

# Facing The Future

## Action Plan Update Report

**LOTHIAN UNIVERSITY SUMMARY**  
**FACING THE FUTURE – REPORT ON ACTIVITIES**

**(Actions from the Facing the Future Action Plan are in bold.)**

**Theme - Careers**

| Identified Actions   | Progress to date   | Where Action is to be taken- Nationally | Where Action to be taken - Locally | Action within the Trust  |
|--|--|---|------------------------------------|--|
| Implement return to practice placements locally in a way that encourages flexible working. | The managed Information Programmes are currently doing this and are being evaluated.   | SEHD                                    | Local Trusts                       | RTP up and running within the Trust. Two programmes in place 4-week stand-alone, plus the RCN distance learning programme. Current programme is running in conjunction with Lothian Primary Care. Pan Lothian Programme being developed, with partnership from Borders Trust |
| Empowerment of Nursing and role enhancement  | FtF are to consider a proposal for a consensus Conference on new nursing roles. This would provide a consultative and engaging approach to the understanding and development of this issue. Currently being pursued, panned and costed with support from, CNO and RCN Scotland | RCN on behalf of SEHD                   |                                    |  |
| Sharing a good practice 'event'.   | To be taken forward locally  | NMPDU                                   | Directors of Nursing               | In-house event October 2002. Now to be an annual event and date set for October 2003. Roche awards for best CLIP (clinical improvement programme)  |

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|  |  |                |                   | November 2002  |
| Undertake survey of nurses and midwives in Glasgow area, no longer in practice.                                    | Survey undertaken and report completed.  | SEHD           |                   |  |
| Implementation of cadet scheme as an example of alternative approaches to T&D.                                     | Working group set up   | SEHD           |                   | First cohort of Clinical Support Workers/Care Assistants completing HNC in Health Care. First group of students will enter Napier University October 2003<br>Second cohort planned to commence HNC in October 2003 |
| Development of Nurse Consultants and Nurse Consultant networks   | Nurse Midwife Consultants Network in place. Network supports the development of nurse/midwife consultants. | SEHD/<br>NMPDU |                   | Theresa Fyffe attended Trust in April 2002 to provide an update on role of Nurse/ Midwifery Consultants. Initial work in directorate to identify possible areas for development of this role                       |
| Develop competency based career pathways that fit within a nationally agreed framework                             | Establishment of Division within SEHD for Learning, Development and Careers.                               | SEHD           |                   | Competency based career pathway developed for Registered Nurse and Clinical Support Workers  |
| Effective links required between NHS and HEI's to ensure development of transferable skills. (joint future agenda) | Work ongoing between SEHD and JFU looking at developing a national framework for Health Care Assistants    | SEHD           |                   | Trust working with FE and HEI plus SEEL to facilitate return to employment of local people, now Pan Lothian and including Social work  |
| Promote the value of nursing knowledge in multi disciplinary teams   | Being taken forward by NHS Education for Scotland as part of the wider multi disciplinary agenda           | NES            |                   | Nursing represented on many Trust Working Groups<br>Partnerships with undergraduate and postgraduate medical educationalists in place  |
| <b>Eighteen more nurse consultants will be created in Scotland by NHS Boards</b>                                   | <b>Currently 14 consultant nurse midwife posts in place. Two new posts have been approved and we</b>       |                | <b>NHS Boards</b> |  |

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|   | <p>are awaiting date of appointment.<br/>             8 posts are currently under development<br/>             6 posts are being considered<br/>             A number of initiative supporting the development of these posts are underway in partnership with local NHS Trusts.</p> |                 |                             |  |
| <p>Directors of Nursing across all NHS organisations will take the lead in enhancing the image of nursing and midwifery in their communities and NHS Board areas, in conjunction with local recruitment campaigns. Progress will be presented in the annual reports of NHS Boards.</p>  |  |                 | <p>Directors of Nursing</p> | <p>Trust working with local schools to facilitate work experience in NHS - not only in recognised HS professions, but across all disciplines</p>   |
| <p>Every nurse and midwife in training will be guaranteed a year's employment on qualification within NHSScotland from Autumn 2002, if they wish. The aim is to offer a commitment to a life of employment for every nurse and midwife in Scotland, based on their skills and contribution. The effectiveness of the programme will be evaluated.</p> | <p>Guarantee in place as pilot for those exiting training in Autumn 2002 and Spring 2003.</p>  | <p>SEHD/NES</p> | <p>NHS Trusts</p>           | <p>All directorates involved in interviewing Napier students 3 months before finishing. Department of Nursing staff/PRDE staff involved in pre-programme interview. All nurses with suitable reference and exam results are offered posts in the organisation. This may in the first instance be, on the Nursing Pool. This is a substantive contract.</p> |
| <p>The Facing the Future Group will oversee the implementation and evaluation of pilot studies into the effectiveness of Return to Practice</p>   | <p>Return to Practice pilot complete. Funds extended to cover all Return to Practice in NHSScotland.</p>   | <p>SEHD</p>     | <p>NHS Trusts</p>           | <p>Pan Lothian approach to Return to Practice being developed. (see before)</p>  |

