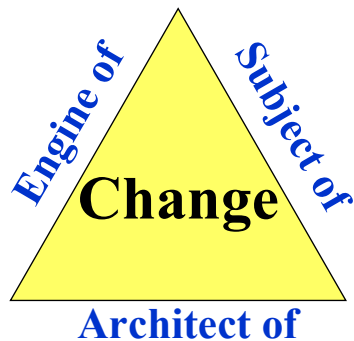


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Facing The Future

Action Plan Update Report



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| Number | Commitment | Lead | Target date |
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| 1. | WORKFORCE CENTRES | | |
| 1.1 | Paper setting out the proposals for the Workforce Centres | National (action day on 15 th April DCB attending and Ed Rennie) North of Scotland Event Aberdeen (Nov) | <ul style="list-style-type: none"> Completed March 2003 GDT hosted System Wide discussion on workforce planning – David Robb and Grant Hughes in attendance HR Redesign has taken place and system wide Head of Workforce Development and Redesign has been appointed (Eleanor Morrison) |
| 1.2 | Creation of a network of Workforce Centres throughout Scotland including a National Workforce Centre based within the Scottish Executive | Mary Dowling (Bid For North of Scotland Centre as part of NHSGrampian response to 'Planning Together' March2002) | <ul style="list-style-type: none"> Awaiting Information on Further Central developments |

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| 2. | CAREERS | | |
| 2.1 | Every nurse and midwife in training to be guaranteed a year's employment on qualification within NHS Scotland | David Benton (Focus of Local Convention and Paper approved at 27th Feb Meeting) DCB member of National Group | <ul style="list-style-type: none"> • Autumn 2002 & March 2003 Outflows managed locally without problems. • Updated matrix of prospective qualifiers available for next 3 years |
| 2.2 | Implementation and evaluation of pilot studies into the effectiveness of Return to Practice initiatives | David Benton (Copy of Paper to March 18th meeting of Local group for information) Funding for twenty places secured from SEHD DCB Exploring whether an addition 15 places can be funded from local resources. | <ul style="list-style-type: none"> ○ All funded places filled. ○ Addition funding identified locally to support further returners. – fully utilised ○ Grampian wide system in place – highly successful now returning midwives, mental health and Learning disability nurse in addition to General ○ Flexible delivery & local access to practice. ○ Paper submitted for publication ○ Further funding received from SEHD ○ Detailed Audit trail of costs capable of providing Modeling data. |

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| 2.3 | Creation of 18 more consultant nurses | <p>Alan Macdonald (To explore option with Mike Taylor work and Learning Disability work)</p> <p>Discussions between lead LHCC and Senior Nurses have identified two possible areas for development</p> | <ul style="list-style-type: none"> • Various suggestions considered re Consultant Nurses but Funding remains a problem but is an integral part of service redesign process. • Significant number of Emergency Nurse Practitioners, Site Practitioner, Night Nurse Practitioners, Medical Support Nurses and Cardiac Support Nurses introduced as Part of solution to Jn Drs Hrs. |
| | Sharing a good practice event | To be taken Forward Locally | <ul style="list-style-type: none"> • Part of Nursing and Midwifery Strategy • Posters to generate examples available • Sharing Experience and Learning identifies some of these roles – Booklet available early April 2003, Website May/June 2003 • Proposal for permanent arrangements to gather and disseminate |

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| | | | <p>experience and learning currently being consulted upon</p> <ul style="list-style-type: none"> • Pan System event organised to examine and share best practice in improving the Learning environment (NHSG, NHSS, NHSO & RGU) • ANCHOR unit has organised training places for Community Nursing staff to gain understanding of Cancer nursing practice. |
| 2.4 | Creation of nurse cadet schemes | Jenny Parry (Mapping being conducted Jenny to Copy paper to group when completed. | <ul style="list-style-type: none"> • Change of Emphasis from executive. Una Lyon part of national group. • Integrated approach with RGU, Aberdeen College and Moray College. |
| 2.5 | Establishment of Working Group on Career Pathways | National | |
| 2.6 | Working Group to produce report, recommendations and guidance | National | |
| 2.7 | Launch of national drive to promote careers in nursing and midwifery | National | |

