



Strategy Annual Progress Report 2019-2020

November 2020

1. Introduction

1.1. The NHS Education for Scotland [Strategy 2019-2024](#) focusses on five strategic themes:

- A High-Quality Learning and Employment Environment.
- National Infrastructure to Improve Attraction, Recruitment, Training and Retention.
- Education and Training for a Skilled, Adaptable and Compassionate Workforce.
- A National Digital Platform, Analysis, Information and Modelling.
- A High-Performing Organisation (NES).

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

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

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

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

1.5. In response to the COVID 19 pandemic, in March 2020 the Scottish Government requested that NES conduct a review of all our programmes of work. As a result, and in the face of the pressure on frontline services, we suspended much of our education and training activity and embarked upon new areas of business. We will report on this work in our report on 2020-21.

2. Area of Focus 1: A High-Quality Learning and Employment Environment

2.1. What this area of focus means

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

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

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

2.3. Examples of good practice and where progress has been made

- a. NMAHP has sustained, developed and enhanced the national practice education infrastructure ([Practice Education Facilitators](#), [Care Home Education Facilitators](#) and Practice Education Leads) within health and care settings. This was done by undertaking 31 annual board visits, biannual monitoring of PEF/ CHEF/ PEL compliance and delivery of 19 practice education meetings/ events.
- b. During 2019-20 the national practice education infrastructure was instrumental in the refreshing of the Quality Standards for Practice Learning (QSPL). The QSPL provide assurance that learners and those individuals and organisations who support them understand their responsibilities and expectations in relation to practice based learning. The Standards apply to any structured placement learning in NHS Scotland that is accessed by nurses, midwives and allied health professions and supported through an educational programme. Members of the [NMAHP practice education](#) infrastructure have also been involved in the redevelopment of the NES Facilitation of Learning Train the Trainers toolkit. This resource provides experienced facilitators with teaching resources and practical guidance to deliver a learning programme to those who facilitate learning in the workplace as part of their remit.
- c. Nursing & Midwifery and Allied Health Professions are at different stages of implementation of supervision and have different models of supervision practice. During 2019-20 the current TURAS NMAHP clinical supervision modules were

refreshed to allow each professional group to select a version which has been adapted for their model of supervision.

- d. In late 2019/early 2020 the nursing and midwifery practice education team members delivered clinical supervision 2-day face to face masterclasses resulting in 75 staff across Scotland developing clinical supervision skills with the aim of embedding in practice areas.
- e. A key role of the Scotland Deanery is ensuring that postgraduate medical training programmes meet the quality standards required by the GMC, to ensure that trained doctors meet the needs of patients. Although the advent of Covid-19 led to a curtailment of the normal schedule of visits, the Medical Quality Management programme undertook 81 visits to hospital sites, and 86 visits to General Practices as part of this process, which was set out in detail in the [Annual Deanery Quality Report for 2020](#).
- f. In conjunction with both Schools of Pharmacy in Scotland and key stakeholders, NES has developed experiential training across all Pharmacy sectors (Community/Hospital/GP Practice) with a programme of training and quality management in order to manage ACT on behalf of the Scottish Government. A total of 353 Pharmacist Facilitators across all three sectors of pharmacy practice (community, hospital and GP practice) have completed Preparation for Facilitation of Experiential Learning (PFEL) Training in 2019/20 with 22 events delivered across Scotland and via virtual online platform.
- g. During 2019-20 122 candidates attended an induction programme for people wishing to enter a pre-registration dental nurse course. In addition, 148 candidates undertook a pre-registration course for Dental Nurses, with 98 registered as Modern Apprentices.
- h. Part of ensuring that the learning and employment environment is of high quality is making sure that any complaints are handled appropriately. In 2019-20, NES received seven complaints. Without going into details, we can report that all complaints were dealt with in a fair and transparent manner in compliance with the Model Complaints Handling Procedure provided by Scottish Government.

- i. In order to support whistleblowing in NES, a number of actions have been completed:
 - The NES intranet (and other relevant documentation) has been updated.
 - Documentation and guidance on the Lead Employer Model, and the interface between the Deanery and the Boards, have been reviewed.
 - The NES Assurance Framework has been reviewed and updated to reflect the new arrangements.
 - A NES Non-Executive Whistleblowing Champion (NWC) board member was appointed in February 2020.

- j. We have worked with stakeholders to support national and Board equality priorities. New content has been provided on dual Gypsy/Traveller health, dyslexia awareness for managers, managing the menopause at work, coercive control and dual sensory impairment.

