maintain FNP licensing arrangements.

Key to our core business is postgraduate training and continuing professional development (CPD) for general medical practitioners (GPs), general dental practitioners (GDPs), community pharmacists and optometrists who work as independent practitioners in the community.
Remote and Rural Healthcare

Our educational support for the remote and rural workforce builds on our core work programmes www.rrheal.scot.nhs.uk to support the development of hospital and community staff providing healthcare services for people living in remote and rural communities throughout Scotland. In addition we are developing our educational support for the community hospital workforce through an improvement network designed to facilitate education, share good practice, exchange knowledge and skills and provide an improvement forum.

- **RURAL HEALTH AND SOCIAL CARE WORKFORCE**
  We will improve access to education and training for the health and social care workforce in remote and rural areas to help ensure that people living in remote rural areas receive care from a supported, trained and informed workforce. During 2013-14 we will work with our NMAHP colleagues and SSSC to develop and deliver two programmes of education to support integrated health and social care service delivery.

- **SCOTTISH SCHOOL OF RURAL HEALTH AND WELLBEING**
  We will lead the Scottish School of Rural Health and Wellbeing alliance to produce, deliver and promote a range of accessible education and research programmes. During 2013-14 we will produce three new education and research programmes that meet the health, social and wellbeing needs of those in remote and rural communities.

- **RURAL HOSPITALS**
  We will provide educational support for the remote and rural hospital workforce. During 2013-14 we will: (1) develop one new education programme for the rural hospital workforce and; (2) identify needs for a rural hospital knowledge network.

- **COMMUNITY HOSPITALS**
  We will support the refreshed strategy for Developing Community Hospitals: a Strategy for Scotland (2006) through an improvement network and online portal for the community hospital workforce. The network will work closely with the remote and rural healthcare programme to ensure successful integration of the two work-streams. During 2013-14 we will: (1) undertake a programme of community hospital visits to discuss network priorities and develop an action plan for the improvement network; (2) develop an online community hospital portal and provide usage data and; (3) host shared learning events for the community hospitals workforce.
Theme 5
Developing Innovative Educational Infrastructure
Theme 5: Developing Innovative Educational Infrastructure

Principal Quality Outcomes:
- Everyone gets the best start in life, and is able to live a longer, healthier life
- People are able to live at home or in the community

Strategic Objectives:
- We will support education in partnership that maximises shared knowledge and understanding
- We will develop flexible, connected and responsive educational infrastructure which covers people, technology and educational content

We provide educational infrastructure to support national clinical priorities in particular for early years, mental health and dementia. We also provide education and research infrastructure and we deliver a wide range of online resources which widen access to knowledge, information and e-learning.
Online Resources, e-Learning and Knowledge Services

Access to our online resources principally comes through our Knowledge Network www.knowledge.scot.nhs.uk a national resource for NHSScotland providing over 9,000 journals plus a comprehensive range of full text articles, e-books and local library support services in addition to online resources providing information, e-learning and tools to help find, share and use knowledge. We also provide a range of online developmental resources which we are in the process of better integrating to improve quality and accessibility.

- **FLYING START NHS®**
  We will continue to provide our Flying Start NHS® www.flyingstart.scot.nhs.uk e-learning programme for all newly qualified NMAHPs to support education across the NHS Career Framework for Health. During 2013-14 we will: (1) register newly qualified NMAHP practitioners including non NHS healthcare sectors; (2) develop commercial contracts with purchasers; (3) provide a continuous improvement cycle of online development; (4) embed and sustain user engagement and; (5) support NHS Board reporting of completion rates through enhancement of the website.

- **THE EFFECTIVE PRACTITIONER**
  We will provide The Effective Practitioner www.effectivepractitioner.nes.scot.nhs.uk online resource providing learning to support approximately 48,000 NMAHP practitioners to deliver the quality ambitions. During 2013-14 we will: (1) build the evidence of impact through evaluation of locally funded projects and; (2) ensure that the educational infrastructure, existing website and work based learning activities remain up to date and respond to emerging health priorities; (3) hold a national event to engage with stakeholders and; (4) develop a mobile application to bring learning closer to practice.