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| 2.8 | Directors of Nursing to enhance the image of nursing and midwifery in NHS Board areas in conjunction with local recruitment campaign | In collaboration with Corporate Affairs increase good news stories. | <ul style="list-style-type: none"> • Attended NT Live • Local press coverage on return to practice • Evidence into practice • Emergency Nurse Practitioners • Sharing Experience and Learning document created and disseminated. • Public Health Coordinators have been presenting Posters and Papers to explain their role and work • Positive image campaign 'See the Person not the name' run in conjunction with RGU to assist in recruiting to Mental Health Branch. |
| 2.9 | Progress to be presented in NHS Boards Annual Reports | Gordon Morrice (template to be developed - then To Map and produce a timetable To take a paper) Superceded by requirement for material for Accountability Review DCB to Provide by end of June | <ul style="list-style-type: none"> • Material included within PAF • Material included within Annual Report |

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| 2.10 | Scottish Executive to fund recruitment campaign this winter to reach the care workforce at regional and national level | National | 2002 |
| 2.11 | National Workforce Centre to develop a national programme promoting health professional careers in 2002 | National | 2002 |

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| 3. | FLEXIBILITY | | |
| 3.1 | Launch of new development programme - Flexible Ways of Working/Flexible Ways of Thinking | National | Margaret Horne CNM on National steering Group |
| 3.2 | Collation and publication of evidence of flexible working arrangements for nurses and midwives by Scottish Executive | Ed Rennie and Mary Dowling (Colin and Jenny to contribute and feed into process) | <ul style="list-style-type: none"> • Collation of Evidence available • Benchmarking diagnostic session developed and run with CNMs in Acute trust • Event for all sister/charge nurses organised for May 2003 • Paper submitted for publication to ‘Practice Development in Healthcare’ • Several examples submitted to CCI on Flexibility • New Flexible part time route for adult and midwifery pre-reg programmes introduced by RGU |
| 3.3 | Development and evaluation of the role of private sector expertise in delivering effective local nurse and midwife temporary cover through partnership agreements. | National | 2002 |

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| | Consider retention strategies such as use of sabbaticals, career breaks, info from exit interviews and other flexible working arrangements | SEHD/CCI | <ul style="list-style-type: none">○ Highly successful example of sabbaticals available in shortage specialty – article published in Nursing Standard – Joe Collier○ Exit Interview process in place |
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| 4. | LEADERSHIP | | |
| 4.1 | Creation of 1,000 clinical leaders and further investment in Royal College of Nursing Clinical Leadership Programme | Gordon Morrice (To Map Current position in NHSGrampian For April Meeting) | <ul style="list-style-type: none"> • Mapping completed |
| 4.2 | NHS Trusts and Boards to support continuing development of clinical leaders through RCN programme and other evaluated development programmes | Gordon Morrice (To Map Current position in NHSGrampian For April Meeting) | <ul style="list-style-type: none"> • Completed • Joint Sisters/team leaders programme to start Autumn • New RCN Cohort Started August • Top 300 Programme started. • New 'Bringing about Service and Practice Change' developed in collaboration with Aberdeen University. • RGU has revised BSc Hons programme and developed new management and Leadership module. • Jim Royan (NHSG chairman) now convened a whole system group to look at Leadership strategy. |

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| 4.3 | CNO to review national nursing and midwifery advisory machinery | National | April 2002 |
| 4.4 | NHS Boards to give clear public commitment to importance of good quality nursing advice and to set out how they will ensure this is available to them | Neil Campbell | <ul style="list-style-type: none"> • David Benton Appointed to NHSG Board |
| 4.5 | Chief Nursing Officer to implement a review of these working arrangements in April 2002 | National | April 2002 |
| 4.6 | Directors of Nursing to produce annual career development action plans annually | <p>Directors of Nursing</p> <p>This work will flow from the Nursing and Midwifery Strategy work currently under way.</p> | <ul style="list-style-type: none"> • Local Nursing and Midwifery Strategy Launched December 2002 • CPD Framework and Recruitment and retention strategy to be published December 2003 • Revision of links with RGU has resulted in Joint CPD group |
| 4.7 | Facing the Future Group to review action plans | Alison Struthers (To Inform Local group and feed into National Group) | <ul style="list-style-type: none"> • National Matrix used as template and updated as progress achieved (This Matrix) • David Benton also now on National FtF group |

