NHS Education for Scotland

Board Paper Summary

1. **Title of Paper**

   Women, Children and Young People’s Health in Scotland – update and future directions

2. **Author(s) of Paper**

   Judy Thomson – Main co-ordinating author, with input from colleagues from the following Directorates: Dental, Medicine, Nursing, Midwifery and Allied Health Professionals, Pharmacy, Psychology, Workforce

3. **Purpose of Paper**

   To update Board members of NES’s contribution to Women, Children and Young People’s (WCYP) Health and Wellbeing in Scotland through the education and training of the NHS and wider cross sectoral workforce. The paper highlights the legislative policy and service changes which are impacting on our work e.g. Early Years Collaborative, The CYP (Scotland) Act (2014) and the expansion and developments within the Health Visitor and School Nurse workforce.

4. **Key Issues**

   - The Scottish Government (SG) has made it clear that the implementation of Early Years framework and the CYP (Scotland) Act (2014) are high priority. The policy of Health and Social Care integration is also critically important in the context of the cross sectoral early years workforce.

   - The SG has made significant investment to support the role and revised education of the Health Visitor and School Nurse in Scotland.

5. **Educational Implications and Recommendations**

   - NES is already making a significant contribution to the Early Years Agenda, Early Years Collaborative and the implementation of Getting It Right For Every Child (GIRFEC). NES will be required to deliver robust educational solutions which will support CYP and the Early Years workforce to respond to the aspirations of the CYP (Scotland) Act (2014).
• The revised and refocused Health Visitor education programmes will also be a key work stream within the Women, Children and Young People’s programme. The educational requirements for the revised role of the School Nurse will also need to be addressed.

• The Children and Young People’s (Scotland) Act (2014) places duties on organisations and the individuals working for those organisations. This requirement extends to practitioners working in adult services where CYP are treated or where the care of the adult may have implications for a child or young person. Therefore, staff working in adult services will be required to have an understanding of the wellbeing of children in terms of wellbeing indicators, share concerns and address the wellbeing of children and young people.

• In the context of cross sectoral WCYP workforce education, it will be vital to ensure that programmes of education are aligned with the wider Health and Social Care Integration Agenda.

• The CYP (Scotland) Act (2014) will have significant implications for the ways in which midwives, maternity care professionals and the early years and other child services practitioners work. This will require the development of a suite of educational resources to support implementation of new approaches to practice.

• Maternity and early years professionals and others working within child services will require strong leadership to implement the developments resulting from the Act. Consideration of the leadership development needs of this workforce will be required within NES.

• Given the legislative changes in respect to Requests for Assistance, it is anticipated that there will be increased demands for advice and intervention from health professionals in CYP services at universal, targeted and specialist service levels. Consideration will require to be given to educational needs and developments required to enable effective referral management and responses to requests for Assistance.

6. Financial Implications

• Proposals have been submitted to Scottish Government Early Years Change Fund to support the development of education for the Early Years workforce.

• The SG has invested significant funding for Health Visitor education and additional Health Visitor posts in NHS Scotland.

• Discussions are under way with SG colleagues regarding NES’s role in developing education and training to support the implementation of the Children and Young People (Scotland) Act 2014.

7. Which of the 9 Strategic Outcome(s) does this align to?

• A demonstrable impact of our work on healthcare services.

• An excellent learning environment
• Flexible access to a broad range of quality improvement education in the workplace
• Leadership and management development that enables positive change, values and behaviours
• A key role in analysis, information and modelling for the NHS Scotland workforce to strengthen workforce planning
• A range of development opportunities for support workers and new and extended roles to support integration
• Improved and consistent use of technology with measurable benefits for user satisfaction, accessibility and impact
• Consistently well developed educational support roles and networks to enable education across the workplace
• An effective organisation where staff are enabled to give their best and our values are evident in every day work

8. **Impact on the Quality Ambitions**

NES’s work has implications for all the Quality Ambitions – safe, effective, and person-centred care.

9. **Key Risks and Proposals to Mitigate the Risks**

The key risk for NES is the breadth and scope of the workforce development needed to promote the wellbeing of infants, children, young people and families. There is a small group of cross-directorate staff who come together from across NES in the strategic co-ordinating group known as the Women, Children and Young People’s Programme Board to minimise risks of duplication or disconnected activity.

10. **Equality and Diversity**

NES workstreams have a robust system for identification and management of impacts and risks relating to Equality and Diversity. This includes a plan for consideration of impacts and risks in relation to all new workstreams, quarterly reporting on identified actions to accessibility of resources, participation of service users and stakeholders in project and resource development, and alignment of work streams with NES Equality and Diversity Outcomes.

11. **Communications Plan**

A Communications Plan format template is available in the ‘Meetings’ and ‘Communications’ sections of the NES Intranet.

12. **Recommendation(s) for Decision**

Board members are invited to note and comment upon the considerable contribution NES is already making to education and training to develop the workforce in support of delivering better outcomes for Children Young People and Families in Scotland.
Board members are also invited to note and comment upon the opportunities for NES to develop this work further.

NES
November 2014
JC
NES Board Paper
Women, Children and Young People

November 2014
1. Introduction

NES is making a major contribution to the development of the workforce in Scotland to support infants, children and young people and their families. This is particularly true in relation to the NHS workforce in Scotland but we are also increasingly involved with cross-sector initiatives. We are involved in training of the key health care disciplines and we also provide opportunities for multidisciplinary learning relevant to children, young people and their families. The purpose of this paper is to update Board members about our work and highlight the recent legislative and policy changes.

2. Executive Summary

This paper brings together the work that is most relevant to the development of the workforce to support infants, children and young people and their families. The Children and Young People (Scotland) Act 2014 and the Early Years Collaborative and the review of Health Visitors and School Nursing will continue to have major implications for the work of NES. Each Directorate has described the contribution being made to uni-disciplinary and multi-professional workforce development.

Some of the content in professional training programmes covers similar areas for example the legal position of children and young people in relation to consent and confidentiality, child protection and how to communicate with children and young people of difference ages and stages as well as speculative discipline specific topics. Increasingly NES is providing multi-professional and multi-sectoral learning opportunities to support the delivery of person centred safe and effective care. Coordination, strategic oversight and sharing of good practice is provided by the NES Women and Children and Early Years Programme Board. NES is being asked to extend the contribution it makes to uni disciplinary, multi-professional and multi-sector workforce development.

3. Policy Context

Two main policy areas are described in some detail in this paper - the Children and Young People (Scotland) Act 2014 and the Early Years. Other important policy drivers include the Parenting Strategy, the Quality Strategy, the Play Strategy, Review of Health Visitor and School Nursing, and Health and Social Care Integration.

The Children and Young People (Scotland) Act (2014)

The Children and Young People (Scotland) Act (2014) is the most significant legislation relating to the wellbeing of children and young people (CYP) in Scotland. It requires collaborative working between all staff involved in the care of babies, children, young people and their families. The Act will be instrumental in determining the way services are shaped and delivered in the coming years.