2.4. Learning from challenges

In 2018 NES Digital were asked to work in collaboration with NSS National Procurement to develop and deliver a national e-Rostering procurement process. Initial engagement with the NHSS Boards was difficult and constrained by “local priorities” being given prominence of the national programme outcomes. Significant and persistent engagement with Boards who had previously commenced e-Rostering solutions was necessary to draft and subsequently agree a core set of requirements for the national procurement invitation to tender. The NES team adopted the approach of taking local, existing requirements and merging them from three leading Boards. This promoted the sense of Board leadership and recognition. Over the course of the following 18 months the “buy in” from Boards, expanded from the three original lead Boards, increased as they correctly perceived that their local needs were being appreciated and taken account of. Eventually the team of Subject Matter Experts who undertook the national solution evaluation were drawn from these Boards. Learning to be taken is that any business change process that attempts to deliver a national outcome needs to be built from Boards upward, and not designed from a national perspective first.

2.5. Case study 1: Improving surgical training (IST)

The [Improving surgical training \(IST\)](#) pilot incorporates enhanced simulation training into the core training programme. The programme also involves boot camps, monthly

teaching days and associated practical courses depending on year of trainee, plus an eoSim SurgTrac take home simulator for trainees to work their way through a basic course of six modules (physical tasks in the simulator) with online instructive videos. Using a tablet or phone the software can give metric scores of performance with target scores to achieve, whereupon a video is uploaded for one of the faculty to view remotely and score. There is opportunity for practice in groups in hospital skills clubs, and there is a face-to-face assessment before the end of the year and return of kit. Comprehensive evaluation data for two years of the programme plus feedback from trainees and trainers is available. In 2019/20 there were 46 CT1s and 48 CT2s.

2.6. Case study 2: Health Care Support Workers as Associate Practice Educators

- a. [Health Care Support Workers](#) (HCSWs) make up 28% of the nursing and midwifery and 18% of the allied health professions workforce, yet there is limited support for work-based learning for this group of 21,000 NHSScotland staff. During 2019-2020, NES funded a proof-of-concept pilot with two health boards through its AHP Career Fellowship Scheme. NHS Lothian and NHS Dumfries and Galloway each selected an experienced AHP HCSW to test the role of Associate Practice Educator across AHP services.
- b. Learning and networking opportunities were offered through the [AHP Career Fellowship](#) development scheme and shadowing best practice in NHS Grampian where six substantive Associate Practice Educators are now making a collective impact on the HCSW workforce. NES has commissioned a final report on the experience of the Associate Practice Educators and those who participated in the peer learning model.
- c. Introducing new posts from scratch takes time, therefore this pilot has clear limitations. Despite this it has strengthened the evidence base demonstrating these posts address many of the challenges expressed by HCSWs in the HCSW Learning Survey (2018) in a positive and creative way. HCSWs respond well to a peer learning model, it offers an alternative career pathway for experienced HCSWs and enhances the skill mix of practice education teams.
- d. NES has supported the instruction of a new Associate Practice Educator role, modelled on experience with registered NMAHPs, to support education and

training. Working with colleagues in NHS Grampian, NES has piloted the new Practice Educator role for the following purposes:

- providing on-the-job learning
- creating a culture of organisational learning
- nurturing team working and professionalism, and
- developing leadership at all levels.
- Following the successful NHS Grampian pilot, there has been significant interest from other Health Boards and NES is part funding further Associate Practice Educator posts in NHS Lothian and NHS Dumfries and Galloway.

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

3.1. What this area of focus means

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

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

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

3.3. Examples of good practice and where progress has been made

- a. During 2019-20, NES worked in partnership with key stakeholders to widen opportunities for young people in NHSScotland, increasing the number of young people entering the service and providing opportunities for under-represented groups. Two examples of this type of inclusive practice include: The Prince's Trust Get into Healthcare Programme Toolkit was completed and signed off; and NHS Ayrshire and Arran was supported with their first Get into Healthcare Programme with all young people on programme being offered permanent posts.
- b. The Attracting and Retaining Men in Nursing Group has been working on attracting men into nursing and midwifery and developing a commonly recognised pathway for access into nursing and midwifery education and careers. All the different routes and career pathways into nursing have been agreed, documented and developed digitally for use on My World of Work in collaboration with Skills Development Scotland.
- c. The [GP Returner and Enhanced Induction programmes](#) continue to generate interest with ongoing support provided by NES from initial enquiry through to scheme completion. Over 2019, 4 GP Returners have completed, 2 are currently in post with 4 more expected to join the scheme. Three Enhanced Induction doctors are currently in post with another two currently undertaking national assessments.
- d. NES continues to contribute to the planning of, and participate in, UK recruitment processes by attending national/UK oversight groups through the training year

and provision of assessment centres. We also participate in UK Medical and Dental Recruitment and Selection review activities to support benefits realisation for UK recruitment and to improve [Scottish recruitment processes](#). 2020 saw the best fill rates to vacancies since Scotland entered national UK recruitment in 2014, with a 92% fill rate (1042 of 1132 vacancies) across all core and specialty training programmes.