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| | <p>Protected Time – ensure protected time for leadership development rostered time for development built into plans</p> | <p>Trusts</p> | <ul style="list-style-type: none"> • RCN leadership and Joint Development Programme participants get this • Exploration (Business case) of Protected time being developed by Aberdeen City collective. • RCN Leadership participants are encouraged to take senior staff on their ‘observations of care’ so as to ensure a better understanding of the programme |
| | <p>Audit and Evaluation – ongoing audit & evaluation of leadership programmes – effective monitoring</p> | <p>To be done Locally</p> | <ul style="list-style-type: none"> • Through determined effort received copy of RCN cohort 2 evaluation • Cohort three evaluation received and both cohort reports disseminated • Local programmes are subject to participant review (Joint Team Leader programme) • Top 300-programme pilot was fully evaluated regular monitoring |

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| | | | <p>process in place.</p> <ul style="list-style-type: none"> • Routine PDP/PAD process provides for this. |
| | <p>Competency and Core elements:</p> <ul style="list-style-type: none"> ○ National Competency Framework ○ Foster leadership skills pre-registration ○ Develop action learning sets ○ Facilitated action learning groups across organisations ○ Robust appraisal systems that aid development | SEHD/NES | <ul style="list-style-type: none"> • Diagnostics available via a number of development activities – RCN leadership programme – Joint Team Leadership Programme – NHSG Top 300 programme • Audit of PDP availability and uptake in place • New NHSG secondments policy developed in partnership and in place. • Management module in pre-registration programmes reviewed and designed to foster leadership |

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| 5. | EDUCATION AND TRAINING | | |
| 5.1 | National Workforce Centre to review processes for determining the number of students required for entry to the profession | National | |
| 5.2 | New Special Health Board to work with SE, UKCC (and its successor body) in monitoring quality and appropriateness of clinical placements; relevance of the curriculum to modern health care; fitness for purpose of newly qualified cohorts; new preceptorship and mentoring arrangements for newly qualified nurses and midwives | Special Health Board | 2003 |
| 5.3 | Chief Nursing Officer to set a revised deadline for the creation of satisfactory mentorship training schemes | National Bid drafted and submitted to SEHD (Jointly RGU and NHSGrampian) | <ul style="list-style-type: none"> • Development paper produced locally • RGU developing using its virtual campus new multi-Disciplinary mentorship programme. • New interim mentorship training arrangements put in place (with credit rated validated option available) |

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| 5.4 | Practical placements for student nurses and midwives | Jane Ormerod seconded to take part in project Comments fed back to NES on draft | <ul style="list-style-type: none"> • Jane has completed her secondment and provided feedback to local system. • Jane also undertook a international Travel scholarship to examine this issue report complete and available • Joint event on improving clinical learning environment (RGU, NHSG, NHSO, NHSS) |
| 5.5 | Evaluation of learning opportunities for nurses and midwives | <p>Mary Dowling (To Create Template and design process for mapping For June Meeting)</p> <p>Anne Ingles to augment with further material from GPCT</p> | <ul style="list-style-type: none"> • Initial Mapping completed May 2002 and augment by Anne in July 2002 |
| 5.6 | Education providers, Trusts and NHSScotland employers to work together to develop and manage lecturer-practitioner posts. | <p>Jenny Parry (To scope local position and propose a way forward For July Meeting) RGU Organising a seminar and John Gass and Bernice West preparing a Paper</p> | <ul style="list-style-type: none"> • Part of Local Strategy for Nursing • Initial work on Job description completed by Jane Ormerod • Development event planned for late May 2003 |

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| | Recognition & Investment in preceptorship and development programme as part of the One Year Guarantee | Trusts | <ul style="list-style-type: none"> • Full review of the newly Qualified Nurse Development programme – accredited (leading to top up BSc) and non-accredited route available • Development sessions available for all staff on the programme • Increased coverage (new areas ICU, A&E and Primary Care setting) |
| | More coordinated approach to placements/allocation of students in final year | SEHD/NES | <ul style="list-style-type: none"> • Locally we have through the shared ambitions group initiated discussion with the Health Schools who place students and leadership on this is being given by RGU |
| | More Lateral and Vertical career development made available through secondment opportunities, rotation/exchange posts etc. | Trusts | <ul style="list-style-type: none"> • Two year newly qualified development programme has at least one rotation built in (more in Children's area) • Organisation encourages secondment and has new Grampian wide secondment policy |