- **OUT OF HOURS UNSCHEDULED CARE**
  We will continue to provide and improve our Out of Hours website to ensure there is a contemporary and fit for purpose forum for unscheduled care. During 2013-14 we will liaise with unscheduled care national leads to identify pertinent issues and ensure relevant online support is available via our website and forum.

- **SUPPORTING FUNCTIONAL LITERACIES IN NHSSCOTLAND**
  We will support the 20:20 Workforce Vision by ensuring that NHS staff have access to an appropriate range of resources to address functional literacies needs. During 2013-14 we will launch an online resource to link staff with appropriate resources and support.

- **THE PORTAL ONLINE APPLICATION SYSTEM**
  We will provide a multi-professional online Portal www.portal.scot.nhs.uk to manage trainee and trainer recruitment, and support lifelong learning. During 2013-14 our Portal system will: (1) manage trainee and trainer recruitment in dentistry and dental hygiene/therapy recruitment and; (2) provide a CPD course booking and payment service nationally across general medical practice, general dental practice, pharmacy and optometry.

- **e-PORTFOLIO**
  We will provide a range of online portfolios (e-Portfolio) to record the progress of healthcare professionals in a consistent way which allows data exchange with other systems. By the end of March 2014 we will: (1) develop engagement with stakeholders and publish an e-Portfolio communication plan; (2) work with our Portal colleagues to connect our e-Portfolio and Portal systems; (3) develop a cross-platform application (i.e. mobile apps) to support ongoing system development with external stakeholders; (4) develop and maintain a range of dental e-Portfolios to record progress during dental training; (5) deliver monthly training sessions for nurses and midwives; (6) evaluate e-Portfolio access by nurses and midwives to record learning and support reflective practise and provide evidence for revalidation and e-KSF; (7) explore the potential for higher education institutions to trial the nursing and midwifery e-Portfolio and; (8) support wider embedding of the nursing and midwifery mentor and career long e-Portfolio.
• **SCOTTISH DENTAL EDUCATION ONLINE (SDEO)**
  We will support dental schools and higher education institutions across Scotland to develop and share dental teaching materials in an online format to help provide a common curriculum of online teaching materials. During 2013-14 we will support the production of five new learning resources.

• **DIGITAL DESIGN PROGRAMME**
  We will deliver 3D educational training packages for the dental team and other health professions suitable for delivery in remote and rural settings. During 2013-14 we will launch training packages covering dental and optical anatomy, dental (patient safety) decontamination and health inequalities.

• **TELE-EDUCATION AND e-HEALTH IN PRACTICE**
  We will establish a partnership approach to the development, delivery and implementation of e-health and tele-education to help ensure that the workforce is trained and supported to use new technology in every day practice. During 2013-14 we will: (1) establish an agreement with key partners to develop a national technology-enabled Learning and Workforce Group, which will define and implement a strategic action plan for technology-enabled learning; (2) use videoconferencing to deliver CPD training for pharmacists and technicians (using local tutors) across ten remote sites based in the Highlands, Ayrshire and Dumfries; (3) develop online pharmacy resources to support remote and rural learners; (4) develop a programme of webinars/webcasts and virtual room training to support remote and rural pharmacists and; (5) develop an educational solution to enhance NMAHP capacity and capability in e-health and tele-health.

• **e-LEARNING SUPPORT AND DEVELOPMENT**
  We will develop a formal structured e-learning service to improve the consistency of information, advice and provide definitive guidance for learning management systems. During 2013-14 we will: (1) designate a lead officer for e-learning; (2) ensure that our staff use our new e-learning service as first point of contact for advice; (3) develop new e-learning products that comply with consistent service standards and; (4) support specific requests from our directorates to develop new e-learning products and services.