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| <p>initiatives created as part of the Scottish Executive's £1.5 million package.</p>  |   |                              |  |   |
| <p>Nurse Cadet schemes based on innovative clinical placements and supervision arrangements will be introduced in two pilot areas, in partnership with further and higher education institutions or private sector education providers. The schemes will be supported by pump-priming investment from the Scottish Executive.</p> | <p>Achieved. Sub-group established and has met. Looking to develop Healthcare Students rather than embrace a traditional Nurse Cadet Scheme in Scotland</p> | <p>DNS on behalf of SEHD</p> |  | <p>First cohort of Clinical Support Workers/Care Assistants completing HNC in Health Care. First group of students will enter Napier University October 2003<br/>         Second cohort planned to commence HNC in October 2003<br/>         Nationwide implementation rather than pilot sites now in place</p> |
| <p>The working group on career pathways identified in <i>Caring for Scotland</i> will be set up and will bring forward its report, recommendations and guidance to next year. This will shape a national drive to promote careers in nursing and midwifery from school to retirement, to be launched in 2002.</p>                 |   | <p>SEHD<br/>SEHD</p>         |  |   |
| <p>The Scottish Executive will fund a recruitment campaign this winter to help reach the care workforce at regional and national level.</p>   | <p>Proposal considered but not taken forward at this time.</p>  |                              |  | <p>Lothian Acute Trust in a joint venture with all Trusts within Lothian ran a winter recruitment campaign 2002. This was building on the success of the campaign in 2001.</p>  |

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| The National Workforce Centre will develop a national programme promoting health care professional careers in 2002. | National Workforce Unit now set up. National Workforce committee in place. | SEHD |  | Work on-going in the Trust in promoting Working Experience programmes. Utilising as a base current available information from NHS Careers. |
|---|--|------|--|--|

**Theme - Flexibility**

| Identified Actions   | Progress to Date                                   | Action to be taken Nationally      | Action to be taken locally | Action within the Trust  |
|--|--|------------------------------------|----------------------------|--|
| Extend the bank pilot to other staff groups, eg Ancillary staff  | Proposals currently being drafted.                 | Forth Valley Pilot Project Manager |                            |  |
| Consider retention strategies such as use of sabbaticals, career breaks, info from exit interviews and other flexible working arrangements   | Project Plan agreed by the Facing the Future Group | SEHD/CCI                           |                            | Option of career breaks available to staff with assurance of post to return to<br>Evidence of review of 'ward routine' being reconsidered in light of availability of applicants for available posts, to facilitate appointment of staff to different working patterns |
| A new development programme - <i>Flexible Ways of Working/Flexible Ways of Thinking</i> will be launched in 2002. The aim is to promote to team leaders across Scotland the skills needed to turn existing good policy and Partnership Information Network (PIN) Guidelines into practice. | “ ”  | SEHD/CCI                           |                            |  |
| Evidence of flexible working   | “ ”  | SEHD/CCI                           |                            |  |

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| arrangements for nurses and midwives will be collated by the Scottish Executive in 2002, and will be published.  |   |   |  |  |
| The role of private sector expertise in delivering effective local nurse and midwife temporary cover through partnership agreements will be developed and evaluated in pilot Trusts during 2002. | Pilot project undertaken in Forth Valley Acute Trust to examine the role of private sector in support of the provision of a flexible nursing workforce. Planned expansion to Primary Care trust to create an Area Bank in Forth Valley. | Elaine McRae,<br>Forth Valley<br>on behalf of<br>SEHD |  | Discussions currently on-going with Lothian Health re shared training opportunities with the private sector. |