The Act is wide-ranging in scope:

- Children’s Rights
- Children’s Commissioner
- Children’s Services Planning
- Elements of Getting It Right For Every Child (GIRFEC)
- Early Learning & Childcare
- Corporate Parenting
- Aftercare
- Services in relation to children at risk of becoming looked after
- Support for Kinship Care
Adoption Register
School Closures

The key features of the Act are:

- Prevention is best, early intervention if prevention not achieved
- Single point of contact
  - Consistent individual, known to family, identifiable by other practitioners, trusting relationship with family, regular contact with family
- Personalised outcome focus
  - Involving client - children and families in all aspects of assessment & planning
  - Considering holistic needs
  - Focusing on outcomes rather than process
  - Taking an assets based approach – utilising strengths to address pressures
- Common language for communication between all stakeholders
- Common approach to assessment and planning by all practitioners
- Single integrated plan
- Common approach to assessment and planning by all practitioners
- Coordination of the Plan in terms preparation, delivery & management
- Timely sharing of relevant and proportionate information

The key requirements of the Act are:

- Welfare to Wellbeing – 95 Act (Sections 17, 22 & 26A, also section 23, 24 & 24A through reinterpretation of section 22)
- Duty to make available universal provision of Named Person (NP) Service from birth (NHS Boards responsibility until age of school entry, then Local Authority)
- Duty of Named Person Service to Promote, Support and Safeguard Wellbeing
- Duty on Relevant Authorities to help Named Person
- Information sharing –
  - Duty to share with Named Person Service
  - Duty on Named Person Service to share
- Single Child’s Plan: One Child = One Plan
- Duty to provide assistance in relation to a Child’s Plan

Early Years Collaborative

The Early Years Framework published in December 2008, signified an important milestone in encouraging partnership working to deliver a shared commitment to giving children the best start in life and to improving the life chances of children, young people and families at risk. The Early Years Taskforce (jointly chaired by the minister for Children and COSLA) shares this commitment.

The objective of the Early Years Collaborative (EYC) is to accelerate the conversion of the high level principles set out in Getting it Right for Every Child (GIRFEC) and the Early Years Framework into practical action.

- Deliver tangible improvement in outcomes and reduce inequalities for Scotland’s vulnerable children.
- Put Scotland squarely on course to shifting the balance of public services towards early intervention and prevention by 2016.
- Sustain this change to 2018 and beyond.
Ambition of Early Years Collaborative

The EYC brings together people from all over Scotland working in Early Years to share learning and drive local improvements. The ambition is to make Scotland the best place in the world to grow up in by improving outcomes, and reducing inequalities, for all babies, children, mothers, fathers and families across Scotland to ensure that all children have the best start in life and are ready to succeed. Community Planning Partnerships (32) are working to the following stretch aims:

Stretch Aims:

1. To ensure that women experience positive pregnancies which result in the birth of more healthy babies as evidenced by a reduction of 15% in the rates of stillbirths (from 4.9 per 1,000 births in 2010 to 4.3 per 1,000 births in 2015) and infant mortality (from 3.7 per 1,000 live births in 2010 to 3 per 1,000 live births in 2015).
2. To ensure that 85% of all children within each Community Planning Partnership have reached all of the expected developmental milestones at the time of the child’s 27-30 month child health review, by end – 2016.
3. To ensure that 90% of all children within each Community Planning Partnership have reached all of the expected developmental milestones at the time the child starts primary school, by end-2017.
4. To ensure that 90% of all children within each Community Planning Partnership area will have reached all of the expected developmental milestones and learning outcomes by the end of Primary 4, by end-2021.

Key change areas

In order to meet the Stretch Aims, CPPs are focussing on the following:

- Early support for pregnancy and beyond (previously Early Intervention in Maternity Services) including stillbirth review process and smoking cessation – delivering interventions in pregnancy reliably
- Attachment and child development
- Continuity of care in transitions between services
- 27-30 month Child Health review
- Family Engagement to Support Early Learning
- Addressing child poverty – income maximisation achieved for families that require it
- Developing parenting skills to meet parents’ needs where and when they need it (including nutrition)
- Workstream 4 (from start of primary school to P4)

The underpinning principles of this work

1. A coherent approach
2. Helping children, families and communities to secure outcomes for themselves
3. Breaking cycles of poverty, inequality and poor outcomes in and through early years
4. A focus on engagement and empowerment of children, families and communities
5. Using the strength of universal services to deliver prevention and early intervention
6. Putting quality at the heart of service delivery
7. Services that meet the needs of children and families
8. Improving outcomes and children’s quality of life through play
9. Simplifying and streamlining delivery
Health and Social Care Integration

The Public Bodies (Joint Working) Act 2014 requires Local Authorities and NHS Boards to establish a Health and Social Care Partnership and prepare an ‘Integration Scheme’ in which partners can integrate all, some or no children services into new structures. The impact of integrated adult services will affect children and young people, as users and as members of families who use adult services. In addition, fragmentation of services, concerns about service divisions, position of education will all impact. The legislative and policy landscape is complex with Health and Social Care Integration, Self Directed Support, Community Justice and Community Empowerment and CYP Act all having a potential impact on the delivery of CYP services.

- GIRFEC ‘whole family’ approach: may be harder to deliver if adult and children services are managed and funded by different areas of the service.
- Transitions for CYP: looked after children; it is unclear whether new structures will help or hinder.

Social Work Scotland have commissioned the Centre for Excellence in Looked After Care in Scotland (CELCIS) and Children in Scotland to look at the implications for children’s services of adult health and social care integration and this will inform further potential impact.

Whilst clearly some challenges are evident some opportunities are also present to support multi-professional and multi agency teams to support integration through engagement and participation of communities and families to build community assets and skills.

4. NES Contribution

NES Directorates contribute with education and training aimed at pre and post registration clinical staff as well as a number of multi-professional and multi-sector initiatives.

4.1. NES Women, Children and Young People’s Programme Board

The NES Women, Children and Young People’s Programme Board is a cross Directorate group that has overall strategic co-ordinating and good practice sharing functions for the organisation in relation to education and training relevant to the NHS and wider workforce serving Women, Children and Young People and reports regularly to the Executive Team. We have sought to ensure that we are responsive to the identified educational needs of the maternity and CYP workforce as well as the wider workforce from policy, national strategy and clinical service perspectives.

We continue to develop our work within and across NES, working on person-centredness, patient safety, quality improvement, clinical skills, research advice and educational governance work streams across the organisation. We ensure that our work is responsive to developments within the Scottish Patient Safety Programmes, Early Years, Maternal and Child Health Collaboratives and the requirements of the NES Equality and Diversity Strategy.

NES collaborate with a wide range of partners from territorial health boards, special health boards, social sector organisations, voluntary sector representatives, service user and patient representatives, to develop educational responses that are relevant, appropriate and accessible for a wide range of users.
As a member of the National Partnership Early Years Collaborative, NES collaborates with Community Planning Partnerships across Scotland to integrate NES resources with Early Years learning and development activities. NES is working in partnership with the implementation project team, including supporting two allied health profession events in structuring and evaluating the improvement model in practice.