• **THE KNOWLEDGE NETWORK: INTEGRATED SYSTEM DEVELOPMENT**
  We will develop a more integrated Knowledge Network supporting our directorates and the health and social care workforce through integrated online knowledge and learning resources and improved, connected systems. During 2013-14 we will: (1) deliver knowledge services for an identified range of our directorate work to support defined needs; (2) promote and deliver programmes of knowledge services training for our workforce covering administrative, clerical and support services (ACS), e-learning, social media and learning technology; (3) define and implement the plan for future development of The Knowledge Network as a multi-channel, multimedia learning technology platform that supports creation, dissemination and implementation of knowledge through a variety of routes; (4) deliver leadership and carers portals and provide user feedback; (5) pilot and implement co-ordinated e-learning processes in our directorates and deliver support for six e-learning resources; (6) confirm processes, standards and tools for e-learning and social media; (7) commence implementation of a learning management system (LMS) and consolidate resources for maintaining an LMS; (8) test and implement our knowledge network interface with our e-Portfolio system and develop a plan for the second phase of integration; (9) submit a business case for internet broadcasting and tele-education infrastructure; (10) confirm a search engine plan and upgrade the metadata system; (11) implement an expanded social media platform and; (12) implement and pilot an open access publishing repository.
THE KNOWLEDGE NETWORK: CONTENT, SYSTEMS AND SUBSCRIPTION MANAGEMENT

We will maintain, quality assure and improve our knowledge services content, systems and subscription management. During 2013-14 we will: (1) update processes and tools for e-learning content by the end of October 2013; (2) complete an EZYProxy assessment by the end of January 2014; (3) update all content documentation and ensure all partners maintain updates; (4) achieve 90% FAST sources are current and bug-free; (5) review our e-learning repository; (6) achieve 95% uptime for all systems and maintain service levels for ATHENS and Aleph; (7) document and score fixes within two days of identification and submit all high bugs for fixing within four weeks; (8) confirm subscription renewals by the end of October 2013; (9) document and implement a process for resolving subscription issues; (10) collect and analyse monthly subscription user statistics and; (11) achieve bi-monthly communication with a Stakeholder Advisory Panel.

KNOWLEDGE INTO ACTION

We will deliver national pilots in applying knowledge to support national healthcare priorities aligned with the quality ambitions and the 20:20 vision and provide evidence of the impact of Knowledge into Action on local and national healthcare outcomes. During 2013-14 we will: (1) deliver the first stages of three Knowledge into Action pilots with three NHS Boards using the evaluation framework by the end of September 2013 and; (2) provide an interim evaluation report on the national pilots by the end of March 2014.

THE KNOWLEDGE NETWORK: SUPPORT SERVICES

We will provide support for user enquiries and copyright management as well as consultancy services for Knowledge into Action and a national Knowledge Broker Network. During 2013-14 we will: (1) deliver phone and e-mail helpdesk services responding to 95% of enquiries within two hours; (2) implement a consultancy service for Knowledge into Action; (3) develop, test and evaluate support processes for a Knowledge Broker Network including search and synthesis, document supply, training, knowledge exchange, national programmes and special NHS Board partnerships; (4) implement and test a document delivery system, copyright toolkit and permissions repository in at least ten NHS Boards; (5) co-ordinate a copy requesting service and monitor it monthly and; (6) provide a national copyright consultancy service and start implementation of an action plan based on copyright survey recommendations.

THE KNOWLEDGE NETWORK: FUTURE DEVELOPMENT

We will manage implementation of national knowledge management strategies for health and social care, and support our work on the quality strategy, digital strategy, 20:20 Workforce Vision and tele-education. During 2013-14 we will: (1) provide an evaluation report on the first phase of health and social care knowledge management strategies and; (2) review the knowledge services contribution to support our work on the quality strategy, digital strategy, 20:20 Workforce Vision and tele-education.

We will establish a partnership approach to the development, delivery and implementation of e-health and tele-education to help ensure that the workforce is trained and supported to use new technology in every day practice.
National Clinical Priorities

We provide a range of education for priority areas such as the early years, dementia, cancer and mental health. All of the clinical priorities we describe in this section are supported by online resources which can be accessed through the Knowledge Network. We also support these priority areas through our postgraduate training programmes in medicine and psychology.

• CHILDREN AND YOUNG PEOPLE
  We will support the national Early Years priority through our Getting it Right for Every Child (GIRFEC) and Children and Young People (CYP) work programmes underpinned by Common Core principles and the new Children and Young Peoples (CYP) Rights Bill. We will also support the Scottish Government Early Years Collaborative by working closely with colleagues from other sectors to develop multi-sector education resources.