**Theme - Leadership**

| Identified Actions   | Progress to Date                   | Action to be taken<br>Nationally | Action to be taken<br>Locally     | Action within the Trust   |
|--|------------------------------------|----------------------------------|-----------------------------------|---|
| <p><i>Protected Time:</i></p> <ul style="list-style-type: none"> <li>Ensure protected time for leadership development</li> </ul> <p>Rostered time for development built into plans</p>     | RCN Programme has protected time   |                                  | Individual Trusts/Nurse Directors | <p><b>Protected time is identified for all Charge Nurse development</b></p> <p>All Ward Managers to complete LUHT Ward Manager Development Programme (majority have now attended)</p> <p>RCN Clinical Leadership Programme commencing September 2003</p> <p>LEO Programmes currently being delivered multi-professionally</p> |
| <p><i>Audit and Evaluation:</i></p> <ul style="list-style-type: none"> <li>Ongoing audit and evaluation of leadership programmes</li> </ul> <p>Plans backed up by effective monitoring</p> | This is being done at local level. |                                  | Individual Trusts/RCN             |   |

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| <p><i>Competency and Core elements:</i></p> <ul style="list-style-type: none"> <li>• National Competency Framework</li> <li>• Foster leadership skills pre registration</li> <li>• Develop Action Learning Sets locally</li> <li>• Facilitated Action Learning groups across organisations</li> <li>• Robust appraisal systems that aid development</li> </ul>  | <ul style="list-style-type: none"> <li>• Will consider for future developments</li> <li>• Would be integral to competency based frameworks.</li> <li>• Developed locally, eg RCN Leadership Programme</li> <li>• <i>As above</i></li> <li>• Leadership competencies will assist in appraising against leadership qualities</li> </ul> | <ul style="list-style-type: none"> <li>• SEHD/NES</li> <li>• NES/SEHD.</li> <li>•</li> <li>•</li> </ul> | <ul style="list-style-type: none"> <li>• Local HR/Nursing Directorates</li> <li>• <i>As above</i></li> <li>• <i>As above</i></li> <li>• Individual Trusts</li> </ul> | <p>Covered in all development programmes.<br/> Appraisal process being re-evaluated / updated<br/> Action learning sets incorporated into Ward manager development programme<br/> Mentors being identified for ward managers</p> |
| <p><i>Leadership Development:</i></p> <ul style="list-style-type: none"> <li>• Rotational posts to encourage leadership</li> <li>• Other specifics to build leadership and capacity</li> <li>• Role models in clinical areas</li> <li>• More creative opportunities to shadow</li> <li>• Ability to 'fast track' people who demonstrate leadership potential</li> <li>• Senior staff more visible and 'walk the job'</li> </ul> | <p>Work needs to be done on developing 'Core Elements'. Opportunities to then be identified.</p>  | <p>NES</p>  |  | <p>Plans in place for senior staff to walk the job.<br/> Nurses on Trust Pool (by choice) rotate every 3-4 months<br/> Secondments available to lead local projects</p>  |
| <p><b>NHS Trusts and Boards will be expected to support the continuing development of clinical leaders through the RCN programme and other evaluated development programmes as a signal of commitment to generic leadership development in NHSScotland. An</b></p>  | <p><b>Working towards 1000 clinical leaders in Scotland. As at Nov. 2001, 240 attended RCN Leadership Development programme.</b></p>  |   | <p><b>NHS Trusts and Boards</b></p>  | <p><b>Monies identified through FtF CPD funding to pilot this RCN programme in Trust</b></p> <p><b>RCN Clinical Leadership Programme commencing September 2003</b></p>   |

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| <p>audit of development needs over a three-year period, including integration into development programmes for other health care leaders, will form part of local health plans.</p>   |  |              |  |   |
| <p>NHS Boards will be required to give clear public commitment to the importance of good quality nursing advice, and will set out how they will ensure this is available to them. The Chief Nursing Officer will implement a review of these working arrangements in April 2002.</p>   | <p>This has been achieved through the appointment of Employee Directors as well as Directors of Nursing to NHS Boards following the restructuring of NHS Boards.</p> | <p>/ CNO</p> | <p>NHS Boards</p>                                |   |
| <p>Directors of Nursing will produce annually a career development action plan containing commitments to identified initiatives in each of their NHS Board and Trust areas. The plans will include action on implementation of best employment practice and career development for staff who provide nursing and midwifery care. They will also be reviewed by the <i>Facing the Future</i> Group in 2002.</p> |  | <p>SEHD</p>  | <p>Directors of Nursing in Boards and Trusts</p> |   |
| <p>The Scottish Executive has committed to creating a group of 1000 clinical leaders. Part of the commitment includes a further investment in the Royal College of Nursing (RCN) Clinical Leadership</p>   | <p><a href="#">Mapping exercise undertaken. Progressing towards 1000 clinical leaders by December 2003</a></p>   | <p>SEHD</p>  |  | <p>25 Clinical Leaders to commence RCN Clinical Leadership Programme September 2003</p> |