- e. In 2019-20 NES worked in partnership with [Return to Practice](#) (RtP) education providers to meet Scottish Government recruitment targets and specifically to support the development of education and support in line with new Nursing and Midwifery Council RtP standards and enhance access to education by addressing financial and practical barriers. Work has started with university partners and key stakeholders to develop and deliver the Once-for-Scotland Return to Practice module.
- f. [Immunisation](#) is considered to be one of the key public health interventions with approximately 6 million doses being delivered annually in Scotland across all age groups. A multidisciplinary workforce equipped with the required knowledge and skills is essential for the successful delivery of these programmes. During 2019/20 NES continued to support the work of the Scottish Government Immunisation Programme in a number of ways:
- Hosting quality assured [resources on TURAS Learn](#) and our website for all practitioners and trainers to access and utilise. These include
 - an introductory e-learning programme for new immunisers to help promote effective immunisation practice and vaccine specific resources relating to for example seasonal flu, pertussis, HPV and rotavirus
 - webinars
 - training slides
 - podcasts.
 - Facilitation and chairing of the National Scottish Immunisation Workforce Education Group which provides a forum for the multidisciplinary work to discuss and progress workforce education.
 - Participation in the Scottish Health Protection Network (SHPN), a network of professional organisations and networks in the health protection community across Scotland, which promotes, sustains, and coordinates good practice.

- g. The Dental Directorate has provided a number of development opportunities. Some examples include:
- 7 experienced dental nurses wishing to upskill as Orthodontic Therapists completed the training programme and were due to sit their exams in May 2020. However, this was cancelled as a result of the pandemic.
 - 152 training posts were matched and appointed to [Dental Vocational Training](#) (DVT) to commence 01 August 2019.
 - Five Mandatory Training courses were run for dentists wishing to work in Scotland, with participant numbers above the minimum capacity on every occasion.
 - 16 GDC registrants benefited from a support programme giving assistance with remediation. Support includes an initial meeting to help the registrant develop a PDP and thereafter signposting appropriate CPD and QI activity.
 - 89 [Dental Core Training](#) posts were filled in 2019-20.
- h. Approximately 1400 practitioners completed the first mandatory training exercise for optometrists and ophthalmic medical practitioners working in Scotland. This was designed, delivered and assessed by the NES [Optometry](#) team.

3.4. Learning from challenges

- a. The Health and Care Professions Council (HCPC) is the regulatory body for paramedics. The HCPC changed the threshold entry for Paramedics to degree level with effect from 1st of September 2021. In effect from that date any educational provider seeking to educate Paramedics would require the programme to meet the new threshold. Currently approved courses can continue to enrol students until 31st of August 2021.
- b. Within Scotland this means that from 1st of September 2021 the Scottish Ambulance Academy taught Diploma in Higher Education course which leads to Paramedic registration will fail to meet the legislative threshold.
- c. In May 2019, the Scottish paramedic business case was jointly approved by both the NES and SAS health boards. NES organised the tender process and invited HEIs across Scotland to bid for contracts to develop a paramedic science degree

programme across 6 different geographic locations in Scotland. In August 2019, Contracts for all 6 “lots” were awarded.

- d. Whilst this represents a fantastic opportunity for the professionalisation agenda of paramedic science, moving to this new way of preparing the future generation of paramedics is still a learning curve with challenges regarding appropriate placements to provide practice education, further opportunities for collaboration across Scotland required and confidence in meeting the workforce needs for paramedics across Scotland with SAS as main employer. All of these areas of ongoing concern will be addressed through the Scottish Collaborative Of Paramedic Education (SCOPE).

3.5. Case study 1: Pre-registration Pharmacist Scheme in Scotland (PRPS)

Recruitment

- a. NES Pharmacy has been responsive to the challenge of increasing applicant numbers for the [Pre-registration Pharmacist Scheme](#) (PRPS) as and when Scottish Government increase the number of funded places available. Trainee numbers have increased from 170 to 200 with the 2018/19 cohort, to 216 with the 2020/2021 cohort and will further increase to 235 for the 2021/2022 cohort.
- b. To assist with these increased targets, NES Pharmacy has collaborated with the NES communications team to develop and implement a PRPS promotional strategy across the 2019 recruitment period with a targeted social media campaign to promote training in Scotland to Schools of Pharmacy in the rest of the UK. We chose to move our recruitment processes onto the Oriel Platform and NES recruitment dates started to align with HEE and HEIW recruitment to enable applicants to make concurrent applications including applying for posts in Scotland. This resulted in our achieving a 100% fill rate for the 215 posts in our 2019 cycle of recruitment for training posts which started in summer 2020.

3.6. Case study 2: Future Nurse and Midwife Programme

- a. The [Future Nurse and Midwife Programme](#) is an example of effective stakeholder collaboration. Convened to provide strategic oversight, direction and governance to the implementation of the Nursing and Midwifery Council (NMC) Education Standards for nursing and midwifery, this group has overseen and supported an ambitious workplan to consider the future nurse and midwife role in its entirety in Scotland. Stakeholders from health & care practice provider

settings, universities, further education colleges, Scottish Government, Queen's Nursing Institute, Scottish Care, professional bodies, the NMC and NES alongside pre-nursing and midwifery students delivered on the workplan during the financial year 2019-20. One of the six key outcomes within the workplan was to develop a national model for under-graduate and post-graduate practice learning to prepare the workforce of practice supervisors, practice assessors and academic assessors who would support and supervise nursing and midwifery students when on placement from September 2020.