  During 2013-14 we will: (1) provide online child protection education incorporating recommendations from the Scottish Government guidance and the National Framework for Child Protection Learning Development; (2) provide and develop a CYP Managed Knowledge Network (MKN) and virtual reference group supported by new Managed Clinical Networks (MCNs) and services to develop communities of practice; (3) ensure CYP is included in our AHP work and develop a paediatric focus in implementation of AHP national delivery plans; (4) increase awareness of Common Core principles and GIRFEC through a partnership with the Scottish Social Services Council (SSSC) to support roll out and review of the Early Years Capability Framework; (5) launch the ten Essential Shared Capabilities for the CYP workforce; (6) lead CYP patient safety initiatives aligned with the national Scottish Patient Safety Paediatric Programme (SPSPP); (7) work with our Remote and Rural Healthcare Educational Alliance (RRHEAL) team to develop distance learning education in recognition of the sick child; (8) review and update our paediatric emergency care online programme; (9) align aspects of our emergency care programme with the SPSPP on recognition of the sick child; (10) work with our RRHEAL team to develop paediatric emergency care distance learning programmes; (11) support implementation of the Right to Speak recommendations for CYP with augmentative and alternative communication needs (AAC) through an SCQF Level 11 module delivered and evaluated for two cohorts of AHPs over two years (40 practitioners); (12) deliver a Train the Trainer educational resource which supports GIRFEC, the Common Core principles and the Children and Young Peoples (CYP) Rights Bill; (13) deliver multi-disciplinary psychological care education for paediatrics by training an additional four trainers, providing direct training to 150 paediatric staff and developing an online resource and; (14) provide multi-disciplinary training in evidence-based parenting approaches for CYP staff working across the health, social care and third sectors, implementing phase 2 of workforce development and delivering training to 400 practitioners.

• DEMENTIA
  We will take forward a multi-disciplinary programme in partnership with SSSC and Alzheimer Scotland to support implementation of Promoting Excellence and the Dementia Standards, and we will develop the dementia workforce across the health, social care and third sector workforce as family care givers. During 2013-14 we will: (1) provide a programme of education with a particular focus on the mental health workforce; (2) extend the reach and sustainability of work already undertaken; (3) deliver an impact evaluation of the Alzheimer Scotland dementia nurses and dementia champions’ training; (4) support the delivery of an additional 100 dementia champions trained for the health and social care workforce; (5) support psychological interventions in dementia by commissioning and delivering educational materials and training and; (6) provide support and supervision and evaluate the impact of workforce development activity.
**CANCER**

We will provide educational development to support the Systemic Anti-Cancer Treatment (SACT) education and training framework and to improve the knowledge base on oral cancer. During 2013-14 we will: (1) work with higher education institutions and service colleagues to develop consistent assessment and supervision guidance and processes for clinical competence and safe practice in the safe use of Systemic Anti-Cancer Treatment (SACT) and; (2) develop the oral cancer knowledge base to inform a training package for healthcare professionals by appointing a PhD student, commencing research and developing a continuing professional development module.

**MENTAL HEALTH**

We will support the national mental health priority through multi-disciplinary initiatives designed to develop workforce capacity and capability. During 2013-14 we will: (1) continue to work with the Scottish Recovery Network to deliver training, learning networks and provide direct support to help NHS Boards and social services partners develop recovery focussed mental health practice; (2) support the child and adolescent mental health service (CAMHS) workforce by rolling out the Essential CAMHS programme across 11 NHS Boards, developing 45 practitioners for local delivery infrastructure and providing specialist training in learning disability, cognitive behavioural therapy, systemic practice and trauma to 60 practitioners and; (3) deliver psychological therapies training to 50 staff working with people who have complex and enduring mental health problems to increase access to psychological therapies.

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**Educational Development and Research**

Our research and educational development infrastructure provides support for specific healthcare professions as well as for activities and projects which cut across the healthcare workforce such as quality improvement, healthcare associated infection, human trafficking, death certification, fatal accident inquiries, tele-health and information governance. We also provide a framework for education and research governance as a key part of our corporate governance to ensure that what we do is fit for purpose aligns with our strategic direction and supports continuous improvement in education and training.