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| | | | <ul style="list-style-type: none"> • Encourage secondments for staff to undertake national project work several examples of this e.g. Tissue Viability Best practice statements – NMPDU – Practice Environment – NES – Electronic Maternity record – SEHD • Opportunity to second staff to RGU currently being finalised. |
| | <p>HEIs and Trusts to take a collaborative approach to developing education programmes, providing expertise and reassurance to the NHS regarding quality (multi agency / multi professional)</p> | <p>Trusts and HEIs</p> | <ul style="list-style-type: none"> • Review of groups resulted in single RGU/NHS Grampian approach – groups for CPD, R&D & Practice Placements • CLETS in place • Shared Ambitions in place • NHSG/AU/RGU concordat agreed • New Partners in Practice agreement signed • |

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| | CPD – resourcing required to allow equal access to & dedicated time for continuing professional development | Funding Available from SEHD | <ul style="list-style-type: none">• Return completed on our spend, for example, – Joint Team Leaders programme – Bringing about practice and service change – Distance learning venepuncture programme – Minor Illness Training – Counseling Training. |
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| 6. | NEW ROLES | | |
| 6.1 | Directors of Nursing to review interim recommendations on new roles arising from work of Nursing and Midwifery Practice Development Unit and Nursing Research Initiative for Scotland and, if appropriate, implement | Part of Mini-convention (Consider when report completed) Una Lyon and Rosemary MacIntyre Producing a mapping for August meeting | <ul style="list-style-type: none"> • Mapping exercise complete. • Work on Cancer nurse specialists progressing • Workforce subgroup established to look at new roles |
| 6.2 | Promotion of pilots for non-traditional roles across all care settings | David Benton (To Work with Mike Taylor, Gillian Needham and Clinical Leadership group to suggest a way forward Link to 2.3) | <ul style="list-style-type: none"> • Paper submitted to NES to suggest that Nurses join the VTS for General Practice. Kate Niven also involved. • Work underway to look at impact of GP Practice Contract on nursing roles. |
| 6.3 | Specific initiatives arising from Remote and Rural Areas Initiative (RARARI) | Alan Macdonald (Link to 2.3 and 6.2) | <ul style="list-style-type: none"> • Joint event with Norway being planned (Elinor Smith and Jim Royan leading) |

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| 7. | WORKING CONDITIONS AND TOOLS FOR THE JOB | | |
| 7.1 | Examination of national nursing and midwifery agency and databank | National | |
| 7.2 | NHS Trust Chief Executives to confirm to Chief Nursing Officer that all nurses have access to information technology and the Internet in accordance with national policy | Gordon Morrice to link with IM&T | <ul style="list-style-type: none"> • Certain areas of Grampian have under-investment in IM&T and accordingly access can be difficult. Number of PCs are increasing • PCs available in some coffee/canteen areas • ECDL programme available |
| 7.3 | Consideration of proposals for leaders in clinical areas to be provided with an unallocated budget for discretionary use within their clinical area | No Decision | <ul style="list-style-type: none"> • Due to Financial position this will not be implemented locally. • However, many areas have access to donated funds over which Ward Manager has control |

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| 7.4 | Examination of joint initiatives with public and private partners to increase flexibility around school hours and childcare provision to support staff working in public services with a view to inclusion in local Health Plans. | Ed Rennie (To take Local Lead) | <ul style="list-style-type: none"> • Review of arrangements has taken place. Options for reprovision of some facilities and upgrading of others have been developed. • Discussion with Local Authority has taken place for possibility of School holiday clubs |
| | Admin support available to clinical leaders | Trusts | <ul style="list-style-type: none"> • Clinical leaders have the flexibility to deploy their resources and can and do undertake skill mix reviews to address such matters. |
| | Communication. Think more innovatively about communication strategies and about more inclusive ways of communicating with nurses. E.G. information about development plans, use of pay slips, internet, via locally identifies personnel etc. | Trust in Partnership | <ul style="list-style-type: none"> • Development of the Nursing & midwifery strategy out on the road to facilitate access by a wider range of front line staff. • Virtual diagonal slice group formed to input to draft development documents relating to the Nursing & Midwifery strategy • E-mail used to |