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| Programme, funded as part of the £1.5 million package announced at the Convention.                     |   |      |  |  |
| The Chief Nursing Officer will review national nursing and midwifery advisory machinery by April 2002. | Agreed to retain the status quo at present pending the outcome of the White Paper | SEHD |  |  |

**Theme - Education & Training**

| Identified Actions  | Progress to Date               | Action to be taken Nationally | Action to be taken Locally | Action within the Trust  |
|---|--------------------------------|-------------------------------|----------------------------|--|
| Mechanisms that prepare and provide continuing support for mentors, including e-based resources | Via Practice placement Project | NES                           |                            | Senior Nurse Practice Development collaborating with NES<br>Proposal by HEI to appoint jointly practice facilitators in the Trust  |
| Establish a framework that ensures all those registering are fit for purpose                    |                                | NES/                          |                            | CPD monies allocated to Medicine of the Elderly to support newly qualified nurses to improve retention of this group. D grade development programme under review in Medicine of the Elderly.<br><br>3 year funding for Clinical Skills Facilitator post for Medicine of the Elderly<br><br>Skills for Clinical Practice Course available across LUHT |
| Establish Clinical/Educational liaison  |                                | NES                           |                            | Trust already has in place a post,   |

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| posts (clinically based)  |  |           |                   | (joint appointment) which works in conjunction with Higher Education Institutes in developing appropriate post-registration programmes. Work also in progress re the development of pre-registration posts .  |
| Recognition & Investment in Preceptorship and develop programme as part of the One Year Guarantee.                      | Many trusts already doing this. Will be followed up as part of the One Year Guarantee. | SEHD/     | Trusts            | Preceptorship programmes in place in most wards. Best practice being collated and shared  |
| More co-ordinated approaches to placements/allocation of students in final year.  | New Programme features this. Look to evaluate.   | SEHD/ NES | Trusts            | Work on-going<br>Undergraduate Forum established  |
| Training to reduce defensive practice.  | Taken forward locally  |           | Individual Trusts | All programmes emphasise need for evidence base.<br>Risk management framework clearly identifies need to assess risk, report incidents, with 'no blame' understanding   |
| More lateral & vertical career development made available through secondment opportunities, rotation/exchange posts etc | Taken forward Locally  |           | Individual Trusts | Divisions are involved in a large number of secondments, rotational posts, adaptation programmes for overseas nurses.<br>Trust is a partner in an International Nursing Exchange agreement, involving hospitals in Sydney, and 12 in other parts of UK. Purpose is to support staff who wish to work in Australia for period, to arrange an exchange, with a guarantee to return to post in Trust at later time |

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| <p>HEI's and Trusts to take a collaborative approach to developing educational programmes, providing expertise and reassurance to the NHS regarding quality. (multi agency/ multi professional)</p>                                      |                                 |  | <p>NES/<br/>Individual<br/>Trusts</p> | <p>Several examples of good practice now in place within the Trust, with numerous post registration programmes available<br/>Theatre programmes of education are available to all theatre practitioners.<br/>Critical care nursing education now being rolled out to junior medical staff.<br/>Cardiology BSc. HEI accredited, Trust delivered<br/>Accredited Education Programmes in Renal and Orthopaedic Nursing<br/>CPD Framework of accredited modules in place</p> |
| <p>CPD - Resourcing required to allow equal access to &amp; dedicated time for Continuing Professional Development</p>   | <p>£1.75 Million investment</p> |  | <p>Trusts</p>                         | <p>CPD budget for Nurses and ODP's is allocated per head of establishment to each Directorate. Study leave approved as per agreed Directorate priorities identified in training needs analysis exercise.<br/>Additional monies secured through FtF CPD funding for medical devices and core clinical skills training</p>   |
| <p>Education providers, Trusts and NHSScotland employers will work together to develop and manage lecturer-practitioner posts.<br/>Lecturer-practitioner posts will support nurses and midwives in training in practical situations,</p> |                                 |  | <p>Trusts and<br/>HEI's</p>           | <p>Lecturer/practitioner appointment with QMUC (adult) and with Napier (paediatric) (2 further being progressed)<br/>Proposal to appoint Clinical practice facilitators being considered.</p>  |