**EDUCATIONAL GOVERNANCE**

We will maintain effective educational governance of NES work streams and will support NHS Boards in the governance of their educational activities. During 2013-14 we will: (1) publish educational governance reports on all of our scheduled work streams; (2) co-ordinate governance reviews of 12 of our work streams and two of our directorates and; (3) promote our educational governance support services.

**20:20 WORKFORCE VISION**

We will support the leadership and capability elements of the 20:20 Workforce Vision. During 2013-14 we will: (1) implement leadership and capability plans based on elements of the vision and engagement with Boards and; (2) continue to support and deliver appropriate leadership and capability development initiatives following review.

**NHSSCOTLAND EVENT SUPPORT**

We will help embed learning from the 2012 NHSScotland Event within NHS Boards. During 2013-14 we will: (1) co-ordinate the sharing of learning across at least ten NHS Boards and; (2) organise four education and research forum events to share the best educational resources from the event.
• **STRATEGIC EXTERNAL LIAISON AND CORPORATE SUPPORT**
  We will strengthen our links with a wide range of external agencies across the educational sector by adopting lead roles within our Engagement and Intelligence Gathering process. During 2013-14 we will: (1) deliver a joint action plan with the Scottish Funding Council; (2) further develop joint working with key partners, including the Scottish Qualifications Authority, Skills Development Scotland, the Scottish Credit and Qualifications Framework, Scottish Colleges and Universities Scotland; (3) provide engagement lead roles for our Engagement and Intelligence Gathering process and; (4) participate in national education groups and provide regular update reports.

• **RESEARCH GOVERNANCE**
  We will provide a research register which collates and records research information, reports evidence to the Chief Scientist's Office (CSO) and where necessary, provides valid, timely and relevant information on our research activities. We will also provide support for our staff through research education, research forum events, research mentoring and peer review support designed to improve the quality of our research activity. During 2013-14 we will: (1) provide quarterly and annual reports on research activity; (2) achieve CSO approval on our application of research governance standards; (3) collate resources on equality and diversity to foster better practice and; (4) achieve positive evaluations of outputs from our return on investment (ROI) activities and review our ROI service by the end of October 2013.

• **IMPACT ASSESSMENT**
  We will provide consultancy services to NHS Boards to help embed use of return on investment (ROI) methodology and provide evidence of the impact and value of training and development. During 2013-14 we will: (1) deliver six ROI workshops and provide guidance to three NHS Boards in use of ROI methods and; (2) evaluate the training courses provided by our Training, Development and Support Unit (TDSU) and produce an end of year report on a selected number of their training programmes.

• **PRACTICE BASED RESEARCH**
  We will provide practice research to inform improvements in patient safety and people’s experience of services. During 2013-14 we will: (1) fund the appointment of a Pharmacy Practice Chair to lead on a programme of pharmacy practice research to develop patient safety and pharmaceutical care delivery at both schools of pharmacy in Scotland; (2) through our Scottish Dental Practice Based Research Network (SDPBRN) develop and evaluate an alcohol advice intervention and publish two peer review papers; (3) through our Translation Research in a Dental Setting (TRiaDS) team, inform the development of clinical effectiveness guidance, evaluate the impact and inform development of implementation strategies and explore the application of the TRiaDS framework in pharmacy and optometry; (4) develop processes to assess the effectiveness of our optometry education following the TRiaDS model and; (5) measure the impact of our educational resources on the AHP workforce by developing systematic reporting, including information on career development and workforce analysis.
Delivering our Aims through a Connected Organisation
Theme 6: Delivering our Aims through a Connected Organisation

Principal Quality Outcomes:

- Staff feel supported and engaged
- The best use is made of available resources

Strategic Objectives:

- We will establish a performance structure which connects individual performance to our objectives
- We will improve the sharing of knowledge across our organisation

We manage our business through governance arrangements and business support functions which have clear lines of accountability to our Board. They are supported by standing committees and our Executive Team which oversees organisational management along with executive groups for specific areas of business and advisory groups for the professions.