- b. A review of the supporting evidence to identify skills and knowledge required by practice supervisors, practice assessors and academic assessors to support undergraduate and postgraduate nurse and midwife learners was undertaken to identify best practice to underpin preparation of the new roles. A scoping of resources available to support preparation of these new roles was also completed. A national framework for identification, preparation and ongoing professional development of practice supervisors, practice assessors and academic assessors in Scotland and a practice learning handbook were also developed. To ensure consistency for those supervising and assessing nursing and midwifery students in practice, collaborative stakeholder working has seen the development of an e-resource to support the preparation of practice supervisors and practice assessors across Scotland.

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

4.1. What this area of focus means

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

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

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

4.3. Examples of good practice and where progress has been made

- a. During the reporting year, NES commissioned, quality assured or directly delivered education in a diverse range of formats for the full range of health and social care staff. Prior to the Covid-19 pandemic, this included numerous face-to-face workshops and other training events. The following examples illustrate some of the ways in which NES directorates have supported the maintenance and development of a skilled, adaptable and compassionate workforce through its education and training activities.
- b. In addition to delivering education and training, NES also undertakes research into educational best practice - developing new ideas to strengthen and enable Scotland's healthcare workforce and develop supportive learning environments in which people wish to work. The outputs from this work were summarised in our annual [research and innovation report](#).
- c. The [Psychology](#) team delivered 29 authorised practice support/supervision/coaching sessions to 67 multi-sector Early Years practitioners previously trained in either the Incredible Years or [Psychology of Parenting Project](#) (Triple P) programmes (including Incredible Years Peer Coaches in training) by March 2020.

- d. Other Psychology training delivered during the year included [Training in Psychological Skills](#) Modules to 209 additional staff across Scotland and a programme of continuing professional development (CPD) on the care of people with [Dementia](#). The CPD programme, aimed at practice staff as well as practice professionals, was successfully developed and implemented as a result of engagement with RNIB and Alzheimer's Scotland, and supported by the NES Dementia Team.
- e. Our [Dental](#) Directorate supported all staff involved in delivery of dental care throughout the year. A good example was the provision of the HND Module in Decontamination delivered by the Dental Care Professionals (DCP) workstream as part of the SVQ post-qualification delivery for DCP Education. This included two courses: each with 10 participants.
- f. The Dental Directorate also supported the launch of 'Open Wide', a training guide aimed at those responsible for the oral care of adults with additional support needs, developed in partnership with key stakeholders. Support the subsequent roll out of this guide with the aim of improving the oral health of this priority group. 36 people attended a follow up Open Wide local event on 6 March 2020 in Glasgow which included delegates from a variety of Health and Social Care and Third Sector organisations with the aim of identifying practical ways Open Wide training could be delivered to carers in the community.
- g. The Dental Directorate's Oral Health Improvement Team (OHIT) created an education and training programme for General Dental Practitioners as set out in the Oral Health Improvement Plan and Programme for Government, to enable them to be appointed as enhanced practitioners providing domiciliary care in care homes. The OHIT team ran two 7-day courses with a maximum capacity of 20 on each course. A total of 42 individuals were offered places with 34 participants commencing the training. By the end of March 2020, 28 had successfully completed the training.
- h. NES's [Optometry](#) team designed a programme of education and training to support the management of Ocular Hypertension and Glaucoma by Scottish Optometrists, which was delivered to first cohort of 22 staff. A notable feature of this initiative was the credit rating of the award by the Scottish Qualifications Authority at Scottish credit and Qualifications framework Level 11.

- i. NMAHP continued its support and funding for the enrolment of additional nurses to the Postgraduate Diploma in [Advanced Clinical Practice](#) with a view to 500 advanced nurse practitioners completing their training by 2021. By September 2019 155 additional nurses had completed the Postgraduate Diploma, with another 788 in progress.

- l. NMAHP supported the [perioperative](#) workforce through generic education for all perioperative teams and training specific to needs of staff dealing with waiting times and elective care. Both themes were aided by improved consistency of approach to career and development practice, as we seek to grow and retain this element of the workforce. Led by the service, NES commissioned and procured the new Operating Department Practitioner (ODP) Programme leading to the award of a Higher Education Diploma. This programme, delivered by the University of the West of Scotland, widens access by providing a diverse and important recruitment route for staff who previously may not have had opportunity to undertake professional development of this nature. The new Diploma ODPs are part of NHS Scotland's response to agreed workforce models within new Elective Care Centres supporting waiting times.