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| bridging the gap between theory and practice.  |  |      |  | Education co-ordinators (Trust) in speciality areas across the Trust                          |
| The National Workforce Centre will review the processes for determining the number of students required for entry to the profession as part of its remit to work through the impact of multi-disciplinary service provision.   | The SNIP Project Group currently reviewing the process for identifying Student Nurse Intake numbers. | SEHD |  |   |
| <p>The new Special Health Board for Education will work closely with the Scottish Executive, The United Kingdom Central Council for Nursing and Midwifery (UKCC) and its successor body in monitoring:</p> <ul style="list-style-type: none"> <li>- <i>quality and appropriateness of clinical placements</i></li> <li>- <i>relevance of the curriculum to modern health care</i></li> <li>- <i>fitness for purpose of newly qualified cohorts</i></li> <li>- <i>new preceptorship and mentoring arrangements for newly qualified nurses and midwives</i></li> </ul> |  | NES  |  |   |
| The Chief Nursing Officer will set a revised deadline for the creation of satisfactory mentorship training schemes.  | This is being taken forward via the contract review meetings and will be discussed in Feb/March 2003 | SEHD |  |   |
| Further work will be done to ensure practice placements allow students nurses and midwives to  |  | SEHD |  | Discussions on-going re increasing the utilisation of opportunities through the Nursing Bank. |

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| gain realistic experience. Opportunities for alternative placements in prisons, the independent sector, with agencies and nurses banks will be maximised thorough arrangements with partnership organisations.  |  |      |  | Senior lecturer / DoN jointly met with ward managers to discuss / review practice placement opportunities   |
| The best means of providing learning opportunities for nurses and midwives will be evaluated. Initiatives such as learning directories, videos and portfolios will be considered, with evidence on best practice being drawn from within and outside the public sector. |  | SEHD |  | Work on-going within the Trust in the development of e-learning (jointly with Medical School and Training and Development) Learning technologist appointed to support the development of e-learning for nurses and midwives |

**Theme - New Roles**

| Identified Actions  | Progress to Date  | Action to be taken Nationally | Action to be taken Locally |   |
|---|---|-------------------------------|----------------------------|---|
| <ul style="list-style-type: none"> <li>Hold debate on development and redefinition of current roles</li> <li>The need to consider the continuum of nursing and midwifery care encompassing support staff through to Consultant staff. Examine the implications for new roles associated with the step on step off points of pre registration</li> </ul> | FtF are to consider a proposal for a consensus Conference on new nursing roles. This would provide a consultative and engaging approach to the understanding and development of this issue. Currently being pursued, planned and costed with support from, CNO and RCN Scotland | RCN and SEHD                  |                            | <p>Sub group of Medical Division Nurse Education Implementation Group to be established in May 2003 to review training requirements and competencies for Nurse Practitioner Roles</p> <p>Career ladder identified for Critical Care and Peri-operative care</p> |

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| <p>education.</p> <ul style="list-style-type: none"> <li>• Need to integrate specialist roles with equally valued expert generalists in remote and rural areas</li> </ul>  |  |   |  |  |
| <p>Develop roles that can support pre and post course registration education as well as ongoing needs of staff associated with a workforce that was fully committed to lifelong learning</p>   | <p>Via practice placement Project RCN developing 'Toolkit' for Student Placements?</p>   | <p>NES</p>                              |  | <p>Education 'ladders' now in place for both theatre staff and critical care. All programmes of education and induction/orientation are competency based. Foundation programmes also in place in renal and orthopaedics.</p> |
| <p><b>Interim recommendations on new roles arising from the work of the Nursing and Midwifery Practice Development Unit (NMPDU) and the Nursing Research Initiative for Scotland (NRIS) will be reviewed by Directors of Nursing and, if appropriate, implemented into service by September 2002</b></p> | <p><b>This action relates to the role development actions taken forward by Pat Dawson. Need to consider whether we need both or an integration of the two.</b></p> | <p><b>NMPDU/<br/>SEHD/<br/>NRIS</b></p> |  |  |
| <p>Pilots for non traditional roles will be promoted across all care settings, with an expectation that the Remote and Rural Areas Resource Initiative (RARARI) will bring forward specific initiatives for rural areas in early 2002</p>  | <p>Linked to Consensus Conference on Nursing Roles due in late 2003</p>  | <p>RCN and SEHD</p>                     |  |  |