During 2013-14 we will continue to focus on performance improvement through improved systems, processes, workforce plans and structures in order to become better connected, sharing best practice and resources to deliver education in a more streamlined and consistent way. We also have a financial plan which meets our requirement to deliver efficiency savings on activities that do not involve direct patient care and we are developing our human resources, organisational development, IT and property strategies to support new ways of working. Finally our Engagement and Intelligence Gathering process helps to ensure that our plans align with the priorities of NHS Boards and the Scottish Government, building effective relationships and partnership working across health and social care, the education sector, regulatory and professional bodies and the wider public sector.
Organisational Improvement

We continue to identify where efficiencies can be achieved so that we can respond to service priorities areas such as: quality improvement; health and social care integration; primary care; support workers; leadership; early years and mental health. We need to identify savings continually to enable investment in new areas and we are implementing a range of programmes across our organisation to improve quality and efficiency.

- ORGANISATIONAL PERFORMANCE IMPROVEMENT TEAM
  We will provide consultancy support for change and improvement programmes across our organisation, promoting a culture of continuous improvement, return on investment, increasing internal capacity and capability and integrated working. During 2013-14 we will: (1) support a programme of Activity Based Costing (ABC) reviews and Lean events, in particular the procurement capacity review; (2) ensure all eight of our directorates and three departments who have completed ABC reviews are implementing improvement plans and; (3) identify the benefits of the Westport relocation project, a key part of our workplace strategy.

- MEDICAL DIRECTORATE
  We will continue to implement our Medical Vision to deliver single consistent processes for postgraduate medical education across Scotland supported by national policies, information systems and professional leadership which achieves more collaborative working. During 2013-14 we will: (1) implement our PINNACLEv3 trainee management database supported by consistent business processes, accurate data and wider access for external stakeholders by the end of October 2013; (2) reallocate freed up resources to new work activities (target of 4.5WTE); (3) establish one national approach to data management and system integration by the end of December 2013; (4) realign budgets to core work streams; (5) implement new training programme management and quality management infrastructure; (6) review our course design, delivery and development functions to ensure consistent generic course delivery more closely integrated with core work streams and; (7) develop our use of video conference and technology to participate in learning and communication events reducing the need to travel.

- DENTAL DIRECTORATE (including Healthcare Science and Optometry)
  We will deliver more streamlined and efficient ways of delivering the work of the dental directorate, while working to increase quality and reduce duplication across the regions. During 2013-14 we will: (1) develop five further work streams on a national basis and; (2) streamline our regional infrastructure.

- NMAHP DIRECTORATE
  We will work to address the recommendations contained within our ABC report and two other directorate review reports. During 2103-14 we will: (1) strengthen the programmatic approach to our work; (2) review high volume activities; (3) re-align our staff against new programmes of work and high volume activities; (4) strengthen professional engagement and leadership within NHS Boards and; (5) review our operational infrastructure.

- PHARMACY DIRECTORATE
  We will ensure that our pharmacy work plans incorporate the appropriate actions as a result of the ABC review. By July 2013 we will develop and implement a draft action plan for performance improvement, based on the ABC review of the team.

- EDUCATIONAL DEVELOPMENT DIRECTORATE (EDD)
  We will roll out our ABC plan to deliver efficiencies through integrated work and greater transparency of purpose. During 2013-14 we will: (1) identify and agree core functions that are supported and delivered; (2) review job families, teams and management arrangements to ensure effective support of core functions and; (3) continue development of a fully integrated and streamlined business support function.
Human Resources and Organisational Development

We provide human resources (HR) and organisational development (OD) support across our organisation to ensure we comply with employment legislation and best practice. We continue to create drivers for, and support organisational re-design and change to ensure that we have the right people, with the right skills, in the right place at the right time. We seek to deliver an exemplar service based on enhanced productivity and efficiency. HR&OD continues to support NES to identify skills, maximise talent and encourage and support collaborative team working. We provide a comprehensive recruitment and selection assessment centre and on-boarding service to the postgraduate training programmes that NES manages for a range of healthcare professions.

- **STAFF GOVERNANCE**
  We will provide a framework that enables us to adhere to and exceed the new NHSScotland Staff Governance Standard with particular emphasis on enhancing employee experience. During 2013-14 we will: (1) meet the revised national staff governance reporting requirements by the end of June 2013 and; (2) support implementation of the national Employee Engagement Index.