In support of The Children and Young People (Scotland) Act (2014), NES will be required to develop robust educational solutions, which will support the CYP and Early Years and wider NHS and cross-sectoral workforce to respond to the aspirations of the Act, in particular to:

- Ensure that the children and young people of Scotland achieve the wellbeing outcomes underpinned by the core principles of GIRFEC
- Encourage multi-professional and multi agency working.
- Enable a culture shift within the CYP workforce towards prevention and early intervention.
- Support the role and responsibilities of the ‘Named Person’ in maternity and CYP services.
- Support allied health professionals and others in responding to requests for assistance.
- Support development of advanced practitioners and healthcare support workers across the Early Years workforce: maternity, neonatal, and children and young people (CYP).

Discussions are underway with colleagues at Scottish Government about the potential role for NES in leading on the development and delivery of education and training to support the implementation of the Act. It is likely that this will involve

- Developing an Education and Training Framework to support the Implementation of the Act
- A scope for NES across the entire NHS workforce, maximising cross sectoral learning opportunities
- The Framework will identify the learning required from general awareness to highly specialist levels
- Existing education will be mapped on to the Framework, areas that need refreshed or designed will be identified and plans made to identify these gaps
- Plans will be developed to deliver the education and training based on existing uni and multi professional networks
- E learning resources will be a significant component of the delivery plan, alongside practice support and other work based learning methods to embed self sustaining systems

4.2 NES Directorates Contribution

The contribution of NES Directorates follows in this section of the paper. Most Directorates are involved in uni and multi-disciplinary contributions.

4.2.1 Dental Directorate

Dental Training

NES holds the ACT and additional funding sources for the dental (BDS) and dental hygiene/therapy (BSc) programmes hosted by six universities in Scotland. In the clinical years of their programmes, the BDS students and BSc students provide dental care to children under supervision in the dental hospitals and schools (3) and outreach centres (17).

There are almost 300 post-registration dental trainees: 167.5 in vocational training in dental practice, 89 dental core trainees and 41 specialty trainees in dental and general hospitals. The majority of these training positions will include some aspects of paediatric dentistry, including the Childsmile
programme. The specialty training positions include six in Paediatric Dentistry based in Glasgow, Edinburgh and Dundee.

NES is an education provider for 180 student dental nurses per year in five centres, offering SVQ and Professional Development Awards in Dental Nursing leading to registration with the General Dental Council. There are also 120 places available for post-qualification courses including Orthodontic Dental Nursing, Orthodontic Therapy and Delivering Oral Health Interventions.

Childsmile

The Dental Directorate is responsible for delivery of aspects of the Childsmile programme. Childsmile is a national programme designed to improve the oral health of children in Scotland and reduce inequalities both in dental health and access to dental services. It is funded by the Scottish Government and has four main elements combining targeted and universal approaches to provide a comprehensive package of tailored care to address the needs of individual children:

1. Every child is provided with a Dental Pack containing a toothbrush, tube of 1000ppm fluoride toothpaste and an information leaflet on at least six occasions by the age of five. Children also receive a free-flow feeder cup by one year of age.
2. Every three- and four-year-old child attending nursery (whether it is a local authority, voluntary or private nursery) is offered free, daily, supervised toothbrushing.
3. The Childsmile Practice programme is designed to improve the oral health of children in Scotland from birth by working closely with dental practices. Childsmile is introduced to the family by the public health nurse or health visitor who will refer them to a dental practice or to a Dental Health Support Worker (DHSW).
4. The Childsmile Nursery and Childsmile School programmes deliver fluoride varnishing for children aged three and upwards who are identified as living in the most deprived areas. Within this target group additional preventive care is provided in the form of twice-yearly fluoride varnish applications by Childsmile dental teams in nurseries and schools. The teams are composed of Extended Duty Dental Nurses (EDDNs) trained in the application of fluoride varnish and Dental Health Support Workers (DHSWs).

Since 2011, all elements have been delivered in all Health Board areas throughout Scotland. As a result of these efforts, dental health in Scotland is improving, particularly in deprived communities. In the Primary 7 age group dental health has never been better and on a Scotland-level the target of 60 per cent of this age group having no obvious decay has been met. This is a fantastic success story.

NES is responsible for the delivery of Childsmile training which during 2014 involved training 134 EDDNs and DHSWs to SCQF foundation level 5 and Intermediate level 6. Continuing professional development training for the same groups of staff involved 128 participants in 2014. As NES is responsible for all Childsmile training and, as all General Dental Practices are now Childsmile practices, the responsibility for training has expanded to include other members of the dental team. In the first instance it is envisaged that this will be in the form of online training accompanied by audit proposals.

Behave training is an example of ‘knowledge into action’ by taking research results from the Universities of St Andrews and Dundee and incorporating the findings into the Childsmile programme in relation to behaviour change. This programme is being provided in Aberdeen, Edinburgh, Inverness and Glasgow during November 2014.
4.2.2 Medical Directorate

NES has 5674 medical trainees at various stages of training – these include 1644 Foundation trainees, 651 core trainees, 2288 specialty trainees (STs) and 1091 GP trainees. Although a number of programmes have a very specific focus on paediatric training, almost all training programmes include some aspects of paediatric training.

Specific paediatric programmes include: Paediatrics (232 trainees), paediatric surgery (14 trainees), paediatric cardiology (2 trainees) and child & adolescent psychiatry (29 trainees). Furthermore, paediatric exposure is a core component of GP training (1091 trainees) with an additional 20 paediatric scholarships available for GPs at the end of training.

Each of the 8 Specialty Training Boards in Medicine have provided more detail for the specialty groups they represent as follows:

Foundation

There are 24 FY1 and 60 FY2 in Scottish paediatric posts (including neonates) at any given time. There are other posts with paediatric exposure e.g. Emergency Medicine Departments in District General Hospital’s. We also have Scottish online modules that they complete – e.g. paediatric prescribing and child protection.

General Practice

With respect to CPD, there is local child protection training for GP trainees and for GPs as well as an on-line module using the University of Edinburgh’s labyrinth system. Also Practice Based Small Group Learning (PBSGL) has a range of paediatric modules available to members (GPs, nurses, pharmacists) including;

- Asthma in Children - Published June 2014 (Scottish module).
- Hot Topics - Infant Feeding - Published 2014 (Scottish module).
- Child Protection - Published 2013 (Scottish module).
- Appendices - Published 2013.
- Chronic Abdominal Pain in Children - Published 2013 (Tartanised module).
- Croup and Bronchiolitis - Published November 2010 (Tartanised module).
- Fever in Children - Published October 2009 (Tartanised module).