**Theme - Working Conditions and Tools for the Job**

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| Identified Actions   | Progress to Date  | Action to be taken Nationally  | Action to be taken Locally    |   |
|--|---|--------------------------------|-------------------------------|---|
| Admin support available to clinical leaders.   | To be taken forward locally.  |                                | Individual Trusts             |   |
| Communication. Think more innovatively about communication strategies and more inclusive ways of communicating with Nurses. Eg information about development plans, use of payslips, internet, via locally identified personnel etc... | To be developed locally - (in partnership )   |                                | Trusts - HR/Nurse Directorate | Trust newsletter used to disseminate info re 'lessons learned', risk management key messages<br>PRD dept programme sent to all clinical areas<br>DoN led Scoping sessions for Clinical leadership for ward managers |
| Access to Information Technology and training should be component parts of the plan, eg video conferencing, internet access, e-mail etc...   | IM&T Strategy.<br>Local implementation of IM&T Strategy   | SEHD                           | Individual Trusts             | Work on-going. Progress being made  |
| Explore ways of demonstrably valuing expertise at every level - the need to feel valued.   | To be taken forward locally.  |                                | Individual Trusts             |   |
| Supportive work packages to realistically achieve PIN Guidelines in rural and remote areas, eg Child care facilities with transport costs being considered.  | To be taken forward locally.<br>Executive to consider systems that would support individual trusts.             | SEHD                           | Individual Trusts             |   |
| Treatment of students within placement areas in relation to bullying & harassment.   | Via Practice Placement Project. RCN working with Napier University and Students on Bullying & Harassment issues | RCN, Napier University/<br>NES |                               |   |

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**Theme - Working Conditions and Tools for the Job - continued**

| Identified Actions (continued)   | Progress to Date (contd)  | Action to be taken Nationally (contd) | Action to be taken Locally (contd) |   |
|--|---|---------------------------------------|------------------------------------|---|
| Options for a national nursing and Midwifery agency and databank will be examined. The aim will be to maintain contact with nurses and midwives throughout their career span, including those having career breaks, those pursuing alternative careers and those who have recently retired. NHSScotland will work with private sector partners on a co-ordinated approach to nurse and midwifery temporary cover, bank and agency arrangements | National 'Skills' Bank<br><br>Bids received for a Nurse Bank pilot in Forth Valley NHS Board  | SEHD<br><br>SEHD                      |                                    | All Lothian Trusts currently working collaboratively in taking forward management of Bank and Agency staff. |
| NHS Trust Chief Executives will be asked to confirm to the Chief Nursing Officer that all nurses have access to information technology and the internet in accordance with national policy during 2002   | Executive visited all NHS Boards in Scotland. 'Budgetscan' being piloted in 17 NHS Trusts in Scotland.<br>5000 European Computer Driving Licences (ECDL's) made available across Scotland with a further 5000 to follow. Executive to increase funding for investment in IM&T | SEHD                                  | Individual Trusts                  |   |
| Proposals for leaders in clinical areas (Sisters/nurses) to be provided with an unallocated  | It was agreed that there would be better value for money in providing resource for CPD  | SEHD/ NES                             |                                    |   |

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| budget for their discretionary use within their clinical area will be considered.  | purposes. This has been actioned |      |  |  |
| Joint Initiatives with public and private partners to increase flexibility around school hours and childcare provision to support staff working in public services will be examined, with a view to inclusion in local Health Plans from 2003. |                                  | SEHD |  |  |