- **HR AND OD STRATEGY AND POLICY**
  We will provide strategy, policies and procedures that enhances skills to enable our staff carry out their responsibilities and engage effectively with organisational change. During 2013-14 we will: (1) incorporate key performance indicators (KPIs) into a balanced scorecard to measure the effectiveness of our service and use this information to develop a refreshed people and organisational development (POD) strategy and; (2) put in place a workforce plan to support the workforce implications of organisational change and performance improvement plans.
• **EMPLOYEE RELATIONS**
We will provide a business partner customer support service to help ensure that our resources are effectively aligned with our people and organisational development (POD) strategy, the improvement agenda and national HR shared services. During 2013-14 we will: (1) further develop our Line Manager's Toolkit and; (2) continue to develop our HR online services.

• **LEARNING AND DEVELOPMENT**
We will develop management and leadership capability for transformational change and the knowledge and skills base of our staff. Our emphasis will be to grow our leadership and management capability to manage change and performance. A key priority for 2013-14 will be to introduce our Manager’s Passport to help managers meet the future needs of the organisation. This passport will be a reflective self assessment that employees will undertake against a set of defined practice standards. During 2013-14 we will: (1) ensure 60% of line managers complete a Manager’s Passport self-assessment by the end of December 2013 and provide development in priority learning areas identified from this; (2) use data to inform development of a Talent Management Strategy and; (3) develop a learning and development plan to support the further roll out of Tomorrow’s NES by the end of October 2013.

• **PERFORMANCE MANAGEMENT**
We will enable a performance culture that supports the development of people and services through the alignment of individual objective setting and development planning with organisational objectives and planning targets. During 2013-14 we will implement individual performance management processes for our staff by the end of June 2013 and audit their effectiveness throughout the rest of the year.

• **OPERATIONAL SERVICES**
We will provide improved and cost effective recruitment, payroll and transactional HR services to applicants, trainees, managers and staff. During 2013-14 we will: (1) undertake pre-employment checks for all GP trainees and sign an agreement for occupational health services with NHS National Services Scotland; (2) develop PRPS recruitment systems and re-design the assessment format; (3) continue to develop our Kenexa online vacancy management system and; (4) provide a job evaluation service to support organisational change and promote the wider use of national role profiles and people management responsibilities.

• **ESTABLISHMENT CONTROL AND BUSINESS INTELLIGENCE**
We will develop the use of technology and best practice to enhance management of our staffing establishment to support integrated workforce planning decisions. During 2013-14 we will: (1) make use of systems to redesign the payroll process in line with the Employee Support System (e:ESS); (2) support national shared services work on integration of recruitment, workforce and payroll systems and prepare for internal e:ESS implementation; (3) move from paper forms to online technology for all aspects of HR and OD business and; (4) provide systems to record and maintain our staffing establishment.

• **HEALTH AND SAFETY**
We will continue to develop an integrated occupational health and wellbeing strategy for our staff. During 2013-14 we will: (1) complete our Royal Society for the Prevention of Accidents (RoSPA) action plan and embed practice; (2) achieve the Mental Health Commendation Award and; (3) measure the impact of the achieved Healthy Working Lives Gold Standards.
Finance and Corporate Resources

We have closely integrated our finance, information technology, planning, performance, communication and facilities functions, providing business support, advice and guidance for effective corporate governance and decision making.

- **FINANCIAL REPORTING AND PLANNING**
  We will produce annual accounts and financial plans and respond to audit recommendations in order to manage our resources within a reduced budget. During 2013-14 we will: (1) provide a full draft set of annual accounts to the external auditors on the first day of their audit and a final signed copy by the end of June 2013; (2) review and comment on all audit reports within agreed timescales; (3) issue delegated budget letters by the end of March 2013 and load approved budgets to our Cedar system by 1st May 2013; (4) set up two cost centre budgets using a zero based approach; (5) provide financial forecasts to the executive team 12 working days after each month and report quarterly to the Board; (6) complete the Scottish Government return in line with the required timetable (approximately on the 17th of each month) and provide them with a three year financial plan; (7) run three budget review meetings and provide monthly reports on the budget position per budget line; (8) produce detailed management information to support business decision making for individual projects and; (9) ensure participation in the national shared services programme.