- j. Staff from NES's NMAHP and Psychology directorates have been working in partnership with Public Health Scotland to support implementation of 'Every Life Matters' Scotland's Suicide Prevention Strategy and wider Public Mental Health Improvement policies. The Mental Health Improvement and Self Harm and Suicide Prevention Knowledge and Skills Framework, alongside a workforce development plan, was published 2019. Aimed at those working across health and social care settings, and beyond, the framework identifies knowledge and skills required across 4 levels of practice: informed, skilled, enhanced and specialist. Subsequently we developed Informed Level Learning Animations. At the end of September 2020, these animations have been accessed by nearly 15,000 people on Vimeo and over 2,500 people via Turas Learn.

- k. The [Medical](#) Directorate was responsible for managing some 6,128 doctors in training across 221 different training programmes following GMC approved curricula. During the year, 6,044 doctors underwent an annual review of competence and progression ([ARCP](#)), and 661 gained their certificate of

completion of training (CCT). This work was set out in detail in the [Annual Report of the Scotland Deanery](#).

4.4. Learning from challenges

- a. Given the large-scale of investment in learning and development managed by NES, there is a need to ensure this is making a real impact on services and represents good value for taxpayers. For this reason, we have put in place a range of measures to manage the quality of our products and services and evaluate their effectiveness. There are several examples where NES has demonstrated the effects of our work on professional development and performance in the workplace, as documented in previous Strategic Plan progress reports.
- b. Despite these examples, measuring impact remains an area of challenge for a number of NES products, programmes and services. This is often the result of the difficulties in obtaining useful data from learners, their employers and other organisations. The need to collaborate on impact evaluation and learn from our own and external good practice in this area has been recognised and widely discussed. This challenge will continue to receive attention in 2020-2021 and will be addressed by the Education and Quality Assurance Committee.

4.5. Case Study 1: Oral Health Open Badges

- a. The Priority Groups workstream within the Dental Directorate became aware of Open Badges through the Scottish Social Services Council (SSSC) and identified an opportunity to support learning in oral health for a wider group of learners. Following approval by the Chief Dental Officer, we developed a suite of Open Badges in oral health in collaboration with colleagues in NES Digital and SSSC. The badges will be issued by NES Dental Priority Groups and hosted on the SSSC website with links from Turas Learn.
- b. Open Badges are digital records of achievement and skills that are tied to assessment and evidence. They can be collected as evidence of learning and grouped together in an electronic portfolio and can be shared with others, for example line managers. Portfolios detail the criteria against which the badge was issued, and any evidence provided as proof that the criteria were met, including feedback. They can also be downloaded as printable certificates.

- c. The Open Badges in oral health represent bite size chunks of manageable learning which can be accessed by anyone. The intention is to develop a suite of Open Badges on oral health and related topics which will be available to support and underpin the national oral health improvement initiatives aimed at priority groups. Individuals can choose topics which are relevant to their particular situation and build up a portfolio of evidence of learning. It is hoped that this may appeal to those from health, social care and third sector backgrounds who are involved in the oral health of priority groups but who have not previously considered undertaking any formal learning in the subject. At the very end of 2019-20 work commenced on the first Open Badge to support the COVID 19 crisis.

4.6. Case study 2: Mobile Skills Unit

- a. During 2019-2020 [NES's Mobile Skills Unit](#) (MSU) continued to make a significant contribution to the training of health care staff in remote and rural locations. More than 1,100 staff participated in 150 training sessions in 27 visits. This included Portfolio work with NES's BASICS Scotland team delivering 'pick 'n' mix' training options for pre-hospital emergency care. Another of our delivery units, Surgical Skills, University of Dundee delivered basic surgical skills course in Shetland and Campbeltown (which was featured by BBC and STV). This was the first time this type of training had been run either on the MSU or in Shetland and was extremely well received. Both of these examples demonstrate the connection between the training commissioned by NES and its delivery in remote and rural venues (by the MSU). We also piloted the first simulated SUDI course (Sudden Unexpected Death in Infancy) – which was multi-professional and multi-agency with the plan to roll-out to other areas that the MSU visits.

4.7. Case study 3: Psychology of Parenting Project (PoPP)

- a. Research in the field of Implementation Science demonstrates that training in evidence based interventions is more likely to be utilised, and changes to practice are more likely to be sustained, when practitioners have acquired the necessary competences to deliver the intervention, have the organisational systems and supports to undertake the work, and the backing of local leadership. The [Psychology of Parenting Project](#) (PoPP), which commenced in 2013, is aimed at improving the availability of high-quality evidence-based parenting interventions for families of 3-6-year-old children who have concerning levels of behaviour problems and incorporates an implementation science framework.