Paediatrics / Obstetrics and Gynaecology

In 2014, there was a modest expansion of paediatric training numbers due to concerns about the output from paediatric training programmes and a shortage of future workforce in Community Child Health. Any increase in output from training programmes will take several years and shortages are likely to be more imminent. Forensic paediatric training has also been a shortage area and as a lot of this work is done by community paediatricians, a shortage is likely to remain for some time. Efforts are being made to encourage senior trainees to do community training but most are working less than full time and no effect is likely to be seen in terms of CCT holders with relevant skills until 2018 onwards.

Obstetrics & Gynaecology trainees have to have some knowledge of child protection issues in relation to pregnancy and gynaecological problems in young teenagers. This is generally gained through a combination of eLearning and face to face tutorials.
**Diagnostic Specialties**

Diagnostics trainees will all encounter children and young people in various contexts. This includes specific programmes e.g. Paediatric Pathology which is small in scale but entirely child focused. In other programmes there are elements of practice and specific rotations which are curricular requirements involving specimens from or diagnostic images of children and these may well require interaction of trainees with the relevant patients and their carers.

There are specific legal and regulatory requirements in Histopathology and Forensic Pathology about death and post mortem practice which are included in curricula and which in terms of Scotland differ in detail if not principle from other parts of the UK. Thus includes dealing with early and late pregnancy loss, and stillbirth and death in the neonatal period, where awareness of the relevance of investigations and processes to families is essential.

**Medicine**

The main contact point between Paediatric and Medicine is "transitional care" during adolescence. Diabetes have combined clinics with paediatric and adult diabetologists, and there is transitional care in oncology, and other disciplines.

**Surgery**

Across Surgery, Trauma & Orthopaedics, Ophthalmology, Cardiothoracic Surgery, Neurosurgery, Ear Nose and Throat, and possibly also Urology and Plastic Surgery, and even Core Surgery and Oral Maxillofacial all have activity in the paediatric sphere to which trainees are allocated for either sessions or blocks of time.

**Anaesthetics, Emergency Medicine & Intensive Care Medicine**

All trainees in these specialties will have at least periodic involvement in aspects of paediatric care and will have a minimum knowledge of child protection issues.

All anaesthesia trainees do specific paediatrics rotations and some do specific extra time with a view to pursuing paediatric practice either in paediatrics centres or having a lead role for paediatrics in other hospitals.

Emergency Medicine has a steady and constant exposure to paediatricsand has good structures in place around this.

The Intensive Care Medicine training curriculum has specific paediatric requirements.

**Mental Health**

In core psychiatry training, all trainees are required to fulfil developmental competencies. In practice this means almost all psychiatry core trainees do a 6 month placement in child & adolescent psychiatry or learning disability psychiatry. So, there will be a significant number of core psychiatry trainees gaining child & adolescent experience at any point. Also, learning disability higher trainees & forensic higher trainees may well do an attachment in specialist areas of child services i.e. child & adolescent learning disability or child & adolescent forensic psychiatry.
4.2.3 Nursing Midwifery and Allied Health Professions Directorate

Maternal Health

NES has developed ways of working to ensure the most impactful use of limited resources, including developing a range of eLearning resources hosted on a new maternal health area of the knowledge network and a range of educational films of particular relevance to remote and rural workers. We have strengthened and continue to develop our ability to measure the impact of our work. This has included several independent external evaluations of our resources and a range of pre- and post-education tests. We are also planning an experimental research study of the impact of our new neonatal resuscitation game app over the next year.

Further development of the learning approach used in The Compassionate Connections story worlds learning resource applicable to clinical and non clinical staff is planned to support interprofessional learning across health, social care and third sector organisations. The existing resource supports professionals to develop their ability to encourage early access and engagement with services during pregnancy and early intervention to prevent problems. The planned development will further strengthen the relevance of the resource to the wider early year’s workforce.

Our vision is to strengthen our collaboration with other areas of NES to further develop multiagency and multidisciplinary educational responses to improve maternal and neonatal health, to further embed the implementation and use of our existing resources and to fully test their impact on practice. This will include collaboration on development of learning resources to support the implementation of the CYP (Scotland) Act (2014) among maternity care providers and to continue to promote early engagement with support services before birth. See appendix 2 for a summary of specific educational developments since 2012.

Health Visiting and School Nursing

In June 2014, Scottish Government announced an investment of £1.5million for health visitor (HV) education (2014-15) and £2million (2014-15) for additional health visitor posts in NHS Scotland with significant increases in funding over the next four years adding 500 new HV posts by end of 2018. The increased number of posts is required to support implementation of the Children & Young People (Scotland) Act and CEL 13. One of the principle aims of CEL 13 is to refocus health visiting and school nursing as individual disciplines. This will involve the revision and rebranding of current Public Health nursing programmes with a new focus on universal services and improving outcomes for children in the 0-5 age group and their families.

Funding has been allocated to five Higher Education providers for HV education. The revised and refocused HV education programmes commenced in September 2014 with additional intakes planned for January 2015.

NES, on behalf of Scottish Government will undertake a governance role and support Higher Education Institutions in developing and delivering education provision using a facilitative continuous improvement approach. Self assessments, completed by the education providers will be used as a basis for discussion with the HEI’s to agree actions to enhance programmes and share good practice. An annual report will be provided for Scottish Government.

An educational governance steering group has been established to monitor progress against the educational recommendations agreed by the Scottish Executive Nurse Directors (SEND) in April 2014. The group will meet quarterly and report to Scottish Government.

NES is continuing to build on the existing post registration career development framework for NMAHPs to provide a clear route from registration through advanced practice to consultant health
visitor. A national plan for continuing professional development (CPD) to support existing practitioners is being designed by NES in partnership with education providers.

A baseline educational evaluation for health visiting education is planned to commence in late 2014. The education required for the revised school nurse role is currently being considered.

Through NES’ Nursing & Midwifery student indexing data, we monitor commencement, discontinuation and completion on programmes leading to registration/recordings with the NMC. This currently supports annual monitoring of student populations and analysis and projection of the newly-registered population available to take up posts in the service. (table 1 and 2). Further planned enhancements to analysis and reporting will provide further support to decision making regarding programme commissioning and delivery.

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<tr>
<th>Children’s Nursing</th>
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<tr>
<td></td>
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Table 1: Pre-registration education- Commencements and Completions on Children’s Nursing and Midwifery Pre-Registration Programmes at Scottish Universities (2011/12 – 2013/14) * Please note that these do not represent cohort data

<table>
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<tr>
<th>Registered Specialist Community Public Health Nurse – Health Visitor</th>
<th>Commencements</th>
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Table 2: Post-registration education - Commencements and Completions on Midwifery and Health Visiting Post Registration programmes at Scottish Universities 2013/14. * Please note that these do not represent cohort data. Public Health Nursing (generic) programmes may be undertaken by Health Visiting and School Nursing students. CEL 13 has resulted in a refocusing of these programmes as individual disciplines. Data are not yet available for recruitment to refocused programmes.

**Advancing Practice**

To support sustainable education for staff who work with neonates and children, the Scottish Government (SG) provided funding to NES, to enable the development and delivery of a nationally agreed programme of neonatal and paediatric education.