**Theme - Employment Packages**

| Identified Actions  | Progress to Date  | Action to be taken Nationally | Action to be taken Locally |  |
|---|---|-------------------------------|----------------------------|--|
| Acknowledgement of skills and competencies via financial incentives & reward.   | <i>Via Agenda for Change.</i>   | SEHD                          |                            |  |
| Current Grading system is a barrier to career progression, particularly in rural areas. The ability to remunerate nurses and midwives for their competency and contribution would allow greater utilisation of experienced practitioners not presently achievable within the grading system | The Scottish Executive recognises that the current grading system does not meet the needs for today's NHS and this is being addressed in the National negotiations on Agenda for Change - Modernising the NHS Pay System. A key part of the system will be a new job evaluation system, which has been developed in partnership with representatives of all 4 UK Health Departments, NHS Management and Staff | SEHD                          |                            |  |

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|   | representatives. These negotiations have been successfully concluded. Details of what the new package will mean for individual staff groups should emerge in the next few weeks. The package will then go forward for consultation and, if agreed, will be implemented from October 2004 in Scotland. |      |                               |  |
| Active and supported redeployment of staff from retracting Primary Care facilities  | To be developed locally in partnership with staff side, local authority, voluntary agencies etc..   |      | Primary Care Trusts           |  |
| <b>The Scottish Executive will set up a process through national partnership arrangements to examine priority employment issues before full implementation of <i>Agenda for Change</i>.</b> |   | SEHD |                               |  |
| <b>Ways of protecting time for clinical professional development will be developed and piloted in 2002</b>  | <b>RCN Leadership Development programme ensures protected time for leadership development</b>   |      | <b>Trusts/Nurse Directors</b> |  |

**Theme - Research & Evaluation**

| <b>Identified Actions</b>  | <b>Progress to Date</b>      | <b>Action to be taken Nationally</b> | <b>Action to be taken Locally</b> |  |
|--|------------------------------|--------------------------------------|-----------------------------------|--|
| More use of exit interviews to ascertain why nurses are leaving. | To be taken forward locally. |                                      | Trusts - HR /Nurse Directors      | Nurse Recruitment Co-ordinator at LUHT to take forward as part of the Trust-wide recruitment |

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|  |  |   |  |   |
|--|--|---|--|---|
| <p>The Scottish Executive will commission:</p> <ul style="list-style-type: none"> <li>➤ Integrated research to give better core information on workforce numbers, workload and the working experiences of nurses and midwives</li> <li>➤ 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</li> <li>➤ Research into the activity of nurses at different levels within NHSScotland, to inform the Workforce Centres' research on future patterns of working</li> <li>➤ Research into factors that would entice non- practising nurses and midwives back into practice.</li> <li>➤ Research into the effectiveness of nurse consultants, to inform decisions about further expansion and their role in the career pathway</li> <li>➤ Evaluation of the flexible ways of working/flexible ways of</li> </ul> | <p>Research paper undertaken on Scotland's nursing workforce. 'Shortages and Solutions' looks at current national and international issues of nurse supply and demand as well as offering possible solutions.</p> <p>Via Nurse Cadet paper</p> <p>Undertaken via Facing the Future Group</p> <p>Return to Practice</p> | <p>Professor Jim Buchan on behalf of SEHD</p> <p>DNS on behalf of SEHD</p> <p>CEO on behalf of SEHD</p> <p>SEHD</p> <p>SEHD</p> <p>SEHD</p> |  | <p>programme.</p> <p>On-going work in relation to local strategy.</p> |
|--|--|---|--|---|

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|   |  |  |  |  |
|---|--|--|--|--|
| thinking training programme and the pilots of nurse and midwife temporary cover schemes |  |  |  |  |
| Impact of Joint Futures Agenda  |  |  |  |  |
| Impact of Local Authority Recruitment Strategies  |  |  |  |  |

**Sub-Theme - Workload**

| Identified Actions   | Progress to Date   | Action to be taken Nationally    | Action to be taken Locally |  |
|--|--|----------------------------------|----------------------------|--|
| <p>The Scottish Executive will commission:</p> <ul style="list-style-type: none"> <li>➤ Integrated research to give better core information on workforce numbers, workload and the working experiences of nurses and midwives</li> </ul> | <p>To be lead by Gerry Marr (previously Maggie Boyle).</p> <p>A number of Trusts are using 'Simulate' which models work flow through the work system, eg that within Grampian. Medical Receiving acknowledged as area of priority.</p> | <p>CEO/DNS on behalf of SEHD</p> |                            | <p>Initial workforce review undertaken in 1999 to review nursing across the Trust. Exercise during 2002/03 to review all current and future (New Royal Infirmary) nursing establishments</p> |

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**\* Note, all actions noted at National Convention(19/11/01) in bold.**