- b. An implementation plan is developed in partnership with each participating Community Planning Partnership which addresses the staff competencies, organisational resources and support and leadership necessary for the multi-sector wider children’s workforce to successfully deliver these strengths-based interventions to families. Practitioner competence is developed through accredited trainings in evidence-based parenting programmes, and practice support sessions (supervision, consultation and coaching), as well as resources to support fidelity monitoring. In 2019-20, PoPP trained 72 practitioners in either the Incredible Years Preschool or Level 4 Group Triple P programmes and provided 36 practice support sessions to 84 practitioners in total.
- c. Outcome data, in the form of parent responses on the Strengths and Difficulties Questionnaire (SDQ), that is routinely used at the start and end of the groups, continue to show encouraging reductions in behaviour problems for children whose parents attended the groups.
- d. Headline PoPP data (August 2013-March 2020)

Number of groups delivered in total	973
Number of groups delivered in 2019-20	88
Number of families enrolled in groups	6,181
Number of parents/caregivers enrolled in groups	7,111
Number children for whom pre- and post-group SDQs have been gathered	3,332
% of children in the clinical range at the start of groups who had moved out of this high-risk range when their parents finished attending a group	60%
Number of Community Planning Partnerships that have adopted the PoPP model	22
Number of multi-sector Early Years practitioners who have been fully trained, equipped and supported to deliver one of the interventions with fidelity	801

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

5.1. What this area of focus means

The current digital landscape across health and social care in Scotland is characterised by multiple systems which have developed over time. This has resulted in duplication and placed limitations on access to data and intelligence. There is now a pressing need for better data sharing and access, improved digital leadership, investment in infrastructure and systems integration. A key to the future sustainability of effective patient care in Scotland will be the ability of services to manage and use large volumes of digital information safely, securely and effectively. The [NES Digital Service](#) (NDS) has an important role in developing and implementing the infrastructure, products and services to support better health and care, and this work is well underway through a multi-disciplinary and growing team.

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

By 2024, patients and health and care staff will be routinely using NES developed systems and products to access and manage health and care services. Uptake and use of NES digital services will be reviewed frequently and managed using data analysis tools.

5.3. Examples of good practice and where progress has been made

- a. A new and evolving element of our work is the development of the Scottish National Digital Platform as proposed in the [Digital Health and Care Strategy 2018](#), which is to be refreshed in 2020-21. This is replacing the current model of multiple systems across the care sector to allow us to safely and securely deliver data to better support care, help research and facilitate innovation. Its core components include:
 - creating a clinical data repository to hold data in a cloud-based system.
 - enabling NHS and wider staff as well as the general public to access and use health care data and services.
 - building a master patient index to facilitate sorting and storing data linked to individuals, all located in one place.
 - creating standards for holding and moving data.
- b. Taking a partnership approach, we are working with eHealth leads, NHS Chief Executives, the Digital Health and Social Care Portfolio Board, the Transition

Group, Scottish Government, and professional and clinical groups to standardise the digital architecture required for the platform without risking service delivery, safety or public confidence. Work on the underpinning infrastructure of the platform includes development of the clinical data repository (CDR), integration with legacy systems, scoping work on integrating citizen access to platform products, technical work on staff authentication to the NDP, linkage to CHI and security and system reliability actions.

- c. During the year, we focused on developing ReSPECT (Recommended Summary Plan for Emergency Care and Treatment). ReSPECT plays a critical role as the first instance of an accessible and updatable electronic patient record on the NDP which will be available across geography and staff groups. This is one of the first products, services and applications for the national platform and will be built in phases – with the aim that core technical components (such as CDR) developed initially for ReSPECT can then be re-used in future products. ReSPECT seeks to enhance anticipatory care by providing professionals from both primary and secondary care, and in community services with digital access to patients' wishes regarding future management, that will be accessible for many staff groups from different settings (e.g., hospital, acute/emergency care, community and GP services, Out of Hours, SAS, and care home staff). Patients will also be able to update their ReSPECT form (by providing personal details, emergency contacts and care wishes) to ensure that information is accurate and available to the right people at the right time.
- d. We worked with Forth Valley Health Board to support the implementation and further development of ReSPECT, including putting in place the processes required to make the product available to other boards, increasing the range of people including citizens and hospices who can access ReSPECT, and using it as a template for the creation of new key information summary applications, such as Cancer Treatment Summaries.
- e. The work from Modern Outpatients, Access Collaborative, Elective Centres Programme and Primary Care Modernisation is generating demands for new digital solutions to manage demand and workflow more effectively. This was originally managed through small scale projects with working groups set up to secure resource to upscale the work, and a pilot virtual system for dermatology services has now been successfully migrated onto the NDP. The purpose of the

project is to develop an asynchronous digital appointment service for dermatology patients and clinicians in NHS Greater Glasgow and Clyde. The main aim is to reduce waiting times by using clinician time efficiently and to improve regular interactions between patients and health professionals. The new service offers the potential to be rolled out across more NHS Boards in the future. An initial product roadmap has been developed by NDS, to ensure alignment with Scottish Government priorities, as well as market appetite and partner engagement. We envisage that we will provide the underlying digital infrastructure and support to ensure appropriate user engagement, as well as collaborating on design and interfaces where there is benefit in having a consistent NHS house style and approach.