- Qualified in Speciality (QIS) (60 Students over 2 years)
- MSc Neonatal Advanced Practice (30 students over 3 years)
- MSc Paediatric Advanced Practice (40 students over 2 years)

Development of the above programmes of education contribute to capacity and capability building and the development of the advanced practice role within paediatric and neonatal services. The aim of advanced practice education is to give practitioners overarching knowledge and skills to allow them to
practice at an advanced level within their specific area of speciality, within the changing landscape of future practice.

In July 2013, the contract was awarded to a collaborative, led by Edinburgh Napier University. The programmes are delivered jointly with the University of West of Scotland, and are supported by local health boards. See appendix 1 for current recruitment figures.

In support of the paediatric advanced practice agenda, a robust infrastructure has been established including:

- The recruitment of four education posts in April 2014, to support both the academic and practice element of the three programmes of education.
- The development and maintenance of a national strategic steering group, who continue to monitor progress and oversee developments.
- The commissioning of an external impact assessment for all three programmes of education (awarded to Worcester University in June 2014).

See appendix 1 for a summary of specific educational developments.

**Family Nurse Partnership Programme (FNP)**

It is estimated that between 2 and 5% of children in the UK experience multiple deprivation and poor outcomes, incurring high cost to the public purse and society.

Recent neuro-scientific evidence shows how negative experiences and poor parenting in pregnancy and very early childhood can do lasting harm to a child’s brain development, behaviour, learning and long term health. There is, therefore, a strong case for intervening early with powerful programmes known to make a difference for these vulnerable children.

FNP is a preventive programme for young first time mothers. It offers intensive and structured home visiting, delivered by specially trained nurses, from early pregnancy until the child is 2. FNP has 3 aims: to improve pregnancy outcomes; child health and development; and parents’ economic self-sufficiency. The methods are based on theories of human ecology, self-efficacy and attachment, with much of the work focused on building strong therapeutic relationships between the client and Family Nurse to facilitate behaviour change and tackle the emotional problems that prevent some mothers and fathers caring well for their child.

Scottish Government has supported and funded the implementation of FNP in Scotland since 2010 and aspires to become the first country in the world to offer the programme to every eligible young mother by 2018 (approx 8,000 places).

FNP has brought a different way of working with some of our most vulnerable families. It uses a strength based approach and focuses on an expectant mother’s intrinsic motivation to do the best for their child. It consists of structured home visits using materials and activities that build self-efficacy, change health behaviour, improve care giving and increase economic self-sufficiency. At the heart of the model is the relationship between the client and the nurse. A therapeutic alliance is built by specially trained nurses, which enables the most at risk families to make changes to their health behaviour and emotional development and form a positive relationship with their baby.

FNP is a licensed programme, developed in the US at the University of Colorado, where it is known as the Nurse-Family Partnership (NFP). Almost 40 years of rigorous research has shown significant
benefits for vulnerable young families in the short, medium and long term across a wide range of outcomes including:

- Improved early language development and academic achievement
- Improvements in antenatal health
- Reductions in children's injuries, neglect and abuse
- Improved parenting practices and behavior
- Fewer subsequent pregnancies and greater intervals between births
- Increased maternal employment and reduced welfare use
- Increases in fathers’ involvement
- Reduced arrests and criminal behaviour for both children and mothers

In an international review by The Lancet in 2008 the FNP was named as one of only 2 programmes shown to prevent child maltreatment. Cost savings in the US are substantial, ranging from $17,000 to $34,000 per child by the time they reach 15, with a $3-5 return for every $1 invested. Significant expansion is planned in the US, on the back of the Obama Health Bill.

The Implementation of FNP and expansion of existing sites is supported by a national team, FNP National Unit (NU) who are based in NES. The role and function of NU includes:

- Delivery of the education and learning programme for Family Nurses and Supervisors
- Monitoring of quality of implementation in all sites by data and information analysis
- Clinical Leadership including coaching and mentorship of FNP teams
- Site and organisational development including quality assurance and quality improvement processes with sites
- Monitoring of FNP Licence adherence
- The development of evidence base for FNP including research and evaluation strategy development
- Business and operational Management

**Child Protection NES Educational Initiatives**

The National Guidance for Child protection (2010) sets out a framework and guidelines that managers and practitioners should consider when addressing child protection. The guidance emphasised that ‘training and staff development for those working with children and families must be undertaken at both a single agency and inter-agency level, particularly in respect of child protection.’

Since 2010 NES has developed and updated a number of child protection educational initiatives that support NHSScotland, including a multi-disciplinary competency framework for practitioners, an on-line training resource for newly qualified pharmacists, an on-line awareness resource for all practitioners, training for dental practitioners and modules for FY1&2 doctors.

The multi-disciplinary Core Competency Framework mentioned above was developed and launched in 2011, for all disciplines, professions and staff groups undertaking a clinical role within NHSScotland. The twin aims of the framework are (1) to describe the key areas of child protection work that are common and core across all disciplines, professions and staff groups with a clinical role, and (2) to describe the recommended core knowledge and understanding necessary to support these areas of work.

The on-line learning resource aims to support the core knowledge within the competency framework at level 1. This interactive resource raises awareness for practitioners of the need to recognise and report situations where there might be a need for protection. The module places protecting children

13
within the GIRFEC framework. It contains activities, reflective questions and video casts from key experts within the area of child protection.

In addition to the above work, NES was represented on a Scottish Government Multi Disciplinary Training Framework Working Group which produced The National Framework for Child Protection Learning and Development in Scotland 2012. This framework does not replace any single agency frameworks but is complementary to them. In addition this led to the development of an additional online resource to point practitioners across all sectors to the ‘right’ education and training and this links directly to the NES e-learning initiative.

4.2.4 Pharmacy Directorate

**Education and Training of Pre and Post Registration Pharmacists and Pharmacy Technicians.**

The Pharmacy Directorate provides a wide range of educational support for pharmacists and pharmacy technicians – including CPD face to face courses and webinars across Scotland each year covering topics such as immunisation, minor ailments, asthma in children, epilepsy, cystic fibrosis, infant feeding and other child health topics. Distance and e Learning courses offered include Paediatric Pharmaceutical Care, Child Protection (a pharmacy specific course which links with the NES generic Child Protection resource) and the Pharmaceutical Care of Breastfeeding Mothers.

To develop these courses and resources, NES Pharmacy works in partnership with specialist pharmacy groups in NHS Scotland, such as the Scottish Neonatal and Paediatric Pharmacists (SNAPP) Group, and cross directorate e.g. with NMAHP for the breastfeeding and medicines resources.

As part of the Pre-Registration Pharmacist Scheme, all 170 trainees are required to complete child protection e-learning, specific paediatric pharmaceutical care modules and attend practical training on medicines in children.

The Pharmacy Website details the e-learning resources under ‘educational resources–child health’ and makes them freely available to all health professionals.