- **FINANCIAL PROCESSING**
  We will ensure all financial transactions are controlled through recognised approval routes and statutory obligations are met. During 2013-14 we will: (1) pay 75% (by volume) of all non-disputed invoices within ten working days and 90% within 30 days; (2) process 70% of expense claims within ten working days and ensure lecture fees received by the 8th of the month are included in the next payroll; (3) ensure payroll data is sent for processing nine working days before the pay date, any overpayments are recalled the day before pay day and any underpayments are paid by sameday method; (4) record all income by month end close plus two days and; (5) complete control reconciliations by one day after general ledger close.

- **PROCUREMENT**
  We will provide procurement services which ensure we have robust and fair processes which meet legal requirements and provide value for money. During 2013-14 we will: (1) ensure 85% compliance with national contracts; (2) review and update our contract register monthly and upload Spikes Clavell data quarterly; (3) provide best practice procurement templates on our intranet; (4) respond to requests for a contract review or advice within two working days; (5) develop procurement reports which enable the benefits tracker and best practice indicator reports to be submitted on time; (6) reconcile major supplier statements on a monthly basis and; (7) develop a strategic supplier policy to help realise efficiency savings and review one university by the end of September to propose a single interface with them.

- **COMMUNICATIONS**
  We will provide corporate communications support covering public relations, marketing, and design and event management services. During 2013-14 we will: (1) work with two groups of staff to support their use of social media platforms; (2) design and produce publications and training materials for approximately 300 individual projects and; (3) manage at least 20 one-day events and one two-day event reaching approximately 3,000 delegates.
• **PLANNING AND CORPORATE GOVERNANCE**

  We will provide a planning performance and risk management framework as well as Board secretariat services, corporate complaints and a stakeholder engagement process. During 2013-14 we will: (1) publish the 2013-14 corporate plan by the end of April 2013; (2) agree the final draft of the 2014-15 corporate plan by the end of March 2014; (3) complete a strategic review and produce an outcomes based strategy for 2014-17; (4) introduce a new *Integrated Planning and Performance* (IPPS) system by the end of September 2013; (5) deliver performance and risk management systems and report quarterly; (6) deliver a corporate complaints service with a detailed governance report by the end of May 2013 and a summary by the end of August 2013; (7) provide a Board secretariat service with our ECM system fully introduced by the end of September 2013 and updated processes by the end of March 2014 and; (8) deliver an *Engagement and Intelligence Gathering* process supported by a workshop to identify planning priorities (for inclusion in the corporate plan) in September 2013, an engagement report approved by our Board in November 2013 and quarterly updates.

• **PROPERTY AND FACILITIES MANAGEMENT**

  We will continue to implement our *Property Strategy* to improve the functionality, utilisation and quality of our accommodation to support better integrated working. During 2013-14 we will implement: (1) the property strategy in Glasgow, including undertaking an options appraisal to determine the scope of works, programme and costs; (2) a new room management system to the majority of our sites; (3) new processes and systems for both *hard* and *soft* facilities management services; (4) a new help desk system (phase 1 in our Glasgow and Edinburgh offices) and; (5) a *Sustainable Development Action Plan* covering travel, procurement, facilities management, workforce, community engagement and buildings.

• **INFORMATION MANAGEMENT AND TECHNOLOGY (IM&T)**

  We will develop our IM&T services to support integrated working and improved sharing of knowledge and information across our organisation. During 2013-14 we will: (1) increase the use of video capture on our website and achieve a 10% improvement in hits; (2) make *GroupWise* available on the web by the end of June 2013; (3) ensure that 600 staff have accounts for our *Enterprise Content Management System* (ECM) and are using it regularly; (4) establish an ECM Project Board; (5) ensure video conferencing (VC) is available on the web for all our staff and measure use of VC to demonstrate savings; (6) obtain ISO27001 stage 1 quality standards accreditation for information governance by end of September 2013, with final certification by March 2014; (7) achieve at least 99.7% uptime across our network services and; (8) ensure that the IT aspects of the *PinnacleV3* project are live and available to medicine for testing by September 2013.
Alternative Formats

- This resource can be made available, in full or summary form, in alternative formats or community languages.

- Please contact us on 0131 656 3200 or e-mail altformats@nes.scot.nhs.uk to discuss how best we can meet your requirements.

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