- f. The National Health and Social Care Workforce Plan Part One (2017) gave NES a key role in analysis, intelligence and modelling for the NHS Scotland workforce. We took over the responsibility for publishing [national workforce statistics](#) on 1st October 2019 which has involved the transfer of some data analytics staff to NES from NSS ISD. We are also working towards accreditation as a national statistics provider.
- g. During 2019 we produced workforce data publications for psychology and the CAMHS workforce, for core NHS Scotland staff, and provided detailed data analysis for the dental workforce, for newly qualified nurses and midwives and the medical workforce. Our new data intelligence team is working well and we are engaging with stakeholders to gather their requirements, update datasets and build in scenario planning to better support workforce planning.
- h. This new team will finalise the dataset for the [TURAS Data Intelligence](#) platform and provide data analytics services for workforce planning in order to better predict the impact of changes in policy, training capacity and supply on workforce availability. We will also seek to provide NHS boards with improved access to their own data and the ability to analyse it.

5.4. Learning from challenges

- a. Whilst NES leads on the Scottish National Digital Platform, maximisation of its potential relies on our being able to successfully work with others to harness the capability of eHealth departments and clinical communities. Discussions with territorial and national boards confirm their willingness to play their part in

developing and implementing the platform but this enthusiasm must move beyond aspiration into action.

- b. We must ensure that data can be stored safely, indexed logically, with access for users (staff and the public) strictly controlled and based on role requirements. By making sure that permissions are managed correctly, we can control access to various elements of the platform based on the roles people are in, whether staff or citizen, and enable citizens to engage directly with their own healthcare in a way that doesn't jeopardise the privacy of their data. Over time, we will be able to host an ever-growing range of products, services and applications. Protocols on clinical safety and medical device safety have been developed in draft by clinical leads, drawing on best practice and advice from the Medical Device Unit in Glasgow. This approach will be tested and refined as part of the process of deploying technology in early adopter boards who will need to be satisfied that our technology is safe to use and conforms to clinical governance requirements.
- c. Our expanded role in workforce planning has required us to work closely with NHSS ISD to ensure transfer of staff and knowledge and skills to enable analysis and reporting of workforce information. A timetable has been put in place for NES to become an Official Statistics provider and a national data sharing agreement has been drawn up to facilitate the secondary transfer of information.

5.5. Case study: Sharing data on genomics across Scotland: working with partners and demonstrating leadership

- a. Responding to the Scottish Government's commitment to develop genomic medicine, we set out to support the Scottish Genomes Partnership in its objective to create a shared data repository. This is cloud based and will be available to all 4 national clinical genetics laboratories in Scotland beginning with defining minimal data storage and progressing to increasingly sophisticated workflow pipelines. We will shortly complete the data architecture report for the Genetics Laboratories Management Consortium, and we will then seek to secure agreements and move to implementing and alpha testing the data storage. NHS Tayside has asked that they be used as a pilot centre.
- b. Working collaboratively has afforded us the opportunity to be included in grant applications: a £45 million bid developed by University of Glasgow and NHS Greater Glasgow and Clyde to develop and deploy new genomic assays to NHS

Scotland and a University of Edinburgh initiative to assess the feasibility of a national roll-out of a new clinical genetics assay for severely ill children.

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

6.1. What this area of focus means

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

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

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

6.3. Examples of good practice and where progress has been made

- a. In recognition of the increasing importance of NES's digital infrastructure, an induction guide was produced by the Digital Service Desk to include an overview of key tools and applications, and a 'how to' guide. Following initial development, the induction guide was updated to reflect the change in operating system from Windows 7 to Windows 10. The updated document is currently in review.
- b. The Digital Directorate commenced work with other NES to review and redevelop the corporate website, ensuring that it is modern and fit for purpose. This work involved gathering statistics to get feedback on website use, with reference to the 'bounce rate' (the percentage of visitors leaving the site after viewing one page). Agreement was reached with the NES Communications team on a way forward and a prototype of the new NES website has been presented to the Business Owners Group and was received well. Conversations are now ongoing with different directorates and group representatives around the organisation to consider content migration and adjustment of the prototype.
- c. Work was undertaken by the Digital Directorate to establish a reliable and consistent network infrastructure and support service to ensure there are minimal unplanned outages or inconsistencies in service. A Service Level Agreement was developed specifying the target of 99 per cent 'uptime' for the corporate digital network. There were no further outages during the year, although a switch

replacement programme is currently planned. This was expected to result in short, scheduled outage periods.