4.2.5 Psychology Directorate

Psychology offers a scientific basis for understanding and practical methods for influencing how people think, feel and behave, which can be applied to physical and mental health and wellbeing.

Alongside Clinical Psychologists, psychological care is delivered by a range of disciplines including nursing, medicine and allied health professions.

NES has two major areas of responsibility:

- Training of psychologists for NHS Scotland
- Upskilling the existing multi-professional workforce in psychological care
Professional Training Programmes

As a result of our commitment to the ongoing development of the Psychology workforce of NHS Scotland, NES Psychology provides funding in partnership with Health Boards for a variety of training programmes across Scotland.

There are 179 clinical trainees currently in the system. Of the 179, 36 are Child and Adolescent Mental Health Services (CAMHS) aligned.

There are 16 trainees in the MSc Applied Psychology for Children and Young People (APCYP) programme, and 5 Child and Adolescent Psychotherapy trainees (CAPT) and 10 Health Psychologists in Training.

Clinical - University of Glasgow/University of Edinburgh

Currently there are two clinical psychology programmes in Scotland at the University of Glasgow and the University of Edinburgh. These programmes combine placement experience (as NHS employees) in one of the 14 health boards across NHS Scotland, teaching and research over the course of study to allow trainees develop to core competencies in clinical psychology. Both of these programmes are approved by Health Care Professions Council. There are currently 179 trainees. Recent developments include the design of aligned training pathways to reflect particular needs in Child and Adolescent Mental Health Services (CAMHS). All trainees have placement experience of at least 6 months in Children’s Services. The curriculum covers a wide range of topics relevant to babies, children, young people and families including Child Development, Attachment, Parenting, Child and Adolescent Mental Health, Acute and Long Term Physical Health Conditions and Disability and Child Protection.

NES employs clinical tutors and local tutors to work alongside academic staff to support the delivery of the clinical practice elements of training in NHS Boards. Trainees deliver clinical services throughout their training.

MSC in Applied Psychology for Children and Young People

The MSc combines academic teaching with clinical practice training in the area of applied psychology for children and young people, to develop knowledge and competences in the delivery of evidence-based psychological interventions for this client group.

In addition to the essential elements for applied psychologists (e.g. assessment, formulation and evaluation) and Child and Adolescent Mental Health professionals (e.g. recognition of child abuse, developmental impairments and delays), there is a particular focus on the early years and early intervention across a variety of settings.

There is also a strong emphasis on parenting and supporting parents through evidence-based models of parent-focused intervention. The clinical experience gained on placement facilitates the linkage of psychological theory to practice and fosters development of professional skills necessary for post-qualification practice.

Child and Adolescent Psychotherapy

Five child psychotherapy trainees are continuing with their 2nd year of the 4 year training programme with Human Development Scotland. The trainees are salaried NHS employees delivering clinical services under supervision during training NES acts as commissioner and brokers arrangements between employers and the training provider. These trainees are developing highly specialist skills
equipping them to work therapeutically with children and young people intensively within a psychodynamic framework.

**Health Psychologists in Training**

NES Psychology has also undertaken partnership funding with Health Boards to offer posts leading to Stage II Health Psychology qualifications. These trainees work with the Public Health departments of their health boards on projects aimed at meeting specific HEAT targets for health improvement.

Several trainees have worked on projects in Children’s or Maternal health services e.g. smoking in pregnancy, and childhood obesity.

**Multi Professional Psychology**

**Infant Mental Health**

**Solihull Approach Cascade in Scotland (SACS)**

Within the Mental Health Strategy there is a commitment to make basic infant mental health training available to practitioners working with infants, young children and their families across Scotland. The Solihull Approach is an evidenced based framework that allows practitioners to understand the impact of early experience on brain development and the relationship between this and the child’s adaptation to the world in which he/she lives.

The SACS project (funded by the Early Years Taskforce) aims to develop the Solihull Approach across Scotland as a key practice model for staff working with children and young families. SACS uses the cascade capacity within the model to ensure effective nationwide access to training and promote sustainability. The approach is in use with health visitors and early years staff in nurseries and other local authority settings and services.

In the year to March 2015 the project undertook to train 36 trainers who, working in pairs, would cascade Foundation training to 360 practitioners. The table below sets out the current position with regard to this commitment.

<table>
<thead>
<tr>
<th></th>
<th><strong>Completed to date (no. of practitioners trained)</strong></th>
<th><strong>Scheduled Cascades (12 practitioners per training)</strong></th>
<th><strong>Total on track</strong></th>
<th><strong>Target</strong></th>
<th><strong>Shortfall</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Foundation training</td>
<td>125 (comprising 55 in Phase 1 70 in Phase )</td>
<td>228</td>
<td>353</td>
<td>360</td>
<td>7 (equivalent to one cascade)</td>
</tr>
<tr>
<td>Train the Trainer</td>
<td>44</td>
<td>0</td>
<td>44</td>
<td>36</td>
<td>0</td>
</tr>
</tbody>
</table>

In several areas new trainers have been linked with experienced trainers to co-deliver the Foundation training building on existing capacity and improving the reach of the project.

All trainers are offered a minimum of 6 sessions of post training support to promote the application of the Approach to their clinical work and ensure that they are delivering training in accordance with the
Solihull Code of Practice. They in turn offer 6 sessions of post training support to the groups of practitioners they train.

Evaluation is under way. Results received to date indicate that the training has been well received and a significant majority of practitioners rate it as highly relevant to their work.

<table>
<thead>
<tr>
<th>Type of training</th>
<th>Practitioner rating training as Highly relevant to practice</th>
<th>Practitioner rating training as Quite useful</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foundation Level</td>
<td>96%</td>
<td>4%</td>
</tr>
<tr>
<td>Train the Trainer</td>
<td>100%</td>
<td>0%</td>
</tr>
<tr>
<td>Cascade Training</td>
<td>90%</td>
<td>10%</td>
</tr>
</tbody>
</table>

Evaluation of the impact of training and post training support on practice is in progress. Practitioners are required to self assess change in practice and complete a multiple choice questionnaire on application of the Approach to practice.

**Psychology of Parenting Project**

The Psychology of Parenting Project (PoPP) aims to help services to develop sustainable capacity to offer evidence-based parenting programmes to parents of 3 and 4 year olds with elevated levels of behaviour problems. The PoPP team carefully selected two scientifically-proven programmes, namely the Incredible Years and Level 4 Group Triple P for a systematic dissemination plan. To date, 8 Community Planning Partnerships (CPPs) have adopted the PoPP model.

Thus far, 269 early years practitioners have undertaken authorised training in either Incredible Years or Level 4 Group Triple P. They have also all participated in a suite of supplementary training days provided within the PoPP model. Most of the practitioners are employed in local authority early years services with a smaller proportion of practitioners from health and the third sector.