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| | | | <p>disseminate information on FtF to anyone who wishes using home and work e-mail addresses.</p> <ul style="list-style-type: none"> • Partnership input to policy development is the norm • Staff are encouraged to shadow senior personnel and senior personnel are encouraged to participate in ‘observations of care’. |
| | <p>Access to information technology and training should be component parts of the plan, e.g. video conferencing, internet access, e-mail etc.</p> | Trusts | <ul style="list-style-type: none"> • Part of ECDL pilot • Regularly use Video conferencing to facilitate input from staff from across Grampian without the need to travel • Internet availability slowly increasing in clinical settings |
| | <p>Explore ways of demonstrating valuing expertise at every level – the need to feel valued</p> | Trusts | <ul style="list-style-type: none"> • Sharing Learning & Experience is a highly visible way of recognising and valuing work. • Elaine Allan was awarded fellowship of the QNIS • Two nurses from ICU |

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| | | | <p>awarded Nightingale Travel Fellowship</p> <ul style="list-style-type: none">• Assistant Director of Nursing awarded Alan Brooking Fellowship• NHS Grampian 'Connect' news used to highlight achievements• Local Service Newsletters used to highlight achievements• Multiple Posters and speaking presentations given by staff at local, national & some international conferences.• Staff encouraged to submit work to CNO 'Evidence into Practice' awards etc.• Regional press have covered– return to practice – staff who have been awarded honours/awards• Director of Nursing takes letters of appreciation received directly to the person concerned and adds his |
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| | | | thanks in person to that of those expressed in writing by patient/family |
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| 8. | EMPLOYMENT PACKAGES | | |
| 8.1 | Scottish Executive to set up a process through national partnership arrangements to examine priority employment issues before full implementation of Agenda for Change | National | |
| 8.2 | Development and piloting ways of protecting time for clinical professional development. | Colin Mackenzie (To undertake a mapping of local approaches and Jenny to feed into this) | <ul style="list-style-type: none"> • Discussions with NES has taken place and proposal to trial an approach has been developed for Aberdeen LHCCs |
| | Active and supported redeployment of staff from retracting Primary Care Facilities | Trusts in Partnership | <ul style="list-style-type: none"> • Successful experience in relation to the closure of Ladysbridge hospital • Supported staff to gain addition experience when Community hospital being renovated – hence when services reopen staff have increased relevant skills and knowledge |

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| 9. | RESEARCH AND EVALUATION | | |
| 9.1 | Scottish Executive to commission: | | |
| a) | Integrated research to give better core information on workforce numbers, workload and the working experiences of nurses and midwives | National | <ul style="list-style-type: none"> • David Benton Part of National workload group Locally in Acute Trust • Fundamental review of how workforce data and funding is reported • Agreed set of definitions and data capture and information feedback system established. • New arrangements imbedded into performance management • Threshold variance parameters set and quarterly reporting process established • Training session on interpretation of trends and responding to variances developed and available • NHSG working group to address Legacy or Design recommendations. |

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| b) | Research on the appropriate qualities for entry to nursing and midwifery training to form part of student entry assessment and recruitment of nurses and midwives | National | |
| c) | Research into the activities of nurses at different levels within NHSScotland to inform the Workforce Centres research on future patterns of working | National | |
| d) | Research into the factors that would entice non-practising nurses and midwives back into practice | National | <ul style="list-style-type: none"> Highly successful local return to practice arrangements in place. Theory delved by CD-ROM distance learning mode. Practice placements available via local community hospitals as well as main acute sites. Supporting Adult, Midwifery, Mental Health, child, and now LD nurses |
| e) | Research into the effectiveness of nurse consultants, to inform decisions about further expansion and their role in the career pathway | National | |

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| f) | Evaluation of the Flexible Ways of Working/Flexible Ways of Thinking training programme and the pilots of nurse and midwife temporary cover schemes. | National | <p>Locally</p> <ul style="list-style-type: none"> • Collation of Local Evidence available • Benchmarking diagnostic session developed & run with CNMs in Acute trust • Event for all sister/charge nurses organised for May 2003 • Paper submitted for publication to 'Practice Development in Healthcare' |
| | More use of Exit interviews to ascertain why nurses are leaving | Trusts | <ul style="list-style-type: none"> ○ Integrated NHS Grampian HR structure Jan 03 with single recruitment/employment service ○ Exit interview questionnaire introduced but insufficient data as yet to draw conclusions ○ Questionnaire given to all 'about to qualify' nursing and midwifery staff at RGU to inform our understanding of NHSG as a prospective employer. |

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| 10. | GENERAL | | |
| 10.1 | Establishment of a series of Local Conventions throughout Scotland | David Benton (To Clarify timetable & coordinate North of Scotland Event; Write report in collaboration with Helen Spratt) | COMPLETE - Report available on FtF website |