- d. NES's Digital Directorate has participated in and demonstrated leadership of strategic development priorities of importance to NES and linked to the wider work of NHSScotland. Work has begun on improving the clarity of the connection between the NES strategy and our people, technologies and products/services. The first outcome will be an assessment of our current state and a plan of action as to how we can improve.
- e. In recognition of the importance of the accessibility of the Turas platform and the quality of the user experience, a Turas Style Guide was implemented and made live in January 2020. This has been used to implement new designs across all applications. The Digital team will continuously add to and improve the Style Guide to ensure consistency of experience and accessibility on the platform. The number of Turas applications developed in line with the new Style Guide implemented should increase on a rolling basis.
- f. In developing and upgrading digital Workforce applications our Digital Directorate has moved from reactive to proactive user experience (UX) design. This involved meeting services users in their own environment, working with them, testing out new ideas and analysing statistical data on use. Another round of user testing was completed on the Workforce Policies website (desktop version) in locations around Scotland, focussing on understanding of how users access content. A System Usability rating of 85 was recorded; significantly exceeding the target rating of 71.1.
- g. The Workforce Directorate continued to embed and roll out values-based recruitment (VBR) based on NES Ways of Working and 'Our Way'. During the year, VBR pilot feedback was collated and used to inform the initial roll out of refreshed recruitment and selection training, aligned to the roll out of the JobTrain recruitment and selection application in December. Content is being finalised for a digital Hiring Managers toolkit to support managers following the training and for future recruitment. Work is also being progressed to brief candidates on values-based recruitment in NES and how this relates to our ways of working and selection process.

- h. The Workforce Team is using existing and new funding streams to establish a range of development opportunities that enable appropriate skills transfer into NES's priority work areas. The purpose of this initiative was to maximise workforce potential and support career transitions. Workforce has successfully provided Prince2Agile project management training for 1 cohort of staff although the planned sessions for cohorts 2 and 3 have been postponed due to Covid-19 restrictions. Four regional learning events were held in February and March to introduce Our Way in Action, including an overview of Active Bystander training and how to have courageous conversations. Further intensive training is planned using the Flexible Workforce Development Fund during 20/21.
- i. During the year our Workforce team-initiated workforce analytics projects to provide several improvements in workforce capability (e.g., appraisal, engagement and retention analytics) and people processes (e.g., recruitment, learning management and succession planning). This was achieved by developing and deploying usable interactive dashboards that provide managers and others with data to generate insight and act.

6.4. Learning from challenges

- a. While our organisation level indicators such as iMatter and our Stress Survey continue to suggest that the quality of people management in NES is relatively high, we are also aware that there are continuing challenges around completion of key corporate activities such as Personal Review & Planning and Essential Learning. We have considered that lower levels of compliance in these areas may reflect gaps in line managers' capability and/or confidence. We designated 2020 as the Year of the Manager in NES and set out to review the effectiveness of our leadership and management development programmes in NES.
- b. From a series of semi-structured interviews with managers from across NES directorates, we learned that managers were looking for more support around the key challenging aspects of management, particularly around HR policy and the need for clearer support for the implementation of these. We are now to revisiting our catalogue of training and support for managers ensuring a consistent starting point for all managers which defines values, responsibilities and expectations and offers clear signposting to support when issues or challenges occur. Our newly developed digital interactive sign-posting resource

is the first step in creating a manager's portal offering essential guidance and support for managers.

- c. In addition, our 'first 90 days' project has now re-started and moved at pace with a soft launch of the new process in December, providing new starters with all the information they will need over their first 90 days including completion of their Essential Learning (first 30 days (Learn), first 60 days (Discover) and first 90 days (Grow)).

6.5. Case study 1: NES People and OD Dashboard

- a. During the year we maximised the use of the emerging People and OD Dashboard as a tool for HR Business Partners, working with management teams to interpret data and inform decision making. The November Staff Governance Committee received the second report on insights from the HR and OD team. These reports seek to identify areas where performance can be improved across the organisation, based on the data and intelligence held by the team through regular interactions with managers and employees across Directorates. The Staff Governance Committee agreed with the recommendation that good practice be modelled and continuous improvement achieved through early intervention and linking in with ongoing programmes of work already being progressed across the organisation (e.g. SMARTER working, improving candidate experience, Once for Scotland policies). It was agreed that manager development should be a key area of focus for the HR and OD teams. The Committee also received an update on the stress survey results and how these would feed into programmes of work across the organisation, specifically SMARTER working. The October Partnership Forum received an update on the Once for Scotland policies implementation plan, with agreement of next stages to be delivered in partnership.

6.6. Case study 2: SMARTER Working project

- a. Donald Cameron led the 'Once for NES' project, looking at how the organisation can make best use of its people and facilities, while ensuring our staff can maintain a healthy balance between their home and working lives. Digital colleagues used agile methods to support the generation of ideas that will enable the whole of NES to become more efficient and collaborative, whilst ensuring everyone has the right tools to do their job effectively, wherever they are. In late 2019, Smarter Working Workshops took place, and were well attended, across

our Aberdeen, Dundee, Edinburgh, Glasgow and Inverness offices - with Donald Cameron and Christopher Wroath in attendance to set the scene.

- b. A plan for implementing some of the ideas was created, centred around some key themes that emerged, including:
- training
 - support for line managers and teams
 - clear guidance/policies
 - flexible working
- c. Although the Smarter Working project was interrupted by the Covid-19 pandemic, it successfully established the organisation's readiness for new ways of working. These new ways of working, based on NES's digital infrastructure, have proved to be invaluable during the lockdown, enabling the maintenance of vital services and helping the organisation to participate fully in Scotland's response to the pandemic crisis.