Additionally, 76 parenting groups have been completed, and these have been attended by 628 caregivers (524 families). The outcome data that are being routinely collected within PoPP are showing encouraging reductions in child behaviour problems; specifically, of the 278 parents who have completed pre- and post- measures of their children’s behaviour, 81% have recorded a reduction in their children’s problematic behaviour, 172 of these children’s scores moved out of the high-risk “clinical range” and 75 of them, moved from the high-risk range into the normal range by the end of the parenting group. Whilst reaching the full target population of at risk 3 and 4 year olds remains a challenge for the CPP areas, it is pleasing that currently almost 40% of the target population is being reached, and that children with appropriate levels of behaviour problems are the focus of the interventions. This work has been supported by funding from the Early Years Taskforce and the Scottish Government Mental Health and Protection of Rights Division.

**Paediatric Psychology**

The Paediatric Psychology Programme was established with the aim of building psychological capacity, capability and meeting specific training requirements in psychosocial care within Scottish Paediatric Healthcare.

To date interactive resources on ‘Psychosocial Interventions for Improving Adherence, Self-Management and Adjustment to Physical Health Conditions-Children and Young people’ and ‘Psychosocial Interventions for Managing Paediatric Pain’ have been published. Based on these resources regional training has been delivered in Scotland including (The Western Isles) annually for
the past four years. 150 training places are allocated and filled on an annual basis. Training is delivered to multi professional staff groups e.g. specialist nurses, AHPs, paediatricians etc. In addition to ensure sustainability, local trainers have been trained on an annual basis with 37 clinical psychologists working in paediatrics trained to date. These trainers offer 400 training places annually across all health board areas on at least one training module. The modules developed to date include Communication, Reducing Distress, Promoting Positive Behaviour, Motivational Interviewing Approaches and Psychosocial Interventions for Managing Paediatric Pain. Post training there were significant increases in self-rated knowledge and confidence for all items.

In addition training has been commissioned and delivered on Acceptance & Commitment Therapy (21 trained, with regular application to training meetings ongoing) and Disfigurement (With Changing Faces). A national campaign to roll out the Hospital Passport Coping Kit was jointly funded by NES and Yorkhill Children’s Foundation. This training is ongoing with more than 400 paediatric staff trained to date. Collaborative work to develop educational resources on ‘Chronic Fatigue’ funded by Sick Kids Friends Foundation and joint work with the Neonatal MCN and CYP Cancer Services is currently underway.

**Child and Adolescent Mental Health Services (CAMHS)**

NES has provided funding support via Service Level Agreements to enable each Board to identify a practitioner to undertake the role of CAMHS Learning Coordinator (CLC) on a few sessions per month. CLCs act as a conduit between NES and the Boards, contributing to the identification of training needs and helping to disseminate training information. These arrangements will continue in 2015/16.

NES along with the CLCs continue to support the implementation of the online Essential CAMHS resource designed to develop CAMHS core competences. Since March 2014, 221 additional learners have registered with the resource bringing the total number of learners registered with the online version to 442. The learners are mainly nurses and AHPs.

To date, the impact of the resource has primarily been assessed by analysing changes in ratings of Intended Learning Outcomes (ILOs) and knowledge.

This year, training in CAMHS assessment and intervention competences will be supported through the delivery of a short course in systemic practice to 12 CAMHS practitioners at the start of 2015. This course has been well received in previous years and evaluated through ILO rating scales and application of theory to clinical cases evaluated in case study format.

Various CAMHS scholarships have been awarded for training in trauma, Cognitive Behavioural Therapy (CBT) and Interpersonal Therapy (IPT) to around 20 practitioners this year. NES CAMHS aims to develop the supervision capacity across Scotland for a range of interventions, and has promoted uptake of the Generic Supervision Course (GSC) amongst CAMHS, as well as providing support to clinicians to become supervisors in specialist interventions such as Interpersonal Psychotherapy (IPT).

A major challenge is that the baseline number of supervisors in Scotland is very low for some highly specialist interventions. For example, there are currently no supervisors for Family Based Treatment (FBT) for adolescent anorexia nervosa in Scotland, and at least a couple of years worth of investment is required to train clinicians to accredited practitioner level and then supervisor level.

A consultation event held by NES in September 2014, attended by 38 CAMHS lead clinicians and service managers from across Scotland, highlighted the range of perceived training needs in CAMHS. The attendees supported the continuation of the current NES CAMHS workstreams, and highlighted an array of other areas of training needs, ranging from trauma awareness raising to training in highly specific interventions such as Dialectical Behaviour Therapy (DBT) for suicidal adolescents.
A common theme was the perceived need for more CAMHS supervisors across all psychological interventions. In order to meet some of the perceived additional training needs, several strategies will be explored in 2015/16 including: further direct provision by NES CAMHS such as developing problem specific e learning resources; more promotion and possible adaption of other relevant resources and training run by other NES work-streams e.g. Cognitive Behavioural Therapy (CBT) supervision training; and planning for greater collaboration with geographic health boards around the procurement of specialist CAMHS intervention training.

4.2.6 Leadership

Effective leadership and management are recognised as critical to public service reform. Key legislation, not least the Children and Young People (Scotland) Act (2014) and the Public Bodies (Joint Working) (Scotland) Act 2014 reinforce the need for a more collaborative leadership approach to addressing increasingly complex challenges. The Early Years Collaborative is effective at bringing together leaders at all levels and from all sectors to put people – children and their families, partners as well as our staff - at the heart of everything we do.

There is already an extensive infrastructure of leadership education and development in NES, alignment of which is assured through NES Leadership and Management Board. NES Board members will discuss leadership strategy and activity more fully under Agenda Item 8.C Leadership and Management. A flavour of the practical, tangible leadership activity which supports early years includes:

- Leadership Consultancy - equipping leaders in a Total Neighbourhood area with the techniques to have difficult conversations about the model of support around particular families. The intention is for leaders at all levels to embrace dedicated worker approach (leadership challenges around different perspectives of risk, safety and professional accountability)

- Developing collaborative leadership capabilities – through a number of individual and team based interventions available through Public Services Collaborative Learning (e.g. cross sector coaching, personal resilience building, leadership exchanges) and the National Leadership Unit programmes (e.g. Playing to Yours Strengths, Raising Your Game, Leading for the Future)

5. Conclusion and Recommendations

NES has significant involvement in developing the NHS and wider workforce to promote the health and wellbeing of infants, children, young people and families. We are being asked by Scottish Government to extend our work both in the training of healthcare professionals (e.g. health visitors and school nurses) and multi-professional learning (e.g. education and training to support the implementation of the CYP Act in the NHS) and multi-sectorally (e.g. infant mental health).

Board members are invited to note and comment upon the considerable contribution NES is already making to education and training to develop the workforce in support of delivering better outcomes for Children Young People and Families in Scotland. Board members are also invited to note and comment upon the opportunities for NES to develop this work further.
### Appendix 1: Children and Young People Education 2012 – 2015

<table>
<thead>
<tr>
<th>Source of identification of Educational need</th>
<th>Policy / National Strategy imperative</th>
<th>Educational resource</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early Years Change Fund</td>
<td>‘Early years Framework’, SG 2008, ‘Getting it Right for Every Child’ SG 2008</td>
<td>Develop an educational resource to support implementation of the CYP Act(2014). This will enable the development of a core knowledge and understanding of the well being indicators and highlight the rationale for universal and targeted interventions to support the delivery of preventative and early intervention offerings. Undertake a scoping exercise identifying the range and mature of the learning needs of the CYP Workforce in relation to the CYP Act and GIRFEC Implementation. Review the existing Early Years HCSW education pathways, to ensure congruence with the Health and Social Care Agenda and the ambitions of the NES Corporate HCSW Group. Develop and deliver Early Years HCSW education, as identified from the education review and needs of the service. It will be essential to identify core elements of the programme that can be shared across the workforce, i.e. maternity, neonatal and CYP. This will ensure sustainability of the HCSW Early Years education.</td>
</tr>
<tr>
<td>SG Funding</td>
<td>The National Delivery Plan for Children and Young People’s Specialist Services in Scotland (The Scottish Government, 2009).</td>
<td>Student Recruitment To Neonatal and Paediatric programmes of education</td>
</tr>
</tbody>
</table>

**MSc Neonatal Advanced Practice**
<table>
<thead>
<tr>
<th>Course</th>
<th>Cohort 1 Details</th>
<th>Cohort 2 Details</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cohort 1</strong> – 5* students (September 2013 intake)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Cohort 2</strong> – 4 Students (September 2014 intake)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>MSc Paediatric Advanced practice</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cohort 1 – 24 students (September 2013 Intake)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cohort 2 – 15 students (September 2014 intake)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Qualified in Specialty (QIS)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cohort 1 – 21 Students (September 2013 intake)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cohort 1 – 21 Students (February 2014 intake)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cohort 2 – 20 Students (September 2014 intake)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*It should be noted that the above programmes are structured in such as way as to accept Paediatric and Neonatal students onto the same specialist modules. This has enabled the Neonatal programme to run with small numbers.*
### Appendix 2: Maternal Health Education 2012 – 2015

<table>
<thead>
<tr>
<th>Source/identification of Educational need</th>
<th>Policy /National Strategy imperative</th>
<th>Educational resource</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scottish Government Women Children and Families Directorate</td>
<td>The Refreshed Framework for Maternity Care in Scotland’, 2011; ‘The Healthcare Quality Strategy’ 2010, Christie Commission, The Children and Young Peoples Act 2014, GIRFEC</td>
<td>The Compassionate Connections Story Worlds Learning Resource (presented in audio and visual formats) is an innovative, evidence-based approach to teaching and learning. The resource provides a way of teaching theory through stories that is real, relevant and embedded in practice. The learning approach used in the resource supports inter professional learning across health, social and third sector organisations and is applicable to clinical and non clinical staff. Creation to date has included development of a facilitation and support programme and two phases of evaluation using mixed methods and action research approaches. Ongoing work will support development of the resource with a targeted focus on the wider early year’s workforce and a further phase of evaluation to explore the educational impact of the approach from the experience of service users. This work has been shortlisted for a national RCM award in the Evidence in to Practice</td>
</tr>
<tr>
<td>Category</td>
<td>Description</td>
<td></td>
</tr>
<tr>
<td>----------</td>
<td>-------------</td>
<td></td>
</tr>
<tr>
<td>Fetal Alcohol harm working group at SG</td>
<td>Development of new comprehensive e learning resource for multi-disciplinary and social care workforce on the prevention, detection and management of Fetal alcohol harm. Launched May 2013.</td>
<td></td>
</tr>
<tr>
<td>Voluntary sector organisation, Scottish Cot Death Trust. CNOPP SG funding.</td>
<td>Development of a new innovative e learning resource for the multi-disciplinary team and social care staff on Sudden Unexpected Death in infancy (SUDI). The resource included three new films: one demonstrating assets based behaviour change approaches to discussing safe sleeping and two original films with bereaved parents. Launched April 2014.</td>
<td></td>
</tr>
<tr>
<td>Territorial health board. CNOPP SG funding.</td>
<td>New e learning resource, workshop facilitation pack, four original new films and train the train regional training sessions. The 'One out of Four' suite of resources aim to support health staff in a range of settings to provide sensitive health care to women survivors of sexual violence. Launched April 2014, local workshops ongoing. This work has been shortlisted for a Scottish Health Award.</td>
<td></td>
</tr>
<tr>
<td>Scottish Government sub-group on bereavement in maternity care. Funded by Early years team at SG.</td>
<td>Development of a bereavement in maternity care e learning resource to compliment and supplement the range of more generic e learning resources on bereavement development for the Bereavement hub. Under development, to be launched April 2015.</td>
<td></td>
</tr>
<tr>
<td>National perinatal mental health interest group. Funded by CNOPP at SG.</td>
<td>Creation of a maternal mental health in collaboration with the NES Psychology Directorate of an e learning resource to include soundslides of the voices of women’s experiences of perinatal mental illness and care. Under development, to be launched April 2015.</td>
<td></td>
</tr>
<tr>
<td>Event</td>
<td>Description</td>
<td></td>
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<td>----------------------------------------------------------------------</td>
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</tr>
<tr>
<td>Scottish Patient Safety Programme (SPSP) Maternity and Child Quality Improvement Collaborative (McQIC), funded by all territorial health boards.</td>
<td>CMACE Enquiries into maternal deaths, 2011. Production of a film depicting recommended care processes for maternal sepsis and accompanying e-learning resource and clinician’s decision app on <strong>maternal sepsis</strong>. Under development, to be launched April 2015.</td>
<td></td>
</tr>
<tr>
<td>SMMDP board.</td>
<td>‘The Refreshed Framework for Maternity Care in Scotland’ 2011 Development of a highly innovative <strong>neonatal resuscitation</strong> gaming app to support the maintenance of clinicians’ skills in neonatal resuscitation knowledge and skills. Launched June 2014. Research into the impact of the app on knowledge and skills retention is planned for the next year.</td>
<td></td>
</tr>
<tr>
<td>SMMDP core continued funding from CNOPP, Scottish Ambulance Service, Territorial health boards</td>
<td>‘The Refreshed Framework for Maternity Care in Scotland’ 2011; CMACE Enquiries into Maternal deaths 2011; UK National Resuscitation guidelines 2010 The SMMDP continues to develop and increase the range and number of value for money multi-disciplinary <strong>clinical skills</strong> courses around Scotland. Each year the SMMDP runs more than 60 one to three day training courses for over 1000 health professionals. Since 2012 the SMMDP has been developing its collaborative work with the Scottish Ambulance Service to improve pre-hospital care for pregnant women and newborns. The SMMDP during this period has continued to evolve, developing a greater range of online and film resources in addition to its face to face training. The courses continue to respond to service need and adapt to the changing evidence base: the courses now include exploration of human factors, recognition of maternal sepsis and the use of SBAR and MEOWS charts.</td>
<td></td>
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</tbody>
</table>